

Arkansas Infant & Child Death Review Program



Infant and Child DEATH REVIEW PROGRAM

Keeping Kids Alive in Arkansas

Standard Operating Procedures



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By:

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State of Arkansas

Infant & Child Death Review Program

I. Introduction

In 2005, the Arkansas Legislature amended Chapter 27 of the Arkansas Code Title 20, requiring a death review to be performed in all cases of unexpected deaths of children under eighteen years of age in order to identify the cause of death and to reduce the incidence of injury and death to infants and children. This created the Arkansas Child Death Review (CDR) Panel (Appendix A: Arkansas Child Death Review Panel Members and Contact Information, p. 36), laying the groundwork for establishing the Arkansas Infant and Child Death Review (ICDR) Program. The Panel provides oversight to the ICDR Program and makes recommendations to the governor and legislature regarding reducing the number of preventable pediatric deaths. The Arkansas Infant and Child Death Review Program establishes local multidisciplinary teams and provides guidance, training and technical support to the local teams.

II. Background

A. The Need for Review Teams

One of the primary reasons for the implementation of infant and child death review teams throughout the United States has been to identify and ultimately prevent child deaths caused by abuse and neglect. However, Arkansas, like most states, has opted for a broader death review process that addresses all unexpected infant and child deaths from a public health perspective. The Center for Disease Control and Prevention in *Healthy People 2020* stated an objective for all states is to review 100% of unexpected deaths in children 17 and under.



The top five leading causes of death for Arkansas children 1-18 years old are: 1) unintentional injuries; 2) homicide; 3) cancer; 4) suicide; and 5) birth defects (see Table 1, p. 5). The top five leading causes of death for Arkansas infants (< 1 year of age) are: 1) birth defects; 2) Sudden Infant Death Syndrome (SIDS); 3) short gestation; 4) unintentional injury; and 5) maternal pregnancy complications (see Table 2, p. 5). Unintentional injuries are often preventable and are the category where undetected abuse and neglect related deaths are most likely to be misclassified. By adopting this public health approach, not only can the “under-reporting” problem of maltreatment related deaths be systematically addressed, but a better understanding and greater awareness of all the causes of infant and child deaths can be realized on the local, state and national level.

Arkansas Infant & Child Death Review Program

Leading Causes of Death in Arkansas: 2000 – 2009

Center for Disease Control and Prevention

(Table 1)

Children Ages 1 - 18

<u>Cause of Death</u>	<u>United States</u>		<u>Arkansas</u>	
	<u>N</u>	<u>Crude Rate</u>	<u>N</u>	<u>Crude Rate</u>
Unintentional Injuries	69847	10.05	1169	17.93
Homicide	15318	2.20	167	2.56
Cancer	17599	2.53	167	2.56
Suicide	9877	1.42	122	1.87
Heart Disease	6103	0.88	107	1.64
Birth Defects	10424	1.50	99	1.52
Influenza & Pneumonia	2710	0.39	36	0.55
Respiratory Disease	2184	0.31	31	0.48



(Table 2)

Children Age < 1

<u>Cause of Death</u>	<u>United States</u>		<u>Arkansas</u>	
	<u>N</u>	<u>Crude Rate</u>	<u>N</u>	<u>Crude Rate</u>
Birth Defects	56235	13.68	616	15.85
SIDS	23045	5.60	409	10.52
Short Gestation	46639	11.34	315	8.10
Maternal Pregnancy Comp.	16637	4.05	141	3.63
Unintentional Injury	10811	2.63	135	3.47
Placenta Cord Membranes	10778	2.62	99	2.55
Respiratory Distress	8358	2.03	88	2.26
Circulatory Sys.	6007	1.46	86	2.21
Bacterial Sepsis	7625	1.85	73	1.88

Arkansas is one of the national leaders in social conditions and demographics associated with poor child health and safety issues. Review teams are composed of the professionals that face this situation daily and recognize that responding to all unexpected child deaths is the responsibility of the state and the community. The efforts of the Arkansas CDR Panel, the Arkansas ICDR Program, Local ICDR Teams and others who have supported the establishment and implementation of an integrated system of infant and child death review is evidence of Arkansas' commitment to protect and raise its children in health and safety.

B. Legislation

The Arkansas General Assembly passed Act 1818 of 2005 in order to create the Arkansas Child Death Review Panel (CDR). This legislation provides support for identifying the causes of death; and reducing the incidence of injury and death to children by requiring a death review to be performed in all cases of unexpected deaths of children under eighteen (18) years of age. Cases which are exempt from review include cases that are currently under criminal investigation, prosecution or if they have been adjudicated. The Arkansas CDR Panel supports the Arkansas ICDR Program by providing guidance, expertise and consultation in analyzing and understanding the causes, trends and system responses to child fatalities, and makes recommendations for law, policy and practice to prevent child deaths in Arkansas. The Arkansas Commission on Child Abuse, Rape and Domestic Violence has administrative responsibility for the CDR Panel. A chair designated by the Director of the Commission on Child Abuse, Rape and Domestic Violence provides leadership for the CDR Panel. The chair has broad state-level experience in child health, safety and protection. For a complete summary of the duties and responsibilities of the Arkansas CDR Panel, please refer to Arkansas Act 1818 of 2005 (Appendix B: Arkansas Act 1818 of 2005, p. 38)

C. Funding

The Arkansas Department of Health (ADH) has set reduction of infant mortality as a top priority. To achieve this goal, the ADH funded the development and implementation of the Arkansas ICDR Program.

The staffing, training and planning required for the Arkansas ICDR Program is provided through a joint effort between the University of Arkansas for Medical Sciences Department of Pediatrics and The Injury Prevention Center at Arkansas Children's Hospital.

III. Arkansas Infant & Child Death Review Program

A. Mission

The purpose of the Arkansas Infant & Child Death Review (ICDR) Program is to improve the response to infant and child fatalities, provide accurate information on how and why Arkansas children are dying and ultimately reduce the number of preventable infant and child deaths by establishing an effective review and standardized data collection system for all unexpected infant and child deaths.

Act 1818 of 2005 defines unexpected death as *"a death involving a child who has not been in the care of a licensed physician for treatment of an illness that is the cause of death; a clinical diagnosis of death due to Sudden Infant Death Syndrome (SIDS); or a death due to an unknown cause."*

B. Objectives

1. Ensure an accurate inventory of infant and child deaths by age, location, cause, manner and circumstances.
2. Support timely, accurate and thorough infant and child death investigations.
3. Improve communication and networking between local and state agencies involved in infant and child deaths.
4. Enable multi-disciplinary and multi-agency collaboration, cooperation and communication at federal, state and local levels regarding infant and child deaths.
5. Improve the recognition of unexplained infant and child deaths through analysis of patterns and trends.
6. Enhance the public awareness of infant and child deaths through examination of issues that affect health, safety and prevention.
7. Identify system-based barriers to infant and child health and safety, that when removed, will ultimately reduce the number of unexpected infant and child deaths.
8. Utilize the findings of infant and child death review teams to recommend policy, organizational and community prevention initiatives.
9. Improve the quality and scope of data necessary for infant and child death investigation and review.
10. Utilize retrievable statistics related to birth and death data to identify trends and support prevention and research efforts.

C. Strategies

1. **Accurately identify and record the cause of every unexpected infant and child death.**

If the accuracy of infant and child death determinations is to be improved, there must be a coordinated approach to the investigation and documentation of the death from the agencies involved. Sharing of information is essential. Prior to the completion of the death certificate, a thorough scene investigation, as well as background checks for criminal history and prior reports of child abuse, must be conducted by law enforcement and the Division of Children & Family Services. Many deaths will require a review of the child's medical history. Teams provide a forum for ensuring relevant information is shared and available for use in making a determination of why a child died and better understand the factors contributing to the death. Because of the team's multi-disciplinary membership, reviews encourage the improved accuracy of death certificates. To accomplish this goal, it will take a local team with knowledge of its own nuances, internal protocol, working relationships and professional expertise to provide specific knowledge to each case.

2. **Collect uniform and accurate statistics on infant and child deaths.**

For each infant or child death's reviewed, local teams complete the National Child Death Review Case Reporting Form 2.2S (Appendix C: National Child Death Review Case Reporting System: Case Report 2.2S, p. 43) with information provided from the records of team members. This data is entered online to the state's central registry for child fatalities which is maintained in the National Child Death Review Case Reporting System. The pooling of information from the local teams will provide better epidemiologic data on the causes and manner of death and will be the most accurate and thorough information ever collected on infant and child deaths in Arkansas.

3. **Identify circumstances surrounding deaths that could prevent future deaths and initiate preventive efforts.**

Local teams will use the data they collect to identify and implement actions needed to reduce the number of preventable infant and child deaths. Each local infant and

child death review team will use their data to base their preventative efforts, assess limited resources and promote awareness and education in the community. The Arkansas Infant & Child Death Review Program is available to assist in these efforts.

4. **Promote collaboration and coordination among the participating agencies.**

Interagency communication is crucial in the review of infant and child deaths. Communication between agencies must be maintained on a formal and informal basis. Feedback is useful in assessing intervention on a case-by-case basis and can be used to discuss successes and problems in coordination among agencies and professionals. It can also identify gaps in services and barriers for effective investigations. By agreeing on common goals, developing a clear understanding of professional roles and responsibilities, maintaining open communication, developing procedures for intervention and collaboration and instituting procedures for feedback, team members strengthen their working relationships with other agencies. Information regarding agency procedures, relevant programs and child death training needs are exchanged regularly at team meetings. The outcome is a better use of limited resources and an enhanced ability to fill gaps in services in the area covered by the team. When training needs are identified, the Arkansas Infant & Child Review Program can develop specific trainings, identify resources and provide expertise.

5. **Improve the quality of investigation of infant and child death cases.**

As the Local Infant and Child Death Review Team members exchange information the quality of infant and child death investigations improves. Evidence processing in all unexplained infant and child deaths, including those where child maltreatment is suspected, requires specialized investigation techniques.

Discussions at Local Infant and Child Death Review Team meetings frequently alert members to the need for autopsies; enhanced infant and child death investigation skills and training; and revision of protocols. Barriers to improving investigations can be identified and eliminated.

6. **Implement cooperative protocols for the standardized review of infant and child deaths.**

Infant and child death reviews may vary greatly. The use of review protocols by team members will provide consistency, guide intervention and standardize practice. With clearly defined roles, responsibilities and standardized procedures to follow, coordination and collaboration problems are less likely to arise.

7. **Improve communication among multiple agencies and disciplines regarding the timely notification of agencies when an infant or child dies.**

Many times the agencies mandated to investigate and respond to infant and child deaths are not notified in a timely or reliable manner. Establishment of a local team often ensures that reliable and timely methods of notification of infant and child deaths are followed within the community.

8. **Provide a confidential forum for multiple agencies and disciplines to meet and discuss common issues or resolve conflicts.**

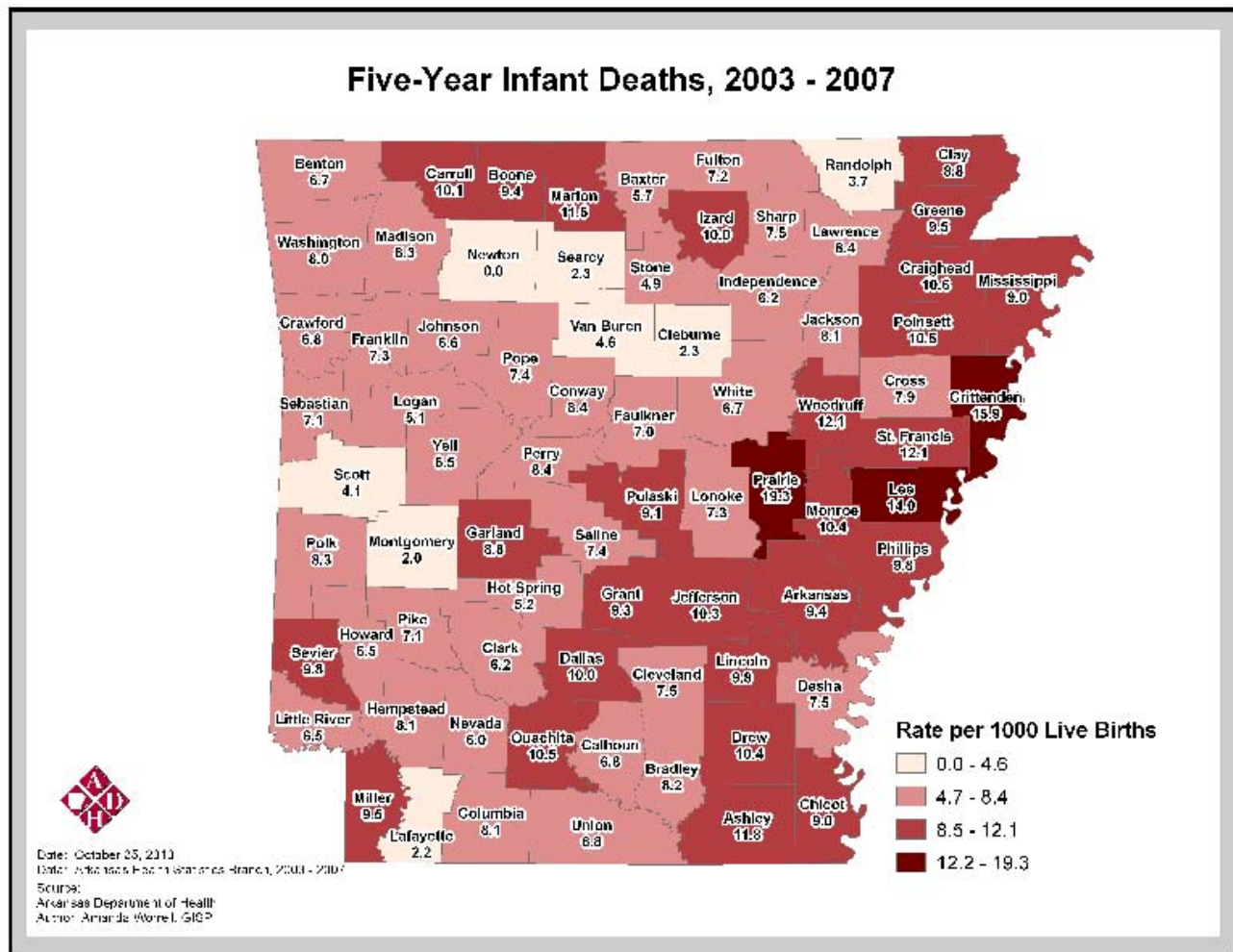
Maintenance of open relationships between agency personnel in a confidential setting improves all aspects of services provided for children and their families. Teams are protected by state law regarding the exchange of information or discussions held during a review team meeting. This protection provides an opportunity to openly discuss specific issues which may have been previously overlooked.

9. **Propose needed changes in legislation, policies and procedures.**

Over time, a team may see recurring issues in policy or practice within an agency. The appropriate team member can then address the issue within his or her own agency. Aggregate information from local team data will provide the basis for the annual report written by the AR ICDR Program, which then goes to the Arkansas Child Death Review Panel. After the report is adopted by the Panel, it is addressed to the governor, lieutenant governor and the legislature. The annual report identifies needed policy changes at the state level and includes recommendations for changes in laws that will reduce the number of preventable infant and child deaths (see Figure 1, p. 10).

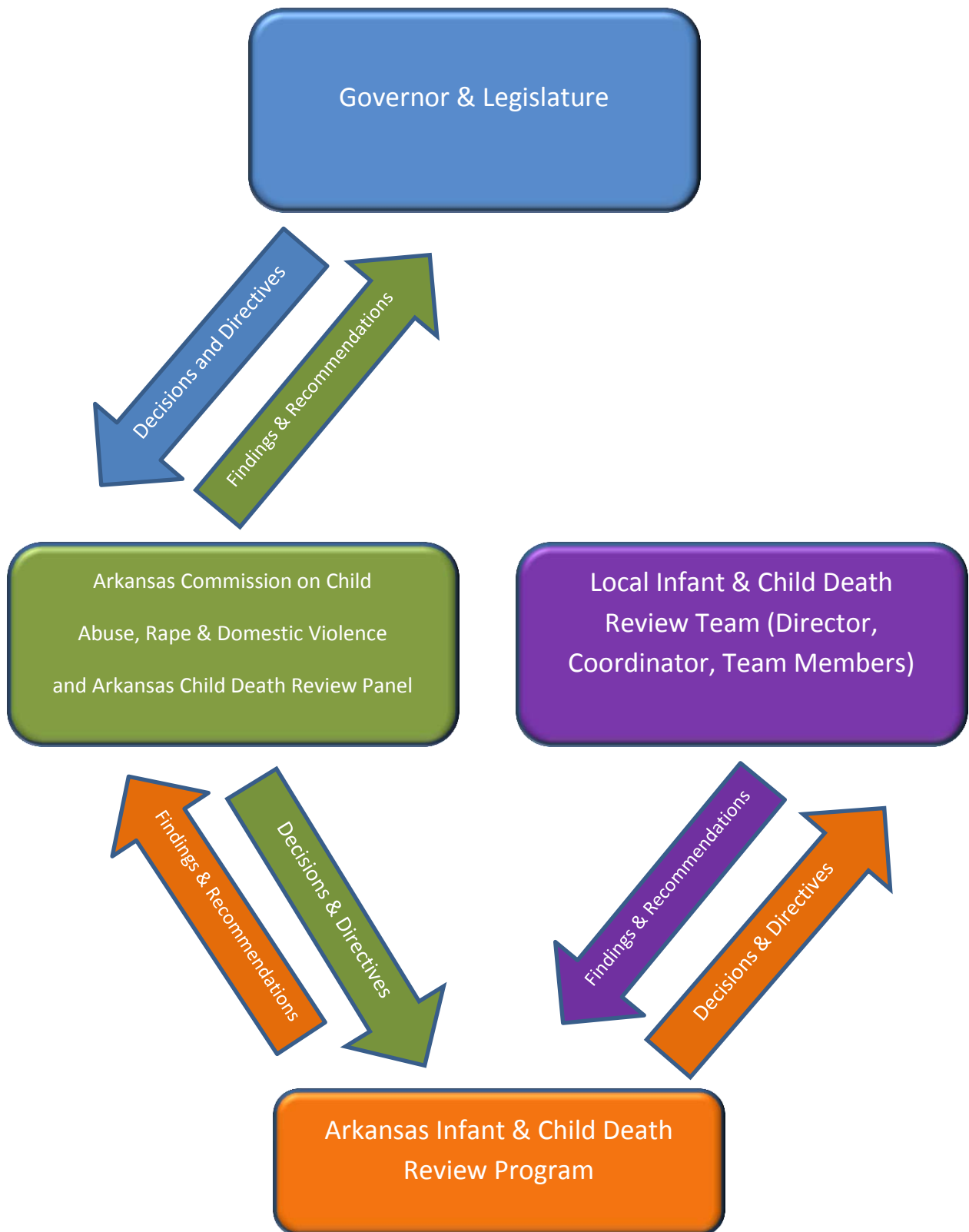
10. **Identify and address public health issues.**

The review system provides agencies the opportunity to identify patterns and trends of infant and child deaths in their community. Many of these deaths will not be a result of intentional abuse or involve criminal activity, but rather will fall in the category of other public health issues. Identification of these patterns and trends will provide the information required for local and state efforts to educate the public; make recommendations for change; design interventional approaches; and pool resources to address identified issues.



(Figure 1)

Arkansas Infant & Child Death Review Organizational Chart



D. Local Team Membership

1. Core Team Membership

Core members are representatives from the agencies that are responsible for the health, safety and well-being of infants and children. They include:

- a) Crimes Against Children Division of the Arkansas State Police (CACD)
- b) Department of Human Services, Division of Children and Family Services (DCFS)
- c) Emergency Medical Services (EMS)
- d) Law Enforcement
- e) Medical Examiner or Coroner
- f) Pediatrician or Nurse (with specialized training)
- g) Prosecutor
- h) Public Health

2. Additional Members

Additional members are determined based on community resources and local team needs. Examples include:

- a) Child Advocate
- b) Fire Fighters
- c) Injury Prevention Specialist
- d) Intimate Partner Violence Specialist
- e) Juvenile Probation Officers
- f) Mental Health
- g) School Administrator or Counselor
- h) Sudden Infant Death Syndrome (SIDS) Family Service Provider



3. Ad Hoc Members

To facilitate completion of reviews in a timely manner, teams may designate “ad hoc” members. These team members are not permanent members and therefore do not receive team notices or birth/death information. They are provided information pertaining solely to the case(s) in which they will be involved.

Ad Hoc members provide valuable information to the team without increasing the number of permanent team members and can attend meetings when:

- a) they were directly involved in a death scheduled for review, or
- b) to provide case specific information.

Examples of ad hoc members would be a fire marshal in the case of a fire or the National Highway Traffic Safety Administration in a motor vehicle crash.

E. The Roles of Team Members

The roles of the team members can be flexible to meet the needs of a particular community. The individual abilities of members should be used to form the most effective team possible. Each member provides the team with information from their records, serves as a liaison to their professional counterparts, provides definitions of their professions’ terminology, interprets the procedures and policies of their agency and explains the legal responsibilities

of their profession. All team members must have a clear understanding of their own and other professional agencies' roles and responsibilities in response to infant and child deaths. Additionally, members need to be aware of and respect the expertise and resources offered by each profession and agency. The integration of these roles is the key to a community having a well-coordinated infant and child death response system.

******It is the responsibility of the respective agencies (team members) to ensure that adequate arrangements are in place to complete their respective areas of responsibility in the event of the team members' absence. ******

******All team members and ad hoc person's must complete the Roles and Responsibilities Agreement specific to their discipline and Contact Information Form, as well as signing the Confidentiality Agreement. ******

Local Team Director (Appendix D: Role and Responsibilities Agreement, p. 61)

The director may be any of the team members and serves as director at the discretion of the team. Teams may decide to specify terms for the director and rotate the position among the members. The team director should possess skills in communication and be able to positively encourage the team in a focused discussion that can lead to preventive measures. There may be teams where the director was initially appointed by the Director of the Arkansas Infant & Child Death Review Program. If not, then the team selects a team director at the organizational meeting.

The duties of the Local Team Director include:

- a) Fulfilling obligations as a representative of their respective agency.
- b) Calling and chairing the team meetings.
- c) Ensuring the team operates according to the protocols developed by the Arkansas Infant & Child Death Review Program.
- d) Assisting the local team coordinator as necessary.
- e) Discussing issues, problems or concerns with the Director of the Arkansas Infant & Child Death Review Program.
- f) Serving as a liaison between the local team and the Arkansas Infant & Child Death Review Program; as well as respective local team members.
- g) Arranging for a meeting space.
- h) Maintaining the Team Action Log to track the team in developing intervention/prevention strategies; assigning accountability to team members for planned interventions/preventions; and following up to ensure status/completion of interventions/preventions. A copy of the Team Action Log (Appendix E: Team Action Log, p. 83) should be sent to the AR ICDR Program after each meeting.
- i) Assuming the coordinator role in the event that the coordinator is absent.
- j) Together with the team coordinator maintains a current distribution list for team members. The Director and Coordinator of the AR ICDR Program should be included on the team distribution list (pdtabor@uams.edu and momaize@uams.edu).

Local Team Coordinator (Appendix D: Role and Responsibility Agreement, p. 63)

The Local Team Coordinator may be any of the team members and serves as Local Team Coordinator at the discretion of the team. Teams may decide to specify terms for the Local Team Coordinator and rotate the position among the members. There may be teams where the coordinator was initially appointed by Director of the Arkansas Infant & Child Death Review Program. If not, then the team selects a team coordinator at the organizational meeting.

The duties of the Local Team Coordinator include:

- a) Fulfilling obligations as a representative of their respective agency.
- b) Scheduling and sending notices of meetings to the team members.
- c) Obtaining the names of the cases to be reviewed and compiling the summary information for distribution to team members. This should be completed approximately six weeks before each scheduled meeting to allow team members time to gather their agency's information about the infant or child and family, and to allow 30 days for records to be released if a written request is required. (Appendix F: Request for Medical Records, p. 84)
- d) Entering the review case reports into the National Child Death Review Case Reporting System within 2 weeks after completion of the review.
- e) Assisting the Local Team Director as necessary.
- f) Discussing issues, problems and concerns with the Director of the Arkansas Infant & Child Death Review Program.
- g) Ensuring that the Role and Responsibilities Agreement (Appendix D: Role and Responsibilities Agreement, p. 61) is reviewed and signed initially for each member of the local team.
- h) Collects member's Contact Information Form (Appendix G: Team Member Contact Information Form, p. 85) keeping the original and sending a copy to the Arkansas Infant & Child Death Review Program.
- i) Ensures that the members sign the Confidentiality Agreement (Appendix H: Confidentiality Agreement, p. 86) before each meeting.
- j) Add held over cases to new cases sent out for meetings.
- k) Together with the team director, maintains a current distribution list for team members. The Director and Coordinator of the AR ICDR Program should be included on the team distribution list (pdtabor@uams.edu and MOMaize@uams.edu).

1. **Crimes Against Children Division of the Arkansas State Police
(Appendix D: Role and Responsibilities Agreement, p. 65)**

Arkansas State Police Crimes Against Children Division (CACD) has responsibility for criminal child maltreatment investigations; all allegations of child maltreatment when a child dies as a result of suspected child maltreatment; and investigations that would be a conflict of interest for DCFS to investigate. The Arkansas State Police also administers the Child Abuse Hotline. Reports are accepted for investigation by the Hotline if they meet the mandates of the Child Maltreatment Act 12-18-103. (Appendix I: A.C.A § 12-18-103, p. 87)

2. **Department of Human Services: Division of Children and Family Services
(Appendix D: Role and Responsibilities Agreement, p. 67)**

The Division of Children and Family Services (DCFS) member has the legal authority and responsibility to investigate and provide protection to siblings that may be at risk. As a team member, they provide detailed information on the family and the worker's investigation into the infant or child's death. DCFS members also have prior agency contact information including:

- 1) Reports of neglect or abuse on that infant/child or siblings and
- 2) DCFS services previously or currently being provided to the family.

DCFS may be able to provide the team with information regarding the family's history and the psychosocial factors that influence family dynamics such as unemployment, divorce, previous deaths, history of domestic violence, history of drug abuse and

previous abuse of children. When reviews indicate the need, DCFS may provide services to the surviving family members. Their knowledge on issues related to child abuse and neglect cases is essential to an effective team review.

3. **Emergency Medical Services (Appendix D: Role and Responsibilities Agreement, p. 69)**

Emergency Medical Services (EMS) is frequently first at the scene and observes critical information regarding the scene and circumstances of a child's death, including the behavior of witnesses. The EMS report can also be useful in determining the position of the body at death and other scene elements that may have changed before an investigator arrived.



4. **Law Enforcement (Appendix D: Role and Responsibilities Agreement, p. 71)**

Law enforcement officers provide information on criminal investigations of infant and child deaths reviewed by the team. They also check the criminal histories of the child and/or family members and suspect(s) in the infant and child death cases. The law enforcement team member acts as the liaison between the team and other law enforcement departments. They encourage and recruit officers from other agencies to participate in reviews when there is a death in their jurisdiction. Law enforcement officers can inform team members about scene investigations and interrogations which are essential skills required in determining how an infant or child died.

5. **Medical Examiner or Coroner (Appendix D: Role and Responsibilities Agreement, p. 73)**

All information regarding suspicious or unexpected infant and child deaths is received by medical examiners or coroners. Guided by state law, coroners routinely request medical examiners to perform an autopsy to aid them in determining the cause and manner of death. When reviewing suspicious or unexpected deaths, the medical examiner or coroner provides the team with information regarding how the determination of cause and manner of death was reached. If the medical examiner performed an autopsy a summary of the report is included. The medical examiner or coroner also assists the team because of their access to records from other investigating agencies and because of their ongoing working relationship with law enforcement, EMS, hospitals and DCFS. Act 1286 of 2009 (Appendix J: Arkansas Act 1286 of 2009, p. 93) identifies required persons to be notified in the event of certain deaths and the categories of death that fall under the required notification.

Coroners that are on local teams, depending on jurisdiction, may possess specific crime scene skills. The coroner must have, or be in the process of obtaining, specialized training in Sudden Unexplained Infant Death Investigation (SUIDI) and have a working knowledge of the Sudden Unexplained Infant Death Reporting Form (Appendix K: Sudden Unexplained Infant Death Investigation Reporting Form, p. 96). If the coroner has not completed the SUIDI training, he/she should contact the Arkansas Commission on Child Abuse, Rape and Domestic Violence, and speak with the Child Abuse Project Coordinator at (501) 661-7975 for additional information regarding SUIDI training.

******Regardless of information, please always double check for records. For example, the autopsy may not have been reported as completed by vital statistics, but when double checked by the coroner, autopsies are found. ******

6. Pediatrician or Nurse (with specialized training)

(Appendix D: Role and Responsibilities Agreement, p. 75)

The pediatrician or nurse with specialized training provides the team with medical explanations and the perspective of having knowledge gained from routinely examining children presenting with a variety of medical conditions. They are also knowledgeable about the growth and development of infants and children. They can access medical records at hospitals and from other doctors. If the pediatrician or nurse testifies regularly in child abuse trials, his or her expert opinion regarding medical evidence can be useful. It is preferable if the pediatrician or nurse team member has experience in treating victims of child abuse and neglect.

7. Prosecutor (Appendix D: Role and Responsibilities Agreement, p. 77)

Prosecutors educate the team on law and provide information about criminal and civil actions taken against those involved in infant and child deaths. They also provide the team with explanations regarding whether a case can or cannot be pursued and information about previous contacts with family members and criminal prosecutions of suspects associated with infant and child death. Additionally, the team prosecutor should inform the team director and coordinator if a case scheduled for review is being prosecuted or has been adjudicated.

8. Public Health (Appendix D: Role and Responsibilities Agreement, p. 79)

Public health agencies facilitate and coordinate preventive services needed to assist with community awareness programs and education. Public health members provide the team with vital records; epidemiological profiles of families for early risk detection and prevention of infant and child deaths; and help educate members on the public health services available in their community. Public health doctors or nurses help identify public health issues that arise in infant and child deaths. If the infant or child was treated in a local public health facility, they can provide medical histories and explanations of previous interventions and treatments.

9. All Members

All team members are responsible for providing information to the team from their respective discipline. Table 3, Records and Documents, provides a list, broken down by discipline, of records and documents that should be gathered and reviewed for the meeting. Team members should be ready to discuss their materials at the meeting and avoid merely reading them to the group. Although some members bring actual records they are to leave with the same records. Additionally some members have pictures that are passed around or shown in a PowerPoint, 911 recordings that are played for the team, or other relevant material that will assist the team in a comprehensive review process. Guides for Effective Reviews (Appendix L: Guide for Effective Reviews, p. 104) lists other materials based on the cause of death that would also be beneficial for teams to review.

10. For Additional and Ad Hoc Members

There is a Generic Role and Responsibilities Agreement (Appendix D: Role and Responsibilities Agreement, p. 81) that should be completed and signed.

(Table 3)

Records and Documents

<i>Director</i>	<ul style="list-style-type: none">• Birth records (< 1 year of age)• Death records• Any records applicable to respective office
<i>Coordinator</i>	<ul style="list-style-type: none">• Birth records (< 1 year of age)• Death records• Any records applicable to respective office
<i>Crimes Against Children Division of the State of Arkansas</i>	<ul style="list-style-type: none">• CACD reports and determinations• CACD records (child/siblings)• Records on caregivers• Home visit reports
<i>Department of Children and Family Services</i>	<ul style="list-style-type: none">• DCFS reports and determinations• DCFS records (child/siblings)• Records on caregivers• Home visit reports
<i>Emergency Medical Services</i>	<ul style="list-style-type: none">• Emergency department records• EMS run reports• Tape of 911 call
<i>Law Enforcement</i>	<ul style="list-style-type: none">• Scene investigation reports• Interview with families• Criminal background checks (family and caregivers)• Out of state history• Interview with witnesses• Police reports• Tape of emergency call to department
prior to meeting, ensure that the case is not under criminal investigation	
<i>Medical Examiner/Coroner</i>	<ul style="list-style-type: none">• Death certificates• Autopsy reports• Interview with family and caregivers• Sudden Unexplained Infant Deaths Investigation Report Form (SUID-RF)

Pediatrician or Nurse with Specialized Training

- Pediatric records for well and sick visits
- Immunization record
- Hospital records (Labor and Delivery, newborn nursery and/or pediatric intensive care unit)
- Prenatal care records
- Skeletal Survey (Appendix M: Skeletal Survey, p. 124)

Prosecuting Attorney

- Information on reasons for/opposing litigation

prior to meeting, ensure that the case is not currently under litigation or has not been criminally prosecuted

Public Health

- Home visit records
- Any support services
- Public health immunization records
- Public health visits (prenatal and/or well-child)

Additional or Ad Hoc Members

1. Child Advocate

Child advocates represent a variety of local child advocacy programs. A child advocate serves the needs of children, families and professionals, while addressing mental health, medical, educational, legal and legislative issues. Arkansas child advocacy center directors or interviewers are excellent candidates for team members.

2. Fire Fighters

Fire fighters provide information about investigations of fires as related to deaths and education regarding prevention of deaths. Additionally, firefighters may be Emergency Medical Technicians or paramedics.

3. Injury Prevention Specialist

An injury prevention specialist plans, develops and implements injury prevention. Additionally, they develop, coordinate and implement programs that aim at creating an injury- free environment and should be helpful with moving recommendations into actions.

4. Intimate Partner Violence Specialist

An intimate partner violence (IPV) specialist brings knowledge about family dynamics and violence within the home. Children that live in homes where there is IPV are more likely to be the victim of violence themselves.

5. Juvenile Probation Officers

The juvenile probation officer provides information regarding crimes involving older children. Teenagers may die from violence inflicted by other adolescents; drugs and alcohol; or suicide. Records from juvenile probation officers assist in the reviews of these deaths.

6. Mental Health

The mental health representative provides information and insight regarding psychological issues related to the infant or child, the family and the event that caused the death. They make recommendations for counseling or other mental health services that are appropriate for family or community members.

7. School Administrator or Counselor

The school administrator provides the team with information from school records regarding children and families. School records include academic performance, participation in school and extra-curricular activities, absenteeism and other indicators of a child's well-being. As educators, these team members offer the perspective of professionals who regularly observe child health, growth and development.

8. Sudden Infant Death Syndrome (SIDS) Family Service Provider

SIDS account for a large number of infant deaths. Sudden Infant Death Syndrome family service providers educate the team on various issues related to SIDS. The SIDS family service provider may garner additional information through family counseling efforts to further assist the team during a review. As team members, SIDS family service providers offer the most up-to-date information and assistance available regarding this issue.

F. Multi-County Review Teams

1. Multi-County Review Teams consist of representatives from multiple counties. Organizers should consider what agencies or facilities involved in infant and child death response are shared by the counties. It is preferable that the counties have some of the following areas of jurisdiction or responsibility in common: state health and human services region, criminal prosecutor's jurisdiction and/or trauma region.
2. Every county covered by a multi-county team should have at least one member on the team.
3. To ensure that the review team concept of community involvement is met, at least one representative from a core member agency of the county where the illness/injury or event occurred that caused the infant/child's death should be present during the review. This allows the multi-county team to receive information from the professionals directly involved with the death, while strengthening the team's relationship with the various local agencies in the counties covered by the team. Establishing and maintaining this relationship is crucial if the team's prevention, training and education objectives are to be achieved.
(See Chapters 2 & 5 of *A Program Manual for Child Death Review*, available at www.childdeathreview.org)

IV. Establishing a Team

A. Team Organizers

To establish a multi-agency, multi-disciplinary local infant and child death review team in your community, one of the professionals composing team membership must be willing to commit the time and effort required to form a team. This person can work directly with the Infant & Child Death Review Program in the Injury Prevention Center of Arkansas Children's Hospital and receive training materials, training seminars, technical assistance and strategies for team development. Teams are not mandated in Arkansas; however, they are highly recommended and are created through both individual efforts and the voluntary cooperation of the agencies and professionals involved with infant and child deaths. Additionally, assistance and guidance will be provided by the Arkansas Infant & Child Death Review Program.

B. Contact Arkansas Infant & Child Death Review Program

The team organizer contacts the Arkansas State Infant & Child Death Review Program at the Arkansas Children's Hospital Injury Prevention Center for team information and membership recruiting materials. The community's local political climate and relationships between the heads of core agencies will strongly impact the approach taken to forming the team. Each community should adapt the approach most suitable to their unique characteristics.



C. Team Reference Materials

The team organizer becomes thoroughly familiar with review team operation through the *Standard Operating Procedure Manual* provided by the Arkansas Infant & Child Death Review Program and the national publication: *A Program Manual for Child Death Review* (available at www.cilddeathreview.org).

D. Attend a Meeting of an Existing Team

The team organizer contacts the Arkansas Infant & Child Death Review Program office at 866-611-3445 and requests to attend a meeting of an existing team. Observing a team will answer many questions regarding how local teams operate. It may also provide suggestions on recruiting potential team members.

E. Contact the Local Core Member Agencies

The team organizer contacts the directors of the core member agencies and professions to discuss establishing a team. It is important that organizers become familiar with each agency's role and the need for their participation on the team before meeting with the various agencies. In recruiting team members, request the highest possible level of staff from each participating agency to join the team. These individuals have the authority to implement changes if necessary and to obligate the agency to cooperative projects and protocols. If the agency director is not available, a lower level staff member with the knowledge and experience of direct and routine involvement with infant and child deaths should be designated to represent the agency. These agency representatives provide the team with essential input. The team should be comprised of professionals with both executive and specialized responsibilities. The Arkansas Infant & Child Death Review Program will assist you in these measures as needed.

F. Schedule an Organizational Meeting

After all core agencies have been contacted, the team organizer schedules an organizational meeting with the prospective members and the Arkansas Infant & Child Death Review Program. Provide two or three weeks' notice and offer a choice of dates and times for the meeting. Hold the meeting only if most of those invited are able to attend. Several organizational meetings may be necessary before teams can actually begin reviewing deaths. (Go to www.doodle.com to utilize an extremely easy and time efficient scheduling assistant).

G. Conducting an Organizational Meeting

1. The team organizer should request the attendance of the Arkansas Infant & Child Death Review Director who will conduct the training portion of the meeting that covers the following information:
 - a) Role of each agency and profession and the benefits to the participating agencies.
 - b) Arkansas Child Death Review Panel authorizing statute, Role and Responsibilities Agreement (Appendix D: Role and Responsibilities Agreement, p. 61), Team Member Contact Information (Appendix G: Team Member Contact Information Form, p. 85), Team Action Log (Appendix E: Team Action Log, p. 83) and the Review Team Confidentiality Agreement (Appendix H: Confidentiality Agreement, p. 86).
 - c) Additionally, the Arkansas Infant & Child Death Review Program will compile and distribute materials and tools for the local review team including an overview of conducting a case review, authorizing legislation and the use of the National Child Death Review Case Reporting System: Case Report 2.2S (Appendix C: National Child Death Review Case Reporting System: Case Report 2.2S, p. 43).
2. Allow time for each person attending to express concerns or raise issues. Make sure each person has an opportunity to ask questions and participate.
3. The team organizer may not have the answers to all the initial questions. Agree to get answers or find out what other teams are doing regarding a particular issue and report back to the group.
4. Discuss and complete these steps:
 - a) Compile a list of other potential team members and develop a plan for enlisting their participation. Include a time frame for completing contacts. A New Team Member Letter of Invitation (Appendix N: Letter of Invitation, p. 125) can be utilized.
 - b) If necessary, set a time, date and location for another organizational meeting. All organizational issues should be addressed prior to beginning infant and child death reviews.
 - c) If no additional organizational meetings are required, schedule the first meeting to review deaths. Attendance will be higher if a regular time and place is agreed upon for meetings. The AR ICDR Program Director or Coordinator will attend your first meeting or two to help address any informational or procedural issues that arise.
 - d) Agree on what materials will be compiled and distributed to team members at the first review meeting.
 - e) Follow-up with core members to ensure delegated tasks are completed before the first review team meeting is held to do case reviews.
 - f) After training has been provided and all relevant paperwork completed then data will be released from the Arkansas Infant & Child Death Review Program to the team director and coordinator for dissemination to the team members in order to

allow gathering of relevant documentation and materials for review process.

Required paperwork includes:

- i. Role and Responsibilities Agreement (Appendix D: Role and Responsibilities Agreement, p. 61)
- ii. Team Member Contact Information Form (Appendix G: Team Member Contact Information Form, p. 85)
- iii. Team Confidentiality Agreement (Appendix H: Confidentiality Agreement, p. 86)

V. Team Operating Procedures

A. Reviewable Deaths

1. Reviews are required only for those deaths in which a birth certificate was issued. A birth is considered viable and live if the attending medical person determines that a birth certificate is appropriate. If a birth certificate is not issued and a determination of *“stillbirth”* is made, a review is not required by the team.
2. Extensive, in-depth reviews are conducted for sudden and unexpected deaths. These deaths generally require a more intensive discussion by the team to discover the circumstances surrounding the death and identify preventable measures for the future.
3. Location of onset of illness/injury is not recorded on the death certificate and often location of death is a hospital facility in a county where the incident did NOT occur. Therefore, reviews are to be conducted by the team that covers the county or region where the deceased lived at time of death, as indicated on the death certificate. The precipitating event leading to death may have occurred in a county that may or may not be covered by the team. If necessary, review teams should gather needed information from the county in which the precipitating event occurred. Cases that are currently under criminal investigation, prosecution or if they have been adjudicated will not be reviewed. After law enforcement and prosecution have closed their investigations, as long as there are no pending legal actions, the case may then be reviewed.

B. Information Sharing

1. Teams are not a mechanism for criticizing or second-guessing any agency’s decision, nor are teams an attempt to criminalize all infant and child deaths. Teams are a mechanism for the essential information sharing required if the system’s response to infant and child deaths is to be improved and prevention measures implemented.
2. A team may request information and records regarding a deceased infant or child as necessary to carry out the purpose and duties of the team. Background and current information from the records of team members and other sources may be needed to assess circumstances of the death. Also in the cases of infants, the mother’s prenatal and labor and delivery records, as well as the infant’s birth records should be obtained. (Appendix F: Request for Medical Records, p. 84)

***** Under the Health Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), it is allowable to disclose information for public health, safety or law enforcement purposes. *****

3. When reviewing deaths of infants and children who were or are residents of another county, each team member should contact the agency which corresponds to their agency and request information regarding the deceased child for the review.

C. Confidentiality

1. Records acquired by the team to conduct a review are exempt from disclosure under Arkansas Code 20-27-1706, 2005 (Appendix B: Arkansas Act 1818 of 2005, p. 38).
2. Data and information collected regarding the death of an infant or child at a review team meeting are confidential.
3. Team members will bring records from their agency to the meetings and those records will leave with the team member who brought them.
4. A report or statistical compilation of a review team's efforts may be published if it does not include the identification of individual cases, physicians, hospitals, clinics or other health care providers. Confer with the Director of the Arkansas Infant & Child Death Review Program prior to releasing information.
5. A team member may not disclose any information that is confidential.
6. Information, documents and records of the team are confidential and are not subject to subpoena or discovery and may not be introduced into evidence in any civil or criminal proceedings.
7. Information that is made available from other sources is immune from prosecution if they are provided in good faith for a review team meeting.
8. State, regional and local review team members are immune from civil and criminal liability in connection with their good faith participation on the review board.
9. While problem identification and resolution can be used for the public's benefit, specific case details are never divulged or discussed outside of the review process. Reviews are not open to the public since each member is a representative of the health and welfare of infants or children within their community and as such are responsible for their protection of privacy. (See chapter 7 of *A Program Manual for Death Review*)

D. Members' Designee and Meeting Attendance

1. Team members may designate another representative of their agency to replace them at meetings they are unable to attend. However, team members must recognize the need to attend meetings regularly to offer the expertise and knowledge which initially determined their selection.
2. Agencies of members who are consistently unable to attend meetings will be contacted by the team's director or coordinator to select another member to represent them on the team.
3. Members may contact the Director of the Arkansas Infant & child death Review Program concerning issues, problems or concerns.

E. Obtaining the Names and Death/Birth Information for Team Reviews

1. The Health Statistics Branch of the Arkansas Department of Health will provide death information to the Arkansas Infant & Child Death Review Program; which will then be distributed to the Local Team Director and Coordinator. Because it is the legal

information required to certify death and bury a body, the death information is the basis for a review. Additionally, the information recorded on the birth certificate for all infant deaths (less than 1 year of age) will be obtained. The birth information includes medical information regarding the mother and newborn that is extremely useful for reviews.

(Appendix O: Certificate of Live Birth, p. 126)

(Appendix P: Certificate of Death, p. 127)

2. All reviews are retrospective and teams can expect to review deaths one to two years after occurrence.

F. Death Information and Distribution for a Review Meeting

The team coordinator compiles summary information for each death to be reviewed and distributes the information to the team. Team members are required to search their files and obtain the necessary data for the review.

G. Infant and Child's Death Summary Information

1. Deceased child's name.
2. Child's ethnicity, age and gender.
3. Child's date of birth and date of death.
4. Mother's name or marital name and current address are usually required for background checks and prior DCFS involvement. If the mother's name is not available, then use the father's name or legal guardian's name and address.
5. Cause of death is the specific reason the infant or child died: car crash, blunt force head injury, gunshot, pneumonia, etc.
6. Manner of death falls under one of five categories: natural, accidental, homicide, suicide or undetermined.
7. Brief description of what may have occurred, i.e. "child found face down in basinet."

H. Record Keeping

The team will not maintain records of case discussions. Basic information will be kept for purposes of informing the team members of the deaths to be reviewed; and the National Child Death Review Cases Reporting System: Case Report 2.2S (Appendix C: National Child Death Review Case Reporting System: Case Report 2.2S, p. 43) will be completed after the review is complete (Section K of the electronic database will coincide with team recommendations, actions and person's responsible for action.) The Director should maintain a list of issues raised during the meetings and ensure the prevention measures are followed up by team members. (Appendix E: Team Action Log, p. 83) [See Chapters 4 & 6 of *A Program Manual for Death Review*]



VI. Procedures for Conducting and Infant/Child Death Review

A. Members Agree To Confidential Discussions

Each member agrees to keep meeting discussions and information confidential. This is essential for each agency to be able to fully participate in the meetings. A confidentiality agreement signed by team members and required for other meeting attendees should be **signed at each meeting** and retained by the local team coordinator.

B. Members Provide Information

Each team member is responsible for gathering the necessary investigative reports, medical records, and autopsy findings. Agency specific documentation should be reviewed and presented at the review team meeting. . The information from their agency's records will be reviewed and when appropriate, may be passed around by team members or shown on a PowerPoint. The records are subsequently taken up by that respective team member at the end of the meeting. In some cases, photo documentation may also be provided by respective members if it is deemed that it will assist in the review of that particular case.

(Review Appendix D: Role and Responsibilities Agreement, p. 61 and Appendix L: Guide for Effective Reviews, p. 104)

C. Categories of Deaths Requiring Extensive Review

1. All cases investigated by law enforcement
2. All cases with current or previous DCFS involvement
3. All medical examiner cases
4. Homicide
5. Sudden or unexpected deaths in infant or children
6. Suicide
7. Undetermined
8. Unintentional Injuries
9. Others (including but not limited to): drowning, suffocation/asphyxia; drug ingestion/poisoning; malnutrition; blunt force trauma/head trauma; child abuse/neglect; burns; and gunshot wounds

D. Data Collection and Time Required for Reviews

Deaths will vary in the amount of time required for completion of a review. Each member presents his or her agency's investigation and/or historical information on the cases and families. To ensure an adequate review has been conducted and the appropriate questions asked, the National Child Death Case Reporting Form 2.2S (Appendix C: National Child Death Review Case Reporting System: Case Report 2.2S, p. 43) can serve as a guideline for a review. Not all questions are applicable for each death. Information that is not available can be just as valuable to the review process as what is available. Lack of information regarding the circumstances of a death serves the team by focusing their attention to what information was needed, but unavailable, and should be an impetus to improve data collection in the field.

E. Review Discussion

The director ends every review with a question: "After hearing all the information regarding this infant/child's death, was this a preventable death?" If the answer is "yes," the team is asked to identify possible interventions and preventions and maintain a log of strategies identified by the team. At the end of the meeting, each member may discuss any issues raised during the meeting.

The team will need to review these issues periodically and develop a plan for addressing and monitoring what actions are taken on each issue.
(Appendix E: Team Action Log, p. 83)

F. Follow-Up Reviews

Cases may need to be discussed at more than one meeting if: members wish to obtain additional information from their agency; or a team member or auxiliary member with significant information is absent and failed to send an ad hoc replacement.

G. Reporting

In the event that the team is concerned for the safety and well-being of children remaining in the home, and neither DCFS nor CACD have been involved, then under the law that mandates reporting by professionals, the team Director should take the initiative and report the case to the child abuse hotline at 1-800-482-5964.

(Appendix I: A.C.A. 12-18-103, p. 87)

H. Meeting Agenda Checklist – Established Members

Pre-Meeting:

- The Director will arrange for meeting space.
- The Coordinator will release names and demographics 6 weeks in advance of next meeting (and ensure that if a case is held over for review that the information is distributed).
- Members will be responsible for obtaining records associated with their respective positions for discussion at the meeting (see Table 3: Documents and Records, p.16). If a member will not be able to attend they should send an ad hoc person with the specific case information to the scheduled meeting.

Meeting:

- The Director will call the meeting to order.
- Welcome and introductions of members and ad hoc persons.
- Everyone (new, ad hoc, established members) will sign a Confidentiality Agreement (Appendix H: Confidentiality Agreement, p. xx) for each meeting. This will also serve as a roll for each meeting.
- Completion/follow-up of reviews from last meeting.
- New cases for review:
 - Share, clarify and question case information
 - Discuss the investigation
 - Discuss the services provided (or lacking)
 - Identify risk factors
 - Recommend interventions/preventions
 - Identify opportunities and plan actions to initiate intervention/prevention measures
- The Director will complete the Team Action Log (Appendix E: Team Action Log, p. 83) and fax to 501-364-1552.
- Progress report on recommendations made at previous meeting(s).
- The Director will give the date and location of the next meeting.
- The Coordinator will enter data into national database within 2 weeks of meeting date.

I. Meeting Agenda – New Member

Sign:

- Roles and Responsibilities Agreement (Appendix D: Role and Responsibilities Agreement, p. 61)
- Confidentiality Agreement (Appendix H: Confidentiality Agreement, p. 86)
- Team Member Contact Information Form (Appendix G: Team Member Contact Information Form, p. 85)

Provide:

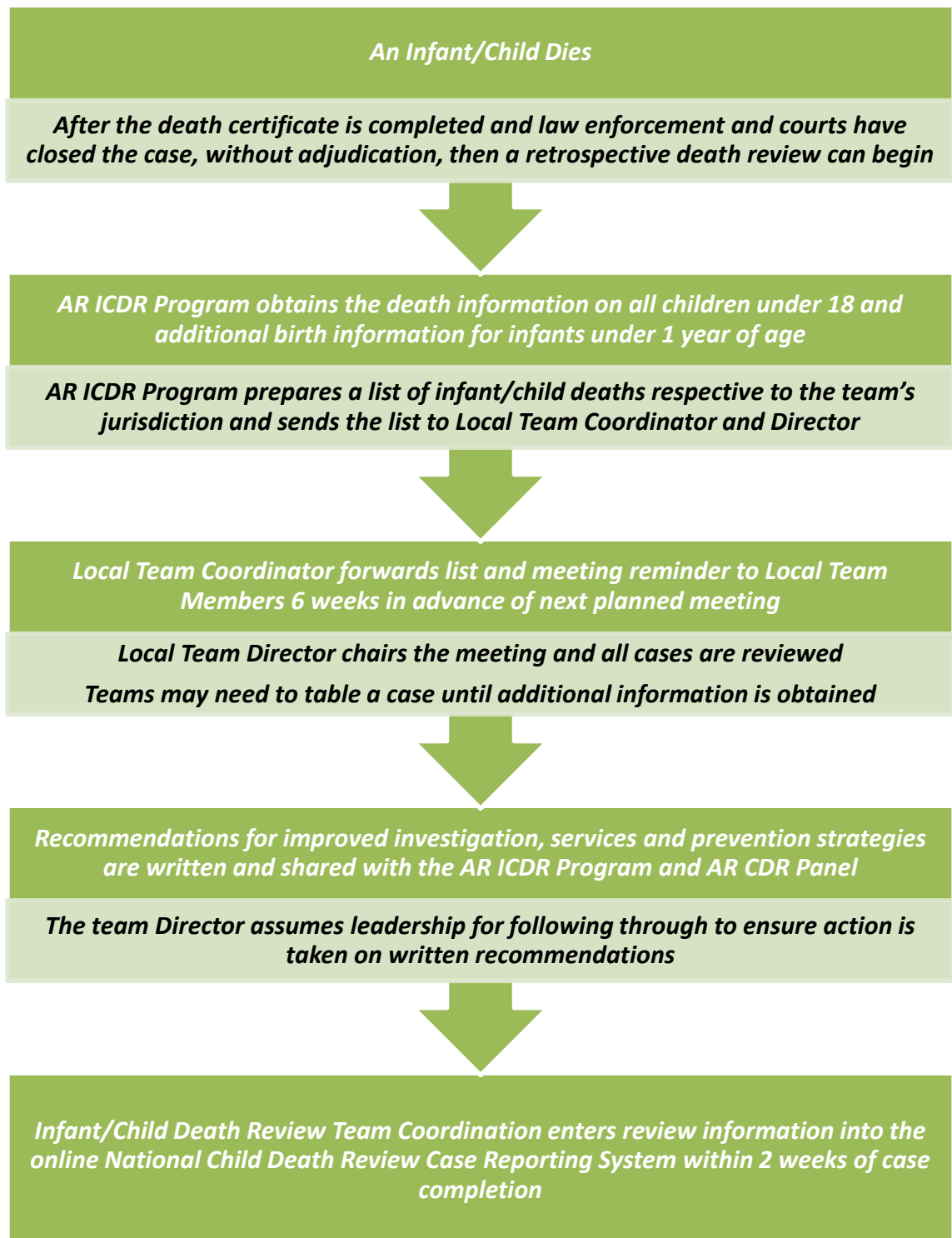
- National Manual: A Program Manual for Child Death Review
- Arkansas Infant & Child Death Review Standard Operating Procedures Manual

J. Meeting Agenda – Ad Hoc (Visiting) Member

Sign:

- Confidentiality Agreement (Appendix H: Confidentiality Agreement, p. 86)
- Team Member Contact Information Form (Appendix G: Team Member Contact Information Form, p. 85)

Arkansas Infant & Child Death Review Program Review Team Process



Arkansas Infant & Child Death Review Program Sample Case

Death Certificate Information

Cause of death: drowning
Manner of death: accidental Gender: Male
Age at death: 8 months and 10 days

Records Needed for Review

Autopsy reports – Medical Examiner’s Report
Coroner’s Report
Emergency Department Report
Emergency Medical Services run reports
Tape of 911 call
Names, ages and genders of other children in home
Pediatrician Records
Pediatric Intensive Care Unit Hospital Records
Prior DCFS history on infant, siblings, caregivers and persons supervising child at time of death
Background checks on parents and persons responsible for child at time of death
Sudden Unexplained Infant Death Investigation Reporting Form
Law Enforcement Reports

Case Review

Emergency Medical Services (EMS) Run Sheet: Called through 911 for an 8 month old male infant that was unresponsive, found by mother, floating in bathtub. At scene infant was unresponsive with a pulse of 10 beats per minute (bpm). Resuscitation efforts were initiated on scene and the infant was transported to the hospital emergency department (ED). En route the infant was intubated and an interosseous line was placed in right lower leg. The infant received epinephrine which stimulated pulse rate to 15 bpm with blood pressure (BP) of 90/40. No law enforcement (LE) or coroner at scene at time of transport.

ED Report: 8 month old male infant was received intubated and an interosseous line was placed in right lower leg, BP 108/42 and pulse 98 bpm. Transported to the Pediatric Intensive Care Unit (PICU).

PICU Hospital Report: Initial pH of 6.7 (normal 7.35-7.45) and the infant was placed on a ventilator. No injuries were noted from skeletal survey or physical examination. 100% Oxygen was delivered; however a chest x-ray revealed complete pacification of the lung fields. 2 days later the infant suffered cardiac arrest and could not be resuscitated.

Pediatrician: Explained routine care of drowning victim and pacification of lungs to the team. Additionally supplied information from the pediatric record that showed the infant had been sitting independently for about 2 months at the time of the accident, and expressed concern that a skeletal survey was not performed.
(Appendix M: Skeletal Survey, p. 124)

Division of Children & Family Services (DCFS): No reports concerning this child or the 3 year old female sibling. A case file concerning the 8 month old child’s death was opened and DCFS will be providing counseling referrals to the family and a follow up visit on the 3 year old sibling.

Coroner's Report: Upon arriving at the scene they entered the bathroom where the tub was filled approximately half way and had a temperature of 99 degrees. There was an infant bathtub seat found floating in the tub. Coroner retrieved the infant bathtub seat for evidence and entered the child safety tag affixed to the seat into evidence as well.

Law Enforcement (LE), County Sheriff Office: Met with mother at ED to obtain statement. Mother states she had placed son in infant bathtub seat and left for a "few seconds" to answer the phone and check on the 3 year old sibling. When she returned she found the infant floating face down in the bathtub with the infant seat floating at the other end of the tub. Father of infant was at work during the incident and is currently en route to the hospital.

Prosecuting Attorney (PA): Did not feel that charges of negligent homicide were warranted.

Local Infant & Child Death Review Team Analysis

- The team agreed that the infant appeared to have drowned.
- The infant bathtub seat did have a warning that infant should not be unsupervised during bathing. Upon discussion the team felt that the mother had a false sense of security while utilizing the infant bathtub seat.
- The mother's time perception of "seconds" was felt to have been longer than the mother ascertained and there was at least a component of negligence on the part of the mother.
- The prosecuting attorney was not filing charges.
- DCFS was opening a case file on the sibling and would make home safety checks.
- The team did conclude unanimously that the death was preventable.

Recommendations of the Team for Prevention Measures

- Educate the public about leaving any infant/child unsupervised in a bathtub.
- The pediatrician took the lead to publish an article in the statewide pediatric journal that warns of the dangers of leaving infants/children unsupervised in a bathtub, as well as the false sense of security that bathtub seats provide for parents.
- A report was written by the PA to the US Consumer Safety Commission on the use of bathtub seats and drowning.
- Pediatrician will speak at next American Association of Pediatricians Conference about the importance of a skeletal survey.

(Case study taken from: Alexander, A. R. (2007). Child fatality review: An interdisciplinary guide and photographic reference. G.W. Publishing, St. Louis, MO).

VII. Agency Conflict Resolution

Participating agencies may have individuals with concerns or disagreements regarding specific cases. Reviews are not opportunities for others to criticize or second guess an agency's decision regarding a case. Issues with the procedures or policy of a particular agency are sometimes identified; however, that agency's team member is responsible for any further action taken on the issue by his or her agency. Teams are not peer reviews; they are designed to look at the system issues, not the performance of individuals. The team review is a professional process aimed at improving the system that responds to infant and child deaths. Most agencies involved in the teams do not have an internal review process. An exception is the Division of Children & Family Services which conducts a multi-agency review of infant and child deaths in which there has been prior contact with DCFS. For most agencies, review teams provide a forum that

previously did not exist for reviewing their actions, policies and procedures. If conflict occurs among members, the local director should intervene at the meeting to allow the review to progress. Contacting members outside the meeting will allow the presiding officer to discuss the issues and assist with resolving the conflicts. Sometimes disagreement is both productive and appropriate, but disruption of the review is not acceptable. Members should always be encouraged to conduct the reviews in a professional manner. (See Chapter 14 of *A Program Manual for Child Death Review*.)

VIII. Media Relations

It is important that the team establish an effective working relationship with the media. The involvement of the media is fundamental to the team's ability to promote public awareness and educate the public regarding infant and child deaths. The team should contact the various local media and provide them with information regarding the establishment of the team, its purpose and operation. All information that is confidential, as specified by state statute, is not to be disclosed to the media. Frequently, the objectives and review process is misunderstood by representatives of the media. The Local Team Director and team members are responsible for reinforcing the concept that reviews are not conducted as a "fault-finding mission"; but instead, used as a prevention tool to avert future tragedies. Viewing the media as an essential component for the team to accomplish its prevention strategies allows the team members to interact with media representatives in a manner that better serves the community and allows the team to function effectively.



(See Chapter 15 of *A Program Manual for Child Death Review*).

IX. Maintaining a Review Team

A team follows three stages of development to achieve its goal of reducing the number of preventable infant and child deaths in the community: organizational, operational, and the implementation of prevention efforts and strategies from team findings. Once a team has been established and the procedures for operation are thoroughly understood, maintenance of the team is essential. The following are recommendations for maintaining a functional review team:

A. Respect Team Agreements

For the team to operate effectively, it is essential that the team agreements be recognized and followed by members.

B. Participate and Be Prepared for Meetings

Reviews require the regular attendance and participation of its members. Members should become acquainted with the questions on the National Child Death Review Case Reporting System: Case Report 2.2S (Appendix C: National Child Death Review Case Reporting System: Case Report 2.2S, p. 43) to facilitate their own record preparation.

C. Establish Regularly Scheduled Meetings

Establishing regularly scheduled meetings provides members with the ability to make long term schedule plans and allows for better attendance. Cancelling scheduled meetings diminishes the team's ability to gather information and hinders the cooperative networking of the members. A team can only achieve its objectives by meeting routinely and regularly. The meeting schedule is under the purview of the local team, however, teams should meet a minimum of once per quarter. Teams can meet even if there are no cases to discuss in order to follow up on previous interventions/preventions; maintain team cohesiveness; or provide training.

D. Provide an Educational Element to Team Meetings

Keeping members informed of team-related training, changes in laws regarding their professions and new infant and child death or injury prevention programs should be an integral part of the operation of every review team. Periodically scheduling brief presentations and providing informative handouts will enhance the team's ability to accomplish its objectives. The Arkansas Infant & Child Death Review Program will assist in providing educational materials and presentations.

E. Use the Arkansas Network of Review Teams

Regular contact with other teams for suggestions regarding how they handled a problem or to obtain input on innovative team efforts is often helpful. The Arkansas Infant & Child Death Review Program is available for assistance, guidance, educational opportunities and technical assistance as needed.

F. Use the Professional Associations Represented on Teams

Professional associations can answer questions regarding many aspects of the responsibilities and statutes that govern a profession.

G. Use the Arkansas Child Death Review Panel

The resources of the agencies responsible for the Arkansas Child Death Review Panel, according to the roles specified in the Arkansas Act 1818 of 2005 (Appendix B: Arkansas Act 1818 of 2005, p. 38) are readily available to assist teams. Teams provide input to the Arkansas Infant & Child Death Review Program which consults with the Arkansas Child Death Review Panel regarding the needs of local communities and teams.

H. Provide Other Members With Support

Each profession brings to the team their perspective, professional knowledge and expertise. It is support, not criticism that will encourage change and allow for improvements. Disagreement between members is sometimes unavoidable, but if handled inappropriately, it could affect the team's ability to function effectively. It is the responsibility of the Local Team Director to reinforce productive exchanges and discourage dialogue which is disruptive to the review process. Each member must acknowledge and respect the professional role of each participating agency. Improvements will come through cooperative effort, not coercion. A multi-disciplinary team approach provides a synergetic force that cannot be accomplished individually.

I. Do Not Lose Sight of the Team's Purpose and Objectives

A periodic review of the stated purpose of the team and its goal and objectives will provide direction to the team and remind members why the team was originally formed.

J. Team Membership is a Long-Term Commitment

The team is not an ad-hoc committee collecting data on infant and child deaths for a designated period, but a panel of professionals dedicated to establishing a better understanding of the causes of infant and child deaths in their community. Discovering the patterns that cause or contribute to preventable deaths is an on-going process. Patterns change over time within a community. The aggregate knowledge acquired and shared by team members provides the team structure for achieving effective results.

K. A Team is Both a Message To and From the Community

By participating on a team, local professionals who are responsible for the protection, health and safety of their community communicate a pledge to better understand infant and child deaths and to support the necessary steps to eliminate obstacles hindering their integrated response. (See page 16 of *A Program Manual for Child Death Review*.)

L. Watch Team Members for Vicarious Traumatization

Vicarious traumatization (VT) is a type of empathetic engagement or occupational hazard of working with the victims of violence. The cumulative effects of VT include an altered worldview and changes in psychological and emotional needs, trust and dependence, control, intimacy, self-esteem, altered beliefs, cognitions and sense of safety that parallel those of post-traumatic stress disorder. Symptoms can include: persistently thinking about a case; numbing of general responsiveness; and unrelenting symptoms of increased arousal (e.g., hypervigilance, anger). If you are having difficulties, or you observe another team member having issues, please seek medical care. Remember, no single person, or even agency for that matter, can achieve the changes that are possible with a multidisciplinary team death review.

X. Prevention

According to Legislative Act 1818 of 2005 (Appendix B: Arkansas Act 1818 of 2005, p. 38) enacted by the General Assembly of the State of Arkansas, the purpose of a review team is to “*reduce the incidence of injury and death to children.*” Prevention efforts can occur in several areas including:

1. Education
 - a. Media campaign
 - b. School program
 - c. Community safety project
 - d. Provider education
 - e. Public forum
2. Agency
 - a. New policies
 - b. Revised policies
 - c. New programs
 - d. New services
 - e. Expanded services
3. Law
 - a. New law/ordinance
 - b. Amended law/ordinance
 - c. Enforcement of law/ordinance
4. Environment
 - a. Modify a consumer product
 - b. Recall a consumer product

- c. Modify a public space
- d. Modify a private space

To assist with the development of these efforts, local, state and national program resources are available to teams. These programs exist in both the public and private sector and may be sponsored by various religious, community, professional and/or government organizations. Some are short-term projects with temporary funding. Others are established programs with documented results and a proven track record.

Program Resources

Types of programs for referrals and assistance include:

- a) Arkansas Department of Health
- b) Accidental Suffocation and Strangulation in Bed
- c) ATV Safety
- d) Bicycle Safety
- e) Child Abuse and Neglect Prevention
- f) Child Safety Seat Loaner Programs
- g) Crime Victim's Assistance
- h) Domestic Violence Intervention
- i) Drowning Prevention
- j) Fire Safety
- k) Firearm Safety
- l) Gang Prevention and Intervention
- m) Infant and Child Day Care Programs
- n) Injury Prevention Center at Arkansas Children's Hospital
- o) Parenting Skills
- p) Poison Control
- q) Prenatal Medical Care
- r) Seat Belt Safety
- s) Sudden Infant Death Syndrome Family Counseling
- t) State Injury Prevention Program at Arkansas Children's Hospital
- u) Substance Abuse Counseling and Education
- v) Suicide Prevention Counseling
- w) Teen Driving Safety

Resources and information on a variety of injury topics may be available through the Injury Prevention Center at Arkansas Children's Hospital or the Arkansas Department of Health.

For more information, contact:

Arkansas Children's Hospital
Injury Prevention Center
1 Children's Way, Slot 512-2
Little Rock, Arkansas 72202-3591
Toll Free: (866) 611-3445
Fax: (501) 364-3112
Website: www.archildrens.org

Arkansas Department of Health
4815 West Markham Street
Little Rock, Arkansas 72205
Toll Free: (800) 462-0599
Local: (501) 661-2000
Website: www.healthy.arkansas.gov

XI. Resources

Team members should contact the agencies and organizations that have established prevention programs for assistance and information. This list includes only a few of the groups that can assist teams.

A. National Organizations

a)	American Board of Medicolegal Death Investigators	http://medschool.slu.edu/abmdi/index.php (314) 977-5970
b)	Annie E. Casey Foundation	http://www.aecf.org/ (410) 547-6600
c)	Centers for Disease Control and Prevention- Children's Safety Network	http://www.childrenssafetynetwork.org/ (617) 618-2918
d)	Centers for Disease Control and Prevention-Sudden Unexplained Infant Death Investigation	http://www.cdc.gov/sids/TrainingMaterial.htm (800) 232-4636
e)	Centers for Disease Control and Prevention-Web-based Injury Statistics Query and Reporting System	http://www.cdc.gov/injury/wisqars/index.html (800) 232-4636
f)	National Center on Child Abuse and Neglect	http://www.childwelfare.gov/ (800) 394-3366
g)	National Committee to Prevent Child Abuse	http://www.preventchildabuse.org/index.shtml (800) 244-5373
h)	National Council on Child Abuse and Family Violence	http://www.nccafv.org/ (202) 429-6695
i)	SAFE KIDS Coalition	http://www.safekids.org/ (202) 662-0600
j)	SIDS National Clearinghouse	http://www.sidscenter.org/about.html (866) 866-7437
k)	US Department of Justice-Juvenile Crime Prevention Department	http://www.ojjdp.gov/ (202)307-5911
l)	US Health and Human Services Department	http://www.hhs.gov/ (877) 696-6775

B. State Organizations

a)	Arkansas Child Death Review Panel	http://www.childdeathreview.org/spotlightAR.htm (866) 611-3445
b)	Arkansas Children's Hospital Injury Prevention Center	http://www.archildrens.org/IPC (866) 311-3445
c)	Arkansas Department of Health	http://www.healthy.arkansas.gov/Pages/default.aspx (800) 462-0599
d)	Arkansas Infant & Child Death Review Program	http://www.childdeathreview.org/spotlightAR.htm (866) 611-3445
e)	Arkansas SAFE KIDS	http://www.safekids.org/in-your-area/coalitions/arkansas-state.html (501) 364-4940

C. Professional Associations

Professional associations are created to provide assistance, training and information for their members. As a resource, they can offer team updates on changes to laws that affect various professions and information regarding training and programs that relate to team activities.

American Academy of Pediatrics	http://www.aap.org (800) 433-9016
American Bar Association's Center on Children and the Law	http://www.americanbar.org/groups/child_law.html (800) 285-2221
Arkansas Coroner's Association	http://www.arcoroner.org/ (479) 968-2558
Arkansas Hospital Association	http://www.arkhospitals.org/ (501) 224-7878
Arkansas Medical Association	http://www.arkmed.org/ (501) 224.8967
Arkansas Nurses Association	http://www.arna.org/ (501) 244-2363
Arkansas Pediatric Society	http://www.arkansasaap.org/ (501) 831-3057
Arkansas State Bar Association	http://www.arkbar.com/ (800) 609-5668
County and District Attorney's Association	http://www.ndaa.org/ (703) 549-9222
International Association of Coroners and Medical Examiners	http://theiacme.com/
International Association of Forensic Nurses	http://www.forensicnurse.org/ (410) 626-7805
National Medical Examiner's Association	http://thename.org/index.php (404) 730-4781



XII. Appendix

Appendix A

Arkansas Child Death Review Panel Members and Contact Information

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Committee Chairperson
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870-438-5437 (Office)
870-533-2356 (Fax)
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501-296-1927 (Fax)
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501-221-1653 (Fax)
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#3 Emergency Lane
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479-968-2558 (Office)
479-886-5052 (Cell)
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501-526-6650 (Fax)
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Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

Act 1818 of the Regular Session

As Engrossed: S3/24/05

A Bill

SENATE BILL 1011

State of Arkansas

85th General Assembly

Regular Session, 2005

By: Senator Madison

By: Representatives Key, Bolin, Blair

For An Act To Be Entitled

AN ACT TO CREATE THE ARKANSAS CHILD DEATH REVIEW
PANEL; AND FOR OTHER PURPOSES.

Subtitle

TO CREATE THE ARKANSAS CHILD DEATH
REVIEW PANEL.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 20, Chapter 27, is amended to add an
additional subchapter to read as follows:

20-27-1701. Legislative findings and purpose.

(a) The General Assembly finds that:

(1) The unexpected death of infants and children is an important
public health concern;

(2) The collection of data on the causes of unexpected deaths
will enable the State of Arkansas to protect some infants and children from
preventable deaths and help reduce the incidence of these deaths; and

(3) Multi-disciplinary and multi-agency review of infant and
child deaths can assist this state in investigating infant and child deaths,
developing a greater understanding of the incidence and causes of these
deaths and the methods for prevention and identifying the gaps in services to
children and families.

(b) The purpose of this subchapter is to:

(1) Identify the causes of death of children under eighteen (18)



1 years of age; and

2 (2) Reduce the incidence of injury and death to children by
3 requiring a death review to be performed in all cases of unexpected deaths of
4 children under eighteen (18) years of age.

5
6 20-27-1702. Definitions.

7 As used in this subchapter:

8 (1) "Child" means a person under eighteen (18) years of age; and

9 (2) "Unexpected death" means:

10 (A) A death involving a child who has not been in the care
11 of a licensed physician for treatment of an illness that is the cause of
12 death;

13 (B) A clinical diagnosis of death due to Sudden Infant
14 Death Syndrome; or

15 (C) A death due to an unknown cause.

16
17 20-27-1703. Arkansas Child Death Review Panel - Creation.

18 (a) The Arkansas Child Death Review Panel is created within the
19 Arkansas Child Abuse/Rape/Domestic Violence Commission.

20 (b) The review panel shall consist of the following members:

21 (1) A representative from the State Medical Examiner's Office;

22 (2) A coroner who is registered with the National Board of
23 Medicolegal Death Investigators;

24 (3) A representative from the Center for Health Statistics of
25 the Department of Health;

26 (4) A representative from the Crimes Against Children Division
27 of the Department of Arkansas State Police;

28 (5) A representative from the Division of Children and Family
29 Services of the Department of Human Services;

30 (6) A representative from the Arkansas Child Abuse/Rape/Domestic
31 Violence Commission;

32 (7) A physician who specializes in child abuse;

33 (8) A representative from the College of Public Health at the
34 University of Arkansas for Medical Sciences;

35 (9) A representative from the Office of the Prosecutor
36 Coordinator; and

1 (10) Any other individuals the review panel determines are
2 necessary for a review.

3
4 20-27-1704. Duties.

5 The Arkansas Child Death Review Panel may:

6 (1) Establish local and regional review panels and delegate some
7 or all of its responsibilities under this subchapter;

8 (2) Analyze data available from state agencies or other agencies
9 that may decrease unexpected deaths of children;

10 (3) Collect, review, and analyze all death investigation reports
11 prepared under this subchapter and other appropriate information to prepare
12 reports for the General Assembly concerning the causes of unexpected deaths
13 of children and methods to decrease those deaths;

14 (4) Identify trends relevant to unexpected deaths of children;

15 (5) Educate the citizens of Arkansas regarding the incidence and
16 causes of injury to and death of children and of the public's role to assist
17 in reducing this risk;

18 (6) Establish training criteria for county coroners; and

19 (7) Determine the information to be included in a child death
20 investigation report and provide this information to county coroners, medical
21 providers, and other agencies to be used in preparing a death investigation
22 report.

23
24 20-27-1705. Investigation.

25 (a)(1) A copy of a child death investigation report required under
26 this subchapter, including information from law enforcement agencies,
27 coroners, fire departments, medical providers, or any other information
28 relative to the death investigation shall be provided to the Arkansas Child
29 Death Review Panel within thirty (30) days from the date the review panel
30 requests the information.

31 (2) Subdivision (a)(1) of this section is not applicable to a
32 death that is under criminal investigation, prosecution, or has been
33 adjudicated in a court of law.

34 (b)(1) The review panel or a local or regional review panel may access
35 medical records and vital records in the custody of physicians, hospitals,
36 clinics, other health care providers, and the Department of Health concerning

1 the unexpected death of the child being investigated.

2 (2) The review panel may request any other information,
3 documents, or records pertaining to the completed investigation of unexpected
4 deaths of children.

5 (c) Nothing in this subchapter shall alter or restrict the authority
6 or jurisdiction of a county coroner.

7 (d) When the review panel determines that a parent or guardian was
8 treating a child according to the tenets and practices of a recognized
9 religious method of treatment that has a reasonable proven record of success,
10 the review panel is not required to make a finding of negligent treatment or
11 maltreatment.

12
13 20-27-1706. Records – Confidentiality.

14 (a)(1) All records, reports, and other information obtained by the
15 Arkansas Child Death Review Panel or local or regional review panel and the
16 result of any child death investigation report shall be confidential.

17 (2) The records, reports, and other information obtained by the
18 review panel or local or regional review panel shall not be:

19 (A) Subject to a subpoena;

20 (B) Disclosed or compelled to be produced in any civil,
21 administrative, or other proceeding; or

22 (C) Admissible as evidence in any civil, administrative,
23 or other proceeding.

24 (3) The records, reports, and other information obtained by the
25 review panel or local or regional review panel shall be available to law
26 enforcement agencies and prosecuting attorneys.

27 (b) Any person, agency, or entity furnishing confidential information
28 shall not be liable for releasing the confidential information if the
29 information was furnished in good faith under the provisions of this
30 subchapter.

31 (c) The review panel may publish statistical compilations reflecting
32 unexpected deaths of children that do not identify individual cases,
33 physicians, hospitals, clinics, or other health care providers.

34 (d)(1) State, local, or regional review panel members shall be immune
35 from civil and criminal liability in connection with their good faith
36 participation on the review panel and all activities related to the review

1 panel.

2 (2) No civil or criminal immunity exists if a state, local, or
3 regional review panel member knowingly or willingly violates this subchapter.

4 (e) Pursuant to the Health Insurance Portability and Accountability
5 Act of 1996, disclosure of protected health information is allowed for public
6 health, safety, and law enforcement purposes and providing case information
7 on unexpected deaths of children for review by the review panel is not a
8 violation of that act.

9
10 20-27-1707. Reporting.

11 (a)(1) The Arkansas Child Death Review Panel shall report on or before
12 December 31 of each year to the Legislative Council the number and causes of
13 unexpected deaths of children.

14 (2) The Legislative Council shall forward the report to the
15 Senate Interim Committee on Children and Youth and the House Interim
16 Committee on Aging, Children and Youth, Legislative and Military Affairs.

17 (b) The report shall include:

18 (1) The review panel's finding and recommendations for each of
19 its duties under § 20-27-1704;

20 (2) An analysis of factual information obtained from the review
21 of the child death investigation reports under § 20-27-1705; and

22 (3) Reports of the review panel and any local or regional review
23 panels that do not violate the confidentiality provisions under § 20-27-1706.

24
25 */s/ Madison*

26
27
28 *APPROVED: 4/06/2005*
29
30
31
32
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34
35
36

Child Death Review Case Reporting System

Case Report 2.2S

With Expanded Questions for Sudden and Unexpected Infant Death (SUID)

Effective January 2011

Instructions:

This case report is a component of the web-based CDR Case Reporting System. Version 2.2S is an enhanced version to collect more information on SUID deaths. It must be used in place of Version 2.2 by states participating in the SUID Case Registry Pilot Project and funded by the CDC. It can be used alone as a paper instrument, but its full potential is reached when the data from this form is entered into the CDR Case Reporting System. This system is available to states from the National Center for Child Death Review and requires a data use agreement for state and local data entry. System functions include data entry, case report editing and printing, data download and standardized reports.

The purpose of this form is to collect comprehensive information from multiple agencies participating in a child death review. The form documents the circumstances involved in the death, investigative actions, services provided or needed, key risk factors and actions recommended and/or taken by the CDR team to prevent other deaths.

While this data collection form is an important part of the child death review process, the form should not be the central focus of the review meeting. Experienced users have found that it works best to assign a person to record data while the team discussions are occurring. Persons should not attempt to answer every single question in a step by step manner as part of the team discussion. The form can be partially filled out before a meeting.

It is not expected that teams will have answers to all of the questions related to a death. However, over time teams begin understanding the importance of data collection and bring necessary information to the meeting. They find that the percentage of unknowns and unanswered questions decreases as the team becomes more familiar with the form.

The form contains three types of questions: (1) Those that users should only select one response as represented by a circle; (2) Those in which users can select several responses as represented by a square; and (3) Those in which users enter text. This last type is depicted by 'specify' or 'describe'.

Most questions have a selection for unknown (U/K). A question should be marked 'unknown' if an attempt was made to find the answer, but no clear or satisfactory response was obtained; questions should be left blank (unanswered) if no attempt was made to find the answer. 'N/A' stands for 'Not Applicable' and should be used if the question is not applicable. For example, use N/A for 'level of education' if child is an infant.

This edition is Version 2.2S, effective January 2011. Additional paper forms can be ordered from the National Center at no charge. Users interested in participating in the web-based case reporting system for data entry and reporting should contact the National Center for Child Death Review.

This form was originally developed by a work group of over 26 persons, representing 18 states and the Maternal and Child Bureau of HRSA/HHS.

The SUID variables were identified in consultation with national SUID experts, in partnership with the CDC Division of Reproductive Health.

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

CASE NUMBER

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

A. CHILD INFORMATION

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

COMPLETE FOR ALL INFANTS UNDER ONE YEAR

34. Gestational age: <input type="checkbox"/> U/K _____ # weeks	35. Birth weight: <input type="checkbox"/> U/K <input type="radio"/> Grams _____ <input type="radio"/> Pounds/ounces _____ /	36. Multiple birth? <input type="radio"/> No <input type="radio"/> U/K <input type="radio"/> Yes, # _____	37. Including the deceased infant, how many pregnancies did the birth mother have? # _____ <input type="checkbox"/> U/K	38. Including the deceased infant, how many live births did the birth mother have? # _____ <input type="checkbox"/> U/K
39. Not including the deceased infant, number of children birth mother still has living? # _____ <input type="checkbox"/> U/K	40. Prenatal care provided during pregnancy of deceased infant? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, number of prenatal visits: # _____ <input type="checkbox"/> U/K If yes, month of first prenatal visit? Specify 1-9 __ <input type="checkbox"/> U/K			
41. During pregnancy, did mother (check all that apply): <input type="checkbox"/> Have medical complications/infections? Check all that apply: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Acute/Chronic Lung Disease <input type="checkbox"/> Anemia <input type="checkbox"/> Cardiac Disease <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Chronic Hypertension <input type="checkbox"/> Diabetes </div> <div style="width: 33%;"> <input type="checkbox"/> Eclampsia <input type="checkbox"/> Genital Herpes <input type="checkbox"/> Hemoglobinopathy <input type="checkbox"/> High MSAFP <input type="checkbox"/> Hydramnios/Oligohydramnios <input type="checkbox"/> Incompetent Cervix </div> <div style="width: 33%;"> <input type="checkbox"/> Low MSAFP <input type="checkbox"/> Other Infectious Disease <input type="checkbox"/> Pregnancy-Related Hypertension <input type="checkbox"/> Preterm Labor <input type="checkbox"/> Previous Infant 4000+ Grams <input type="checkbox"/> Previous Infant Preterm/Small for Gestation </div> <div style="width: 33%;"> <input type="checkbox"/> PROM <input type="checkbox"/> Renal Disease <input type="checkbox"/> Rh Sensitization <input type="checkbox"/> Uterine Bleeding <input type="checkbox"/> Other, specify: _____ </div> </div> <div style="display: flex; flex-wrap: wrap; margin-top: 5px;"> <div style="width: 33%;"> <input type="checkbox"/> Smoke tobacco? <input type="checkbox"/> Experience intimate partner violence? <input type="checkbox"/> Use illicit drugs? <input type="checkbox"/> Infant born drug exposed? <input type="checkbox"/> Misuse OTC or prescription drugs? <input type="checkbox"/> Have heavy alcohol use? <input type="checkbox"/> Infant born with fetal alcohol effects or syndrome? </div> </div>				
42. Were there access or compliance issues related to prenatal care? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, check all that apply: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Lack of money for care <input type="checkbox"/> Limitations of health insurance coverage <input type="checkbox"/> Multiple health insurance, not coordinated <input type="checkbox"/> Lack of transportation <input type="checkbox"/> No phone </div> <div style="width: 33%;"> <input type="checkbox"/> Cultural differences <input type="checkbox"/> Religious objections to care <input type="checkbox"/> Language barriers <input type="checkbox"/> Referrals not made <input type="checkbox"/> Specialist needed, not available </div> <div style="width: 33%;"> <input type="checkbox"/> Multiple providers, not coordinated <input type="checkbox"/> Lack of child care <input type="checkbox"/> Lack of family/social support <input type="checkbox"/> Services not available <input type="checkbox"/> Distrust of health care system </div> <div style="width: 33%;"> <input type="checkbox"/> Unwilling to obtain care <input type="checkbox"/> Intimate partner would not allow care <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> U/K </div> </div>				
43. Did mother smoke in the 3 months before pregnancy? <input type="radio"/> No If yes, _____ Average # cigarettes/day <input type="radio"/> Yes (20 cigarettes in a pack) <input type="radio"/> U/K <input type="checkbox"/> U/K quantity		44. Did mother smoke at any time during pregnancy? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div> Trimester 1 <input type="checkbox"/> If yes, _____ <input type="checkbox"/> U/K quantity </div> <div> Trimester 2 <input type="checkbox"/> If yes, _____ <input type="checkbox"/> U/K quantity </div> <div> Trimester 3 <input type="checkbox"/> If yes, _____ <input type="checkbox"/> U/K quantity </div> </div>		
45. Infant ever breastfed? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	46. Was mother injured during pregnancy? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, describe: _____	47. Did infant have abnormal metabolic newborn screening results? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, was abnormality a fatty acid oxidation error, such as MCAD? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, describe: _____ If other abnormalities, describe: _____		
48. At any time prior to the infant's last 72 hours, did the infant have a history of (check all that apply): <input type="checkbox"/> Infection <input type="checkbox"/> Allergies <input type="checkbox"/> Abnormal growth, weight gain/loss <input type="checkbox"/> Apnea <input type="checkbox"/> Cyanosis <input type="checkbox"/> Seizures or convulsions <input type="checkbox"/> Cardiac abnormalities <input type="checkbox"/> Metabolic disorders <input type="checkbox"/> Other, specify: _____		49. In the 72 hours prior to death, did the infant have any of the following? Check all that apply: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Fever <input type="checkbox"/> Excessive sweating <input type="checkbox"/> Lethargy/sleeping more than usual <input type="checkbox"/> Fussiness/excessive crying <input type="checkbox"/> Decrease in appetite </div> <div style="width: 33%;"> <input type="checkbox"/> Vomiting <input type="checkbox"/> Choking <input type="checkbox"/> Diarrhea <input type="checkbox"/> Stool changes <input type="checkbox"/> Difficulty breathing </div> <div style="width: 33%;"> <input type="checkbox"/> Apnea <input type="checkbox"/> Cyanosis <input type="checkbox"/> Seizures or convulsions <input type="checkbox"/> Other, specify: _____ </div> </div>		
50. In the 72 hours prior to death, was the infant injured? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, describe cause and injuries: _____	51. In the 72 hours prior to death, was the infant given any vaccines? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, list name(s) of vaccines: _____	52. In the 72 hours prior to death, was the infant given any medications or remedies? Include herbal, prescription and over-the-counter medications and home remedies. <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, list name and last dose given: _____		53. What did the infant have for his/her last meal? Check all that apply: <input type="checkbox"/> Breast milk <input type="checkbox"/> U/K <input type="checkbox"/> Formula, type: _____ <input type="checkbox"/> Baby food, type: _____ <input type="checkbox"/> Cereal, type: _____ <input type="checkbox"/> Other, specify: _____

B. PRIMARY CAREGIVER(S) INFORMATION

1. Primary caregiver(s): Select only one each in column one and two. <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <u>One</u> <u>Two</u> <input type="radio"/> Self, go to Section C <input type="radio"/> Biological parent <input type="radio"/> Adoptive parent <input type="radio"/> Stepparent <input type="radio"/> Foster parent <input type="radio"/> Mother's partner <input type="radio"/> Father's partner </div> <div style="width: 48%;"> <u>One</u> <u>Two</u> <input type="radio"/> Grandparent <input type="radio"/> Sibling <input type="radio"/> Other relative <input type="radio"/> Friend <input type="radio"/> Institutional staff <input type="radio"/> Other, specify: _____ <input type="radio"/> U/K </div> </div>		2. Caregiver(s) age in years: <u>One</u> <u>Two</u> _____ # Years <input type="checkbox"/> <input type="checkbox"/> U/K		4. Caregiver(s) employment status: <u>One</u> <u>Two</u> <input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> On disability <input type="radio"/> Stay-at-home <input type="radio"/> Retired <input type="radio"/> U/K		5. Caregiver(s) income: <u>One</u> <u>Two</u> <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low <input type="radio"/> U/K	
6. Caregiver(s) education: <u>One</u> <u>Two</u> <input type="radio"/> < High school <input type="radio"/> High school <input type="radio"/> College <input type="radio"/> Post Graduate <input type="radio"/> U/K		7. Do caregiver(s) speak English? <u>One</u> <u>Two</u> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If no, language spoken: _____		8. Caregiver(s) on active military duty? <u>One</u> <u>Two</u> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, specify branch: _____		9. Caregiver(s) received social services in the past twelve months? <u>One</u> <u>Two</u> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, check all that apply: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> WIC <input type="checkbox"/> TANF <input type="checkbox"/> Medicaid <input type="checkbox"/> Food stamps <input type="checkbox"/> Other, specify: _____ </div> </div>	

<p>10. Caregiver(s) have substance abuse history?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Cocaine</p> <p><input type="checkbox"/> Marijuana</p> <p><input type="checkbox"/> Methamphetamine</p> <p><input type="checkbox"/> Opiates</p> <p><input type="checkbox"/> Prescription drugs</p> <p><input type="checkbox"/> Over-the-counter</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> U/K</p>	<p>11. Caregiver(s) ever victim of child maltreatment?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> Neglect</p> <p><input type="checkbox"/> Sexual</p> <p><input type="checkbox"/> Emotional/psychological</p> <p><input type="checkbox"/> U/K</p> <p>_____ # CPS referrals</p> <p>_____ # Substantiations</p> <p><input type="checkbox"/> Ever in foster care or adopted?</p>	<p>12. Caregiver(s) ever perpetrator of maltreatment?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> Neglect</p> <p><input type="checkbox"/> Sexual</p> <p><input type="checkbox"/> Emotional/psychological</p> <p><input type="checkbox"/> U/K</p> <p>_____ # CPS referrals</p> <p>_____ # Substantiations</p> <p><input type="checkbox"/> CPS prevention services?</p> <p><input type="checkbox"/> Family Preservation services?</p> <p><input type="checkbox"/> Children ever removed?</p>	<p>13. Caregiver(s) have disability or chronic illness?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Physical, specify: _____</p> <p><input type="checkbox"/> Mental, specify: _____</p> <p><input type="checkbox"/> Sensory, specify: _____</p> <p><input type="checkbox"/> U/K</p> <p>If mental, was caregiver receiving services?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>
<p>14. Caregiver(s) have prior child deaths?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>If yes, cause(s): Check all that apply:</p> <p><u>One</u> <u>Two</u></p> <p><input type="checkbox"/> Child abuse # _____</p> <p><input type="checkbox"/> Child neglect # _____</p> <p><input type="checkbox"/> Accident # _____</p> <p><input type="checkbox"/> Suicide # _____</p> <p><input type="checkbox"/> SIDS # _____</p> <p><input type="checkbox"/> Other # _____</p> <p>Other, specify: _____</p> <p><input type="checkbox"/> U/K</p>	<p>15. Caregiver(s) have history of intimate partner violence?</p> <p><u>One</u> <u>Two</u></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, as victim <input type="checkbox"/> Yes, as perpetrator <input type="checkbox"/> U/K</p>	<p>16. Caregiver(s) have delinquent/criminal history?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Assaults</p> <p><input type="checkbox"/> Robbery</p> <p><input type="checkbox"/> Drugs</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> U/K</p>
C. SUPERVISOR INFORMATION			
<p>1. Did child have supervision at time of incident leading to death?</p> <p><input type="radio"/> No, not needed given developmental age or circumstances, go to Sect. D</p> <p><input type="radio"/> No, but needed, answer 3-15</p> <p><input type="radio"/> Yes, answer 2-15</p> <p><input type="radio"/> Unable to determine, try to answer 3-15</p>	<p>2. How long before incident did supervisor last see child? Select one:</p> <p><input type="radio"/> Child in sight of supervisor</p> <p><input type="radio"/> Minutes _____ <input type="radio"/> Days _____</p> <p><input type="radio"/> Hours _____ <input type="radio"/> U/K</p>	<p>3. Is person a primary caregiver as listed in previous section?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes, caregiver one, go to 15</p> <p><input type="radio"/> Yes, caregiver two, go to 15</p>	
<p>4. Primary person responsible for supervision? Select only one:</p> <p> <input type="radio"/> Biological parent <input type="radio"/> Foster parent <input type="radio"/> Grandparent <input type="radio"/> Friend <input type="radio"/> Institutional staff, go to 15 <input type="radio"/> Other, specify: _____ <input type="radio"/> Adoptive parent <input type="radio"/> Mother's partner <input type="radio"/> Sibling <input type="radio"/> Acquaintance <input type="radio"/> Babysitter <input type="radio"/> Stepparent <input type="radio"/> Father's partner <input type="radio"/> Other relative <input type="radio"/> Hospital staff, go to 15 <input type="radio"/> Licensed child care worker <input type="radio"/> U/K </p>			
<p>5. Supervisor's age in years:</p> <p>_____ <input type="checkbox"/> U/K</p>	<p>6. Supervisor's sex:</p> <p><input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K</p>	<p>7. Does supervisor speak English?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If no, language spoken: _____</p>	<p>8. Supervisor on active military duty?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, specify branch: _____</p>
<p>9. Supervisor has substance abuse history?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Cocaine</p> <p><input type="checkbox"/> Marijuana</p> <p><input type="checkbox"/> Methamphetamine</p> <p><input type="checkbox"/> Opiates</p> <p><input type="checkbox"/> Prescription drugs</p> <p><input type="checkbox"/> Over-the-counter</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> U/K</p>	<p>10. Supervisor has history of child maltreatment?</p> <p><u>As Victim</u> <u>As Perpetrator</u></p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> Neglect</p> <p><input type="checkbox"/> Sexual</p> <p><input type="checkbox"/> Emotional/psychological</p> <p><input type="checkbox"/> U/K</p> <p>_____ # CPS referrals</p> <p>_____ # Substantiations</p> <p><input type="checkbox"/> Ever in foster care/adopted?</p> <p><input type="checkbox"/> CPS prevention services?</p> <p><input type="checkbox"/> Family preservation services?</p> <p><input type="checkbox"/> Children ever removed?</p>	<p>11. Supervisor has disability or chronic illness?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Physical, specify: _____</p> <p><input type="checkbox"/> Mental, specify: _____</p> <p><input type="checkbox"/> Sensory, specify: _____</p> <p><input type="checkbox"/> U/K</p> <p>If mental illness, was supervisor receiving MH services?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> U/K</p>	<p>12. Supervisor has prior child deaths?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Child abuse # _____</p> <p><input type="checkbox"/> Child neglect # _____</p> <p><input type="checkbox"/> Accident # _____</p> <p><input type="checkbox"/> Suicide # _____</p> <p><input type="checkbox"/> SIDS # _____</p> <p><input type="checkbox"/> Other # _____</p> <p>Other, specify: _____</p> <p><input type="checkbox"/> U/K</p>

<p>13. Supervisor has history of intimate partner violence?</p> <p><input type="checkbox"/> No <input type="checkbox"/> U/K</p> <p><input type="checkbox"/> Yes, as victim</p> <p><input type="checkbox"/> Yes, as perpetrator</p>	<p>14. Supervisor has delinquent or criminal history?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Assaults <input type="checkbox"/> Drugs <input type="checkbox"/> U/K</p> <p><input type="checkbox"/> Robbery <input type="checkbox"/> Other, specify:</p>	<p>15. At time of incident was supervisor impaired? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Drug impaired <input type="checkbox"/> Absent</p> <p><input type="checkbox"/> Alcohol impaired <input type="checkbox"/> Impaired by illness, specify:</p> <p><input type="checkbox"/> Asleep <input type="checkbox"/> Impaired by disability, specify:</p> <p><input type="checkbox"/> Distracted <input type="checkbox"/> Other, specify:</p>
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1. Date of incident event: <input type="radio"/> Same as date of death <input type="radio"/> If different than date of death: ____/____/____ <input type="radio"/> U/K (mm/dd/yyyy)		2. Approximate time of day that incident occurred? <input type="radio"/> AM <input type="radio"/> PM <input type="radio"/> U/K Hour, specify 1-12 ____		3. Interval between incident and death: <input type="checkbox"/> U/K <input type="checkbox"/> Minutes ____ <input type="checkbox"/> Weeks ____ <input type="checkbox"/> Hours ____ <input type="checkbox"/> Months ____ <input type="checkbox"/> Days ____ <input type="checkbox"/> Years ____	
4. Place of incident, check all that apply: <input type="checkbox"/> Child's home <input type="checkbox"/> Licensed group home <input type="checkbox"/> School <input type="checkbox"/> Sidewalk <input type="checkbox"/> Sports area <input type="checkbox"/> Relative's home <input type="checkbox"/> Licensed child care center <input type="checkbox"/> Place of work <input type="checkbox"/> Roadway <input type="checkbox"/> Other recreation area <input type="checkbox"/> Friend's home <input type="checkbox"/> Licensed child care home <input type="checkbox"/> Indian Reservation <input type="checkbox"/> Driveway <input type="checkbox"/> Hospital <input type="checkbox"/> Licensed foster care home <input type="checkbox"/> Unlicensed child care home <input type="checkbox"/> Military installation <input type="checkbox"/> Other parking area <input type="checkbox"/> Other, specify: <input type="checkbox"/> Relative foster care home <input type="checkbox"/> Farm <input type="checkbox"/> Jail/detention facility <input type="checkbox"/> State or county park <input type="checkbox"/> U/K					5. Type of area: <input type="radio"/> Urban <input type="radio"/> Suburban <input type="radio"/> Rural <input type="radio"/> Frontier <input type="radio"/> U/K
6. Incident state: ____	7. Incident county: ____	8. Was 911 or local emergency called? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	9. CPR performed before EMS arrived? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	10. At time of incident leading to death, had child used drugs or alcohol? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	
11. EMS to scene? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K		12. Child's activity at time of incident, check all that apply: <input type="checkbox"/> Sleeping <input type="checkbox"/> Working <input type="checkbox"/> Driving/vehicle occupant <input type="checkbox"/> U/K <input type="checkbox"/> Playing <input type="checkbox"/> Eating <input type="checkbox"/> Other, specify: ____		13. Total number of deaths at incident event: ____ Children, ages 0-18 <input type="radio"/> U/K ____ Adults	

<p>1. Death referred to:</p> <p><input type="radio"/> Medical examiner</p> <p><input type="radio"/> Coroner</p> <p><input type="radio"/> Not referred</p> <p><input type="radio"/> U/K</p>	<p>2. Person declaring official cause and manner of death:</p> <p><input type="radio"/> Medical examiner <input type="radio"/> Mortician</p> <p><input type="radio"/> Coroner <input type="radio"/> Other, specify:</p> <p><input type="radio"/> Hospital physician</p> <p><input type="radio"/> Other physician <input type="radio"/> U/K</p>	<p>3. Autopsy performed? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, conducted by:</p> <p><input type="radio"/> Forensic pathologist <input type="radio"/> Other physician</p> <p><input type="radio"/> Pediatric pathologist <input type="radio"/> Other, specify:</p> <p><input type="radio"/> General pathologist</p> <p><input type="radio"/> Unknown pathologist <input type="radio"/> U/K</p> <p>If under 1 and no, because parents or caregivers objected?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>																																																																																																																																																																																				
<p>4. For infants, if autopsy performed, were the following assessed in the autopsy? Select no, yes, or unknown for each line.</p> <table border="1"> <thead> <tr> <th>No</th> <th>Yes</th> <th>U/K</th> <th></th> <th>No</th> <th>Yes</th> <th>U/K</th> <th></th> <th>No</th> <th>Yes</th> <th>U/K</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Exam of general appearance and development</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Microscopic exam of:</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Weights of the:</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Metabolic screening</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/> Brain and meninges</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/> Brain</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Genetic testing</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/> Heart</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/> Heart</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Routine toxicology for ethanol, sedatives, and/or stimulants</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/> Lung</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/> Lungs</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Toxicology 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<p>5. Toxicology screen? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Negative <input type="checkbox"/> Cocaine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Too high prescription drug, specify: <input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Opiates <input type="checkbox"/> Too high over-the-counter drug, specify: <input type="checkbox"/> U/K</p>																																																																																																																																																																																						
<p>6. For infants, histology conducted? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, were there abnormal tissue samples? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If abnormal, describe:</p>																																																																																																																																																																																						
<p>7. For infants, microbiology conducted <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, were there abnormal results?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If abnormal, check all that apply:</p> <p><input type="checkbox"/> Bacteria, specify: <input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> Virus, specify:</p> <p><input type="checkbox"/> Fungi, specify: <input type="checkbox"/> U/K</p>	<p>8. For infants, other pathology conducted? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, were there abnormal results?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If abnormal, describe:</p>																																																																																																																																																																																					
<p>9. For infants, blood chemistry conducted? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, were there abnormal results?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If abnormal, describe:</p>																																																																																																																																																																																						

10. X-rays taken? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K For infants , if yes, were there abnormal results? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If abnormal, describe:		11. For infants , describe any significant findings not addressed above:																																																
12. For infants , was there agreement between the cause of death listed on the pathology report and on the death certificate? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If no, describe the differences:																																																		
13. For infants , was a death scene investigation performed? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, which of the following death scene investigation components were completed? <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">No</th> <th style="text-align: left; border-bottom: 1px solid black;">Yes</th> <th style="text-align: left; border-bottom: 1px solid black;">U/K</th> <th style="text-align: left; border-bottom: 1px solid black;">No</th> <th style="text-align: left; border-bottom: 1px solid black;">Yes</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>CDC's SUIDI Reporting Form or jurisdictional equivalent</td> <td>If yes, shared with CDR team? <input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Narrative description of circumstances</td> <td>If yes, shared with CDR team? <input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Scene photos</td> <td>If yes, shared with CDR team? <input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Scene recreation with doll</td> <td>If yes, shared with CDR team? <input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Scene recreation without doll</td> <td>If yes, shared with CDR team? <input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Witness interviews</td> <td>If yes, shared with CDR team? <input type="radio"/></td> </tr> </tbody> </table>		No	Yes	U/K	No	Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CDC's SUIDI Reporting Form or jurisdictional equivalent	If yes, shared with CDR team? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Narrative description of circumstances	If yes, shared with CDR team? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Scene photos	If yes, shared with CDR team? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Scene recreation with doll	If yes, shared with CDR team? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Scene recreation without doll	If yes, shared with CDR team? <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Witness interviews	If yes, shared with CDR team? <input type="radio"/>	14. Agencies that conducted a scene investigation, check all that apply: <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Not conducted</td> <td><input type="checkbox"/> Fire investigator</td> </tr> <tr> <td><input type="checkbox"/> Medical examiner</td> <td><input type="checkbox"/> EMS</td> </tr> <tr> <td><input type="checkbox"/> Coroner</td> <td><input type="checkbox"/> Child Protective Services</td> </tr> <tr> <td><input type="checkbox"/> ME investigator</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Coroner investigator</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Law enforcement</td> <td><input type="checkbox"/> U/K</td> </tr> </table>		<input type="checkbox"/> Not conducted	<input type="checkbox"/> Fire investigator	<input type="checkbox"/> Medical examiner	<input type="checkbox"/> EMS	<input type="checkbox"/> Coroner	<input type="checkbox"/> Child Protective Services	<input type="checkbox"/> ME investigator	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Coroner investigator		<input type="checkbox"/> Law enforcement	<input type="checkbox"/> U/K
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15. Was a CPS record check conducted as a result of death? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K																																																		
16. Did investigation find evidence of prior abuse? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, from what source? Check all that apply: <input type="checkbox"/> From x-rays <input type="checkbox"/> U/K <input type="checkbox"/> From autopsy <input type="checkbox"/> From CPS review <input type="checkbox"/> From law enforcement	17. CPS action taken because of death? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> 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 </td> <td style="width: 50%; vertical-align: top;"> If yes, services or actions resulting, check all that apply: <input type="checkbox"/> Voluntary services offered <input type="checkbox"/> Voluntary services provided <input type="checkbox"/> Court ordered services provided <input type="checkbox"/> Voluntary out of home placement <input type="checkbox"/> Court ordered out of home placement <input type="checkbox"/> Children removed <input type="checkbox"/> Parental rights terminated <input type="checkbox"/> U/K </td> </tr> </table>		If yes, highest level of action taken because of death: <input type="radio"/> Report screened out and not investigated <input type="radio"/> Unsubstantiated <input type="radio"/> Inconclusive <input type="radio"/> Substantiated	If yes, services or actions resulting, check all that apply: <input type="checkbox"/> Voluntary services offered <input type="checkbox"/> Voluntary services provided <input type="checkbox"/> Court ordered services provided <input type="checkbox"/> Voluntary out of home placement <input type="checkbox"/> Court ordered out of home placement <input type="checkbox"/> Children removed <input type="checkbox"/> Parental rights terminated <input type="checkbox"/> U/K	18. If death occurred in licensed setting, indicate action taken: <input type="radio"/> N/A <input type="radio"/> No action <input type="radio"/> License suspended <input type="radio"/> License revoked <input type="radio"/> Investigation ongoing <input type="radio"/> U/K																																													
If yes, highest level of action taken because of death: <input type="radio"/> Report screened out and not investigated <input type="radio"/> Unsubstantiated <input type="radio"/> Inconclusive <input type="radio"/> Substantiated	If yes, services or actions resulting, check all that apply: <input type="checkbox"/> Voluntary services offered <input type="checkbox"/> Voluntary services provided <input type="checkbox"/> Court ordered services provided <input type="checkbox"/> Voluntary out of home placement <input type="checkbox"/> Court ordered out of home placement <input type="checkbox"/> Children removed <input type="checkbox"/> Parental rights terminated <input type="checkbox"/> U/K																																																	

F. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH

1. Official manner of death from the death certificate: <input type="radio"/> Natural <input type="radio"/> Accident <input type="radio"/> Suicide <input type="radio"/> Homicide <input type="radio"/> Undetermined <input type="radio"/> Pending <input type="radio"/> U/K	2. Primary cause of death: Choose only 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause. <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="radio"/> <u>From an injury (external cause), select one and answer 2a:</u> <input type="radio"/> Motor vehicle and other transport, go to G1 <input type="radio"/> Fire, burn, or electrocution, go to G2 <input type="radio"/> Drowning, go to G3 <input type="radio"/> Asphyxia, go to G4 <input type="radio"/> Weapon, including body part, go to G6 <input type="radio"/> Animal bite or attack, go to G7 <input type="radio"/> Fall or crush, go to G8 <input type="radio"/> Poisoning, overdose or acute intoxication, go to G9 <input type="radio"/> Exposure, go to G10 <input type="radio"/> Undetermined. If under age one, go to G5 & G12 If over age one, go to G12 <input type="radio"/> Other cause, go to G12 <input type="radio"/> U/K, go to G12 </div> <div style="width: 48%;"> <input type="radio"/> <u>From a medical cause, select one:</u> <input type="radio"/> Asthma, go to G11 <input type="radio"/> Cancer, specify and go to G11 <input type="radio"/> Cardiovascular, specify and go to G11 <input type="radio"/> Congenital anomaly, specify and go to G11 <input type="radio"/> HIV/AIDS, go to G11 <input type="radio"/> Influenza, go to G11 <input type="radio"/> Low birth weight, go to G11 <input type="radio"/> Malnutrition/dehydration, go to G11 <input type="radio"/> Neurological/seizure disorder, go to G11 <input type="radio"/> Pneumonia, specify and go to G11 <input type="radio"/> Prematurity, go to G11 <input type="radio"/> SIDS, go to G5 <input type="radio"/> Other infection, specify and go to G11 <input type="radio"/> Other perinatal condition, specify and go to G11 <input type="radio"/> Other medical condition, specify and go to G11 <input type="radio"/> Undetermined. If under age one, go to G5 and G11. If over age one, go to G11. <input type="radio"/> U/K. If under age one, go to G5 and G11. If over age one, go to G11. </div> <div style="width: 4%; text-align: right;"> <input type="radio"/> <u>Undetermined if injury or medical cause, go to G12:</u> <input type="radio"/> <u>If under age one, go to G5 & G12.</u> <input type="radio"/> <u>go to G12</u> </div> </div>		
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3. For **infants**, enter the following information exactly as written on the death certificate:
 Immediate Cause (final disease or condition resulting in death):
 a.
 Sequentially list any conditions leading to immediate cause of death. In other words, list underlying disease or injury that initiated events resulting in death:
 b.
 c.
 d.

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

5. For **infants**, if external cause in F2, describe how injury occurred exactly as written on the death certificate:

G. DETAILED INFORMATION BY CAUSE OF DEATH: CHOOSE ONE SECTION ONLY, THAT IS SAME AS THE CAUSE SELECTED ABOVE
1. MOTOR VEHICLE AND OTHER TRANSPORT

a. Vehicles involved in incident: Total number of vehicles: _____ <table style="width: 100%;"> <tr> <th style="text-align: left; width: 10%;">Child's</th> <th style="text-align: left; width: 10%;">Other primary vehicle</th> <th style="width: 80%;"></th> </tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>None</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Car</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Van</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Sport utility vehicle</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Truck</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Semi/tractor trailer</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>RV</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>School bus</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Other bus</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Motorcycle</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Tractor</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Other farm vehicle</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>All terrain vehicle</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Snowmobile</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Bicycle</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Train</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Subway</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Trolley</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Other, specify: _____</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>U/K</td></tr> </table>	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	<input type="radio"/>	<input type="radio"/>	School bus	<input type="radio"/>	<input type="radio"/>	Other bus	<input type="radio"/>	<input type="radio"/>	Motorcycle	<input type="radio"/>	<input type="radio"/>	Tractor	<input type="radio"/>	<input type="radio"/>	Other 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	<input type="radio"/>	<input type="radio"/>	Subway	<input type="radio"/>	<input type="radio"/>	Trolley	<input type="radio"/>	<input type="radio"/>	Other, specify: _____	<input type="radio"/>	<input type="radio"/>	U/K	b. Position of child: <input type="radio"/> Driver <input type="radio"/> Passenger <input type="radio"/> Front seat <input type="radio"/> Back seat <input type="radio"/> Truck bed <input type="radio"/> Other, specify: _____ <input type="radio"/> U/K <input type="radio"/> On bicycle <input type="radio"/> Pedestrian <input type="radio"/> Walking <input type="radio"/> Boarding/blading <input type="radio"/> Other, specify: _____ <input type="radio"/> U/K <input type="radio"/> U/K	c. Causes of incident, check all that apply: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Speeding over limit</td> <td><input type="checkbox"/> Back over</td> </tr> <tr> <td><input type="checkbox"/> Unsafe speed for conditions</td> <td><input type="checkbox"/> Rollover</td> </tr> <tr> <td><input type="checkbox"/> Recklessness</td> <td><input type="checkbox"/> Poor sight line</td> </tr> <tr> <td><input type="checkbox"/> Ran stop sign or red light</td> <td><input type="checkbox"/> Car changing lanes</td> </tr> <tr> <td><input type="checkbox"/> Driver distraction</td> <td><input type="checkbox"/> Road hazard</td> </tr> <tr> <td><input type="checkbox"/> Driver inexperience</td> <td><input type="checkbox"/> Animal in road</td> </tr> <tr> <td><input type="checkbox"/> Mechanical failure</td> <td><input type="checkbox"/> Cell phone use while driving</td> </tr> <tr> <td><input type="checkbox"/> Poor tires</td> <td><input type="checkbox"/> Racing, not authorized</td> </tr> <tr> <td><input type="checkbox"/> Poor weather</td> <td><input type="checkbox"/> Other driver error, specify: _____</td> </tr> <tr> <td><input type="checkbox"/> Poor visibility</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Drugs or alcohol use</td> <td><input type="checkbox"/> Other, specify: _____</td> </tr> <tr> <td><input type="checkbox"/> Fatigue/sleeping</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Medical event, specify: _____</td> <td><input type="checkbox"/> U/K</td> </tr> </table>	<input type="checkbox"/> Speeding over limit	<input type="checkbox"/> Back over	<input type="checkbox"/> Unsafe speed for conditions	<input type="checkbox"/> Rollover	<input type="checkbox"/> Recklessness	<input type="checkbox"/> Poor sight line	<input type="checkbox"/> Ran stop sign or red light	<input type="checkbox"/> Car changing lanes	<input type="checkbox"/> Driver distraction	<input type="checkbox"/> Road hazard	<input type="checkbox"/> Driver inexperience	<input type="checkbox"/> Animal in road	<input type="checkbox"/> Mechanical failure	<input type="checkbox"/> Cell phone use while driving	<input type="checkbox"/> Poor tires	<input type="checkbox"/> Racing, not authorized	<input type="checkbox"/> Poor weather	<input type="checkbox"/> Other driver error, specify: _____	<input type="checkbox"/> Poor visibility		<input type="checkbox"/> Drugs or alcohol use	<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Fatigue/sleeping		<input type="checkbox"/> Medical event, specify: _____	<input type="checkbox"/> U/K	d. Collision type: <input type="radio"/> Child <i>not</i> in/on a vehicle, but struck by vehicle <input type="radio"/> Child in/on a vehicle, struck by other vehicle <input type="radio"/> Child in/on a vehicle that struck other vehicle <input type="radio"/> Child in/on a vehicle that struck person/object <input type="radio"/> Other event, specify: _____ <input type="radio"/> U/K
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g. Drivers involved in incident, check all that apply: <table style="width: 100%;"> <tr> <th style="text-align: left; width: 15%;">Child as driver</th> <th style="text-align: left; width: 15%;">Child's driver</th> <th style="text-align: left; width: 15%;">Driver of other primary vehicle</th> <th style="width: 55%;"></th> </tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Age of Driver</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Responsible for causing incident</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Was alcohol/drug impaired</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Has no license</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Has a learner's permit</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Has a graduated license</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Has a full license</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Has a full license that has been restricted</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Has a suspended license</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>If recreational vehicle, has driver safety certificate</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Other, specify: _____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Was violating graduated licensing rules:</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Nighttime driving curfew</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Passenger restrictions</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Driving without required supervision</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Other violations, specify: _____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>U/K</td></tr> </table>	Child as driver	Child's driver	Driver of other primary vehicle		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age of Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsible for causing incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was alcohol/drug impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has no license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a learner's permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a graduated license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a full license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a full license that has been restricted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a suspended license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If recreational vehicle, has driver safety certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was violating graduated licensing rules:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nighttime driving curfew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Passenger restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving without required supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other violations, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U/K	h. Total number of occupants in vehicles: In child's vehicle, including child: <input type="checkbox"/> N/A, child was not in a vehicle. Total number occupants: _____ <input type="radio"/> U/K Number teens, ages 14-21: _____ <input type="radio"/> U/K Total number of deaths: _____ <input type="radio"/> U/K Total number teen deaths: _____ <input type="radio"/> U/K In other primary vehicle involved in incident: <input type="checkbox"/> N/A, incident was a single vehicle crash. Total number occupants: _____ <input type="radio"/> U/K Number teens, ages 14-21: _____ <input type="radio"/> U/K Total number of deaths: _____ <input type="radio"/> U/K Total number teen deaths: _____ <input type="radio"/> U/K																			
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i. Protective measures for child, Select one option per row: <table style="width: 100%; text-align: center;"> <tr> <th style="width: 20%;"></th> <th style="width: 10%;">Not Needed</th> <th style="width: 10%;">Needed, none present</th> <th style="width: 10%;">Present, used correctly</th> <th style="width: 10%;">Present, used incorrectly</th> <th style="width: 10%;">Present not used</th> <th style="width: 10%;">Unknown</th> </tr> <tr> <td>Airbag</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>Lap belt</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>Shoulder belt</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>Child seat*</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>Belt positioning booster seat</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>Helmet</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><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> </table>					Not Needed	Needed, none present	Present, used correctly	Present, used incorrectly	Present not used	Unknown	Airbag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lap belt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Shoulder belt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child seat*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Belt positioning booster seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Helmet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	*If child seat, type: <input type="radio"/> Rear facing <input type="radio"/> Front facing <input type="radio"/> U/K																																
	Not Needed	Needed, none present	Present, used correctly	Present, used incorrectly	Present not used	Unknown																																																																																						
Airbag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																						
Lap belt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																						
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Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																						

2. FIRE, BURN, or ELECTROCUTION

a. Ignition, heat or electrocution source: <input type="radio"/> Matches <input type="radio"/> Heating stove <input type="radio"/> Lightning <input type="radio"/> Other explosives <input type="radio"/> Cigarette lighter <input type="radio"/> Space heater <input type="radio"/> Oxygen tank <input type="radio"/> Appliance in water <input type="radio"/> Utility lighter <input type="radio"/> Furnace <input type="radio"/> Hot cooking water <input type="radio"/> Other, specify: <input type="radio"/> Cigarette or cigar <input type="radio"/> Power line <input type="radio"/> Hot bath water <input type="radio"/> U/K <input type="radio"/> Candles <input type="radio"/> Electrical outlet <input type="radio"/> Other hot liquid, specify: <input type="radio"/> Cooking stove <input type="radio"/> Electrical wiring <input type="radio"/> Fireworks				b. Type of incident: <input type="radio"/> Fire, go to c <input type="radio"/> Scald, go to r <input type="radio"/> Other burn, go to t <input type="radio"/> Electrocution, go to s <input type="radio"/> Other, specify and go to t <input type="radio"/> U/K, go to t		c. For fire, child died from: <input type="radio"/> Burns <input type="radio"/> Smoke inhalation <input type="radio"/> Other, specify: <input type="radio"/> U/K																			
d. Material first ignited: <input type="radio"/> Upholstery <input type="radio"/> Mattress <input type="radio"/> Christmas tree <input type="radio"/> Clothing <input type="radio"/> Curtain <input type="radio"/> Other, specify: <input type="radio"/> U/K		e. Type of building on fire: <input type="radio"/> N/A <input type="radio"/> Single home <input type="radio"/> Duplex <input type="radio"/> Apartment <input type="radio"/> Trailer/mobile home <input type="radio"/> Other, specify: <input type="radio"/> U/K		f. Building's primary construction material: <input type="radio"/> Wood <input type="radio"/> Steel <input type="radio"/> Brick/stone <input type="radio"/> Aluminum <input type="radio"/> Other, specify: <input type="radio"/> U/K		g. Fire started by a person? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, person's age _____ Does person have a history of setting fires? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K		h. Did anyone attempt to put out fire? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K i. Did escape or rescue efforts worsen fire? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K j. Did any factors delay fire department arrival? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, specify:																	
k. Were barriers preventing safe exit? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Locked door <input type="checkbox"/> Window grate <input type="checkbox"/> Locked window <input type="checkbox"/> Blocked stairway <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K		l. Was building a rental property? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K o. Was sprinkler system present? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, was it working? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K		m. Were building/rental codes violated? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, describe in narrative.		n. Were proper working fire extinguishers present? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K p. Were smoke detectors present? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">If yes, what type?</th> <th style="width:33%;">If yes, functioning properly?</th> <th style="width:34%;">If not functioning properly, reason:</th> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">Missing batteries Other U/K</td> </tr> <tr> <td><input type="checkbox"/> Removable batteries</td> <td><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Non-removable batteries</td> <td><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</td> <td style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Hardwired</td> <td><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> U/K</td> <td><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> Other, specify: _____ If yes, was there an adequate number present? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K		If yes, what type?	If yes, functioning properly?	If not functioning properly, reason:			Missing batteries Other U/K	<input type="checkbox"/> Removable batteries	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Non-removable batteries	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Hardwired	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> U/K	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If yes, what type?	If yes, functioning properly?	If not functioning properly, reason:																							
		Missing batteries Other U/K																							
<input type="checkbox"/> Removable batteries	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																							
<input type="checkbox"/> Non-removable batteries	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<input type="checkbox"/> <input type="checkbox"/>																							
<input type="checkbox"/> Hardwired	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																							
<input type="checkbox"/> U/K	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																							
q. Suspected arson? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K		r. For scald, was hot water heater set too high? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes, temp. setting: _____ <input type="radio"/> U/K		s. For electrocution, what cause: <input type="radio"/> Electrical storm <input type="radio"/> Faulty wiring <input type="radio"/> Wire/product in water <input type="radio"/> Child playing with outlet <input type="radio"/> Other, specify: <input type="radio"/> U/K		t. Other, describe in detail:																			

3. DROWNING

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

<p>m. Flotation device used?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K </div> <div style="width: 50%;"> <p>If yes, check all that apply:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Coast Guard approved <input type="checkbox"/> Jacket <p>If jacket:</p> <p>Correct size? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>Worn correctly? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> </div> <div style="width: 45%;"> <input type="checkbox"/> Not Coast Guard approved <input type="checkbox"/> Swim rings <input type="checkbox"/> Inner tube <input type="checkbox"/> Air mattress <input type="checkbox"/> Other, specify: _____ </div> </div> </div> </div>				<p>n. What barriers/layers of protection existed to prevent access to water?</p> <p>Check all that apply:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> None <input type="checkbox"/> Fence, go to o <input type="checkbox"/> Gate, go to p <input type="checkbox"/> Door, go to q </div> <div style="width: 45%;"> <input type="checkbox"/> Alarm, go to r <input type="checkbox"/> Cover, go to s <input type="checkbox"/> U/K </div> </div>					
<p>o. Fence:</p> <p>Describe type: _____</p> <p>Fence height in ft _____</p> <p>Fence surrounds water on:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> Four sides <input type="radio"/> Three sides <input type="radio"/> U/K </div> <div style="width: 45%;"> <input type="radio"/> Two or less sides <input type="radio"/> U/K </div> </div>		<p>p. Gate, check all that apply:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Has self closing latch <input type="checkbox"/> Has lock <input type="checkbox"/> Is a double gate <input type="checkbox"/> Opens to water <input type="checkbox"/> U/K </div> <div style="width: 45%;"> <input type="checkbox"/> Not Coast Guard approved <input type="checkbox"/> Swim rings <input type="checkbox"/> Inner tube <input type="checkbox"/> Air mattress <input type="checkbox"/> Other, specify: _____ </div> </div>		<p>q. Door, check all that apply:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Patio door <input type="checkbox"/> Screen door <input type="checkbox"/> Steel door <input type="checkbox"/> Self closing <input type="checkbox"/> Has lock </div> <div style="width: 45%;"> <input type="checkbox"/> Opens to water <input type="checkbox"/> Barrier between door and water <input type="checkbox"/> U/K </div> </div>		<p>r. Alarm, check all that apply:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Door <input type="checkbox"/> Window <input type="checkbox"/> Pool <input type="checkbox"/> Laser <input type="checkbox"/> U/K </div> <div style="width: 45%;"> <input type="checkbox"/> Alarm, go to r <input type="checkbox"/> Cover, go to s <input type="checkbox"/> U/K </div> </div>		<p>s. Type of cover:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> Hard <input type="radio"/> Soft <input type="radio"/> U/K </div> <div style="width: 45%;"> <input type="radio"/> U/K </div> </div>	
<p>t. Local ordinance(s) regulating access to water?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K </div> <div style="width: 45%;"> <p>If yes, rules violated?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K </div> </div>		<p>u. How were layers of protection breached, check all that apply:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> No layers breached <input type="checkbox"/> Gate left open <input type="checkbox"/> Gate unlocked <input type="checkbox"/> Gate latch failed <input type="checkbox"/> Gap in gate <input type="checkbox"/> Climbed fence </div> <div style="width: 45%;"> <input type="checkbox"/> Gap in fence <input type="checkbox"/> Damaged fence <input type="checkbox"/> Fence too short <input type="checkbox"/> Door left open <input type="checkbox"/> Door unlocked <input type="checkbox"/> Door broken </div> <div style="width: 45%;"> <input type="checkbox"/> Door screen torn <input type="checkbox"/> Door self-closer failed <input type="checkbox"/> Window left open <input type="checkbox"/> Window screen torn <input type="checkbox"/> Alarm not working <input type="checkbox"/> Alarm not answered <input type="checkbox"/> U/K </div> <div style="width: 45%;"> <input type="checkbox"/> Cover left off <input type="checkbox"/> Cover not locked <input type="checkbox"/> Other, specify: _____ </div> </div>							
<p>v. Child able to swim?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> N/A <input type="radio"/> No </div> <div style="width: 45%;"> <input type="radio"/> Yes <input type="radio"/> U/K </div> </div>		<p>w. For bathtub, child in a bathing aid?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K </div> <div style="width: 45%;"> <p>If yes, specify type: _____</p> </div> </div>		<p>x. Warning sign or label posted?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> N/A <input type="radio"/> No </div> <div style="width: 45%;"> <input type="radio"/> Yes <input type="radio"/> U/K </div> </div>		<p>y. Lifeguard present?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> N/A <input type="radio"/> No </div> <div style="width: 45%;"> <input type="radio"/> Yes <input type="radio"/> U/K </div> </div>			
<p>z. Rescue attempt made?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K </div> <div style="width: 50%;"> <p>If yes, who? Check all that apply:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Parent <input type="checkbox"/> Other child <input type="checkbox"/> Lifeguard </div> <div style="width: 45%;"> <input type="checkbox"/> Bystander <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> U/K </div> </div> </div> </div>				<p>aa. Did rescuer(s) also drown?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> N/A <input type="radio"/> No </div> <div style="width: 45%;"> <input type="radio"/> Yes <input type="radio"/> U/K </div> </div> <p>If yes, number of rescuers: _____</p>		<p>bb. Appropriate rescue equipment present?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> N/A <input type="radio"/> No </div> <div style="width: 45%;"> <input type="radio"/> Yes <input type="radio"/> U/K </div> </div>			

4. ASPHYXIA

<p>a. Type of event:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> Suffocation, go to b <input type="radio"/> Strangulation, go to c <input type="radio"/> Choking, go to d <input type="radio"/> Other, specify and go to e <input type="radio"/> U/K, go to e </div> <div style="width: 50%;"> <p>b. If suffocation/asphyxia, action causing event:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> Sleep-related (e.g. bedding, overlay, wedged) <input type="radio"/> Covered in or fell into object, but not sleep-related <input type="radio"/> Plastic bag <input type="radio"/> Dirt/sand <input type="radio"/> Other, specify: _____ <input type="radio"/> U/K </div> <div style="width: 45%;"> <input type="radio"/> Confined in tight space <input type="radio"/> Refrigerator/freezer <input type="radio"/> Toy chest <input type="radio"/> Automobile <input type="radio"/> Trunk <input type="radio"/> Other, specify: _____ <input type="radio"/> U/K </div> </div> </div> </div>		<p>c. If strangulation, object causing event:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> Clothing <input type="radio"/> Blind cord <input type="radio"/> Car seat <input type="radio"/> Stroller <input type="radio"/> High chair <input type="radio"/> Belt <input type="radio"/> Rope/string </div> <div style="width: 45%;"> <input type="radio"/> Leash <input type="radio"/> Electrical cord <input type="radio"/> Person, go to question G6q <input type="radio"/> Automobile power window or sunroof <input type="radio"/> Other, specify: _____ <input type="radio"/> U/K </div> </div>		<p>d. If choking, object causing choking:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> Food, specify: _____ <input type="radio"/> Toy, specify: _____ <input type="radio"/> Balloon <input type="radio"/> Other, specify: _____ <input type="radio"/> U/K </div> <div style="width: 45%;"> <input type="radio"/> U/K </div> </div>		<p>e. Was asphyxia an autoerotic event?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K </div> <div style="width: 45%;"> <p>f. Was child participating in 'choking game' or 'pass out game'?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K </div> </div>		<p>g. History of seizures?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K </div> <div style="width: 45%;"> <p>If yes, # _____</p> <p>If yes, witnessed? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> </div> </div>	
<p>h. History of apnea?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K </div> <div style="width: 45%;"> <p>If yes, # _____</p> <p>If yes, witnessed? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> </div> </div>		<p>i. Was Heimlich Maneuver attempted?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K </div> <div style="width: 45%;"> <input type="radio"/> U/K </div> </div>							

5. SIDS AND UNDETERMINED CAUSE UNDER ONE YEAR OF AGE

<p>a. Child exposed to 2nd-hand smoke?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K </div> <div style="width: 45%;"> <p>If yes, how often?</p> <input type="radio"/> Frequently <input type="radio"/> Occasionally <input type="radio"/> U/K </div> </div>		<p>b. Child overheated? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, Outside temp _____ deg. F</p> <p>Check all that apply:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Room too hot, temp _____ deg. F <input type="checkbox"/> Too much bedding <input type="checkbox"/> Too much clothing </div> <div style="width: 45%;"> <input type="checkbox"/> U/K </div> </div>		<p>c. History of seizures?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K </div> <div style="width: 45%;"> <p>If yes, # _____</p> <p>If yes, witnessed? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> </div> </div>		<p>d. History of apnea?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K </div> <div style="width: 45%;"> <p>If yes, # _____</p> <p>If yes, witnessed? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> </div> </div>	
<p>e. For SIDS, go to Section H, page 12. For undetermined injury cause to infants also complete G12, page 12, then go to Section H. For undetermined or unknown medical cause to infants also complete G11, page 11, then go to Section H.</p>							

6. WEAPON, INCLUDING PERSON'S BODY PART

a. Type of weapon: <input type="radio"/> Firearm, go to b <input type="radio"/> Sharp instrument, go to j <input type="radio"/> Blunt instrument, go to k <input type="radio"/> Person's body part, go to l <input type="radio"/> Explosive, go to m <input type="radio"/> Rope, go to m <input type="radio"/> Pipe, go to m <input type="radio"/> Biological, go to m <input type="radio"/> Other, specify and go to m <input type="radio"/> U/K, go to m	b. For firearms, type: <input type="radio"/> Handgun <input type="radio"/> Shotgun <input type="radio"/> BB gun <input type="radio"/> Hunting rifle <input type="radio"/> Assault rifle <input type="radio"/> Air rifle <input type="radio"/> Sawed off shotgun <input type="radio"/> Other, specify: <input type="radio"/> U/K	c. Firearm licensed? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K e. Where was firearm stored? <input type="radio"/> Not stored <input type="radio"/> Under mattress/pillow <input type="radio"/> Locked cabinet <input type="radio"/> Other, specify: <input type="radio"/> Unlocked cabinet <input type="radio"/> Glove compartment <input type="radio"/> U/K	d. Firearm safety features, check all that apply: <input type="checkbox"/> Trigger lock <input type="checkbox"/> Magazine disconnect <input type="checkbox"/> Personalization device <input type="checkbox"/> Minimum trigger pull <input type="checkbox"/> External safety/drop safety <input type="checkbox"/> Other, specify: <input type="checkbox"/> Loaded chamber indicator <input type="checkbox"/> U/K f. Firearm stored with ammunition? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K g. Firearm stored loaded? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K																																																		
h. Owner of fatal firearm: <input type="radio"/> U/K, weapon stolen <input type="radio"/> U/K, weapon found <input type="radio"/> Self <input type="radio"/> Biological parent <input type="radio"/> Adoptive parent <input type="radio"/> Stepparent <input type="radio"/> Foster parent <input type="radio"/> Mother's partner <input type="radio"/> Father's partner <input type="radio"/> Grandparent <input type="radio"/> Sibling <input type="radio"/> Spouse <input type="radio"/> Other relative <input type="radio"/> Friend <input type="radio"/> Acquaintance <input type="radio"/> Child's boyfriend or girlfriend <input type="radio"/> Classmate <input type="radio"/> Co-worker <input type="radio"/> Institutional staff <input type="radio"/> Neighbor <input type="radio"/> Rival gang member <input type="radio"/> Stranger <input type="radio"/> Law enforcement <input type="radio"/> Other, specify: <input type="radio"/> U/K	i. Sex of fatal firearm owner: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K	j. Type of sharp object: <input type="radio"/> Kitchen knife <input type="radio"/> Switchblade <input type="radio"/> Pocketknife <input type="radio"/> Razor <input type="radio"/> Hunting knife <input type="radio"/> Scissors <input type="radio"/> Other, specify: <input type="radio"/> U/K	k. Type of blunt object: <input type="radio"/> Bat <input type="radio"/> Club <input type="radio"/> Stick <input type="radio"/> Hammer <input type="radio"/> Rock <input type="radio"/> Household item <input type="radio"/> Other, specify: <input type="radio"/> U/K																																																		
l. What did person's body part do? Check all that apply: <input type="checkbox"/> Beat, kick or punch <input type="checkbox"/> Drop <input type="checkbox"/> Push <input type="checkbox"/> Bite <input type="checkbox"/> Shake <input type="checkbox"/> Strangle <input type="checkbox"/> Throw <input type="checkbox"/> Drown <input type="checkbox"/> Burn <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K	m. Did person using weapon have history of weapon-related offenses? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K n. Does anyone in child's family have a history of weapon offenses or die of weapons-related causes? <input type="radio"/> No <input type="radio"/> Yes, describe circumstances: <input type="radio"/> U/K	o. Persons handling weapons at time of incident, check all that apply: <table style="width:100%;"> <tr> <th style="text-align: left;"><u>Fatal and/or</u></th> <th style="text-align: left;"><u>Other weapon</u></th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Self</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Biological parent</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Adoptive parent</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Stepparent</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Foster parent</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Mother's partner</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Father's partner</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Grandparent</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Sibling</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Spouse</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Other relative</td> </tr> </table> <table style="width:100%;"> <tr> <th style="text-align: left;"><u>Fatal and/or</u></th> <th style="text-align: left;"><u>Other weapon</u></th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Friend</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Acquaintance</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Child's boyfriend or girlfriend</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Classmate</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Co-worker</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Institutional staff</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Neighbor</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Rival gang member</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Stranger</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Law enforcement officer</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> U/K</td> </tr> </table>	<u>Fatal and/or</u>	<u>Other weapon</u>	<input type="checkbox"/>	<input type="checkbox"/> Self	<input type="checkbox"/>	<input type="checkbox"/> Biological parent	<input type="checkbox"/>	<input type="checkbox"/> Adoptive parent	<input type="checkbox"/>	<input type="checkbox"/> Stepparent	<input type="checkbox"/>	<input type="checkbox"/> Foster parent	<input type="checkbox"/>	<input type="checkbox"/> Mother's partner	<input type="checkbox"/>	<input type="checkbox"/> Father's partner	<input type="checkbox"/>	<input type="checkbox"/> Grandparent	<input type="checkbox"/>	<input type="checkbox"/> Sibling	<input type="checkbox"/>	<input type="checkbox"/> Spouse	<input type="checkbox"/>	<input type="checkbox"/> Other relative	<u>Fatal and/or</u>	<u>Other weapon</u>	<input type="checkbox"/>	<input type="checkbox"/> Friend	<input type="checkbox"/>	<input type="checkbox"/> Acquaintance	<input type="checkbox"/>	<input type="checkbox"/> Child's boyfriend or girlfriend	<input type="checkbox"/>	<input type="checkbox"/> Classmate	<input type="checkbox"/>	<input type="checkbox"/> Co-worker	<input type="checkbox"/>	<input type="checkbox"/> Institutional staff	<input type="checkbox"/>	<input type="checkbox"/> Neighbor	<input type="checkbox"/>	<input type="checkbox"/> Rival gang member	<input type="checkbox"/>	<input type="checkbox"/> Stranger	<input type="checkbox"/>	<input type="checkbox"/> Law enforcement officer	<input type="checkbox"/>	<input type="checkbox"/> Other, specify:	<input type="checkbox"/>	<input type="checkbox"/> U/K	p. Sex of person(s) handling weapon: Fatal weapon: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K Other weapon: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K
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q. Use of weapon at time, check all that apply: <table style="width:100%;"> <tr> <td><input type="checkbox"/> Self-injury</td> <td><input type="checkbox"/> Argument</td> <td><input type="checkbox"/> Hunting</td> <td><input type="checkbox"/> Russian Roulette</td> <td><input type="checkbox"/> Intervener assisting crime victim (Good Samaritan)</td> </tr> <tr> <td><input type="checkbox"/> Commission of crime</td> <td><input type="checkbox"/> Jealousy</td> <td><input type="checkbox"/> Target shooting</td> <td><input type="checkbox"/> Gang-related activity</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Drive-by shooting</td> <td><input type="checkbox"/> Intimate partner violence</td> <td><input type="checkbox"/> Playing with weapon</td> <td><input type="checkbox"/> Self-defense</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Random violence</td> <td><input type="checkbox"/> Hate crime</td> <td><input type="checkbox"/> Weapon mistaken for toy</td> <td><input type="checkbox"/> Cleaning weapon</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Child was a bystander</td> <td><input type="checkbox"/> Bullying</td> <td><input type="checkbox"/> Showing gun to others</td> <td><input type="checkbox"/> Loading weapon</td> <td></td> </tr> </table>				<input type="checkbox"/> Self-injury	<input type="checkbox"/> Argument	<input type="checkbox"/> Hunting	<input type="checkbox"/> Russian Roulette	<input type="checkbox"/> Intervener assisting crime victim (Good Samaritan)	<input type="checkbox"/> Commission of crime	<input type="checkbox"/> Jealousy	<input type="checkbox"/> Target shooting	<input type="checkbox"/> Gang-related activity	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Drive-by shooting	<input type="checkbox"/> Intimate partner violence	<input type="checkbox"/> Playing with weapon	<input type="checkbox"/> Self-defense	<input type="checkbox"/> U/K	<input type="checkbox"/> Random violence	<input type="checkbox"/> Hate crime	<input type="checkbox"/> Weapon mistaken for toy	<input type="checkbox"/> Cleaning weapon		<input type="checkbox"/> Child was a bystander	<input type="checkbox"/> Bullying	<input type="checkbox"/> Showing gun to others	<input type="checkbox"/> Loading weapon																										
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7. ANIMAL BITE OR ATTACK

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

a. Type: <input type="radio"/> Fall, go to b <input type="radio"/> Crush, go to h	b. Height of fall: _____ feet _____ inches <input type="radio"/> U/K	c. Child fell from: <table style="width:100%;"> <tr> <td><input type="radio"/> Open window</td> <td><input type="radio"/> Natural elevation</td> <td><input type="radio"/> Stairs/steps</td> <td><input type="radio"/> Moving object, specify:</td> <td><input type="radio"/> Animal, specify:</td> </tr> <tr> <td><input type="radio"/> Screen</td> <td><input type="radio"/> Man-made elevation</td> <td><input type="radio"/> Furniture</td> <td><input type="radio"/> Bridge</td> <td><input type="radio"/> Other, specify:</td> </tr> <tr> <td><input type="radio"/> No screen</td> <td><input type="radio"/> Playground equipment</td> <td><input type="radio"/> Bed</td> <td><input type="radio"/> Overpass</td> <td><input type="radio"/> U/K</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></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	<input type="radio"/> U/K if screen	<input type="radio"/> Tree	<input type="radio"/> Roof	<input type="radio"/> Balcony	
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<p>d. Surface child fell onto:</p> <p><input type="radio"/> Cement/concrete</p> <p><input type="radio"/> Grass</p> <p><input type="radio"/> Gravel</p> <p><input type="radio"/> Wood floor</p> <p><input type="radio"/> Carpeted floor</p> <p><input type="radio"/> Linoleum/vinyl</p> <p><input type="radio"/> Marble/tile</p> <p><input type="radio"/> Other, specify:</p> <p><input type="radio"/> U/K</p>	<p>e. Barrier in place:</p> <p>Check all that apply:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Screen</p> <p><input type="checkbox"/> Other window guard</p> <p><input type="checkbox"/> Fence</p> <p><input type="checkbox"/> Railing</p> <p><input type="checkbox"/> Stairway</p> <p><input type="checkbox"/> Gate</p> <p><input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> U/K</p>	<p>f. Child in a baby walker?</p> <p><input type="radio"/> N/A</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> U/K</p>	<p>h. 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>i. For crush, object causing crush:</p> <p><input type="radio"/> Appliance</p> <p><input type="radio"/> Television</p> <p><input type="radio"/> Furniture</p> <p><input type="radio"/> Walls</p> <p><input type="radio"/> Playground equipment</p> <p><input type="radio"/> Animal</p> <p><input type="radio"/> Tree branch</p> <p><input type="radio"/> Boulders/rocks</p> <p><input type="radio"/> Dirt/sand</p> <p><input type="radio"/> Person, answer G6q</p> <p><input type="radio"/> Commercial equipment</p> <p><input type="radio"/> Farm equipment</p> <p><input type="radio"/> Other, specify:</p> <p><input type="radio"/> U/K</p>
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9. POISONING, OVERDOSE OR ACUTE INTOXICATION

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

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

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

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

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

<p>h. Was environmental tobacco exposure a contributing factor in death?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> U/K</p>	<p>i. Were there access or compliance issues related to the death? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, check all that apply:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Lack of money for care</td> <td><input type="checkbox"/> Language barriers</td> <td><input type="checkbox"/> Caregiver distrust of health care system</td> </tr> <tr> <td><input type="checkbox"/> Limitations of health insurance coverage</td> <td><input type="checkbox"/> Referrals not made</td> <td><input type="checkbox"/> Caregiver unskilled in providing care</td> </tr> <tr> <td><input type="checkbox"/> Multiple health insurance, not coordinated</td> <td><input type="checkbox"/> Specialist needed, not available</td> <td><input type="checkbox"/> Caregiver unwilling to provide care</td> </tr> <tr> <td><input type="checkbox"/> Lack of transportation</td> <td><input type="checkbox"/> Multiple providers, not coordinated</td> <td><input type="checkbox"/> Caregiver's partner would not allow care</td> </tr> <tr> <td><input type="checkbox"/> No phone</td> <td><input type="checkbox"/> Lack of child care</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Cultural differences</td> <td><input type="checkbox"/> Lack of family or social support</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Religious objections to care</td> <td><input type="checkbox"/> Services not available</td> <td><input type="checkbox"/> U/K</td> </tr> </table>	<input type="checkbox"/> Lack of money for care	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Caregiver distrust of health care system	<input type="checkbox"/> Limitations of health insurance coverage	<input type="checkbox"/> Referrals not made	<input type="checkbox"/> Caregiver unskilled in providing care	<input type="checkbox"/> Multiple health insurance, not coordinated	<input type="checkbox"/> Specialist needed, not available	<input type="checkbox"/> Caregiver unwilling to provide care	<input type="checkbox"/> Lack of transportation	<input type="checkbox"/> Multiple providers, not coordinated	<input type="checkbox"/> Caregiver's partner would not allow care	<input type="checkbox"/> No phone	<input type="checkbox"/> Lack of child care	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Cultural differences	<input type="checkbox"/> Lack of family or social support		<input type="checkbox"/> Religious objections to care	<input type="checkbox"/> Services not available	<input type="checkbox"/> U/K
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<input type="checkbox"/> Multiple health insurance, not coordinated	<input type="checkbox"/> Specialist needed, not available	<input type="checkbox"/> Caregiver unwilling to provide care																				
<input type="checkbox"/> Lack of transportation	<input type="checkbox"/> Multiple providers, not coordinated	<input type="checkbox"/> Caregiver's partner would not allow care																				
<input type="checkbox"/> No phone	<input type="checkbox"/> Lack of child care	<input type="checkbox"/> Other, specify:																				
<input type="checkbox"/> Cultural differences	<input type="checkbox"/> Lack of family or social support																					
<input type="checkbox"/> Religious objections to care	<input type="checkbox"/> Services not available	<input type="checkbox"/> U/K																				

12. OTHER CAUSE, UNDETERMINED CAUSE OR UNKNOWN CAUSE

Specify cause, describe in detail:

H. OTHER CIRCUMSTANCES OF INCIDENT- ANSWER RELEVANT SECTIONS

1. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE: WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT?

☐ No, go to H2 ☐ Yes ☐ U/K, go to H2

<p>a. Incident sleep place:</p> <table style="width: 100%;"> <tr> <td><input type="radio"/> Crib</td> <td><input type="radio"/> Playpen/other play structure but not portable crib</td> <td rowspan="2">If adult bed, what type?</td> </tr> <tr> <td>If crib, type:</td> <td><input type="radio"/> Couch</td> </tr> <tr> <td><input type="radio"/> Not portable</td> <td><input type="radio"/> Chair</td> <td><input type="radio"/> Twin</td> </tr> <tr> <td><input type="radio"/> Portable, e.g. pack-n-play</td> <td><input type="radio"/> Floor</td> <td><input type="radio"/> Full</td> </tr> <tr> <td><input type="radio"/> Unknown crib type</td> <td><input type="radio"/> Car seat</td> <td><input type="radio"/> Queen</td> </tr> <tr> <td><input type="radio"/> Bassinette</td> <td><input type="radio"/> Stroller</td> <td><input type="radio"/> King</td> </tr> <tr> <td><input type="radio"/> Adult bed</td> <td><input type="radio"/> Other, specify:</td> <td><input type="radio"/> Other, specify:</td> </tr> <tr> <td><input type="radio"/> Waterbed</td> <td><input type="radio"/> U/K</td> <td><input type="radio"/> U/K</td> </tr> </table>	<input type="radio"/> Crib	<input type="radio"/> Playpen/other play structure but not portable crib	If adult bed, what type?	If crib, type:	<input type="radio"/> Couch	<input type="radio"/> Not portable	<input type="radio"/> Chair	<input type="radio"/> Twin	<input type="radio"/> Portable, e.g. pack-n-play	<input type="radio"/> Floor	<input type="radio"/> Full	<input type="radio"/> Unknown crib type	<input type="radio"/> Car seat	<input type="radio"/> Queen	<input type="radio"/> Bassinette	<input type="radio"/> Stroller	<input type="radio"/> King	<input type="radio"/> Adult bed	<input type="radio"/> Other, specify:	<input type="radio"/> Other, specify:	<input type="radio"/> Waterbed	<input type="radio"/> U/K	<input type="radio"/> U/K	<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>
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<input type="radio"/> Waterbed	<input type="radio"/> U/K	<input type="radio"/> U/K																							

<p>g. Child in a new or different environment than usual?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, specify:</p>	<p>h. Child last placed to sleep with a pacifier?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>i. Was a fan being used in the room at the time of death?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, type:</p>
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j. Circumstances when child found:

<p><u>Child's airway was:</u></p> <p><input type="radio"/> Unobstructed by person or object</p> <p><input type="radio"/> Fully obstructed by person or object</p> <p><input type="radio"/> Partially obstructed by person or object</p> <p><input type="radio"/> U/K</p>	<p><u>Child's position most relevant to death:</u></p> <p><input type="radio"/> On top of</p> <p><input type="radio"/> Under</p> <p><input type="radio"/> Between</p> <p><input type="radio"/> Wedged into</p> <p><input type="radio"/> Pressed into</p> <p><input type="radio"/> Fell or rolled onto</p> <p><input type="radio"/> Tangled in</p> <p><input type="radio"/> Other, specify:</p> <p><input type="radio"/> U/K</p>	<p><u>With what objects or persons, check all that apply:</u></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult(s)</td> <td><input type="checkbox"/> Water bed mattress</td> <td><input type="checkbox"/> Clothing</td> </tr> <tr> <td><input type="checkbox"/> Child(ren)</td> <td><input type="checkbox"/> Air mattress</td> <td><input type="checkbox"/> Cord</td> </tr> <tr> <td><input type="checkbox"/> Animal(s)</td> <td><input type="checkbox"/> Bumper pads</td> <td><input type="checkbox"/> Plastic bag</td> </tr> <tr> <td><input type="checkbox"/> Blanket</td> <td><input type="checkbox"/> Crib rail</td> <td><input type="checkbox"/> Wall</td> </tr> <tr> <td><input type="checkbox"/> Pillow</td> <td><input type="checkbox"/> Couch</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Comforter</td> <td><input type="checkbox"/> Chair, type:</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mattress</td> <td><input type="checkbox"/> Car seat/stroller</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Pillow-top mattress</td> <td><input type="checkbox"/> Stuffed toy</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult(s)	<input type="checkbox"/> Water bed mattress	<input type="checkbox"/> Clothing	<input type="checkbox"/> Child(ren)	<input type="checkbox"/> Air mattress	<input type="checkbox"/> Cord	<input type="checkbox"/> Animal(s)	<input type="checkbox"/> Bumper pads	<input type="checkbox"/> Plastic bag	<input type="checkbox"/> Blanket	<input type="checkbox"/> Crib rail	<input type="checkbox"/> Wall	<input type="checkbox"/> Pillow	<input type="checkbox"/> Couch	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Comforter	<input type="checkbox"/> Chair, type:		<input type="checkbox"/> Mattress	<input type="checkbox"/> Car seat/stroller	<input type="checkbox"/> U/K	<input type="checkbox"/> Pillow-top mattress	<input type="checkbox"/> Stuffed toy	
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<p>k. Caregiver/supervisor fell asleep while feeding child? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, type of feeding:</p> <p><input type="radio"/> Bottle</p> <p><input type="radio"/> Breast</p> <p><input type="radio"/> U/K</p>	<p>l. Child sleeping in the same room as caregiver/supervisor at time of death?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>m. Child sleeping on same surface with person(s) or animal(s)? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> With adult(s): #___</td> <td><input type="checkbox"/> #U/K</td> <td>Adult obese: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> With other children: #___</td> <td><input type="checkbox"/> #U/K</td> <td>Children's ages: _____</td> </tr> <tr> <td><input type="checkbox"/> With animal(s): #___</td> <td><input type="checkbox"/> #U/K</td> <td>Type(s) of animal: _____</td> </tr> <tr> <td><input type="checkbox"/> U/K</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> With adult(s): #___	<input type="checkbox"/> #U/K	Adult obese: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<input type="checkbox"/> With other children: #___	<input type="checkbox"/> #U/K	Children's ages: _____	<input type="checkbox"/> With animal(s): #___	<input type="checkbox"/> #U/K	Type(s) of animal: _____	<input type="checkbox"/> U/K		
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<input type="checkbox"/> With animal(s): #___	<input type="checkbox"/> #U/K	Type(s) of animal: _____												
<input type="checkbox"/> U/K														

2. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT? <input type="radio"/> No, go to H3 <input type="radio"/> Yes <input type="radio"/> U/K, go to H3				
a. Describe product and circumstances:	b. Was product used properly? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	c. Is a recall in place? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	d. Did product have safety label? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	e. Was Consumer Product Safety Commission (CPSC) notified? <input type="radio"/> No, call 1-800-638-2772 to file report <input type="radio"/> Yes <input type="radio"/> U/K
3. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K				
a. Type of crime, check all that apply: <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"> <div><input type="checkbox"/> Robbery/burglary</div> <div><input type="checkbox"/> Other assault</div> <div><input type="checkbox"/> Arson</div> <div><input type="checkbox"/> Illegal border crossing</div> <div><input type="checkbox"/> U/K</div> <div><input type="checkbox"/> Interpersonal violence</div> <div><input type="checkbox"/> Gang conflict</div> <div><input type="checkbox"/> Prostitution</div> <div><input type="checkbox"/> Auto theft</div> <div><input type="checkbox"/> Sexual assault</div> <div><input type="checkbox"/> Drug trade</div> <div><input type="checkbox"/> Witness intimidation</div> <div><input type="checkbox"/> Other, specify:</div> </div>				
I. ACTS OF OMISSION OR COMMISSION INCLUDING POOR SUPERVISION, CHILD ABUSE & NEGLECT, ASSAULTS, AND SUICIDE				
Type of Act				
1. Did any act(s) of omission or commission cause and/or contribute to the death? <input type="radio"/> No, go to Section J <input type="radio"/> Yes <input type="radio"/> Probable <input type="radio"/> U/K, go to Section J If yes/probable, were the act(s) either or both? Check all that apply: <input type="checkbox"/> The direct cause of death <input type="checkbox"/> The contributing cause of death	2. Was the act(s): Check only one per column. Act that: <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>Caused</u> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div> <div style="text-align: center;"> <u>Contributed</u> <input type="radio"/> Unintentional <input type="radio"/> Intentional <input type="radio"/> Undetermined intent <input type="radio"/> U/K </div> </div>	3. What acts caused or contributed to the death? Check only one per column and describe in narrative. <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>Caused</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"/> </div> <div style="text-align: center;"> <u>Contributed</u> <input type="radio"/> Poor/absent supervision, go to 11 <input type="radio"/> Child abuse, go to 4 <input type="radio"/> Child neglect, go to 9 <input type="radio"/> Other negligence, go to 10 <input type="radio"/> Assault, not child abuse, go to 11 <input type="radio"/> Religious/cultural practices, go to 11 <input type="radio"/> Suicide, go to 28 <input type="radio"/> Medical misadventure, specify and go to 12 <input type="radio"/> Other, specify and go to 11 <input type="radio"/> U/K, go to 11 </div> </div>		
4. Child abuse, type. Check all that apply and describe in narrative. <input type="checkbox"/> Physical, go to 5 <input type="checkbox"/> Emotional, specify and go to 11 <input type="checkbox"/> Sexual, specify and go to 11 <input type="checkbox"/> U/K, go to 11	5. Type of physical abuse, check all that apply: <input type="checkbox"/> Abusive head trauma, go to 6 <input type="checkbox"/> Chronic Battered Child Syndrome, go to 8 <input type="checkbox"/> Beating/kicking, go to 8 <input type="checkbox"/> Scalding or burning, go to 8 <input type="checkbox"/> Munchausen Syndrome by Proxy, go to 8 <input type="checkbox"/> Other, specify and go to 8 <input type="checkbox"/> U/K, go to 8	6. For abusive head trauma, were there retinal hemorrhages? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K 7. For abusive head trauma, was the child shaken? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, was there impact? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	8. Events(s) triggering physical 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	
9. Child neglect, check all that apply: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Failure to protect from hazards, specify: <input type="checkbox"/> Failure to provide necessities <div style="margin-left: 20px;"> <input type="checkbox"/> Food <input type="checkbox"/> Shelter <input type="checkbox"/> Other, specify: </div> </div> <div> <input type="checkbox"/> Failure to seek/follow treatment, specify: <input type="checkbox"/> Emotional neglect, specify: <input type="checkbox"/> Abandonment, specify: <input type="checkbox"/> U/K </div> </div>	10. Other negligence: <input type="radio"/> Vehicular <input type="radio"/> Other, specify: <input type="radio"/> U/K	11. Was act(s) of omission/commission: <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>Caused</u> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div> <div style="text-align: center;"> <u>Contributed</u> <input type="radio"/> Chronic with child <input type="radio"/> Pattern in family or with perpetrator <input type="radio"/> Isolated incident <input type="radio"/> U/K </div> </div>		
Person(s) Responsible				
12. Is person the caregiver or supervisor in previous section? <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>Caused</u> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div> <div style="text-align: center;"> <u>Contributed</u> <input type="radio"/> No <input type="radio"/> Yes, caregiver one, go to 25 <input type="radio"/> Yes, caregiver two, go to 25 <input type="radio"/> Yes, supervisor, go to 26 </div> </div>	13. Primary person responsible for action(s) that caused and/or contributed to death: Select no more than one person for caused and one person for contributed. <div style="display: flex; justify-content: space-between;"> <div style="width: 24%;"> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>Caused</u> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div> <div style="text-align: center;"> <u>Contributed</u> <input type="radio"/> Self, go to 25 <input type="radio"/> Biological parent <input type="radio"/> Adoptive parent <input type="radio"/> Stepparent <input type="radio"/> Foster parent <input type="radio"/> Mother's partner <input type="radio"/> Father's partner </div> </div> </div> <div style="width: 24%;"> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>Caused</u> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div> <div style="text-align: center;"> <u>Contributed</u> <input type="radio"/> Grandparent <input type="radio"/> Sibling <input type="radio"/> Other relative <input type="radio"/> Friend <input type="radio"/> Acquaintance <input type="radio"/> Child's boyfriend or girlfriend <input type="radio"/> Stranger </div> </div> </div> <div style="width: 24%;"> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>Caused</u> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div> <div style="text-align: center;"> <u>Contributed</u> <input type="radio"/> Medical provider <input type="radio"/> Institutional staff <input type="radio"/> Babysitter <input type="radio"/> Licensed child care worker <input type="radio"/> Other, specify: <input type="radio"/> U/K </div> </div> </div> </div>			

<p>14. Person's age in years:</p> <p><u>Caused</u> <u>Contributed</u></p> <p>_____ _____ # Years</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p>	<p>15. Person's sex:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> Male</p> <p><input type="radio"/> <input type="radio"/> Female</p> <p><input type="radio"/> <input type="radio"/> U/K</p>	<p>16. Does person speak English?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If no, language spoken: _____</p>	<p>17. Person on active military duty?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, specify branch: _____</p>																																				
<p>18. Person have history of substance abuse?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> <input type="checkbox"/> Cocaine</p> <p><input type="checkbox"/> <input type="checkbox"/> Marijuana</p> <p><input type="checkbox"/> <input type="checkbox"/> Methamphetamine</p> <p><input type="checkbox"/> <input type="checkbox"/> Opiates</p> <p><input type="checkbox"/> <input type="checkbox"/> Prescription drugs</p> <p><input type="checkbox"/> <input type="checkbox"/> Over-the-counter</p> <p><input type="checkbox"/> <input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p>	<p>19. Person have history of child maltreatment as victim?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical</p> <p><input type="checkbox"/> <input type="checkbox"/> Neglect</p> <p><input type="checkbox"/> <input type="checkbox"/> Sexual</p> <p><input type="checkbox"/> <input type="checkbox"/> Emotional/psychological</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>_____ _____ # CPS referrals</p> <p>_____ _____ # Substantiations</p> <p><input type="checkbox"/> <input type="checkbox"/> Ever in foster care or adopted?</p>	<p>20. Person have history of child maltreatment as a perpetrator?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical</p> <p><input type="checkbox"/> <input type="checkbox"/> Neglect</p> <p><input type="checkbox"/> <input type="checkbox"/> Sexual</p> <p><input type="checkbox"/> <input type="checkbox"/> Emotional/psychological</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>_____ _____ # CPS referrals</p> <p>_____ _____ # Substantiations</p> <p><input type="checkbox"/> <input type="checkbox"/> CPS prevention services?</p> <p><input type="checkbox"/> <input type="checkbox"/> Family Preservation svcs?</p> <p><input type="checkbox"/> <input type="checkbox"/> Children ever removed?</p>	<p>21. Person have disability or chronic illness?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical, specify: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Mental, specify: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Sensory, specify: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>If mental, was caregiver receiving services?</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> U/K</p>																																				
<p>22. Person have prior child deaths?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> U/K</p>	<p>If yes, check all that apply:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Child abuse # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Child neglect # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Accident # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Suicide # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> SIDS # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Other # _____</p> <p>Other, specify: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p>	<p>23. Person have history of intimate partner violence?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> No</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"/> U/K</p>	<p>24. Person have delinquent/criminal history?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Assaults</p> <p><input type="checkbox"/> <input type="checkbox"/> Robbery</p> <p><input type="checkbox"/> <input type="checkbox"/> Drugs</p> <p><input type="checkbox"/> <input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p>																																				
<p>25. At time of incident was person, check all that apply:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Drug impaired?</p> <p><input type="checkbox"/> <input type="checkbox"/> Alcohol impaired?</p> <p><input type="checkbox"/> <input type="checkbox"/> Asleep?</p> <p><input type="checkbox"/> <input type="checkbox"/> Distracted?</p> <p><input type="checkbox"/> <input type="checkbox"/> Absent?</p> <p><input type="checkbox"/> <input type="checkbox"/> Impaired by illness? Specify: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Impaired by disability? Specify: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Other? Specify: _____</p>	<p>26. Does person have, check all that apply:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Prior history of similar acts?</p> <p><input type="checkbox"/> <input type="checkbox"/> Prior arrests?</p> <p><input type="checkbox"/> <input type="checkbox"/> Prior convictions?</p>	<p>27. Legal outcomes in this death, check all that apply:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> No charges filed</p> <p><input type="checkbox"/> <input type="checkbox"/> Charges pending</p> <p><input type="checkbox"/> <input type="checkbox"/> Charges filed, specify: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Confession</p> <p><input type="checkbox"/> <input type="checkbox"/> Plead, specify: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Not guilty verdict</p> <p><input type="checkbox"/> <input type="checkbox"/> Guilty verdict, specify: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Tort charges, specify: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p>																																					
<p>For Suicide</p>																																							
<p>28. For suicide, select yes, no or u/k for each question. Describe answers in narrative.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center; vertical-align: bottom;"> <p><u>Yes</u> <u>No</u> <u>U/K</u></p> </td> <td style="width: 33%; text-align: center; vertical-align: bottom;"> <p><u>Yes</u> <u>No</u> <u>U/K</u></p> </td> <td style="width: 33%;"></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>A note was left?</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Child talked about suicide?</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Prior suicide threats were made?</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Prior attempts were made?</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Suicide was completely unexpected?</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Child had a history of running away?</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Child had a history of self mutilation?</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>There is a family history of suicide?</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Suicide was part of a murder-suicide?</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Suicide was part of a suicide pact?</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Suicide was part of a suicide cluster?</td> </tr> </table>				<p><u>Yes</u> <u>No</u> <u>U/K</u></p>	<p><u>Yes</u> <u>No</u> <u>U/K</u></p>		<input type="radio"/>	<input type="radio"/>	A note was left?	<input type="radio"/>	<input type="radio"/>	Child talked about suicide?	<input type="radio"/>	<input type="radio"/>	Prior suicide threats were made?	<input type="radio"/>	<input type="radio"/>	Prior attempts were made?	<input type="radio"/>	<input type="radio"/>	Suicide was completely unexpected?	<input type="radio"/>	<input type="radio"/>	Child had a history of running away?	<input type="radio"/>	<input type="radio"/>	Child had a history of self mutilation?	<input type="radio"/>	<input type="radio"/>	There is a family history of suicide?	<input type="radio"/>	<input type="radio"/>	Suicide was part of a murder-suicide?	<input type="radio"/>	<input type="radio"/>	Suicide was part of a suicide pact?	<input type="radio"/>	<input type="radio"/>	Suicide was part of a suicide cluster?
<p><u>Yes</u> <u>No</u> <u>U/K</u></p>	<p><u>Yes</u> <u>No</u> <u>U/K</u></p>																																						
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<input type="radio"/>	<input type="radio"/>	Suicide was part of a suicide cluster?																																					

29. For suicide, was there a history of acute or cumulative personal crisis that may have contributed to the child's despondency? Check all that apply:

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

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

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

K. PREVENTION INITIATIVES RESULTING FROM THE REVIEW

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

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

2. What specific recommendations and/or initiatives resulted from the review? Check all that apply: ☐ No recommendations made, go to Section L

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

Briefly describe the initiatives:

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

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

L. THE REVIEW MEETING PROCESS

1. Date of first review meeting: _____ 2. Number of review meetings for this case: _____ 3. Is review complete? ☐ N/A ☐ No ☐ Yes

4. Agencies at review, check all that apply:

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

5. For **infants**, were the following data sources available at the review?

Check all that apply:

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

6. Factors that prevented an effective review, check all that apply:

- ☐ Confidentiality issues among members prevented full exchange of information
- ☐ HIPAA regulations prevented access to or exchange of information
- ☐ Inadequate investigation precluded having enough information for review
- ☐ Team members did not bring adequate information to the meeting
- ☐ Necessary team members were absent
- ☐ Meeting was held too soon after death
- ☐ Meeting was held too long after death
- ☐ Records or information were needed from another locality in-state
- ☐ Records or information were needed from another state
- ☐ Team disagreement on circumstances
- ☐ Other factors, specify:

7. Review meeting outcomes, check all that apply:

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

8. For **infants**, describe the factor(s) that directly contributed to this death:

9. For **infants**, which of the factors that directly contributed to this death are modifiable?

10. For **infants**, list any recommendations to prevent deaths from similar causes or circumstances in the future:

11. For **infants**, what additional information would the team like to know about the death scene investigation?

12. For **infants**, what additional information would the team like to know about the autopsy?

M. NARRATIVE

Use this space to provide more detail on the circumstances of the death and to describe any other relevant information.
Try not to include identifiers in the narrative.

Continue narrative if necessary on next page

N. FORM COMPLETED BY:

PERSON:

TITLE:

AGENCY:

PHONE:

EMAIL:

DATE COMPLETED:

DATA ENTRY COMPLETED FOR THIS CASE? ☐For State Program Use Only:DATA QUALITY ASSURANCE COMPLETED BY STATE ☐



The development of this report tool was supported, in part, by Grant No. U49MC00225
from the Maternal and Child Health Bureau (Title V, Social Security Act),
Health Resources and Services Administration, Department of Health and Human Services
and with funding from the US Centers for Disease Control and Prevention Division of Reproductive Health

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

**Local Infant and Child Death Review Team
Role and Responsibilities
Team Director**

I understand that as the team director my role is vital to the overall success of the team and as such I attest that I will perform the following:

- Call to order and chair the team meetings
- Ensuring the team operates according to the protocols developed by the Arkansas Infant & Child Death Review Program.
- Assisting the Local Team Coordinator as necessary.
- Discussing issues, problems or concerns with the Director of Arkansas Infant & Child Death Review Program.
- Serving as a liaison between the local team and the Arkansas Infant & Child Death Review Program; as well as respective local team members.
- Arranging for a meeting space.
- Maintain the Action Log to track the team in developing intervention/ prevention strategies; assigning accountability to team members for planned interventions/preventions and following up to ensure status/completion of interventions/preventions.
- Ensure that all members have signed a Confidentiality Agreement; Role and Responsibilities Contract; and Member Contact Information.
- Assume the Coordinator's role in the event that they are absent.
- Fulfill the roles and responsibility assigned to your discipline.

I agree to review all pediatric deaths that were released to me by the Arkansas Infant and Child Death Review Program and are not currently under law enforcement investigation, or under consideration or action by the prosecuting attorney's office. I agree to make recommendations that will improve the coordination, services and investigation between and within the agencies represented by the team members. Additionally, I will suggest and consider policies, procedures, educational endeavors and legislation aimed at interventions and prevention of such deaths.

Meetings are closed to the public and all others, except members or persons who have received waiver for attendance (such as an ad hoc member) and signed a confidentiality agreement. Identifying information pertaining to the child, family, care provider, suspected perpetrator or agencies involved may not be disclosed or discussed outside of the meeting. Arkansas law (Act 1818 of 2005) states that team members are immune from civil and criminal liability in connection with their good faith participation on the team; and any individual who breaches confidentiality will be immediately removed from the team and may be subject to prosecution. Furthermore, I understand that during the meeting there will be no minutes, notes or any type of data collected except by the coordinator for completion of the Child Death Review Case Reporting System (as provided by the National Center for the Review and Prevention of Child Deaths). After which the written information will be properly destroyed.

By signing this document I agree to actively participate on the Local Infant and Child Death Review Team. I have received a copy of the Arkansas Infant and Child Death Review

Appendix D

Program *Standard Operating Procedure Manual* and a manual from The National Center for the Review and Prevention of Child Death, *A Program Manual for Child Death Review*. I agree to familiarize myself with the policies and procedure contained in these manuals and act accordingly. A copy of this agreement is contained in the *Standard Operating Procedure Manual*.

Signature

Date

**Local Infant and Child Death Review Team
Role and Responsibilities
Team Coordinator**

I understand that as the team Coordinator my role is vital to the overall success of the team and as such I attest that I will perform the following:

- Scheduling and sending notices of meetings to the team members.
- Obtaining the names of the infant / child to be reviewed. Subsequently, the information will be sent to members. This should be completed approximately six weeks before each scheduled meeting to allow team members time to gather their agency's information about the infant or child and family. Also to allow 30 days for records to be released if a written request is required (see Appendix?).
- Entering the review case reports into the National Child Death Review Case Reporting System no later than the 30th day after the date the review is completed.
- Discusses issues, problems or concerns with the Director of Arkansas Infant & Child Death Review Program.
- Ensuring that the confidentiality agreement is reviewed and signed initially and then prior to each meeting and the copy is retained in the permanent file.
- Collects the Member Contact Information form,, keeping the original and sending a copy to the Arkansas Infant & Child Death Review Program.
- Assume the Director's duties in the event that they are absence
- Fulfill the responsibility assigned to your discipline
- Assist the Director as necessary

I agree to review all pediatric deaths that were released to me by the Arkansas Infant and Child Death Review Program and are not currently under law enforcement investigation, or under consideration or action by the prosecuting attorney's office. I agree to make recommendations that will improve the coordination, services and investigation between and within the agencies represented by the team members. Additionally, I will suggest and consider policies, procedures, educational endeavors and legislation aimed at interventions and prevention of such deaths.

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Signature

Date

**Local Infant and Child Death Review Team
Role and Responsibilities
Crimes Against Children Division**

I understand that as the representative from Crimes Against Children (CACD) my role is vital to the overall success of the team and as such I attest that I will perform the following:

- Serve as a liaison between CACD and the other team members.
- Interpret application of CACD policies and procedures for team members.
- Provide a representative from CACD in the event of my absence and assure that they have the proper records.

Additionally I will provide information from:

- CACD reports and determinations.
- CACD records (child/siblings).
- Records on caretakers.
- Home visit reports.
- Any other information which may be relevant to the case(s) at hand.

I agree to review all pediatric deaths that were released to me by the Arkansas Infant and Child Death Review Program and are not currently under law enforcement investigation, or under consideration or action by the prosecuting attorney's office. I agree to make recommendations that will improve the coordination, services and investigation between and within the agencies represented by the team members. Additionally, I will suggest and consider policies, procedures, educational endeavors and legislation aimed at interventions and prevention of such deaths.

Meetings are closed to the public and all others, except members or persons who have received waiver for attendance (such as an ad hoc member) and signed a confidentiality agreement. Identifying information pertaining to the child, family, care provider, suspected perpetrator or agencies involved may not be disclosed or discussed outside of the meeting. Arkansas law (Act 1818 of 2005) states that team members are immune from civil and criminal liability in connection with their good faith participation on the team; and any individual who breeches confidentiality will be immediately removed from the team and may be subject to prosecution. Furthermore, I understand that during the meeting there will be no minutes, notes or any type of data collected except by the coordinator for completion of the Child Death Review Case Reporting System (as provided by the National Center for the Review and Prevention of Child Deaths). After which the written information will be properly destroyed.

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act accordingly. A copy of this agreement is contained in the *Standard Operating Procedure Manual*.

Signature

Date

**Local Infant and Child Death Review Team
Roles and Responsibilities
Division of Children and Family Services**

I understand that as the representative of the Division of Children and Family Services (DCFS) my role is vital to the overall success of the team and as such I attest that I will I perform the following:

- Serve as a liaison between DCFS and the other team members.
- Interpret application of DCFS policies and procedures for team members.
- Provide a representative from DCFS in the event of my absence and assure that they have the proper records.

Additionally I will provide information from:

- DCFS reports and determinations.
- DCFS records (child/siblings).
- Records on caregivers.
- Home visit reports.
- Any other information which may be relevant to the case(s) at hand.

I agree to review all pediatric deaths that were released to me by the Arkansas Infant and Child Death Review Program and are not currently under law enforcement investigation, or under consideration or action by the prosecuting attorney's office. I agree to make recommendations that will improve the coordination, services and investigation between and within the agencies represented by the team members. Additionally, I will suggest and consider policies, procedures, educational endeavors and legislation aimed at interventions and prevention of such deaths.

Meetings are closed to the public and all others, except members or persons who have received waiver for attendance (such as an ad hoc member) and signed a confidentiality agreement. Identifying information pertaining to the child, family, care provider, suspected perpetrator or agencies involved may not be disclosed or discussed outside of the meeting. Arkansas law (Act 1818 of 2005) states that team members are immune from civil and criminal liability in connection with their good faith participation on the team; and any individual who breeches confidentiality will be immediately removed from the team and may be subject to prosecution. Furthermore, I understand that during the meeting there will be no minutes, notes or any type of data collected except by the coordinator for completion of the Child Death Review Case(s) Reporting System (as provided by the National Center for the Review and Prevention of Child Deaths). After which the written information will be properly destroyed.

By signing this document I agree to actively participate on the Local Infant and Child Death Review Team. I have received a copy of the Arkansas Infant and Child Death Review Program *Standard Operating Procedure Manual* and a manual from The National Center for the Review and Prevention of Child Death, *A Program Manual for Child Death Review*. I agree to familiarize myself with the policies and procedure contained in these manuals and

act accordingly. A copy of this agreement is contained in the *Standard Operating Procedure Manual*.

Signature

Date

**Local Infant and Child Death Review Team
Role and Responsibilities
Emergency Medical Services**

I understand that as the Emergency Medical Services (EMS) representative my role is vital to the overall success of the team and as such I attest that I will perform the following:

- Serve as a liaison between EMS and the other team members.
- Interpret application of EMS policies and procedures for team members.
- Provide a representative from EMS in the event of my absence and assure that they have the proper records.

Additionally I will provide information from:

- EMS run reports.
- Emergency room records.
- Tape of 911 call.
- Any other information which may be relevant to the case(s) at hand.

I agree to review all pediatric deaths that were released to me by the Arkansas Infant and Child Death Review Program and are not currently under law enforcement investigation, or under consideration or action by the prosecuting attorney's office. I agree to make recommendations that will improve the coordination, services and investigation between and within the agencies represented by the team members. Additionally, I will suggest and consider policies, procedures, educational endeavors and legislation aimed at interventions and prevention of such deaths.

Meetings are closed to the public and all others, except members or persons who have received waiver for attendance (such as an ad hoc member) and signed a confidentiality agreement. Identifying information pertaining to the child, family, care provider, suspected perpetrator or agencies involved may not be disclosed or discussed outside of the meeting. Arkansas law (Act 1818 of 2005) states that team members are immune from civil and criminal liability in connection with their good faith participation on the team; and any individual who breeches confidentiality will be immediately removed from the team and may be subject to prosecution. Furthermore, I understand that during the meeting there will be no minutes, notes or any type of data collected except by the coordinator for completion of the Child Death Review Case Reporting System (as provided by the National Center for the Review and Prevention of Child Deaths). After which the written information will be properly destroyed.

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Signature

Date

**Local Infant and Child Death Review Team
Role and Responsibilities
Law Enforcement**

I understand that as the representative of Law Enforcement (LE) my role is vital to the overall success of the team and as such I attest that I will perform the following:

- Serve as a liaison between LE and the other team members.
- Interpret application of LE policies and procedures for team members.
- Provide a representative from LE in the event of my absence and assure that they have the proper records.
- Confirm that the case is closed and is no longer under criminal investigation.

Additionally I will provide information from:

- Scene investigation report.
- Interview with family and witnesses.
- Criminal background checks (family and caregiver).
- Out of state history.
- Tape of 911 call.
- Any other information which may be relevant to the case(s) at hand.

I agree to review all pediatric deaths that were released to me by the Arkansas Infant and Child Death Review Program and are not currently under law enforcement investigation, or under consideration or action by the prosecuting attorney's office. I agree to make recommendations that will improve the coordination, services and investigation between and within the agencies represented by the team members. Additionally, I will suggest and consider policies, procedures, educational endeavors and legislation aimed at interventions and prevention of such deaths.

Meetings are closed to the public and all others, except members or persons who have received waiver for attendance (such as an ad hoc member) and signed a confidentiality agreement. Identifying information pertaining to the child, family, care provider, suspected perpetrator or agencies involved may not be disclosed or discussed outside of the meeting. Arkansas law (Act 1818 of 2005) states that team members are immune from civil and criminal liability in connection with their good faith participation on the team; and any individual who breeches confidentiality will be immediately removed from the team and may be subject to prosecution. Furthermore, I understand that during the meeting there will be no minutes, notes or any type of data collected except by the coordinator for completion of the Child Death Review Case Reporting System (as provided by the National Center for the Review and Prevention of Child Deaths). After which the written information will be properly destroyed.

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act accordingly. A copy of this agreement is contained in the *Standard Operating Procedure Manual*.

Signature

Date

**Local Infant and Child Death Review Team
Role and Responsibilities
Medical Examiner or Coroner**

I understand that as the representative Medical Examiner (ME) or coroner my role is vital to the overall success of the team and as such I attest that I will perform the following:

- Serve as a liaison between ME/coroner and the other team members.
- Interpret application of ME/coroner policies and procedures for team members.
- Provide a representative from ME/coroner in the event of my absence and assure that they have the proper records.

Additionally I will provide information from:

- Death certificate.
- Autopsy record.
- Interview with family and caregiver.
- Sudden Unexplained Infant Death Investigation Reporting Form (SUIDI-RF).
- Any other information which may be relevant to the case(s) at hand.

I agree to review all pediatric deaths that were released to me by the Arkansas Infant and Child Death Review Program and are not currently under law enforcement investigation, or under consideration or action by the prosecuting attorney's office. I agree to make recommendations that will improve the coordination, services and investigation between and within the agencies represented by the team members. Additionally, I will suggest and consider policies, procedures, educational endeavors and legislation aimed at interventions and prevention of such deaths.

Meetings are closed to the public and all others, except members or persons who have received waiver for attendance (such as an ad hoc member) and signed a confidentiality agreement. Identifying information pertaining to the child, family, care provider, suspected perpetrator or agencies involved may not be disclosed or discussed outside of the meeting. Arkansas law (Act 1818 of 2005) states that team members are immune from civil and criminal liability in connection with their good faith participation on the team; and any individual who breaches confidentiality will be immediately removed from the team and may be subject to prosecution. Furthermore, I understand that during the meeting there will be no minutes, notes or any type of data collected except by the coordinator for completion of the Child Death Review Case Reporting System (as provided by the National Center for the Review and Prevention of Child Deaths). After which the written information will be properly destroyed.

By signing this document I agree to actively participate on the Local Infant and Child Death Review Team. I have received a copy of the Arkansas Infant and Child Death Review Program *Standard Operating Procedure Manual* and a manual from The National Center for the Review and Prevention of Child Death, *A Program Manual for Child Death Review*. I agree to familiarize myself with the policies and procedure contained in these manuals and act accordingly. A copy of this agreement is contained in the *Standard Operating Procedure Manual*.

Signature

Date

**Local Infant and Child Death Review Team
Role and Responsibilities
Pediatrician or Nurse with Specialized Training**

I understand that as the medical representative my role is vital to the overall success of the team and as such I attest that I will perform the following:

- Serve as a liaison between the medical community and the other team members.
- Interpret application of medical policies and procedures for team members.
- Provide a representative from the medical community in the event of my absence and assure that they have the proper records.

Additionally I will provide information from:

- Pediatric records for well and sick child visits.
- Immunization records.
- Hospital records (labor and delivery; newborn nursery and/or pediatric intensive care unit).
- Prenatal records.
- Any other information which may be relevant to the case(s) at hand.

I agree to review all pediatric deaths that were released to me by the Arkansas Infant and Child Death Review Program and are not currently under law enforcement investigation, or under consideration or action by the prosecuting attorney's office. I agree to make recommendations that will improve the coordination, services and investigation between and within the agencies represented by the team members. Additionally, I will suggest and consider policies, procedures, educational endeavors and legislation aimed at interventions and prevention of such deaths.

Meetings are closed to the public and all others, except members or persons who have received waiver for attendance (such as an ad hoc member) and signed a confidentiality agreement. Identifying information pertaining to the child, family, care provider, suspected perpetrator or agencies involved may not be disclosed or discussed outside of the meeting. Arkansas law (Act 1818 of 2005) states that team members are immune from civil and criminal liability in connection with their good faith participation on the team; and any individual who breeches confidentiality will be immediately removed from the team and may be subject to prosecution. Furthermore, I understand that during the meeting there will be no minutes, notes or any type of data collected except by the coordinator for completion of the Child Death Review Case Reporting System (as provided by the National Center for the Review and Prevention of Child Deaths). After which the written information will be properly destroyed.

By signing this document I agree to actively participate on the Local Infant and Child Death Review Team. I have received a copy of the Arkansas Infant and Child Death Review Program *Standard Operating Procedure Manual* and a manual from The National Center for the Review and Prevention of Child Death, *A Program Manual for Child Death Review*. I agree to familiarize myself with the policies and procedure contained in these manuals and

act accordingly. A copy of this agreement is contained in the *Standard Operating Procedure Manual*.

Signature

Date

**Local Infant and Child Death Review Team
Role and Responsibilities
Prosecuting Attorney**

I understand that as the Prosecuting Attorney my role is vital to the overall success of the team and as such I attest that I will perform the following:

- Serve as a liaison between the legal community and the other team members.
- Interpret application of legal policies and procedures for team members.
- Provide a representative from the legal community in the event of my absence and ensure that they have the proper records.
- Ensure that the case(s) is not currently in litigation and has not been criminally prosecuted.

Additionally I will provide information from:

- Information pertaining to the decision not to prosecute.
- Any other information which may be relevant to the case(s) at hand.

I agree to review all pediatric deaths that were released to me by the Arkansas Infant and Child Death Review Program and are not currently under law enforcement investigation, or under consideration or action by the prosecuting attorney's office. I agree to make recommendations that will improve the coordination, services and investigation between and within the agencies represented by the team members. Additionally, I will suggest and consider policies, procedures, educational endeavors and legislation aimed at interventions and prevention of such deaths.

Meetings are closed to the public and all others, except members or persons who have received waiver for attendance (such as an ad hoc member) and signed a confidentiality agreement. Identifying information pertaining to the child, family, care provider, suspected perpetrator or agencies involved may not be disclosed or discussed outside of the meeting. Arkansas law (Act 1818 of 2005) states that team members are immune from civil and criminal liability in connection with their good faith participation on the team; and any individual who breeches confidentiality will be immediately removed from the team and may be subject to prosecution. Furthermore, I understand that during the meeting there will be no minutes, notes or any type of data collected except by the coordinator for completion of the Child Death Review Case Reporting System (as provided by the National Center for the Review and Prevention of Child Deaths). After which the written information will be properly destroyed.

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Signature

Date

**Local Infant and Child Death Review Team
Role and Responsibilities
Public Health**

I understand that as the public health representative my role is vital to the overall success of the team and as such I attest that I will I perform the following:

- Serve as a liaison between the public health community and the other team members
- Interpret application of public health policies and procedures for team members
- Provide input on public health services
- Provide a representative from the medical community in the event of my absence and assure that they have the proper records

Additionally I will provide information from the Arkansas Department of Health:

- Pediatric records for well and sick child visits
- Immunization records
- Prenatal records
- Any other information which may be relevant to the case(s) at hand

I agree to review all pediatric deaths that were released to me by the Arkansas Infant and Child Death Review Program and are not currently under law enforcement investigation, or under consideration or action by the prosecuting attorney's office. I agree to make recommendations that will improve the coordination, services and investigation between and within the agencies represented by the team members. Additionally, I will suggest and consider policies, procedures, educational endeavors and legislation aimed at interventions and prevention of such deaths.

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act accordingly. A copy of this agreement is contained in the *Standard Operating Procedure Manual*.

Signature

Date

**Local Infant and Child Death Review Team
Role and Responsibilities
(Generic)**

I understand that as the _____ representative my role is vital to the overall success of the team and as such I attest that I will I perform the following:

- Serve as a liaison between _____ and the other team members
- Interpret application _____ policies and procedures for team members
- Provide input on _____
- Provide a representative from the _____ in the event of my absence and assure that they have the proper records

Additionally I will provide information from the _____

- _____
- _____
- _____
- Any other information which may be relevant to the case(s) at hand

I agree to review all pediatric deaths that were released to me by the Arkansas Infant and Child Death Review Program and are not currently under law enforcement investigation, or under consideration or action by the prosecuting attorney's office. I agree to make recommendations that will improve the coordination, services and investigation between and within the agencies represented by the team members. Additionally, I will suggest and consider policies, procedures, educational endeavors and legislation aimed at interventions and prevention of such deaths.

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act accordingly. A copy of this agreement is contained in the *Standard Operating Procedure Manual*.

Signature

Date

Arkansas Infant & Child Death Review Program
Team Action Log

(Team Name) Infant and Child Death Review Team Action Log

Date:

Issue Identified:

Intervention/Prevention Strategies:

Person(s) Addressing Issue:

Progress Notes:

Date Completed:

Arkansas Infant & Child Death Review Program
Review Team Request for Medical Records

Date: _____

To: _____

From: _____

Arkansas Act 1818 of 2005 states that providers of medical care shall provide medical information regarding an infant or child whose death is being reviewed by an Arkansas Infant & Child Death Review Team. Pursuant to this Act, the Infant & Child Death Review Team request the medical records on the following: (1) deceased child who we believe has been seen at your facility; and (b) obstetrical records on the mother of the deceased infant/child.

Name: _____

Date of Birth: _____

Date of Death: _____

Date(s) of Evaluation: _____

If you have any questions, please call _____

Thank you for your assistance.

Sincerely,

ICDR Local Team Director or ICDR Local Team Coordinator

Arkansas Infant & Child Death Review
Member Contact Information

Date: _____

Name: _____

Local Team: _____

Agency Representing: _____

Role within the agency: _____

Supervisor's Name: _____

County of Employment: _____

Phone Number: _____

Work: _____

Mobile: _____

Address: _____

Email Address: _____

Arkansas Infant & Child Death Review Program Review Team Confidentiality Agreement

The purpose of the Arkansas Infant & Child Death Review Program is to conduct a thorough examination of each child (under the age of 18) who died in _____ County/Region through the operation of the _____ Infant & Child Death Review Team.

In order to assure a coordinated response that fully addresses all systematic concerns surrounding infant and child deaths, all relevant data, including historical information concerning the deceased and his or her family must be shared at team reviews. Much of this information is protected from disclosure by law, especially medical and child abuse/neglect information.

Therefore, team reviews are closed to the public, and confidential information cannot be lawfully discussed unless the public is excluded. In no case should any team member or designee disclose any information regarding team decisions outside the team, other than pursuant to team confidentiality guidelines. Failure to observe this procedure will violate various confidentiality statutes that contain penalties. Any agency team member may make a public statement about the general purpose or nature of the child death review process, as long as it is not identified to a specific case.

The undersigned agree to abide by the terms of this confidentiality agreement.

Date: _____

Name

Agency

A.C.A. § 12-18-103

Arkansas Code of 1987 Annotated Official Edition
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*** Legislation is current through the 2011 Regular Session and updates ***
*** received from the Arkansas Code Revision Commission through ***
*** November 16, 2011. ***

Title 12 Law Enforcement, Emergency Management, And Military Affairs
Subtitle 2. Law Enforcement Agencies And Programs
Chapter 18 Child Maltreatment Act
Subchapter 1 -- General Provisions

A.C.A. § 12-18-103 (2011)

12-18-103. Definitions.

As used in this chapter:

(1) (A) "Abandonment" means:

(i) The failure of a parent to provide reasonable support and to maintain regular contact with a child through statement or contact when the failure is accompanied by an intention on the part of the parent to permit the condition to continue for an indefinite period in the future or the failure of a parent to support or maintain regular contact with a child without just cause; or

(ii) An articulated intent to forego parental responsibility.

(B) "Abandonment" does not include acts or omissions of a parent toward a married minor;

(2) (A) "Abuse" means any of the following acts or omissions by a parent, guardian, custodian, foster parent, person eighteen (18) years of age or older living in the home with a child whether related or unrelated to the child, or any person who is entrusted with the child's care by a parent, guardian, custodian, or foster parent, including, but not limited to, an agent or employee of a public or private residential home, child care facility, public or private school, or any person legally responsible for the child's welfare, but excluding the spouse of a minor:

(i) Extreme or repeated cruelty to a child;

(ii) Engaging in conduct creating a realistic and serious threat of death, permanent or temporary disfigurement, or impairment of any bodily organ;

(iii) Injury to a child's intellectual, emotional, or psychological development as evidenced by observable and substantial impairment of the child's ability to function within the child's normal range of performance and behavior;

(iv) Any injury that is at variance with the history given;

(v) Any nonaccidental physical injury;

(vi) Any of the following intentional or knowing acts, with physical injury and without justifiable cause:

(a) Throwing, kicking, burning, biting, or cutting a child;

(b) Striking a child with a closed fist;

(c) Shaking a child; or

(d) Striking a child on the face or head; or

(vii) Any of the following intentional or knowing acts, with or without physical injury:

(a) Striking a child six (6) years of age or younger on the face or head;

(b) Shaking a child three (3) years of age or younger;

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- (c) Interfering with a child's breathing;
 - (d) Pinching, biting, or striking a child in the genital area;
 - (e) Tying a child to a fixed or heavy object or binding or tying a child's limbs together;
 - (f) Giving a child or permitting a child to consume or inhale a poisonous or noxious substance not prescribed by a physician that has the capacity to interfere with normal physiological functions;
 - (g) Giving a child or permitting a child to consume or inhale a substance not prescribed by a physician that has the capacity to alter the mood of the child, including, but not limited to, the following:
 - (1) Marijuana;
 - (2) Alcohol, excluding alcohol given to a child during a recognized and established religious ceremony or service;
 - (3) A narcotic; or
 - (4) An over-the-counter drug if a person purposely administers an overdose to a child or purposely gives an inappropriate over-the-counter drug to a child and the child is detrimentally impacted by the overdose or the over-the-counter drug;
 - (h) Exposing a child to a chemical that has the capacity to interfere with normal physiological functions, including, but not limited to, a chemical used or generated during the manufacture of methamphetamine; or
 - (i) Subjecting a child to Munchausen syndrome by proxy or a factitious illness by proxy if the incident is confirmed by medical personnel.
- (B) (i) The list in subdivision (2)(A) of this section is illustrative of unreasonable action and is not intended to be exclusive.
- (ii) No unreasonable action shall be construed to permit a finding of abuse without having established the elements of abuse.
- (C) (i) "Abuse" does not include physical discipline of a child when it is reasonable and moderate and is inflicted by a parent or guardian for purposes of restraining or correcting the child.
- (ii) "Abuse" does not include when a child suffers transient pain or minor temporary marks as the result of an appropriate restraint if:
- (a) The person exercising the restraint is:
 - (1) An employee of a child welfare agency licensed or exempted from licensure under the Child Welfare Agency Licensing Act, § 9-28-401 et seq.; and
 - (2) Acting in his or her official capacity while on duty at a child welfare agency licensed or exempted from licensure under the Child Welfare Agency Licensing Act, § 9-28-401 et seq.;
 - (b) The agency has policy and procedures regarding restraints;
 - (c) No other alternative exists to control the child except for a restraint;
 - (d) The child is in danger or hurting himself or herself or others;
 - (e) The person exercising the restraint has been trained in properly restraining children, de-escalation, and conflict resolution techniques;
 - (f) The restraint is for a reasonable period of time; and
 - (g) The restraint is in conformity with training and agency policy and procedures.
- (iii) Reasonable and moderate physical discipline inflicted by a parent or guardian does not include any act that is likely to cause and which does cause injury more serious than transient pain or minor temporary marks.

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(iv) The age, size, and condition of the child and the location of the injury and the frequency or recurrence of injuries shall be considered when determining whether the physical discipline is reasonable or moderate;

(3) "Caretaker" means a parent, guardian, custodian, foster parent, or any person thirteen (13) years of age or older who is entrusted with a child's care by a parent, guardian, custodian, or foster parent, including without limitation, an agent or employee of a public or private residential home, child care facility, public or private school, or any person responsible for a child's welfare, but excluding the spouse of a minor;

(4) (A) "Central intake", otherwise referred to as the "Child Abuse Hotline", means a unit that shall be established by the Department of Human Services for the purpose of receiving and recording notification made pursuant to this chapter.

(B) The Child Abuse Hotline shall be staffed twenty-four (24) hours per day and shall have statewide accessibility through a toll-free telephone number;

(5) "Child" or "juvenile" means an individual who is from birth to eighteen (18) years of age;

(6) "Child maltreatment" means abuse, sexual abuse, neglect, sexual exploitation, or abandonment;

(7) "Department" means the Department of Human Services;

(8) "Deviate sexual activity" means any act of sexual gratification involving:

(A) Penetration, however slight, of the anus or mouth of one person by the penis of another person; or

(B) Penetration, however slight, of the labia majora or anus of one person by any body member or foreign instrument manipulated by another person;

(9) (A) (i) "Forcible compulsion" means physical force, intimidation, or a threat, express or implied, of physical injury to or death, rape, sexual abuse, or kidnapping of any person.

(ii) If the act was committed against the will of the child, then forcible compulsion has been used.

(B) The age, developmental stage, and stature of the victim and the relationship of the victim to the assailant, as well as the threat of deprivation of affection, rights, and privileges from the victim by the assailant, shall be considered in weighing the sufficiency of the evidence to prove forcible compulsion;

(10) "Guardian" means any person, agency, or institution, as defined by § 28-65-101 et seq., whom a court of competent jurisdiction has so appointed;

(11) "Indecent exposure" means the exposure by a person of the person's sexual organs for the purpose of arousing or gratifying the sexual desire of the person or of any other person under circumstances in which the person knows the conduct is likely to cause affront or alarm;

(12) "Near fatality" means an act that, as certified by a physician, places the child in serious or critical condition;

(13) (A) "Neglect" means those acts or omissions of a parent, guardian, custodian, foster parent, or any person who is entrusted with the child's care by a parent, custodian, guardian, or foster parent, including, but not limited to, an agent or employee of a public or private residential home, child care facility, public or private school, or any person legally responsible under state law for the child's welfare, but excluding the spouse of a minor and the parents of the married minor, which constitute:

(i) Failure or refusal to prevent the abuse of the child when the person knows or has reasonable cause to know the child is or has been abused;

(ii) Failure or refusal to provide necessary food, clothing, shelter, and education required by law, excluding the failure to follow an individualized educational program, or medical treatment necessary for the child's well-being, except when the failure or refusal is caused primarily by the financial inability of the person legally responsible and no services for relief have been offered;

(iii) Failure to take reasonable action to protect the child from abandonment, abuse, sexual abuse, sexual exploitation, neglect, or parental unfitness when the existence of the condition was known or should have been known;

(iv) Failure or irremediable inability to provide for the essential and necessary physical, mental, or emotional needs of the child, including the failure to provide a shelter that does not pose a risk to the health or safety of the

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child;

(v) Failure to provide for the child's care and maintenance, proper or necessary support, or medical, surgical, or other necessary care;

(vi) Failure, although able, to assume responsibility for the care and custody of the child or to participate in a plan to assume such responsibility; or

(vii) Failure to appropriately supervise the child that results in the child's being left alone at an inappropriate age or in inappropriate circumstances creating a dangerous situation or a situation that puts the child at risk of harm.

(B) (i) "Neglect" shall also include:

(a) Causing a child to be born with an illegal substance present in the child's bodily fluids or bodily substances as a result of the pregnant mother's knowingly using an illegal substance before the birth of the child; or

(b) At the time of the birth of a child, the presence of an illegal substance in the mother's bodily fluids or bodily substances as a result of the pregnant mother's knowingly using an illegal substance before the birth of the child.

(ii) As used in this subdivision (13)(B), "illegal substance" means a drug that is prohibited to be used or possessed without a prescription under the Arkansas Criminal Code, § 5-1-101 et seq.

(iii) A test of the child's bodily fluids or bodily substances may be used as evidence to establish neglect under subdivision (13)(B)(i)(a) of this section.

(iv) A test of the mother's bodily fluids or bodily substances may be used as evidence to establish neglect under subdivision (13)(B)(i)(b) of this section;

(14) "Parent" means a biological mother, an adoptive parent, or a man to whom the biological mother was married at the time of conception or birth or who has been found by a court of competent jurisdiction to be the biological father of the child;

(15) "Pornography" means:

(A) Pictures, movies, or videos that lack serious literary, artistic, political, or scientific value and that, when taken as a whole and applying contemporary community standards, would appear to the average person to appeal to the prurient interest;

(B) Material that depicts sexual conduct in a patently offensive manner lacking serious literary, artistic, political, or scientific value; or

(C) Obscene or licentious material;

(16) "Serious bodily injury" means bodily injury that involves substantial risk of death, extreme physical pain, protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ, or mental faculty;

(17) "Severe maltreatment" means sexual abuse, sexual exploitation, acts or omissions that may or do result in death, abuse involving the use of a deadly weapon as defined by § 5-1-102, bone fracture, internal injuries, burns, immersions, suffocation, abandonment, medical diagnosis of failure to thrive, or causing a substantial and observable change in the behavior or demeanor of the child;

(18) "Sexual abuse" means:

(A) By a person thirteen (13) years of age or older to a person younger than eighteen (18) years of age:

(i) Sexual intercourse, deviate sexual activity, or sexual contact by forcible compulsion;

(ii) Attempted sexual intercourse, deviate sexual activity, or sexual contact by forcible compulsion;

(iii) Indecent exposure; or

(iv) Forcing the watching of pornography or live sexual activity;

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(B) By a person eighteen (18) years of age or older to a person not his or her spouse who is younger than fifteen (15) years of age:

- (i)** Sexual intercourse, deviate sexual activity, or sexual contact;
- (ii)** Attempted sexual intercourse, deviate sexual activity, or sexual contact; or
- (iii)** Solicitation of sexual intercourse, deviate sexual activity, or sexual contact;

(C) By a person twenty (20) years of age or older to a person not his or her spouse who is younger than sixteen (16) years of age:

- (i)** Sexual intercourse, deviate sexual activity, or sexual contact;
- (ii)** Attempted sexual intercourse, deviate sexual activity, or sexual contact; or
- (iii)** Solicitation of sexual intercourse, deviate sexual activity, or sexual contact;

(D) By a caretaker to a person younger than eighteen (18) years of age:

- (i)** Sexual intercourse, deviate sexual activity, or sexual contact;
- (ii)** Attempted sexual intercourse, deviate sexual activity, or sexual contact;
- (iii)** Forcing or encouraging the watching of pornography;
- (iv)** Forcing, permitting, or encouraging the watching of live sexual activity;
- (v)** Forcing the listening to a phone sex line; or
- (vi)** An act of voyeurism; or

(E) By a person younger than thirteen (13) years of age to a person younger than eighteen (18) years of age:

- (i)** Sexual intercourse, deviate sexual activity, or sexual contact by forcible compulsion; or
- (ii)** Attempted sexual intercourse, deviate sexual activity, or sexual contact by forcible compulsion;

(19) (A) (i) "Sexual contact" means any act of sexual gratification involving:

(a) The touching, directly or through clothing, of the sex organs, buttocks, or anus of a person or the breast of a female;

(b) The encouraging of a child to touch the offender in a sexual manner; or

(c) The offender requesting to touch a child in a sexual manner.

(ii) Evidence of sexual gratification may be inferred from the attendant circumstances surrounding the specific complaint of child maltreatment.

(B) "Sexual contact" does not include normal affectionate hugging;

(20) "Sexual exploitation" means:

(A) Allowing, permitting, or encouraging participation or depiction of the child in:

- (i)** Prostitution;
- (ii)** Obscene photography; or
- (iii)** Obscene filming; or

(B) Obscenely depicting, obscenely posing, or obscenely posturing a child for any use or purpose;

(21) "Subject of the report" means:

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(A) The offender;

(B) The custodial and noncustodial parents, guardians, and legal custodians of the child who is subject to suspected maltreatment; and

(C) The child who is the subject of suspected maltreatment;

(22) "Underaged juvenile offender" means any child younger than thirteen (13) years of age for whom a report of sexual abuse has been determined to be true for sexual abuse to another child; and

(23) "Voyeurism" means looking, for the purpose of sexual arousal or gratification, into a private location or place in which a child may reasonably be expected to be nude or partially nude.

HISTORY: Acts 2009, No. 749, § 1; 2011, No. 779, §§ 15-17; 2011, No. 1143, §§ 2-5.

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

State of Arkansas

As Engrossed: H2/27/09 S4/2/09

87th General Assembly

A Bill

Regular Session, 2009

HOUSE BILL 1489

By: Representative Carter

For An Act To Be Entitled

AN ACT REGARDING WHICH OFFICIALS ARE NOTIFIED OF
CERTAIN DEATHS; AND FOR OTHER PURPOSES.

Subtitle

REGARDING WHICH OFFICIALS ARE NOTIFIED
OF CERTAIN DEATHS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

*SECTION 1. Arkansas Code 12-12-315 is amended to read as follows:
12-12-315. Notification of certain deaths.*

*(a)(1) The county coroner, prosecuting attorney, and either the ~~the~~
~~chief law enforcement official of the~~ county sheriff ~~and~~ or the chief of
police of the municipality in which the death of a human being occurs shall
be promptly notified by any physician, law enforcement officer, undertaker or
embalmer, jailer ~~or correction officer~~, or coroner, or by any other person
present or with knowledge of the death, if:*

*(A) The death appears to be caused by violence or appears
to be the result of a homicide or a suicide or to be accidental;*

*(B) The death appears to be the result of the presence of
drugs or poisons in the body;*

*(C) The death appears to be a result of a motor vehicle
accident, or the body was found in or near a roadway or railroad;*

*(D) The death appears to be a result of a motor vehicle
accident and there is no obvious trauma to the body;*

*(E) The death occurs while the person is in a state mental
institution or hospital and there is no previous medical history to explain*



1 the death, or while the person is in police custody ~~or, a jail other than a~~
2 ~~jail operated by the Department of Correction, or a penal institution;~~

3 (F) The death appears to be the result of a fire or an
4 explosion;

5 (G) The death of a minor child appears to indicate child
6 abuse prior to death;

7 (H) Human skeletal remains are recovered or an
8 unidentified deceased person is discovered;

9 (I) Postmortem decomposition exists to the extent that an
10 external examination of the corpse cannot rule out injury, or in which the
11 circumstances of death cannot rule out the commission of a crime;

12 (J) The death appears to be the result of drowning;

13 (K) The death is of an infant or a minor child under
14 eighteen (18) years of age;

15 (L) The manner of death appears to be other than natural;

16 (M) The death is sudden and unexplained;

17 (N) The death occurs at a work site;

18 (O) The death is due to a criminal abortion;

19 (P) The death is of a person where a physician was not in
20 attendance within thirty-six (36) hours preceding death, or, in prediagnosed
21 terminal or bedfast cases, within thirty (30) days;

22 (Q) A person is admitted to a hospital emergency room
23 unconscious and is unresponsive, with cardiopulmonary resuscitative measures
24 being performed, and dies within twenty-four (24) hours of admission without
25 regaining consciousness or responsiveness, unless a physician was in
26 attendance within thirty-six (36) hours preceding presentation to the
27 hospital, or, in cases in which the decedent had a prediagnosed terminal or
28 bedfast condition, unless a physician was in attendance within thirty (30)
29 days preceding presentation to the hospital;

30 (R) The death occurs in the home; or

31 (S)(i) The death poses a potential threat to public health
32 or safety.

33 (ii) Upon receiving notice of a death that poses a
34 potential threat to public health or safety the county coroner shall
35 immediately notify the Department of Human Services.

36 (2) Nothing in this section shall be construed to require an

1 investigation, autopsy, or inquest in any case in which death occurred
2 without medical attendance solely because the deceased was under treatment by
3 prayer or spiritual means in accordance with the tenets and practices of a
4 well-recognized church or religious denomination.

5 (b) With regard to any death in a correctional facility, the county
6 coroner and the State Medical Examiner shall be notified, and when previous
7 medical history does not exist to explain the death, the Department of
8 Arkansas State Police shall be notified.

9 (c) A violation of the provisions of this section is a Class A
10 misdemeanor.

11
12 /s/ Carter
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
Division of Reproductive Health
Maternal and Infant Health Branch
Atlanta, Georgia 30333



Sudden Unexplained Infant Death Investigation

SUIDI

Reporting Form

INVESTIGATION DATA

Infant's Last Name	Infant's First Name	Middle Name	Case Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sex: Date of Birth: Age: SS#:

Race: ☐ White ☐ Black/African Am. ☐ Asian/Pacific Isl. ☐ Am. Indian/Alaskan Native ☐ Hispanic/Latino ☐ Other

Infant's Primary Residence:

Address: City: County: State: Zip:

Incident Address: City: County: State: Zip:

Contact Information for Witness:

Relationship to deceased: ☐ Birth Mother ☐ Birth Father ☐ Grandmother ☐ Grandfather

☐ Adoptive or Foster Parent ☐ Physician ☐ Health Records ☐ Other Describe:

Last: First: M.: SS#:

Address: City: State: Zip:

Work Address: City: State: Zip:

Home Phone: Work Phone: Date of Birth:

WITNESS INTERVIEW

- 1 Are you the usual caregiver?**
☐ No ☐ Yes
- 2 Tell me what happened:**
- 3 Did you notice anything unusual or different about the infant in the last 24 hrs?**
☐ No ☐ Yes Specify:
- 4 Did the infant experience any falls or injury within the last 72 hrs?**
☐ No ☐ Yes Specify:
- 5 When was the infant LAST PLACED?**
 Date: Military Time: : Location (room):
- 6 When was the infant LAST KNOWN ALIVE(LKA)?**
 Date: Military Time: : Location (room):
- 7 When was the infant FOUND?**
 Date: Military Time: : Location (room):
- 8 Explain how you knew the infant was still alive.**
- 9 Where was the infant - (P)laced, (L)ast known alive, (F)ound (write P, L, or F in front of appropriate response)?**

<input type="checkbox"/> Bassinet	<input type="checkbox"/> Bedside co-sleeper	<input type="checkbox"/> Car seat	<input type="checkbox"/> Chair
<input type="checkbox"/> Cradle	<input type="checkbox"/> Crib	<input type="checkbox"/> Floor	<input type="checkbox"/> In a person's arms
<input type="checkbox"/> Mattress/box spring	<input type="checkbox"/> Mattress on floor	<input type="checkbox"/> Playpen	<input type="checkbox"/> Portable crib
<input type="checkbox"/> Sofa/couch	<input type="checkbox"/> Stroller/carriage	<input type="checkbox"/> Swing	<input type="checkbox"/> Waterbed
<input type="checkbox"/> Other - describe: <input type="text"/>			

WITNESS INTERVIEW (cont.)

10 In what position was the infant LAST PLACED? ☐ Sitting ☐ On back ☐ On side ☐ On stomach ☐ Unknown
Was this the infant's usual position? ☐ Yes ☐ No What was the usual position?

11 In what position was the infant LKA? ☐ Sitting ☐ On back ☐ On side ☐ On stomach ☐ Unknown
Was this the infant's usual position? ☐ Yes ☐ No What was the usual position?

12 In what position was the infant FOUND? ☐ Sitting ☐ On back ☐ On side ☐ On stomach ☐ Unknown
Was this the infant's usual position? ☐ Yes ☐ No What was the usual position?

13 Face position when LAST PLACED? ☐ Face down on surface ☐ Face up ☐ Face right ☐ Face left

14 Neck position when LAST PLACED? ☐ Hyperextended (head back) ☐ Flexed (chin to chest) ☐ Neutral ☐ Turned

15 Face position when LKA? ☐ Face down on surface ☐ Face up ☐ Face right ☐ Face left

16 Neck position when LKA? ☐ Hyperextended (head back) ☐ Flexed (chin to chest) ☐ Neutral ☐ Turned

17 Face position when FOUND? ☐ Face down on surface ☐ Face up ☐ Face right ☐ Face left

18 Neck position when FOUND? ☐ Hyperextended (head back) ☐ Flexed (chin to chest) ☐ Neutral ☐ Turned

19 What was the infant wearing? (ex. t-shirt, disposable diaper)

20 Was the infant tightly wrapped or swaddled? ☐ No ☐ Yes - describe:

21 Please indicate the types and numbers of layers of bedding both over and under infant (not including wrapping blanket):

Bedding UNDER Infant	None	Number	Bedding OVER Infant	None	Number
Receiving blankets	<input type="text"/>	<input type="text"/>	Receiving blankets	<input type="text"/>	<input type="text"/>
Infant/child blankets	<input type="text"/>	<input type="text"/>	Infant/child blankets	<input type="text"/>	<input type="text"/>
Infant/child comforters (thick)	<input type="text"/>	<input type="text"/>	Infant/child comforters (thick)	<input type="text"/>	<input type="text"/>
Adult comforters/duvets	<input type="text"/>	<input type="text"/>	Adult comforters/duvets	<input type="text"/>	<input type="text"/>
Adult blankets	<input type="text"/>	<input type="text"/>	Adult blankets	<input type="text"/>	<input type="text"/>
Sheets	<input type="text"/>	<input type="text"/>	Sheets	<input type="text"/>	<input type="text"/>
Sheepskin	<input type="text"/>	<input type="text"/>	Pillows	<input type="text"/>	<input type="text"/>
Pillows	<input type="text"/>	<input type="text"/>	Other, specify:	<input type="text"/>	<input type="text"/>
Rubber or plastic sheet	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Other, specify:	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

22 Which of the following devices were operating in the infant's room?
☐ None ☐ Apnea monitor ☐ Humidifier ☐ Vaporizer ☐ Air purifier ☐ Other -

23 In was the temperature in the infant's room? ☐ Hot ☐ Cold ☐ Normal ☐ Other -

24 Which of the following items were near the infant's face, nose, or mouth?
☐ Bumper pads ☐ Infant pillows ☐ Positional supports ☐ Stuffed animals ☐ Toys ☐ Other -

25 Which of the following items were within the infant's reach?
☐ Blankets ☐ Toys ☐ Pillows ☐ Pacifier ☐ Nothing ☐ Other -

26 Was anyone sleeping with the infant? ☐ No ☐ Yes

Name of individual sleeping with infant	Age	Height	Weight	Location in relation to infant	Impairment (intoxication, tired)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

27 Was there evidence of wedging? ☐ No ☐ Yes - Describe:

28 When the infant was found, was s/he: ☐ Breathing ☐ Not Breathing
If not breathing, did you witness the infant stop breathing? ☐ No ☐ Yes

WITNESS INTERVIEW (cont.)

29 What had led you to check on the infant?

30 Describe the infant's appearance when found.

Appearance	Unknown	No	Yes	Describe and specify location
a) Discoloration around face/nose/mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Secretions (foam, froth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Skin discoloration (livor mortis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Pressure marks (pale areas, blanching)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) Rash or petechiae (small, red blood spots on skin, membranes, or eyes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f) Marks on body (scratches or bruises)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

31 What did the infant feel like when found? (Check all that apply.)

☐ Sweaty ☐ Warm to touch ☐ Cool to touch ☐ Limp, flexible ☐ Rigid, stiff ☐ Unknown
☐ Other - specify:

32 Did anyone else other than EMS try to resuscitate the infant? ☐ No ☐ Yes

Who? Date: Military time: :

33 Please describe what was done as part of resuscitation:

34 Has the parent/caregiver ever had a child die suddenly and unexpectedly? ☐ No ☐ Yes

Explain:

INFANT MEDICAL HISTORY

1 Source of medical information: ☐ Doctor ☐ Other healthcare provider ☐ Medical record ☐ Family

☐ Mother/primary caregiver ☐ Other:

2 In the 72 hours prior to death, did the infant have:

Condition	Unknown	No	Yes	Condition	Unknown	No	Yes
a) Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k) Apnea (stopped breathing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) Decrease in appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Excessive sweating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	l) Cyanosis (turned blue/gray)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Stool changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f) Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Lethargy or sleeping more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m) Seizures or convulsions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g) Choking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Fussiness or excessive crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n) Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 In the 72 hours prior to death, was the infant injured or did s/he have any other condition(s) not mentioned?

☐ No ☐ Yes - describe:

4 In the 72 hours prior to the infant's death, was the infant given any vaccinations or medications?

(Please include any home remedies, herbal medications, prescription medicines, over-the-counter medications.)

☐ No ☐ Yes

Name of vaccination or medication	Dose last given	Month	Day	Year	Date given	Approx. time (Military Time)	comments:
1.							
2.							
3.							
4.							

5 At any time in the infant's life, did s/he have a history of?

Medical history	Unknown	No	Yes	Describe
a) Allergies (<i>food, medication, or other</i>)				
b) Abnormal growth or weight gain/loss				
c) Apnea (<i>stopped breathing</i>)				
d) Cyanosis (<i>turned blue/gray</i>)				
e) Seizures or convulsions				
f) Cardiac (<i>heart</i>) abnormalities				

6 Did the infant have any birth defects(s)? ☐ No ☐ Yes

Describe:

7 Describe the two most recent times that the infant was seen by a physician or health care provider:*(Include emergency department visits, clinic visits, hospital admissions, observational stays, and telephone calls)*

	First most recent visit	Second most recent visit
a) Date		
b) Reason for visit		
c) Action taken		
d) Physician's name		
e) Hospital/clinic		
f) Address		
g) City		
h) State, ZIP		
i) Phone number		

8 Birth hospital name: Discharge date: Street address: City: State: Zip: **9 What was the infant's length at birth?** inches or centimeters**10 What was the infant's weight at birth?** pounds ounces or grams**11 Compared to the delivery date, was the infant born on time, early, or late?**
☐ On time ☐ Early - how many weeks? Late - how many weeks?
12 Was the infant a singleton, twin, triplet, or higher gestation?
☐ Singleton ☐ Twin ☐ Triplet ☐ Quadrupelet or higher gestation
13 Were there any complications during delivery or at birth? (*emergency c-section, child needed oxygen*) ☐ Yes ☐ No

Describe:

14 Are there any alerts to the pathologist? (*previous infant deaths in family, newborn screen results*) ☐ Yes ☐ No

Specify:

INFANT DIETARY HISTORY

1 On what day and at what approximate time was the infant last fed?

Date: Military Time: :

2 What is the name of the person who last fed the infant?

3 What is his/her relationship to the infant?

4 What foods and liquids was the infant fed in the last 24 hours (include last fed)?

Food	Unknown	No	Yes	Quantity (ounces)	Specify: (type and brand)
a) Breast milk (one/both sides, length of time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
b) Formula (brand, water source - ex. Similac, tap water)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
c) Cow's milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
d) Water (brand, bottled, tap, well)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
e) Other liquids (teas, juices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
f) Solids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
g) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

5 Was a new food introduced in the 24 hours prior to his/her death? ☐ No ☐ Yes

If yes, describe (ex. content, amount, change in formula, introduction of solids)

6 Was the infant last placed to sleep with a bottle? ☐ Yes ☐ No - if no, skip to question 9 below

7 Was the bottle propped? (i.e., object used to hold bottle while infant feeds) ☐ No ☐ Yes

If yes, what object was used to prop the bottle?

8 What was the quantity of liquid (in ounces) in the bottle?

9 Did the death occur during? ☐ Breast-feeding ☐ Bottle-feeding ☐ Eating solid foods ☐ Not during feeding

10 Are there any factors, circumstances, or environmental concerns that may have impacted the infant that have not yet been identified? (ex. exposed to cigarette smoke or fumes at someone else's home, infant unusually heavy, placed with positional supports or wedges)

☐ No ☐ Yes

If yes, - describe:

PREGNANCY HISTORY

1 Information about the infant's birth mother:

First name: Last name:
 Middle name: Maiden name:
 Birth date: SS#:

Street address: City: State: Zip:

How long has the birth mother been at this address? Years: Months:

Previous Address:

2 At how many weeks or months did the birth mother begin prenatal care? ☐ No parental care ☐ Unknown

Weeks: Months:

3 Where did the birth mother receive prenatal care? (Please specify physician or other health care provider name and address.)

Physician/provider: Hospital/clinic: Phone:

Street address: City: State: Zip:

PREGNANCY HISTORY (cont.)

4 At how many weeks or months did the birth mother begin prenatal care? ☐ No ☐ Yes
(ex. high blood pressure, bleeding, gestational diabetes)
Specify:

5 Was the birth mother injured during her pregnancy with the infant? (ex. auto accident, falls) ☐ No ☐ Yes
Specify:

6 During her pregnancy, did she use any of the following?

	Unknown	No	Yes	Daily		Unknown	No	Yes	Daily
a) Over the counter medications					d) Cigarettes				
b) Prescription medications					e) Alcohol				
c) Herbal remedies					f) Other				

7 Currently, does any caregiver use any of the following?

	Unknown	No	Yes	Daily		Unknown	No	Yes	Daily
a) Over the counter medications					d) Cigarettes				
b) Prescription medications					e) Alcohol				
c) Herbal remedies					f) Other				

INCIDENT SCENE INVESTIGATION

1 Where did the incident or death occur?

2 Was this the primary residence? ☐ No ☐ Yes

3 Is the site of the incident or death scene a daycare or other childcare setting? ☐ Yes ☐ No - If no, skip to question 8

4 How many children (under age 18) were under the care of the provider at the time of the incident or death?

5 How many adults (age 18 and over) were supervising the child(ren)?

6 What is the license number and licensing agency for the daycare?
License number: Agency:

7 How long has the daycare been open for business?

8 How many people live at the site of the incident or death scene?
Number of adults (18 years or older): Number of children (under 18 years old):

9 Which of the following heating or cooling sources were being used? (Check all that apply)

<input type="checkbox"/> Central air	<input type="checkbox"/> Gas furnace or boiler	<input type="checkbox"/> Wood burning fireplace	<input type="checkbox"/> Open window(s)
<input type="checkbox"/> A/C window unit	<input type="checkbox"/> Electric furnace or boiler	<input type="checkbox"/> Coal burning furnace	<input type="checkbox"/> Wood burning stove
<input type="checkbox"/> Ceiling fan	<input type="checkbox"/> Electric space heater	<input type="checkbox"/> Kerosene space heater	<input type="checkbox"/> Floor/table fan
<input type="checkbox"/> Electric baseboard heat	<input type="checkbox"/> Electric (radiant) ceiling heat	<input type="checkbox"/> Window fan	<input type="checkbox"/> Unknown

☐ Other - specify:

10 Indicate the temperature of the room where the infant was found unresponsive:
☐ Thermostat setting ☐ Thermostat reading ☐ Actual room temp. ☐ Outside temp.

11 What was the source of drinking water at the site of the incident or death scene? (Check all that apply.)
☐ Public/municipal water ☐ Bottled water ☐ Well ☐ Unknown ☐ Other - Specify:

12 The site of the incident or death scene has: (check all that apply)

<input type="checkbox"/> Insects	<input type="checkbox"/> Mold growth	<input type="checkbox"/> Smoky smell (like cigarettes)
<input type="checkbox"/> Pets	<input type="checkbox"/> Dampness	<input type="checkbox"/> Presence of alcohol containers
<input type="checkbox"/> Peeling paint	<input type="checkbox"/> Visible standing water	<input type="checkbox"/> Presence of drug paraphernalia
<input type="checkbox"/> Rodents or vermin	<input type="checkbox"/> Odors or fumes - Describe: <input type="text"/>	

☐ Other - specify:

13 Describe the general appearance of incident scene: (ex. cleanliness, hazards, overcrowding, etc.)
Specify:

INVESTIGATION SUMMARY

1 Are there any factors, circumstances, or environmental concerns about the incident scene investigation that may have impacted the infant that have not yet been identified?

--

2 Arrival times

Military time

Law enforcement at scene:

• •

DSI at scene:

•
•

Infant at hospital:

•
•

Investigator's Notes

1 Indicate the task(s) performed

	Additional scene(s)? (forms attached)
	Materials collected/evidence logged
	Notify next of kin or verify notification

	Doll reenactment/scene re-creation
	Referral for counseling
	911 tape

	Photos or video taken and noted
	EMS run sheet/report

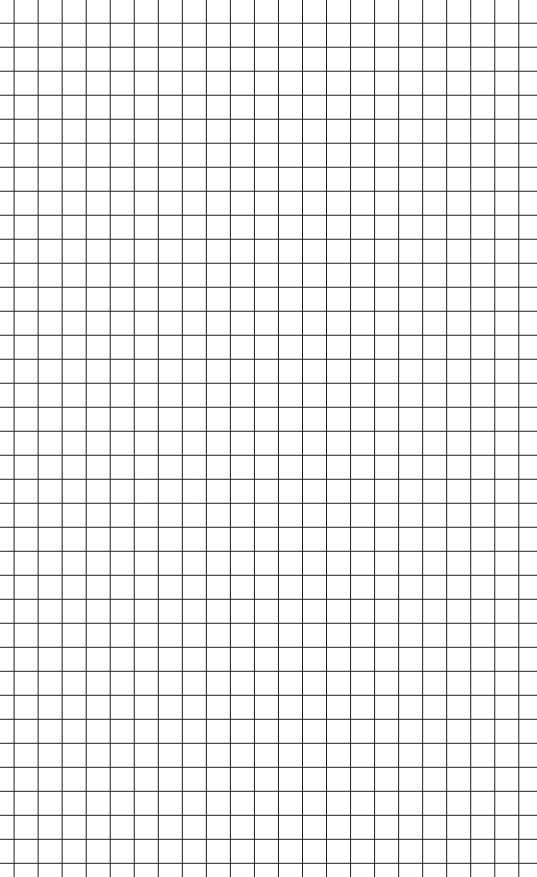
2 If more than one person was interviewed, does the information differ?

☐ No☐ Yes

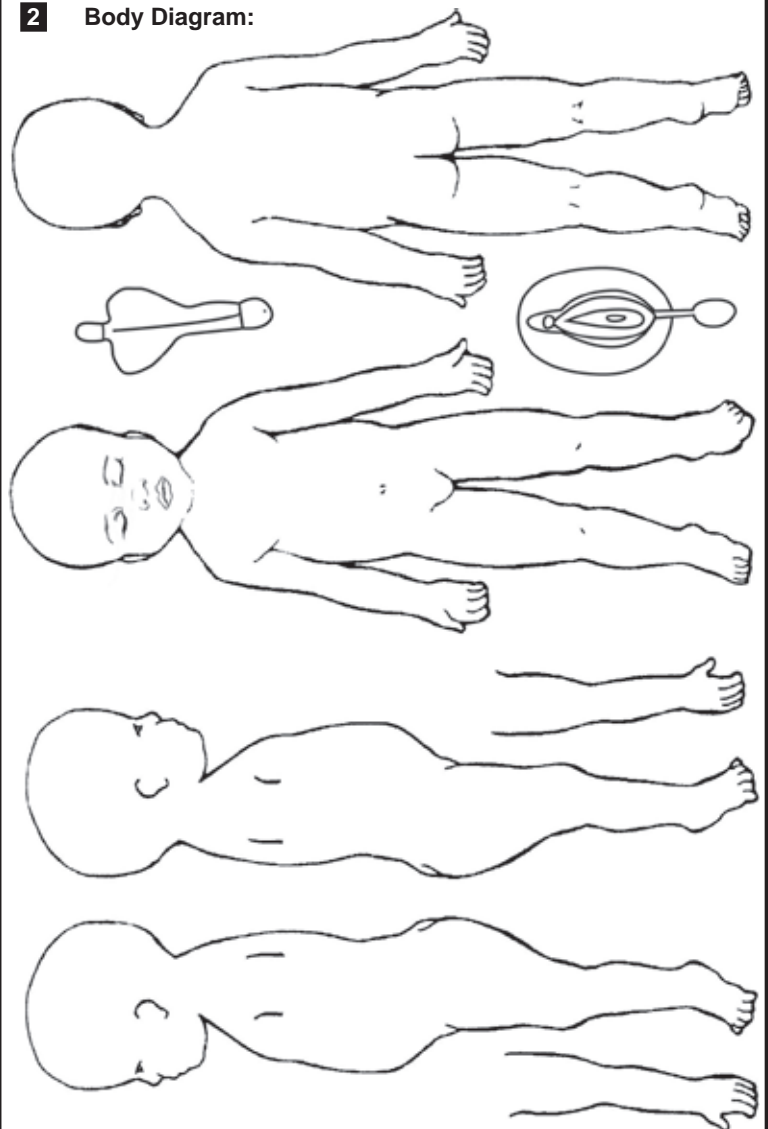
If yes, detail any differences, inconsistencies of relevant information: (ex. placed on sofa, last known alive on chair.)

INVESTIGATION DIAGRAMS

1 Scene Diagram:

1	Scene Diagram:
	

2 Body Diagram:



SUMMARY FOR PATHOLOGIST

Case Information

1 Investigator information Name: Agency: Phone:

Date Military time

Investigated: :

Pronounced dead: :

2 Infant's information: Last: First: M: Case #:

Sex: ☐ Male ☐ Female Date of Birth: Age:

Race: ☐ White ☐ Black/African Am. ☐ Asian/Pacific Islander

☐ Am. Indian/Alaskan Native ☐ Hispanic/Latino ☐ Other:

Sleeping Environment

1 Indicate whether preliminary investigation suggests any of the following:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Asphyxia (ex. overlying, wedging, choking, nose/mouth obstruction, re-breathing, neck compression, immersion in water)
<input type="checkbox"/>	<input type="checkbox"/>	Sharing of sleep surface with adults, children, or pets
<input type="checkbox"/>	<input type="checkbox"/>	Change in sleep condition (ex. unaccustomed stomach sleep position, location, or sleep surface)
<input type="checkbox"/>	<input type="checkbox"/>	Hyperthermia/Hypothermia (ex. excessive wrapping, blankets, clothing, or hot or cold environments)
<input type="checkbox"/>	<input type="checkbox"/>	Environmental hazards (ex. carbon monoxide, noxious gases, chemicals, drugs, devices)
<input type="checkbox"/>	<input type="checkbox"/>	Unsafe sleep condition (ex. couch/sofa, waterbed, stuffed toys, pillows, soft bedding)

Infant History

<input type="checkbox"/>	<input type="checkbox"/>	Diet (e.g., solids introduced, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Recent hospitalization
<input type="checkbox"/>	<input type="checkbox"/>	Previous medical diagnosis
<input type="checkbox"/>	<input type="checkbox"/>	History of acute life-threatening events (ex. apnea, seizures, difficulty breathing)
<input type="checkbox"/>	<input type="checkbox"/>	History of medical care without diagnosis
<input type="checkbox"/>	<input type="checkbox"/>	Recent fall or other injury
<input type="checkbox"/>	<input type="checkbox"/>	History of religious, cultural, or ethnic remedies
<input type="checkbox"/>	<input type="checkbox"/>	Cause of death due to natural causes other than SIDS (ex. birth defects, complications of preterm birth)

Family Info

<input type="checkbox"/>	<input type="checkbox"/>	Prior sibling deaths
<input type="checkbox"/>	<input type="checkbox"/>	Previous encounters with police or social service agencies
<input type="checkbox"/>	<input type="checkbox"/>	Request for tissue or organ donation
<input type="checkbox"/>	<input type="checkbox"/>	Objection to autopsy

Exam

<input type="checkbox"/>	<input type="checkbox"/>	Pre-terminal resuscitative treatment
<input type="checkbox"/>	<input type="checkbox"/>	Death due to trauma (injury), poisoning, or intoxication

Investigator Insight

<input type="checkbox"/>	<input type="checkbox"/>	Suspicious circumstances
<input type="checkbox"/>	<input type="checkbox"/>	Other alerts for pathologist's attention

Any "Yes" answers above should be explained in detail (description of circumstances):

Pathologist

2 Pathologist information Name:

Agency: Phone: Fax:

Guides to Effective Reviews

The goal of the Arkansas Infant & Child Death Review Program is to understand **WHY children die and to take action to prevent other deaths.**

Using the Guides

These guides can be used as you review specific causes of infant and child deaths. Use the guides to help determine what records should be brought to your meeting, what risk factors to evaluate, the types of services your team should ensure are provided, and evidence-based prevention activities your team may consider.

Effective review team meetings require team members to:

- Come prepared with information on the deaths to be reviewed
- Share their information openly and honestly
- Seek solutions instead of blame

At each case review, members should seek to answer:

- Is the investigation complete, or should we recommend further investigation? If so, what more do we need to know?
- Are there services we should provide to family members, other children and other persons in the community as a result of this death?
- Could this death have been prevented and if so, what risk factors were involved in this child's death?
- What changes in behaviors, technologies, agency systems and/or laws could minimize these risk factors and prevent other similar deaths?
- What are our best recommendations for helping to make these changes?
- Who should take the lead in implementing our recommendations?
- Is our review of this case complete or do we need to discuss it at our next meeting?
- Is there anything the AR Infant & Child Death Review Program can do to assist the team with this case?

Effective Reviews – Asthma

Facts

- Asthma affects approximately five million children a year in the U.S. The asthma death rate for ages 19 years and younger increased by 78% between 1980 and 1993, many believe due to environmental conditions.
- Asthma is one of the most common chronic diseases of childhood.
- An estimated 4 million children under 18 years old have had an asthma attack in the past 12 months.
- Asthma fatalities can usually be prevented.
- The asthma death rate for ages 19 years and younger increased by 78% between 1980 and 1993, many believe due to environmental conditions.
- Failure to seek medical care for asthmatic children can be fatal.
- Even though asthma cannot be cured, it can almost always be controlled.

Records Needed

- Death certificates
- Pediatric records for well and sick visits, including info on medications prescribed, asthma management plan, pulmonary function testing, specialty referrals
- Emergency Department/EMS records
- Any support services, such as school asthma management programs
- DCFS reports on caregivers and child

Risk Factors

- Lack of steroid inhalers or peak flow meters.
- African-American and low-income children; children with allergies.
- Children living in crowded conditions, which leads to increased exposure to allergens and infections.
- Exposure to environmental hazards such as tobacco smoke, air pollution, strong odors, aerosols and paint fumes.
- Non-compliance with prescribed treatment regimens.
- Parental or caregiver failures to recognize seriousness of attacks and seek adequate medical attention.

Services

- Bereavement services for family and friends.
- Crisis responses for friends of decedent, including in schools.

Improvements to Agency Practices

- Were referrals made and followed up on for health care visits for poorly controlled asthma and other care?
- Were efforts made to obtain full complement of available public services for schools and eligible families?
- Was investigation coordinated with DCFS and other agencies?
- Was death referred to medical examiner if medical neglect was suspected?
- If the child was in foster care, were there asthma triggers present in the foster home?

Effective Prevention Actions

- Develop community education campaigns regarding childhood asthma.
- Ensure that schools are provided sufficient information and training to respond to students' asthma attacks.
- Conduct assessments and seek removal of suspected environmental health hazards.
- Educate health care providers on the need to prescribe corticosteroids, the need for timely referrals to specialists and the need to limit refills for rescue medications without a physician visit or attention.
- Educate parents and children on the severity of asthma and its dangers.
- Develop system for pharmacies to notify practitioners of excessive bronchodilator use by their patients.

For More Information

- American Academy of Pediatrics
www.aap.org
- American Lung Association
www.lungusa.org
- Centers for Disease Control and Prevention
www.cdc.gov
- Allergy/Asthma Network Mothers of Asthmatics
www.aanma.org

Effective Reviews - Child Abuse and Neglect

Facts

- Abusive Head Trauma: Most child abuse deaths are the result of injuries to the head due to violent shaking, slamming or striking.
- Blunt force injury to the abdomen: The second most common cause of child abuse fatality is from punches or kicks to the abdomen leading to internal bleeding.
- Other likely causes: Smothering, drowning and immersion into hot water.
- One-time event: Although children who die from physical abuse have often been abused over time, a one-time event often causes a death.
- Common “triggers”: Caretakers who abuse their children usually cite crying, bedwetting, fussy eating and disobedience as the reason they lost their patience.
- Young children are most vulnerable: Children under 6 years of age account for four-fifths of all maltreatment deaths; infants account for roughly half of these deaths.
- Fathers and mothers’ boyfriends are the most common perpetrators of abuse fatalities.
- Mothers are more often at fault in neglect deaths.
- Fatal abuse is interrelated with poverty, domestic violence and substance abuse.
- The majority of children and their perpetrators had no prior contact with DCFS at the time of the death.
- It is very difficult to investigate, identify and prosecute fatal child abuse.

Records Needed at Review

- Autopsy reports
- Scene investigation reports and photos
- Interviews with family members
- Names, ages and genders of other children in home
- Child Care Licensing investigative reports
- EMS run reports
- Emergency Department reports
- Prior DCFS history on caregivers, siblings, deceased and person supervising child at time of death
- Child’s health history
- Criminal background checks on person supervising child at time of death
- Home visits records from public health or other services
- Any information on prior deaths of children in family
- Any pertinent out-of-state history
- Sudden Unexplained Infant Death Investigation Reporting Form (if less than one year of age).
- Pediatrician records

Risk Factors

- Younger children, especially under the age of five.
- Parents or caregivers who are under the age of 30.
- Low income, single-parent families experiencing major stresses.
- Children left with male caregivers who lack emotional attachment to the child.
- Children with emotional and health problems.
- Lack of suitable childcare.
- Substance abuse among caregivers.

- Parents and caregivers with unrealistic expectations of child development and behavior.

Services

- Involving DCFS in assessing the removal of remaining children from the home.
- Bereavement services for parents and other family members.
- Burial payments for families needing financial assistance.
- Critical Incident Stress Debriefing for persons responding to scene.

Improvements to Agency Practices

- Are investigations coordinated with medical examiners, law enforcement and DCFS?
- Are autopsy protocols in place?
- Are comprehensive scene investigations conducted at place of death, as soon as possible, including scene reenactments and interviews?
- Was a SUIDI-RF utilized?
- Are referrals made for bereavement services?
- Are high-risk families with newborns and young infants provided prevention services?
- Did mandatory reporters comply with requirement(s) of child protection laws?
- Were prior inflicted injuries identified and reported?
- Did DCFS conduct a full investigation and make appropriate referrals and recommendations?
- Period of Purple Crying Instructions

Effective Prevention Actions

- Training hospital emergency room staff to improve their ability to identify child abuse fatalities and improve reporting to the appropriate agencies.
- Providing an advisory on the mandated reporting of child abuse and neglect to local human service agencies, hospitals and physicians.
- Case management, referral and follow-up of infants sent home with serious health or developmental problems.
- Media campaigns to enlighten and inform the general public on known fatality-producing behaviors, i.e., violently shaking a child out of frustration.
- Crisis Nurseries which serve as havens for parents “on the edge” where they can leave their children for a specified period of time, at no charge.
- Intensive home visiting services to parents of at-risk infants and toddlers.
- Education programs for parents such as the Parent Effectiveness Training (P.E.T.)

Appendix L

For More Information

- American Professional Society on the Abuse of Children
<http://apsac.org>
- National Clearinghouse on Child Abuse and Neglect
<http://nccanch.acf.hhs.gov>
- Prevent Child Abuse
<http://preventchildabuse.com>
- Prevent Child Abuse America
<http://www.preventchildabuse.org>

Effective Reviews – Children with Disabilities

Facts

- Based on underlying cause only, developmental disabilities are the 5th leading cause of non-traumatic death for children 1-14 years and 3rd leading cause for children 15-19 years.
- Nine percent of all children have disabilities.
- Child abuse is estimated to cause approximately 25% of all developmental disabilities in children.
- Children with disabilities are at the greatest risk of burn-related deaths and injury.
- Children with disabilities are abused at approximately twice the rate of children without disabilities.
- The most common form of homicidal event against children with cerebral palsy is starvation.
- Immobility is the single best predictor of mortality risk of children with disabilities, followed by feeding ability.
- Function, rather than diagnostic category, is most predictive of early mortality.
- Aspiration, constipation, dehydration and epileptic seizures are the four major health issues that can cause death in people with developmental disabilities. The 1st three can go unrecognized until major illness or death.
- Children with disabilities may not be able to express discomfort or indicate they don't feel well.
- It can be difficult to differentiate the disability from other signs of abuse.

Records Needed

- Autopsy reports
- Birth records if under age one
- Emergency Department records
- Police reports
- Prior DCFS reports on caregivers
- Any support services utilized
- Medical records and medication records
- School records

Risk Factors

- Reduced mobility.
- Feeding difficulty.
- Feeding tube.
- Use of restraints.
- Quality of supervision / multiple supervisors.
- Competency of supervisor to manage disability.
- Poorly controlled seizures.
- Prematurity and extreme prematurity.
- Complex, uncommon medical issues.
- Parents not trained to recognize symptoms.
- Lack of medical continuity/follow-up by caretakers.
- Lack of suitable childcare.
- Unrecognized disability.

Services

- Bereavement services for parents and other family members.
- Burial payments for families needing financial assistance.

Improvements to Agency/School Practices

- Do professionals know how to appropriately manage and respond to disability?
- Are parents adequately educated to care for and manage disability and health safely, including use of medical equipment, and recognizing signs of distress and what reaction is needed?
- Is there a team approach to identify and respond to risk factors of children with disabilities?
- Are there appropriate autopsy protocols for children with disabilities?
- Do schools have effective information and training about disability, and adhere to best practices and use Positive Behavioral Services?
- Do newborns with disabilities leaving hospitals have care plans, service coordinators and follow-up plans?
- Were parents of children with disabilities in poverty referred to Medicaid, EPSDT and other free health insurance for children?
- Does child have access to effective medical care for complexity of disability?
- Did parents have sufficient support, including respite care?

Effective Prevention Actions

- Support parents adequately to provide safe, effective care.
- Collaborate among disability agencies and child abuse protection agencies.
- Educate caregivers, schools and other professionals to recognize health danger signs.
- Teach children with disabilities fire safety and survival skills and develop emergency plans for them.
- Train parents of children with disabilities on subjects of neglect and sexual abuse.
- Ban or closely regulate use of restraints for children with disabilities by schools, families and service agencies.
- Identify trends and direct training needs; recommend development and/or modification of provider policies; modify state policies to address systemic issues that are identified during review.
- Develop medical homes for children with disabilities using coordination of care model.

For More Information

- March of Dimes
www.modimes.org

Effective Reviews - Drowning

Facts

- Most drowning deaths to children occur when there is a lapse in adult supervision.
- Toddlers, especially males, are most at risk of drowning.
- Babies most often drown in bathtubs; toddlers in pools; Older children and teenagers in open bodies of water.
- Infants can drown in water less than five inches deep, in less than five minutes.
- When adequate supervision is combined with approved personal flotation devices, drowning occurrences are rare.
- Most toddlers who drown in pools enter the water unseen by others.

Records Needed at Review

- Autopsy reports
- Scene investigation reports
- EMS run reports
- Prior DCFS history on caregivers, siblings, deceased and persons supervising child at time of death
- Names, ages and genders of other children in home
- Information on zoning and code inspections and violations regarding pools or ponds

Risk Factors

- Lack of adequate adult supervision.
- Drug or alcohol use by supervising adults.
- Child's ability to gain access to water.
- Whether or not child was able to swim.
- Whether a personal flotation device was appropriate and used correctly

Services

- Bereavement and crisis services for family members and friends.
- Safety assessment by DCFS if neglect was suspected.
- Burial payments for families needing financial assistance.
- Critical Incident Stress Debriefing for persons responding to scene.

Improvements to Agency Practices

- Are investigations coordinated with medical examiner, police and DCFS?
- Are referrals made for bereavement and crisis services?
- Are high-risk families with young children provided prevention services, including parenting skills and safety education?
- Do well-baby visits include information about bathtub safety for infants?
- Is there local enforcement of building codes for pool fencing?
- Was there adequate emergency response and equipment for a water rescue?

Effective Prevention Actions

- Strong support and local enforcement of building codes regarding proper pool and pond enclosures.
- Placement of signage near bodies of water to warn of possible water dangers such as strong currents and drop-offs.
- Public awareness campaigns and water safety classes for parents of young children, emphasizing constant adult supervision and use of personal flotation devices.
- Children's swim and water safety classes, especially for children over age four.
- Parent education at childbirth classes and well-baby visits on bathtub safety for infants.

For More Information

- The National Children's Center for Rural and Agricultural Health and Safety
<http://research.marshfieldclinic.org/children/Resources/Drowning/drowning.htm>
- National Center for Injury Prevention and Control (Centers for Disease Control and Prevention)
<http://www.cdc.gov/ncipc/factsheets/drown.htm>
- Harborview Injury Prevention and Research Center
<http://depts.washington.edu/hiprc>
- US Consumer Product Safety Commission
<http://www.DCFSc.gov/DCFScpub/pubs/chdrown.html>
- Safe Kids Worldwide
www.safekids.org

Effective Reviews – Fires and Burns

Facts

- Most fire-related deaths to children occur in house fires, and the cause of death is most often asphyxia due to smoke inhalation, not burns.
- Toddlers, especially African American and American Indian males are most often the victims.
- The vast majority of fire deaths occur in low-income neighborhoods.
- Children playing with matches or lighters start most of the fires that kill children.
- Young children tend to hide from the fire, making it difficult for family members or rescue personnel to locate them.
- Functioning smoke alarms will almost always prevent fire fatalities.
- The risk of death in a fire increases significantly when the supervising adult is intoxicated.

Records Needed at Review

- Autopsy reports
- Scene investigation reports and photos
- Fire marshal reports that include source of fire and presence of smoke detectors
- EMS run reports
- Emergency Department reports
- Information on zoning or code inspections and violations
- Prior DCFS history on deceased, siblings, caregivers and persons supervising child at time of death
- Names, ages and genders of other children in home
- Criminal background checks on persons supervising child at time of death
- Reports of home visits from public health or other services
- Any information on prior deaths of children in family

Risk Factors

- Lack of working smoke alarms in the home.
- Quality of supervision at time of death.
- Substance abuse by supervising adults.
- Child's ability to gain access to lighters, matches or other incendiary devices.
- Members of household falling asleep while smoking or leaving candles burning.
- Victim's lack of exposure to fire safety education.
- Lack of a fire escape plan.
- Use of alternative heating sources, substandard appliances or outdated wiring.
- Failure of property owner to maintain code requirements.
- Timeliness of fire rescue response.

Services

- Bereavement and crisis services for family members and friends.
- Provision of emergency shelter for surviving family members.
- Safety assessment by DCFS if neglect was suspected.
- Burial payments for families needing financial assistance.
- Critical Incident Stress Debriefing for persons responding to scene.

Improvements to Agency Practices

- Are investigations coordinated with medical examiner, police, fire marshal and DCFS?
- Are referrals made for bereavement and crisis services?
- Are high-risk families with young children provided prevention services?
- Do well-baby or other routine health visits include information about smoke alarms?
- Is there a process in place to contact Consumer Product Safety Commission when faulty products lead to death?
- Do mental health providers routinely screen and provide treatment for child fire-setters?

Effective Prevention Actions

- Smoke alarm distribution programs that are targeted in low-income neighborhoods, providing non-removable, batteries.
- Legislation requiring installation of detectors in new and existing housing, especially when combined with multifaceted community education and detector giveaways.
- *Risk Watch* or similar programs in schools, preschools and child care settings to teach fire safety and home fire escape.
- Utilization of mobile "Smoke Houses" by fire departments to teach children how fires start, how fast they can spread, and how best to escape a burning house.
- Codes requiring hard-wired detectors in new housing stock.
- Passage and enforcement of local ordinances regarding the inspection of rental units for fire safety, especially for the presence of working smoke detectors.

For More Information

- Harborview Injury Prevention and Research Center
<http://depts.washington.edu/hiprc>
- United States Fire Administration
<http://www.usfa.fema.gov/safety>
- National Fire Protection Association
<http://www.nfpa.org/Education/index.asp>

Effective Reviews - Motor Vehicle Deaths

Facts

- Motor vehicle deaths include those involving cars, trucks, SUVs, bicycles, trains, snowmobiles, motorcycles, buses, tractors and all-terrain vehicles.
- Victims include drivers, passengers and pedestrians.
- Young people ages 15-20 years make up 6.7% of the total driving population in this country but are involved in 14% of all fatal crashes. Most crashes involve recklessness, speeding or distracted driving
- Sixteen-year-olds driving with one teen passenger are 39% more likely to get killed than those driving alone, increasing to 86% with two and 182% with three or more teen passengers.
- Studies show that more than 80% of all infant and toddler car safety seats are not properly fastened in vehicles.
- Children weighing 40-80 pounds (ages 4-9) should be seated in booster safety seats, but most are not.
- Helmets can prevent the majority of ATV, motorcycle and bicycle-related fatalities.

Records Needed at Review

- Autopsy reports
- Scene investigation reports and photos
- Interviews with witnesses
- EMS run reports
- State Uniform Crash Reports with road and weather conditions at time of crash
- Emergency Department reports
- Blood alcohol and/or drug concentrations of driver and victim
- Previous violations such as drunk driving or speeding
- Any out-of-state history
- Graduated licensing laws and violations
- Information on crashes at same site
- Lab analysis of safety belt, safety seat, booster seat, helmet or other equipment damage

Risk Factors

Children Under 16

- Riding in the front seat of vehicles.
- Not using or improper use of child seats and safety belts.
- Not wearing adequate safety equipment, especially helmets.
- Unskilled drivers of recreational vehicles, such as ATVs and snowmobiles.
- Riding in the bed of a pickup truck.
- Small children playing in and around vehicles.
- Crossing streets without supervision.

Children Over 16

- Exceeding safe speeds for driving conditions.
- Riding as a passenger in a vehicle with a new driver.
- Riding in a vehicle with three or more passengers.
- Driving between midnight and 6:00 a.m.
- Not using appropriate restraints.
- Alcohol use by drivers or passengers.

- Riding in the bed of a pickup truck.

Services

- Bereavement and crisis services for family and friends.
- Critical Incident Stress Debriefing for persons responding to scene.

Improvements to Agency Practices

- Are investigations coordinated with medical examiners, local and state law enforcement?
- Are comprehensive scene investigations conducted at place of death, as soon as possible, including type of restraint needed and type of restraint used?
- Was the primary cause of the incident determined?
- Was a State Uniform Crash Report completed?

Effective Prevention Actions

Children Under 16

- Lower Anchors and Tethers for Children (LATCH): USDOT requires all new child safety seats meet stricter head protection standards.
- Education to increase booster safety seat usage for children between 40 and 80 pounds.
- Child Safety Seat Inspection Programs: Innovative programs sponsored by the DOT, DaimlerChrysler, Ford and General Motors that train dealers and others to provide on-site safety seat inspection and training.
- Free or low-cost car safety seat distribution.
- Bicycle Helmet Laws and offer free or reduced-cost helmets to children.
- Truck bed law prohibiting children from riding in truck beds and KIDS AREN'T CARGO is an education campaign discouraging truck bed riding.

Re-engineer roads and improve signage.

Children Over 16

- Graduated Licensing Laws: Including supervised practice; crash and conviction free requirements for a minimum of six months; limits on number of teen passengers; nighttime driving restrictions and mandatory seat belt use for all occupants.
- Teen Driver Monitoring Programs: Street Watch and SAV-TEEN marks teen cars and allow anyone observing poor driving habits to report them to law enforcement. Law enforcement either visits the teen's home or reports the incident to the parents or owner of the car.
- Driver's Education: Customize local programs to emphasize most common risk factors, e.g., off-road recovery on gravel roads in rural communities.
- Safety Belts: Education to increase adolescent seat belt use and primary seat belt enforcement laws.
- Re-engineer roads and improve signage.

Appendix L

For More Information

- U.S. Department of Transportation
National Highway Traffic Safety Administration
www.nhtsa.dot.gov
- Safe Kids Worldwide
www.safekids.org
- Ford Motor Company – Boost America!
www.boostamerica.org
- DaimlerChrysler – Fit for a Kid
www.fit4akid.org

Effective Reviews - Natural Deaths Ages 1 - 18

Facts

- Death from natural causes is the second leading cause of mortality to children over one year of age, following unintentional injuries.
- Cancer, congenital anomalies and cardiac conditions are the top three causes of natural death.
- Fatalities from illnesses such as asthma, infectious diseases and some screenable genetic disorders, under certain circumstances, can and should be prevented.
- Failure to seek medical care for ill children can be fatal in some instances.

Records Needed

- Public Health birth records
- Pediatric records for well and sick visits
- Death certificate
- Hospital birth records
- Emergency Department records
- Public Health immunization records
- Names, ages and genders of other children in home
- Police reports
- DCFS reports on caregivers, siblings and deceased
- Home visitation reports

Risk Factors

- Children with chronic health conditions or congenital anomalies.
- Exposure to environmental hazards, especially of vulnerable children.
- Non-compliance with prescribed treatment regimens.
- Parental or caregiver failures to seek adequate medical attention.

Services

- Bereavement services.
- Specialized services for surviving siblings.
- Crisis responses for friends of decedent, including in schools, if applicable.

Improvements to Agency Practices

- Were services in place for chronically ill children?
- Were referrals made and followed up for repeat health care visits and other care?
- Were efforts made to obtain full complement of available public services for eligible families?
- Was investigation coordinated with DCFS and other agencies?
- Was death referred to medical examiner if medical neglect was suspected?

Effective Prevention Actions

- Provide coordinated wrap-around services for chronically ill children.
- Develop community education campaigns surrounding chronic health problems in children, such as asthma.
- Ensure that schools are provided sufficient information and training for children with chronic health problems.
- Conduct assessments and seek removal of suspected environmental health hazards.

For More Information

- American Academy of Pediatrics
www.aap.org
- American Lung Association
www.lungusa.org
- Easter Seal Society
www.easter-seals.org
- March of Dimes
www.modimes.org

Effective Reviews – Natural Deaths to Infants

Facts

- Natural deaths to infants comprise the largest group of child deaths. These include deaths due to congenital anomalies, infants born prematurely and of low birth weight, respiratory complications, infections and other medical conditions.
- Infant death rates are calculated differently than other child death rates. They are the number of deaths per 1,000 live births.
- The greatest numbers of natural deaths are infants who die within the first 24 – 48 hours of life. Black infants are more than twice as likely to die in their first year than white infants.
- Many infant deaths can be prevented through improvements to maternal prenatal health.
- Prematurity refers to infants born before the completion of 37 weeks gestation, and low birth weight refers to infants weighing less than five pounds, five ounces at birth.

Records Needed

- Public Health birth records
- Health records for well and sick visits and immunizations
- Death certificates
- Prenatal care records
- Hospital birth records
- Emergency Department records
- Any support services utilized, including WIC and Family Planning
- Police reports
- Prior DCFS reports on deceased, siblings and caregivers
- Maternal home interview, if available
- Home visitation reports

Risk Factors

- Prior pre-term delivery.
- Previous infant or fetal loss.
- Inadequate prenatal care (late entry, missed appointments).
- Medical conditions of the mother.
 - Maternal age (under 20, over 35)
 - Infections, including sexually transmitted (STI)
 - Hypertension
 - Diabetes
 - Poor nutritional status
 - Obesity
 - Short inter-pregnancy interval
- Poverty.
- Substance, alcohol or tobacco use.
- Stressors and/or lack of social support.
- Unintended pregnancy.
- Unmarried or lack of male involvement in pregnancy.
- Physical and/or emotional abuse of mother.

Services

- Bereavement services.
- Specialized burial services for stillborn or fetal deaths.
- Preconception and pregnancy planning for families that have lost infants.
- Specialized services for surviving siblings.
- Genetic counseling for certain congenital anomalies.

Improvements to Agency Practices

- Much of prevention is closely related to agency practices surrounding maternal health. Many practices are considered prevention and described in the next section.

Effective Prevention Services/Actions

- Ensure that all women have available preconception care and counseling and prenatal care that is acceptable, accessible and appropriate.
- Ensure that all women have postpartum care options available that include contraception, pregnancy planning and preconception care.
- Improve emergency response and transport systems.
- Foster maternal and infant support services to improve the social/psychological environment for women and families at risk.
- Encourage the comprehensive assessment of risks due to STIs, substance abuse including alcohol, smoking, domestic violence, depression, social support, housing, employment, transportation, etc. by all local providers and perhaps as a local hospital delivery policy.
- Develop and distribute community resource directories to make consumers and providers aware of where to go for help and services.
- Provide mentoring, support, outreach and advocacy at the community level utilizing paraprofessionals, indigenous health workers and faith-based initiatives.
- Develop systems to provide transportation and childcare to women seeking prenatal care.
- Coordination of care between programs and parts of the health care system.
- Forums to raise awareness of consumers, providers and policy makers of infant mortality issues.
- Local community/business/health care partnerships to broaden the number of stakeholders.
- Enhanced community education to include unplanned/unwanted pregnancy prevention, including teen pregnancy prevention services and early detection of signs and symptoms of pre-term labor.

For More Information

- National Fetal and Infant Mortality Review Program
www.acog.com
- March of Dimes
www.modimes.org

Effective Reviews - Sudden Infant Death Syndrome

Facts

- Sudden Infant Death Syndrome (SIDS) is the sudden death of an infant under one year of age, which remains unexplained after a comprehensive investigation. This must include an autopsy, examination of the death scene, completion of the sudden unexplained infant death investigation reporting form, and review of the baby's health history.
- SIDS is a diagnosis of exclusion and can only be made if there is no other possible cause of death. By definition SIDS cannot be determined until the autopsy report is completed, and therefore can never be stated until the medical examiner has made that determination.. Most SIDS occurs to babies between two and four months old, during winter months. African American and American Indian SIDS rates are two to three times higher than the white SIDS rate.
- The mechanism causing SIDS is still unknown, although it is believed that SIDS occurs when an infant is at a vulnerable age, is exposed to environmental risk factors and has a neural defect that prevents the child from responding to oxygen depletion.
- Although it is not known why placing babies on their backs to sleep reduces SIDS, the National Back to Sleep campaign has reduced the SIDS rate by more than half since 1994.

Records Needed at Review

- Autopsy reports
- Scene investigation, sudden unexplained infant death reporting form, and recreation photos
- Prenatal, birth and health records
- Interviews with family members
- Child Care Licensing investigative reports
- EMS run reports
- Emergency Department reports
- Prior DCFS history on infant, caregivers and person supervising infant at time of death
- Criminal background checks on person supervising the infant at time of death
- Reports of home visits from public health or other services
- Any information on prior deaths of children in family
- SUIDI-RF
- Downloaded information from apnea monitors, if applicable

Risk Factors

- Infants sleeping on their stomachs.
- Soft infant sleep surfaces and loose bedding.
- Maternal smoking during pregnancy.
- Second-hand smoke exposure.
- Overheating.
- Prematurity or low birth weight.
- Place and position where child was sleeping or playing.
- Type of bedding, blankets and other objects near infant.
- Faulty design of cribs or beds.
- Number of and ages of persons sleeping with infant.

- Obesity, fatigue, or drug or alcohol use by persons supervising or sleeping with infant.
- Quality of supervision at time of death.
- Family's ability to provide safe sleep or play environment for infant.

Services

- Bereavement services for parents and other family members.
- Referral to SIDS alliance for professional and peer support.
- Provision of cribs or other beds for children still in home.
- Safety assessment by DCFS if neglect was suspected.
- Burial payments for families needing financial assistance.
- Provide links to services such as family planning.
- Critical Incident Stress Debriefing for persons responding to scene.

Improvements to Agency Practices

- Are investigations coordinated with medical examiners, law enforcement and DCFS?
- Are autopsy protocols in place, which include a process for sending scene investigation materials to the pathologist performing the autopsy?
- Are comprehensive scene investigations conducted at the place of death, as soon as possible, including scene reenactments and interviews and completion of the sudden unexplained infant death reporting form?
- Are referrals made for bereavement services?
- Are high-risk families with newborns and young infants provided prevention services?
- Is a process in place to contact the Consumer Product Safety Commission when faulty products could be involved in causing a death?

Effective Prevention Actions

- Education at childbirth classes and in hospitals to expectant and new parents on safe infant sleep environments.
- In-hospital assessments by nurses with parents to assess a baby's sleep environment when he/she goes home.
- Crib distribution programs for families.
- Smoking cessation education and support for pregnant and parenting women and other caregivers.
- Working with hospitals and providers to make sure that every infant that leaves the hospital has a primary care provider established.
- The "Back to Sleep" campaign.
- Specific messages targeted to families and childcare providers who traditionally practice stomach sleep positions.
- Education to health care providers on giving guidance on SIDS risk reduction to parents and caregivers.
- Licensing requirements for child care providers on safe sleep environments and infant sleep positions.

Appendix L

For more information

- The National SIDS Resource Center
<http://www.sidscenter.org>
- The American Academy of Pediatrics
<http://www.aap.org>
- Consumer Product Safety Commission
<http://www.DCFSc.gov>

Special Note

While the numbers of SIDS cases have decreased, the overall postnatal death statistics remain unchanged. Consequently, this may not be a true decrease in SIDS, but rather a redistribution to the cause of death being more accurately identified as Sudden Unexplained Infant Death (SUID), where as previously it would have been a diagnosis of SIDS (Newton & Vandeven, 2006)

Effective Reviews – Sudden Unexplained Infant Death

Facts

Sudden unexplained infant death (SUID) is defined as: “the sudden and unexpected death of an infant in which the manner and cause of death are not immediately obvious prior to investigation” (Kraous, Beckwith, Bryant, Rogumn, Bajanowshi, Corey, Cutz, Hanzbick, Keens, & Mitchell, 2004a, p. 234). According to the Centers for Disease Control and Prevention (CDC), (2009) causes of SUID include:

- Metabolic Disorder
- Accidental Suffocation
- Hypo/Hyperthermia
- Poisoning
- Neglect Homicide
- Sudden Infant Death Syndrome
- Unknown Causes

Records Needed

Any infant death, which lacks an obvious cause and/or manner of death, should undergo a through death scene investigation (DSI) including completion of the Sudden Unexplained Infant Death Investigation Reporting Form and be submitted to the AR Crime Lab for an autopsy by a forensic pathologist.

- Autopsy reports
- Scene investigation reports and photos
- Interviews with family members
- Child Care Licensing investigative reports, if occurred in child care setting
- EMS run reports
- Emergency Department reports
- Prior DCFS history on caregivers, siblings, deceased and person supervising child at time of death
- Child’s health history
- Criminal background checks on person supervising child at time of death
- Reports of home visits from public health or other services
- Any information on prior deaths of children in family
- Any information on prior reports that child had difficulty breathing
- Downloaded information from apnea monitors, if applicable
- Sudden Unexplained Infant Death Investigation Reporting Form.
- Pediatrician records

Risk Factors

- Infants sleeping on their stomachs.
- Soft infant sleep surfaces and loose bedding.
- Poisons
- Metabolic problems
- Overheating or unnaturally cold environments..
- Place and position where child was sleeping or playing.
- Co-sleeping
- Type of bedding, blankets and other objects near infant.
- Faulty design of cribs or beds.
- Neglect or abuse

Effective Prevention Strategies

- Any and all risks associated with asphyxiation and/or suffocation
- Unsafe sleep environments (couch, chair, co-sleeping)

Services

- Bereavement services for parents and other family members.
- Provision of cribs or other beds for children still in home.
- Safety assessment by DCFS if neglect was suspected.
- Burial payments for families needing financial assistance.
- Provide links to services such as family planning.
- Critical Incident Stress Debriefing for persons responding to scene.
- Parental education

Improvements to Agency Practices

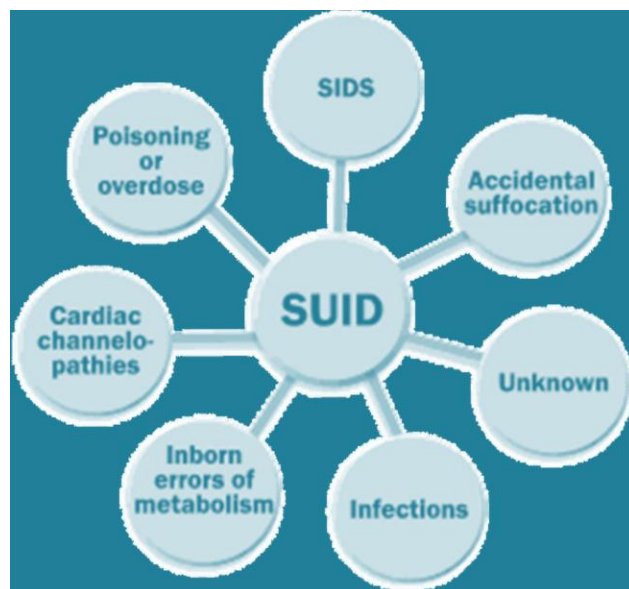
- Are investigations coordinated with medical examiners, law enforcement and DCFS?
- Are autopsy protocols in place, which include a process for sending scene investigation materials to the pathologist performing the autopsy?
- Are comprehensive scene investigations conducted at the place of death, as soon as possible, including scene reenactments, interviews and completion of the SUIID-RF?
- Are referrals made for bereavement services?
- Are high-risk families with newborns and young infants provided prevention services?
- Is a process in place to contact the Consumer Product Safety Commission when faulty products could be involved in causing a death?

Appendix L

- Education at childbirth classes and in hospitals to expectant and new parents on safe infant sleep environments.
- The “Back to Sleep” campaign.
- In-hospital assessments by nurses with parents to assess a baby’s sleep environment when he/she goes home.
- Education to health care providers on giving guidance on SIDS risk reduction to parents and caregivers.
- Crib distribution programs for families.
- Smoking cessation education and support for pregnant and parenting women and other caregivers.
- Information related to co-sleeping, positional asphyxiation, and unsafe sleep surfaces
- Information prior to discharge from delivery concerning Period of Purple Crying
- Specific messages targeted to families and childcare providers who traditionally practice stomach sleep positions.
- Working with hospitals and providers to make sure that every infant that leaves the hospital has a primary care provider established
- Licensing requirements for child care providers on safe sleep environments and infant sleep positions

For More Information

- The Centers for Disease Control and Prevention
<http://www.cdc.gov/sids/TrainingMaterial.htm>
- The American Academy of Pediatrics
<http://www.aap.org>
- Consumer Product Safety Commission
<http://www.DCFSc.gov>



Effective Reviews – Suffocation

Facts

- Suffocation is caused by either:
 - *Overlay*: a person who is sleeping with a child rolls onto the child or a body part occludes the infant airway and unintentionally smothers the child.
 - *Positional asphyxia*: a child's face becomes trapped in soft bedding or wedged or trapped in a small space such as between a mattress and a wall or couch cushions.
 - *Covering of face or chest*: an object covers a child's face or compresses the chest, such as plastic bags, heavy blankets or furniture.
 - *Choking*: a child chokes on an object such as a piece of food or small toy.
 - *Confinement*: a child is trapped in an airtight place such as an unused refrigerator or toy chest.
 - *Strangulation*: a rope, cord, hands or other objects strangle a child.
- Infants and toddlers are most often the victims.
- The majority of suffocations occur to children while sleeping in unsafe environments.
- It is difficult to distinguish an unintentional suffocation from SIDS or a homicide in young children. Autopsies, SUIDI-RF and scene investigations are imperative.
- Rates of infant suffocations are increasing as investigators better distinguish SUID from SIDS.

Records Needed at Review

- Autopsy reports
- Scene investigation reports and photos
- Interviews with family members
- Child Care Licensing investigative reports, if occurred in child care setting
- EMS run reports
- Emergency Department reports
- Prior DCFS history on child, caregivers, siblings, deceased and person supervising child at time of death
- Child's health history
- Criminal background checks on person supervising child at time of death
- Reports of home visits from public health or other services
- Any information on prior deaths of children in family
- Any information on prior reports that child had difficulty breathing
- Downloaded information from apnea monitors, if applicable
- Sudden Unexplained Infant Death Investigation Reporting Form
- Remember an accidental or intentional suffocation cannot always be distinguished with a death scene investigation (DSI) and autopsy.
- However lack of a complete DSI and autopsy defiantly precludes distinguishing the between the diagnoses.

Risk Factors

- Place where child was sleeping or playing.
- Position of child when found.
- Type of bedding, blankets and other objects near child.
- Faulty design of cribs, beds or other hazards.
- Number of and ages of persons sleeping with child.
- Obesity, fatigue, or drug or alcohol use by persons supervising or sleeping with child.
- Quality of supervision at time of death.
- Child's ability to gain access to objects causing choking or confinement.
- If hanging, child's developmental age consistent with activity causing strangulation.
- Family's ability to provide safe sleep or play environment for child.
- Prior child deaths or repeated reports of apnea episodes by caregiver.

Services

- Bereavement and crisis services for family members and friends.
- Provision of cribs or other beds for children still in home.
- Safety assessment by DCFS if neglect was suspected.
- Burial payments for families needing financial assistance.
- Critical Incident Stress Debriefing for persons responding to scene.

Improvements to Agency Practices

- Are investigations coordinated with medical examiners, law enforcement and DCFS?
- Are autopsy protocols in place?
- Are comprehensive scene investigations conducted at place of death, as soon as possible, including scene reenactments and interviews?
- Are referrals made for bereavement and crisis services?
- Are high-risk families with newborns and young infants provided prevention services?
- Is DCFS notified in cases of suspicious deaths?
- Is a process in place to contact Consumer Product Safety Commission if death involved consumer product?

Effective Prevention Actions

- Education at childbirth classes and in hospitals to expectant and new parents on safe infant sleep environments.
- In-hospital assessments by nurses with parents to assess babies' sleep environments.
- Culturally competent public education campaigns and coordination with the "Back to Sleep" campaign.
- Crib distribution programs for needy families.
- Education to professionals on risks of infant suffocation.
- Notification to DCFSC and continued product safety recalls on choking and strangulation hazards.
- Licensing requirements for child care providers on safe sleep environments and infant sleep positions.

Appendix L

For More Information

- The National SIDS Resource Center
<http://www.sidscenter.org>
- The American Academy of Pediatrics
<http://www.aap.org>
- Consumer Product Safety Commission
<http://www.DCFSc.gov>

Effective Reviews - Suicides

Facts

- Suicide is the third leading cause of death for adolescents, following motor vehicles and firearm homicides. More young people die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza and chronic lung disease combined.
- The methods used most often to complete suicide include firearms, hanging, and poisoning.
- The risk for suicide is highest among young white males. Adolescent males of all races are four times more likely to complete suicide than females. Adolescent females are twice as likely as adolescent males to attempt suicide. There appears to be an increase in rates for ages 12-14.
- Males complete suicide more often because they most often use firearms.
- Depression, coupled with significant precipitating events, leads to most suicides in young persons. Some of these precipitating events may seem insignificant to adults, but pose serious risks to vulnerable teens.
- The school setting has been identified as a critical place to recognize warning signs of suicide and to implement primary and secondary prevention activities.
- Cluster suicides, those completed by other teens following a friend's suicide, are not uncommon. Any teen suicide should trigger watches on other vulnerable teens.

Records Needed

- Autopsy reports, including toxicology screens
- Scene investigation reports and photos
- Suicide note(s)
- Ballistics information on firearms
- Computer downloads
- Interviews with family and friends
- EMS run reports
- Emergency Dept reports, including prior hospitalization
- Prior DCFS history on caregivers, siblings, deceased and person supervising child at time of death
- Child's mental health history if available
- School records and/or school representative at meeting
- Names, ages and genders of other children in home
- History of prior suicide attempts
- Substance/alcohol abuse history
- Any information on recent significant life events, including trouble with the law or at school
- If a firearm was used in the suicide, information on the storage of the firearm

Risk Factors

- Long term or serious depression.
- Previous suicide attempt.
- Interventions after a suicide that focus on friends and relatives of persons who have completed suicide, to help prevent or contain suicide clusters and to help adolescents
- Development of assessment tools for evaluating suicide risk for students who are expelled from school offenses.

- Mood disorders and mental illness.
- Substance abuse.
- Childhood maltreatment.
- Parental separation or divorce.
- Inappropriate access to firearms.
- Interpersonal conflicts or losses without social support.
- Previous suicide by a relative or close friend.
- Other significant struggles such as bullying or issues of sexuality.

Services

- Bereavement services for parents/other family members.
- Burial payments for families needing financial assistance.
- Critical Incident Stress Debriefing for persons responding to scene.
- School crisis response teams.

Improvements to Agency Practices

- Are investigations coordinated with medical examiners, law enforcement and Children's Protective Services?
- Are autopsy protocols in place for suicide deaths? Are toxicology screens done routinely?
- Are comprehensive scene investigations conducted at the place of death, as soon as possible, including interviews?
- Are referrals made for bereavement services?
- Are friends of the victims closely monitored for warning signs of suicide in schools by teachers, administrators, janitors, bus drivers, etc?

Effective Prevention Actions

- The Yellow Ribbon Suicide Prevention Campaign helps youth identify places to get help when they or their friends are troubled.
- School gatekeeper training to help school staff identify and refer students at risk and respond to suicide or other crises in the school.
- Community gatekeeper/suicide risk assessment training for community members who interact with teens.
- General suicide education targeted to teens to help them understand warning signs and supportive resources.
- Screening programs, including those in schools, to identify students with problems that could be related to suicide, depression and impulsive or aggressive behaviors.
- Peer support programs to foster positive peer relationships and competency in social skills among high-risk adolescents and young adults.
- Crisis centers and hotlines.
- Restriction of access to lethal means of suicide, including removal of firearms in homes of high-risk teens. and young adults cope effectively with the feelings of loss that follow the sudden death or suicide of a peer.

Appendix L

For More Information

- Youth Suicide Prevention Program
<http://www.yspp.org/>
- National Yellow Ribbon Program
www.yellowribbon.org
- National Strategy for Suicide Prevention
www.mentalhealth.org/suicideprevention
- Suicide Prevention Resource Center
www.sprc.org

Effective Reviews - Teen Homicides

Facts

- Youth homicides represent the greatest proportion of all firearm deaths. Each day in the U.S., firearms kill an average of 10 children and teens, even though the number of teens killed by firearms in the U.S. has dropped by 35% in the past four years.
- In 2000, the *Youth Risk Behavior Surveillance Survey* reported that almost one-fifth of the 10th and 12th graders reported that they had carried a firearm within the previous 30 days for self-defense or to settle disputes.
- Youth homicide is mostly a serious problem in large urban areas, especially among black males. Homicides are the number one cause of death for black and Hispanic teens.
- When socio-economic status is held constant, differences in homicide rates by race become insignificant.
- Homicides are usually committed by casual acquaintances of the same gender, race and age, using inexpensive, easily acquired handguns.
- Drug dealing and gang involvement are often the cause of disputes leading to homicides.
- Majority of homicides occur in small pockets of large cities.

Records Needed

- Scene investigation reports
- Police and crime lab reports
- DCFS histories on family, siblings, deceased and perpetrators
- Names, ages and genders of other children in home
- Ballistics information on firearms
- Prior crime records in neighborhood
- Juvenile and criminal records of teen and perpetrators
- Interviews with witnesses
- Information from gang intervention team or division

Risk Factors

- Easy availability of and access to firearms.
- Youth living in neighborhoods with high rates of poverty, social isolation and family violence.
- Youth active in drug and gang activity.
- Early school failure, delinquency and violence.
- Youth with little or no adult supervision.
- Previously witnessing of violence.

Services

- Bereavement services.
- Neighborhood-based crisis intervention.
- Witness protection services.

Improvements to Agency Practices

- Are comprehensive investigations conducted on all youth homicides?
- Are crime surveillance efforts targeted to neighborhoods with high rates of teen violence?
- Do schools have policies in place to address threats made to students?
- Are witnesses to violence provided with appropriate services?

Effective Prevention Actions

- Intensive, early intervention services for high-risk parents.
- Targeted activities in neighborhoods with high homicide rates, including:
 - Enhanced police presence and gun deterrence in hot spots.
 - Involvement of political leaders.
 - Widespread mobilization of neighbors and community members.
 - After-school recreation programs.
 - Neighborhood Watch.
- Interdiction of illegal guns and focused prosecution of gun offenders.
- Dropout prevention programs and alternative education opportunities.
- Mentoring, therapy and bullying prevention support programs.
- Multi-systemic therapy for troubled youth.

For more information

- Johns Hopkins Center for Gun Policy and Research
www.jhsph.edu/gunpolicy/
- Department of Justice
<http://www.usdoj.gov/youthviolence.htm>

Skeletal Survey for the Evaluation of Suspected Physical Abuse

Background

Healthcare providers play a key role in the recognition of child abuse.

Children who are victims of child abuse have increased risk of health problems (present and future) and possibly death.

Prevention of child abuse, and the possible accompanying sequelae, begins with recognition.

Skeletal (bone) trauma in young children is often not detectable by physical examination due to lack of bruising, deformity and developmental stages (i.e., inability to assess for limping in non-ambulatory child). Even though subtle skeletal injuries (such as rib and corner fractures) may not pose a risk for serious deformity or disability, they can be strong indicators of inflicted injuries.

Arkansas has a higher rate of infant and child deaths than the average for the United States and child abuse is a contributing factor.

For additional information related to Arkansas demographics visit:

<http://datacenter.kidscount.org/>

Skeletal Survey

The skeletal survey is a specific set of X-rays of the body including dedicated views of the extremities (arms, legs, feet and hands), spine, ribs and head. (American College of Radiology, *ACR Standards*, 2006:203-207).

The skeletal survey does not require sedation or an IV as does a nuclear medicine bone scan.

Recommendations

The American Academy of Pediatrics recommends a skeletal survey in all children under the age of 2 years in which physical abuse is a consideration.

Skeletal surveys in children older than 2 years and up to 5 years should be considered on an individual basis (Diagnostic Imaging of Child Abuse, *Pediatrics*, 2009; 123:1430-1435).

A child abuse pediatrician with the Team for Children at Risk, located at Arkansas Children's Hospital, is available on-call for questions related to the evaluation of a suspected victim of child abuse. The on-call physician can be reached through the ACH operator by dialing 501-364-1100 and asking for the Team for Children at Risk physician on-call.

Dr. Karen Farst
UAMS, Center for Children at Risk
July 2012

Arkansas Infant & Child Death Review Program Letter of Invitation

(Date)

RE:

Dear (Insert Name):

Child Death Review is a multidisciplinary process to help us better understand why children in our community die and to help us identify how we can prevent deaths. Our team meets once a quarter to review unexpected deaths to infants and children ages 18 and under. Team members share case information on child deaths that occur in the community with the goal of preventing other deaths. In order for this process to be successful, all agencies involved in the safety, health and protection of children should be a part of the team. Therefore, we would like you to consider participating on the Local Infant & Child Death Review Team.

The death of a child is a tragic event, but reviewing the circumstances involved in every death is part of our job as professionals. Only then can we truly understand how to better protect our children and prevent future deaths from occurring.

Our next meeting is scheduled for (time and location of next meeting). I will contact you in a few days to discuss the review process and to answer any questions that you might have. Thank you for your time and interest in the child death review process.

Sincerely,

Team Coordinator's Name and Contact Information

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

Appendix O

ARKANSAS DEPARTMENT OF HEALTH Vital Records CERTIFICATE OF LIVE BIRTH 103-

1. CHILD'S NAME (First, Middle, Last)		2. DATE OF BIRTH (Month, Day, Year)		3. TIME OF BIRTH M	
4. SEX		5. CITY, TOWN, OR LOCATION OF BIRTH		6. COUNTY OF BIRTH	
7. PLACE OF BIRTH 1. <input type="checkbox"/> Hospital 2. <input type="checkbox"/> Freestanding Birthing Center 3. <input type="checkbox"/> Clinic/Doctor's Office 4. <input type="checkbox"/> Residence 5. <input type="checkbox"/> Other (Specify)		8. FACILITY NAME (If not institution, give street and number)			
9. I certify that this child was born alive at the place and time and on the date stated.		10. DATE SIGNED (Month, Day, Year)		11. ATTENDANT'S NAME AND TITLE (If other than certified) (Type/Print) Name 1. <input type="checkbox"/> M.D. 2. <input type="checkbox"/> D.O. 3. <input type="checkbox"/> C.N.M. 4. <input type="checkbox"/> Other Midwife 5. <input type="checkbox"/> Other (Specify)	
Signature					
12. CERTIFIER'S NAME AND TITLE (Type/Print) Name 1. <input type="checkbox"/> M.D. 2. <input type="checkbox"/> D.O. 3. <input type="checkbox"/> C.N.M. 4. <input type="checkbox"/> Other Midwife 5. <input type="checkbox"/> Other (Specify)		13. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
14. DATE FILED BY REGISTRAR (Month, Day, Year)		15. REGISTRAR'S SIGNATURE			
16a. MOTHER'S NAME (First, Middle, Last)		16b. MAIDEN SURNAME		17. MOTHER'S DATE OF BIRTH (Month, Day, Year)	
18. BIRTHPLACE (State or Foreign Country)		19a. RESIDENCE - STATE		19b. COUNTY	
19c. CITY OR TOWN, AND ZIP CODE		19d. STREET AND NUMBER OR RURAL ROUTE			
19e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No		20. MOTHER'S MAILING ADDRESS (If different from residence address, enter Street or Box Number, City, State, and Zip Code)			
21. FATHER'S NAME (First, Middle, Last)		22. FATHER'S DATE OF BIRTH (Month, Day, Year)		23. BIRTHPLACE (State or Foreign Country)	
24a. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or Other Informant)		24b. Do you want a social security number for your baby? <input type="checkbox"/> Yes <input type="checkbox"/> No			
INFORMATION FOR MEDICAL AND HEALTH USE ONLY - INFORMATION BELOW WILL NOT APPEAR ON CERTIFIED COPIES					
25. OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)		26. RACE - American Indian, Black, White, etc. (Specify below)		27. EDUCATION (Specify only highest grade completed) 1-8: Secondary (0-12) College (1-4 or 5+)	
28. OCCUPATION AND BUSINESS/INDUSTRY (Worked during last year)		Occupation Business / Industry			
25a. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26a. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27a. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25b. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26b. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27b. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25c. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26c. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27c. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25d. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26d. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27d. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25e. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26e. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27e. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25f. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26f. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27f. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25g. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26g. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27g. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25h. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26h. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27h. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25i. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26i. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27i. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25j. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26j. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27j. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25k. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26k. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27k. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25l. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26l. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27l. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25m. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26m. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27m. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25n. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26n. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27n. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25o. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26o. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27o. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25p. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26p. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27p. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25q. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26q. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27q. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25r. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26r. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27r. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25s. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26s. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27s. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25t. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26t. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27t. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25u. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26u. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27u. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25v. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26v. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27v. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25w. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26w. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27w. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25x. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26x. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27x. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25y. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26y. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27y. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
25z. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		26z. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:		27z. <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
29. PREGNANCY HISTORY (Complete each section)		30. MOTHER MARRIED? (At birth, conception, or any time between) (Yes or No)		31. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)	
LIVE BIRTHS (Do not include this child)		OTHER TERMINATIONS (Spontaneous and induced at any time after conception)			
29a. Now Living		29b. Now Dead		29c. Number	
29d. Number		29e. Number		29f. Number	
29g. <input type="checkbox"/> None		29h. <input type="checkbox"/> None		29i. <input type="checkbox"/> None	
29j. <input type="checkbox"/> None		29k. <input type="checkbox"/> None		29l. <input type="checkbox"/> None	
29m. <input type="checkbox"/> None		29n. <input type="checkbox"/> None		29o. <input type="checkbox"/> None	
29p. <input type="checkbox"/> None		29q. <input type="checkbox"/> None		29r. <input type="checkbox"/> None	
29s. <input type="checkbox"/> None		29t. <input type="checkbox"/> None		29u. <input type="checkbox"/> None	
29v. <input type="checkbox"/> None		29w. <input type="checkbox"/> None		29x. <input type="checkbox"/> None	
29y. <input type="checkbox"/> None		29z. <input type="checkbox"/> None		29aa. <input type="checkbox"/> None	
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29ah. <input type="checkbox"/> None		29ai. <input type="checkbox"/> None		29aj. <input type="checkbox"/> None	
29ak. <input type="checkbox"/> None		29al. <input type="checkbox"/> None		29am. <input type="checkbox"/> None	
29an. <input type="checkbox"/> None		29ao. <input type="checkbox"/> None		29ap. <input type="checkbox"/> None	
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29ac. <input type="checkbox"/> None		29bd. <input type="checkbox"/> None		29be. <input type="checkbox"/> None	
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29ak. <input type="checkbox"/> None		29bt. <input type="checkbox"/> None		29bu. <input type="checkbox"/> None	
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29bm. <input type="checkbox"/> None		29cy. <input type="checkbox"/> None		29cz. <input type="checkbox"/> None	
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29bq. <input type="checkbox"/> None		29dc. <input type="checkbox"/> None		29dd. <input type="checkbox"/> None	
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29ca. <input type="checkbox"/> None		29dm. <input type="checkbox"/> None		29dn. <input type="checkbox"/> None	
29cb. <input type="checkbox"/> None		29dn. <input type="checkbox"/> None		29do. <input type="checkbox"/> None	
29cc. <input type="checkbox"/> None		29do. <input type="checkbox"/> None		29dp. <input type="checkbox"/> None	
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29ch. <input type="checkbox"/> None		29dt. <input type="checkbox"/> None		29du. <input type="checkbox"/> None	
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29cj. <input type="checkbox"/> None		29dv. <input type="checkbox"/> None		29dw. <input type="checkbox"/> None	
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29co. <input type="checkbox"/> None		29ea. <input type="checkbox"/> None		29eb. <input type="checkbox"/> None	
29cp. <input type="checkbox"/> None		29eb. <input type="checkbox"/> None		29ec. <input type="checkbox"/> None	
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29dc. <input type="checkbox"/> None		29eo. <input type="checkbox"/> None		29ep. <input type="checkbox"/> None	
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29di. <input type="checkbox"/> None		29eu. <input type="checkbox"/> None		29ev. <input type="checkbox"/> None	
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29dl. <input type="checkbox"/> None		29ex. <input type="checkbox"/> None		29ey. <input type="checkbox"/> None	
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29ds. <input type="checkbox"/> None		29fe. <input type="checkbox"/> None		29ff. <input type="checkbox"/> None	
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29du. <input type="checkbox"/> None		29fg. <input type="checkbox"/> None		29fh. <input type="checkbox"/> None	
29dv. <input type="checkbox"/> None		29fh. <input type="checkbox"/> None		29fi. <input type="checkbox"/> None	
29dw. <input type="checkbox"/> None		29fi. <input type="checkbox"/> None		29fj. <input type="checkbox"/> None	
29dx. <input type="checkbox"/> None		29fj. <input type="checkbox"/> None		29fk. <input type="checkbox"/> None	
29dy. <input type="checkbox"/> None		29fk. <input type="checkbox"/> None		29fl. <input type="checkbox"/> None	
29dz. <input type="checkbox"/> None		29fl. <input type="checkbox"/> None		29fm. <input type="checkbox"/> None	
29ea. <input type="checkbox"/> None		29fm. <input type="checkbox"/> None		29fn. <input type="checkbox"/> None	
29eb. <input type="checkbox"/> None		29fn. <input type="checkbox"/> None		29fo. <input type="checkbox"/> None	
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29ef. <input type="checkbox"/> None		29fr. <input type="checkbox"/> None		29fs. <input type="checkbox"/> None	
29eg. <input type="checkbox"/> None		29fs. <input type="checkbox"/> None		29ft. <input type="checkbox"/> None	
29eh. <input type="checkbox"/> None		29ft. <input type="checkbox"/> None		29fu. <input type="checkbox"/> None	
29ei. <input type="checkbox"/> None		29fu. <input type="checkbox"/> None		29fv. <input type="checkbox"/> None	
29ej. <input type="checkbox"/> None		29fv. <input type="checkbox"/> None		29fw. <input type="checkbox"/> None	
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29en. <input type="checkbox"/> None		29fz. <input type="checkbox"/> None		29ga. <input type="checkbox"/> None	
29eo. <input type="checkbox"/> None		29ga. <input type="checkbox"/> None		29gb. <input type="checkbox"/> None	
29ep. <input type="checkbox"/> None		29gb. <input type="checkbox"/> None		29gc. <input type="checkbox"/> None	
29eq. <input type="checkbox"/> None		29gc. <input type="checkbox"/> None		29gd. <input type="checkbox"/> None	
29er. <input type="checkbox"/> None		29gd. <input type="checkbox"/> None		29ge. <input type="checkbox"/> None	
29es. <input type="checkbox"/> None		29ge. <input type="checkbox"/> None		29gf. <input type="checkbox"/> None	
29et. <input type="checkbox"/> None		29gf. <input type="checkbox"/> None		29gg. <input type="checkbox"/> None	
29eu. <input type="checkbox"/> None		29gg. <input type="checkbox"/> None		29gh. <input type="checkbox"/>	

TYPE / PRINT IN
PERMANENT
BLACK INK
SEE
INSTRUCTIONS

Appendix P

ARKANSAS DEPARTMENT OF HEALTH Vital Records CERTIFICATE OF DEATH

1. DECEDENT'S LEGAL NAME (Include AAA's if any) (First, Middle, Last, Suffix)		2. SEX		3a. DATE OF DEATH (MM/DD/YYYY)		3b. TIME OF DEATH <input type="checkbox"/> AM <input type="checkbox"/> PM	
4. SOCIAL SECURITY NO.		5a. AGE - Last Birthday (Years)		5b. UNDER 1 YEAR Months Days Hours Minutes		5c. DATE OF BIRTH (MM/DD/YYYY)	
6a. RESIDENCE STATE or FOREIGN COUNTRY		6b. COUNTY		6c. CITY OR TOWN		7. BIRTHPLACE (City and State or Foreign Country)	
8a. NUMBER AND STREET		8b. APART. NO.		8c. ZIP CODE		8d. RESIDE CITY LIMITED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		11. SPOUSE'S NAME (Last, first name, middle initial if not married)			
12a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room / Outpatient <input type="checkbox"/> Dead on Arrival		12b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home / Long Term Care Facility <input type="checkbox"/> Other (Specify)		13. COUNTY OF DEATH			
13a. FACILITY NAME (if not institution, give number & street)		13b. CITY OR TOWN		13c. ZIP CODE			
14. FATHER'S NAME (First, Middle, Last)		14a. BIRTHPLACE (State or Foreign Country)		14b. BIRTH DATE (MM/DD/YYYY)		14c. BIRTH TIME (AM/PM)	
15a. INFORMANT'S NAME		15b. RELATIONSHIP TO DECEDENT		15c. MAILING ADDRESS (Street, Apt. No. or P.O. Box, City, State, Zip Code)			
16a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		16b. PLACE OF DISPOSITION (Name of cemetery, crematory, etc.)		16c. LOCATION - CITY, TOWN, AND STATE			
17a. EMBALMER'S NAME		17b. EMBALMER'S LICENSE #		17c. SIGNATURE (FUNERAL SERVICE LICENSEE OR OTHER AGENT)		17d. LICENSE #	
18a. DATE PRONOUNCED DEAD (MM/DD/YYYY)		18b. TIME PRONOUNCED DEAD <input type="checkbox"/> AM <input type="checkbox"/> PM		18c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (PRINT / TYPE)		18d. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. PART I. Enter the <u>chain of events</u> —first cause, intermediate causes, last directly causing the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the cause. DO NOT abbreviate. Enter only one cause on a line. IMMEDIATE CAUSE (if not identical to condition resulting in death) Sequential list conditions, if any, leading to the cause listed on line 1. Enter the UNDERLYING CAUSE (showing or injury that initiated the event) resulting in death, LAST. a. _____ Due to (or as a consequence of) _____ b. _____ Due to (or as a consequence of) _____ c. _____ Due to (or as a consequence of) _____ d. _____		APPROXIMATE INTERVAL: _____ Circled to Death					
PART II. Enter other <u>significant conditions contributing to death</u> not resulting in the underlying cause given in PART I.		21a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No		21b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
22. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		23. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probable <input type="checkbox"/> No <input type="checkbox"/> Unknown		24. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within last year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death			
25a. DATE OF INJURY (MM/DD/YYYY)		25b. TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM		25c. PLACE OF INJURY (e.g. Decedent's home, construction site, railroad, wooded area)		25d. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26a. LOCATION OF INJURY (Roster, Street, Intersection, City, State, Zip Code)		26b. DESCRIBE HOW INJURY OCCURRED		26c. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver / Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
26d. CERTIFIER (Check only one) <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Hospice Registered Nurse - To the best of my knowledge, death occurred due to the cause(s) and manner stated.		SIGNATURE: _____		TITLE: _____		DATE: _____ (MM/DD/YYYY)	
26e. NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING ITEM 26a (Type / Print)		26f. LICENSE #					
27a. SIGNATURE OF REGISTRAR		27b. FOR REGISTRAR ONLY - DATE FILED (MM/DD/YYYY)					
28. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th - 12 th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. A.A., A.S.) <input type="checkbox"/> Bachelor's degree (e.g. B.A., B.S.) <input type="checkbox"/> Master's degree (e.g. M.A., M.S., M.D., M.B.A., M.F.A.) <input type="checkbox"/> Doctorate (e.g. Ph.D., Ed.D.) or Professional degree (e.g. M.D., D.D.S., D.V.M., U.S.J.)		29. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" item if the decedent is not of Spanish/Hispanic/Latino origin. <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____		30. DECEDENT'S RACE (Check one or more items to indicate what the decedent considered himself or herself to be.) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Name of the individual is requested) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____			
31. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RESIDUALS)		32. KIND OF BUSINESS / INDUSTRY					

VR-2 (12/07)

Arkansas Infant & Child Death Review Program Glossary of Terms

Abusive Head Trauma - Characterization of head injuries to a young infant or child resulting from violent, repetitive shaking or other non-impact head trauma. Pathognomonic findings include intracranial hemorrhaging, retinal hemorrhaging and no cutaneous manifestations of injury. Survivors are frequently left with profound neurologic sequelae, e.g., blindness, deafness, mental retardation, cerebral palsy and seizures.

Accidental death – A manner of death indicating unintentional trauma. See **Manner of death**.

Acute – In medicine, refers to a health effect that is brief, intense and short term (as compared to chronic).

Adjudication (Adjudicatory Hearing) – In a child welfare case, the hearing in which the court determines whether a child has been maltreated or whether there is some other basis for the court to take jurisdiction (or authority) over the case. The grounds upon which the court may take jurisdiction vary from state to state. If the court finds that there is a basis for jurisdiction, the next stage of the process is the disposition hearing.

Apnea – The absence of breathing.

Appeal – In law, resort to a superior (appellate) court or administrative agency to review the decision of an inferior court (trial or lower appellate) or administrative agency.

Arkansas Infant and Child Death Review Program (ICDR Program) – An appointed body of representatives that oversees the Infant & Child Death Review Program, reports to the governor annually on the incidence of child fatalities and recommends prevention measures.

Arraignment – One of the first steps in the criminal process in which a defendant is formally charged with an offense and informed of his/her constitutional rights.

Asphyxia – Death caused by being deprived of oxygen. Can be caused by strangulation, suffocation, choking or smothering.

Atrophy- Wasting away of flesh, tissue, cell or organ.

Autopsy – The dissection of a dead body for the purpose of inquiring into the cause of death. Also, post mortem examination to determine the cause or nature of a disease. An autopsy is normally required by statute for violent, unexpected, sudden or unexplained deaths.

Battered Child Syndrome – A term describing a combination of physical and other indicators that a child's internal and external injuries result from acts committed by a parent or caretaker. In some states Battered Child Syndrome has been judicially recognized as an acceptable medical diagnosis.

Blunt Force Trauma – Injury caused by force from a blunt object (such objects may include hands and feet). Includes abrasions, bruises and contusions and lacerations.

Bruise – An injury that does not break the skin but causes ruptures of the small underlying vessels with resultant discoloration of tissues. Organs can also be bruised, e.g., brain, kidneys. Synonymous with contusion and ecchymosis. See also **Hemorrhage**.

Ecchymosis – Bruise larger than one centimeter in diameter

Petechiae – Very small bruises caused by broken capillaries.

Purpura – Petechiae occurring in groups or a small bruise up to one centimeter in diameter.

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Burn – A wound resulting from the application of heat, cold, electricity or chemicals to the body. Burns are classified in terms of the degree of damage.

First Degree – Injury limited to the epidermis (outer skin layer).

Second Degree – Injury through the epidermis and dermis, typically causing the formation of blisters.

Third Degree – Destruction of the entire skin, including nerve fibers.

Cause of Death – The disease and/or injury, listed on the death certificate, which starts the lethal chain of events (brief prolong) leading to death.

Child Abuse – (Common, legal) Intentional injury to a child. Each state has enacted its own definition of child abuse, generally based on the definition found in the federal Child Abuse Prevention and Treatment Act. According to the Child Abuse Prevention and Treatment Act (see **CAPTA**) is any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm.

Child Abuse Central Index – A state central index of reports of child abuse/neglect; it generally includes acts or omissions by caretakers that are held to be true and of significance after an investigation by law enforcement or **Division of Children & Family Services (DCFS)**.

Child Abuse Prevention and Treatment Act (CAPTA) – An act introduced and promoted in Congress by U.S. Senator Walter Mondale and signed into law on January 31, 1974. The Act emphasized multidisciplinary approaches to child abuse and neglect. Codified at 42 USC § 101 *et seq.*

Child Death Review (CDR), aka Child Fatality Review, aka Child Mortality Review- A systematic comprehensive review of factors that contribute to deaths of children. The purpose is to reduce preventable deaths of children by identifying problems leading to such deaths, collecting and reporting standardized information, improving interagency communication through case and issues review and developing appropriate prevention strategies. The review is a coordinated, multi-disciplinary process involving individuals from community agencies relevant to the health and welfare of children of all ages. Statutory Authority: Act 1818 of 2005 in Arkansas.

Child Death Review Team (CDRT) – Representatives from the office of the coroner or medical examiner, county department of family and children services, public health department, juvenile court, office of the district attorney and law enforcement. May be formed at a city, county, regional or state-level.

Child Development – Pattern of sequential stages or interrelated physical, psychological and social development in the process of maturation from infancy and total dependence to adulthood and relative independence.

Child Maltreatment – See **Child Abuse**.

Child Neglect – (Common, legal) An injury to a child caused by the omission of necessary acts including failure to provide food, healthcare, shelter or safety.

Division of Children & Family Services (DCFS) – (Common) The welfare department/social service system designed to protect children. In most states, the entity that receives and investigates reports of suspected child maltreatment and provides services to children and families to ameliorate past maltreatment and prevent future maltreatment.

Child Sexual Abuse – The employment, use, persuasion, inducement, enticement or coercion of any child to engage in or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution or other form of sexual exploitation of children or incest with children.

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Note: Each state is responsible for providing its own definition of child abuse and neglect.

Child Welfare Agency – In most states, the public agency responsible for the provision of services such as Division of Children & Family Services (DCFS) and foster care.

Choking – When the upper airway is blocked by a foreign object.

Circumstances of Death– Identification of details surrounding an incident of death in order to identify contributing factors. This is one of the task of the CDR team and requires breadth of material not necessarily available in the death certificate or coroner/medical examiner report.

Competent Intent – The desire to cause an event to happen by someone with the ability to form that intent (some say a child under the age of 8 does not have the ability to form competent intent).

Completed Review – Data entered and verified in a Child Death Review Case Reporting System.

Concussion – An injury to the brain caused by a violent jarring or shaking or a blow to the brain. After a mild concussion there may be a brief loss of consciousness with a headache on awakening. A severe concussion may cause lengthy unconsciousness and disruption of breathing or other vital functions of the brainstem.

Confidentiality Statement – A standardized form, approved by the jurisdictional authority, which must be signed by all participants in the review process.

Congenital – Those mental or physical traits, malformations, disease, etc., that are present at birth. May be hereditary or due to some influence during gestation.

Contusion – See **Bruise**.

Coroner – A jurisdictional official, elected, whose duty it is to determine the cause and manner of sudden, suspicious or violent deaths. Not synonymous with a medical examiner or physician in the state of AR, nor required to have any specialized training.

Corporal Punishment – Physical punishment inflicted directly upon the body.

Crime Scene – The physical site where a crime may have occurred. See **Death Scene**.

Criminal Court – A court designated to hear matters relating to criminal law, this court hears cases involving the crime of child abuse.

Crisis Intervention – In social work, the purposeful activities and involvement of helping a person at the point that another person or family is caught in acute, disabling distress due to situational events. The intervention includes rapid response to move the client from emotional disorganization to rational problem solving through time-limited counseling and other services.

Cyanosis– Purple or bluish discoloration of the skin and mucous membranes, caused by a lack of oxygen in the blood.

Death – The cessation of life, manifested in people by a loss of heart beat, absence of spontaneous breathing and the permanent loss of brain function; loss of life.

Death Certificate – Official document noting the cause and manner of death.

Death Scene Investigation – An attempt by a person functioning in an official capacity to gather information at the site where a fatal illness, injury or event occurred, for the purpose of determining the cause and circumstance of the death.

Dehydration – A large loss of fluid from the body tissues. It may occur after any condition in which there is a rapid loss of body fluids, including fever, diarrhea or vomiting. Dehydration is particularly

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dangerous in infants and young children.

Dependency Court – Specialized civil court designated to hear matters pertaining to child abuse/neglect. See **Criminal Court**, **Family Court** or **Child Welfare Court**.

Disposition – In Division of Children & Family Services, the finding of the validity of a report of child maltreatment that is made by the caseworker after investigation. Disposition categories vary from state to state.

Disposition Hearing – In child welfare court cases, a court hearing which determines whether a child needs or requires the court's assistance, guidance, treatment or rehabilitation and, if so, the nature of that assistance, guidance, treatment or rehabilitation.

Disposition Review – In a child welfare court case, a hearing in which the court reviews the child's case to ensure that a permanency plan is being implemented in the child's best interest.

Doll reenactment - Recreation of the death scene with the use of a doll. The reenactment will visually document the infant's body position (placed/found position; prone/supine; seated; left/right side), head and neck position (directly up/down; right/left; neck flexed to chin; neck extended back), materials found next to or near the body, and whether the infant's airway was obstructed when discovered (nostrils blocked [right/left; both], object covering mouth/nose, objects near face).

Ecchymosis – See **Bruise**.

Edema – Swelling caused by an excess of fluid in the body tissues.

Emergency Medical Services – The complete chain of human physical resources that provide patient care in cases of sudden illness or injury.

Emergency Medical Technician (EMT) – A professional provider of emergency care. An EMT receives formal training and certification. There are three levels of emergency medical technicians.

- **EMT Basic** – Can administer oxygen and initiate defibrillation but is not allowed to perform any type of invasive care.
- **EMT Intermediate** – Has passed specific training programs in order to provide some level of advanced life support, for example, the initiation of intravenous lines and administration of some medications. In some states, this level is currently being phased out.
- **EMT Paramedic** – Has successfully completed paramedic training and has received appropriate certification. EMT paramedics can generally perform relatively invasive field care including insertion of endotracheal tubes, initiation of intravenous lines, administration of medications, interpretation of electrocardiograms and cardiac defibrillation.

Emergency Removal Hearing – An immediate hearing held by the child welfare court which determines whether to continue emergency out-of-home placement for an allegedly maltreated child. State laws vary on the time by which the hearing must be held after the child has been removed from the home in an emergency. Synonymous with shelter hearing.

Emotional Maltreatment – Passive or active patterned, non-nurturing behavior by a parent or caretaker that negatively affects or handicaps a child emotionally, psychologically, physically, intellectually, socially or developmentally. The definition can vary by state.

Epiphysis – The rounded ends of a long bone.

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Evidence – In law, something that makes another thing evident or tends to prove that a fact at issue is true. (5 of types of evidence): Brett, list these 5 types as indented under evidence

- **Circumstantial Evidence** – Evidence of a fact from which another fact can reasonably be inferred.
- **Direct Evidence** – Evidence which is presented in the testimony of a witness who has direct knowledge of the fact being proved.
- **Hearsay Evidence** – An out of court statement intended to prove the truth of the matter being asserted. Hearsay evidence is usually excluded from court proceedings because it is considered unreliable and because the person making the original statement cannot be cross-examined.
- **Opinion** – Witnesses are ordinarily not permitted to testify as to their personal beliefs or opinions, being restricted instead to reporting what they actually saw or heard. However, a witness can give an opinion if qualified as an expert. See **Expert Witness**.
- **Prima Facie** – Evidence that will suffice as proof of the fact in issue until its effect is overcome by other evidence.

Expert Witness – Someone the court determines to have expertise on a subject (does not necessarily require any graduate degree). The witness may qualify as an expert through experience, training or education. Only an expert witness may testify in the form of opinion.

Expungement – Destruction of records. In law, expungement may be ordered by a court after a specified number of years or when the juvenile, parent or defendant applies for expungement and shows that his/her conduct has improved. In child welfare, expungement also means the removal from the Central Registry of certain reports of abuse or neglect.

Failure to Thrive – A medical condition seen in young children where a child does not gain weight. It may be associated with a decrease in the rate of growth or in a growth rate that is significantly below norm. The cause may be organic (natural) or non-organic, such as poor nutrition, inadequate food intake or inappropriate formula preparation.

Felony – Generally, any criminal offence for which the penalty is imprisonment for more than one year. Murder, rape and armed robbery are crimes usually considered felonies.

Fetal Alcohol Syndrome – A congenital syndrome caused by intrauterine exposure to alcohol. Characteristics include growth retardation, microcephaly (small head) and mental retardation.

Fatality – Loss of life. See **Death**.

Felony – Generally, any criminal offence for which the penalty is imprisonment for more than one year. Murder, rape and armed robbery are crimes usually considered felonies.

Forensic – Having to do with the study of criminal acts. The culmination of medicine and law.

Forensic Pathologist – A pathologist with training in criminal pathology. In AR the Medical Examiner is a medical doctor and board certified in forensic pathology.

Gross Examination – In medicine, a physical examination without the aid of radiologic instruments or surgical entry. Such as performed at a death scene, it is cursatory and not in-depth.

Hematoma – Swelling caused by the accumulation of blood in the body tissues.

Hemorrhage – Bleeding.

Homicide – Death caused by another with the intent to kill or severely injure.

Incest – Sexual intercourse between persons who are related by blood. While incest between parent and child or siblings is almost universally forbidden, various cultures may extend the boundaries to prohibit intercourse with other relatives. In the U.S., the prohibition against incest is specified by 132

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state laws as well as by cultural tradition. States usually define incest as marriage or sexual relationships between relatives who are closer than second or sometimes even more distant, cousins. While incest and sexual abuse are often thought to be synonymous, incest is only one type of sexual abuse.

Infant – Child under one year of age.

Infant & Child Death Review Panel - Both the AR ICDR Program and Local teams oversight of ICDR Program

Infant Mortality Rate - number of infant deaths per 1,000 live births

Infanticide – The killing of an infant or of many infants.

Injury – Refers to any force whether it be physical, chemical, thermal or electrical that results in harm or death.

Jurisdiction – An agencies authority over an incident, investigation and/or prosecution.

Laceration – A torn or jagged wound causing a splitting or tearing in the external skin surface in addition to the deep tissue.

Local Child Death Review Team – A Child Death Review Team that operates within a specific area within a state, i.e., city, county, reservation or other geographical area.

Mandated Reporters – Persons designated by state law who are legally responsible for reporting suspected child abuse and neglect to the mandated agency within their state. Mandated reporters vary according to state law, but are primarily professionals, such as doctors, nurses, school personnel and social workers who have frequent contact with children and families.

Manner of Death - Classification of *how* the infant/child died. One of five categories: accidental, homicide, suicide, natural or undetermined. (i.e., head trauma may be accidental, homicide or suicide).

Mechanism of Death – The physical reason for a death (e.g., head trauma caused brain swelling which caused decreased brain function which caused the heart and/or lungs to stop functioning).

Medical Examiner –In AR a medical doctor that is also certified in forensic pathology.

Murder – The unlawful killing of a human being with malice aforethought. Malice aforethought requires premeditated intent plus an element of hatred.

- **Felony Murder** – The unintentional killing of a human being during the commission of a felony.
- **Involuntary Manslaughter** – Criminally negligent homicide, such as a death resulting from the negligent operation of a motor vehicle.
- **Manslaughter** – An unlawful killing of a human being without malice aforethought.
- **Voluntary Manslaughter** – An intentional killing committed under circumstances which, although they do not justify the homicide, mitigate it.

Multidisciplinary Team –A group of professionals representing various disciplines who meet to coordinate their efforts in investigation, providing services and the prevention of child deaths and injury. See **Local Child Death Review Team**.

Munchausen Syndrome by Proxy – A pattern of abuse in which the perpetrator, usually a parent, will fabricate medical histories, inflict physical findings, alter laboratory specimens and induce disorders in a child to give the appearance that the child is ill.

Murder – See **Homicide**.

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National Crime Information Center (NCIC) – Criminal justice information systems operated by the Federal Bureau of Investigation in Washington, D.C.

Natural Cause – Death resulting from inherent, existing conditions. Natural causes include congenital anomalies, disease, other medical causes and SIDS.

Negligence – In the law, doing something that a person of ordinary prudence would not do or the failure to do something that a person of ordinary prudence would do, under given circumstances.

Neonatal – Pertaining to the first 4 weeks of life.

Neonatal Infant Mortality – death prior to the 28th day of life.

Neonate – Infant under one month of age.

Post-Neonatal Infant Mortality – death between 28 days of life and one year of life

Premature Infant – An infant born after completion of thirty-seven weeks gestation but before full term and, arbitrarily, an infant weighing 2.2 - 2.5 pounds at birth. This definition varies.

Prenatal – Occurring before birth.

Preventable Death – A child's death is considered to be preventable if the community (through legislation, education, etc.) or an individual (through reasonable precaution, supervision or action) could have done that which could have changed the circumstances that led to the death.

Prevention – In public health, the keeping of something (such as an illness) from happening. There are three general levels of care designed for prevention:

Primary – The first level of care, designed to prevent the occurrence of disease or injury and promote health.

Secondary – The second level of care, based on the earliest possible identification of disease or injury so that it can be more readily treated or managed and adverse sequelae can be prevented.

Tertiary – The third level of care, concerned with promotion of independent function and prevention of further disease or injury-related deterioration.

Probable Cause – In the law, a requisite element of a valid search and seizure or of an arrest, which consists of the existence of facts and circumstances within one's knowledge that are sufficient to warrant the belief that a crime has been committed (in the context of an arrest) or that property subject to seizure is at a designated location (in the context of a search and seizure). Whether probable cause exists depends on the independent judgment of a "detached magistrate."

Prosecution – The act of pursuing a lawsuit or criminal trial; also, the party initiating a criminal suit.

Retinal Hemorrhage – Bleeding into the inner lining of the eye, hallmark of whiplash, Shaken Baby Syndrome or traumatic head injury.

Risk Factors – Refers to a person, thing, event, etc., that put an individual at an increased likelihood of incurring injury, disability or death.

Shaken Baby Syndrome— Injury to an infant or child resulting from violent, repetitive shaking. Pathognomonic findings include intracranial hemorrhages, retinal hemorrhages and no cutaneous manifestations of injury. Survivors are frequently left with profound neurologic sequelae, e.g., blindness, deafness, mental retardation, cerebral palsy, seizures and death. **see Abusive Head Trauma.**

Skeletal Survey – A series of x-rays taken of all the bones of the body to detect most fractures.

Smothering – Specifically refers to asphyxiation of the nose and mouth usually by a hand or soft object. Mechanical asphyxia resulting from external pressure on the body preventing chest movement and breathing.

Statute – A law passed by a legislative body.

Strangulation – Asphyxia caused by external pressure applied to the neck either by the use of hands or a ligature (rope).

Subdural Hematoma – Bleeding between the internal lining of the skull and the brain.

Sudden Infant Death Syndrome (SIDS) – A diagnosis of exclusion made when there is the sudden and unexpected death of an infant under one year of age which remains unexplained after the performance of a complete postmortem investigation, including an autopsy, an examination of the scene of death and review of the case history.

Suffocation – Asphyxia caused by a general deprivation of oxygen either from obstruction of external airways or lack of breathable gas in the environment.

Suicide – Death of self-caused with intent.

Trauma – An injury or wound brought about by an outside force. Trauma may be caused unintentionally or, as in physical abuse, intentionally. Trauma also refers to physiological discomfort or symptoms resulting from an emotional shock or painful experience.

Undetermined Death – Death where the manner of death is not clear.

Unintentional Death – Refers to the act that resulted in death being one that was not deliberate, willful or planned.

University of Arkansas for Medical Sciences - The Department of Pediatrics employees the administrative staff of ICDR Program

Victims of Crime Fund – Money available to serve crime victims through a federal and/or state program with local officials having responsibility for distribution of funds.

Arkansas Infant & Child Death Review Program Acronyms

Acronyms:

ACH AR Children's Hospital
ADH AR Department of Health
CAPTA Child Abuse Prevention and Treatment Act
CDR Child Death Review
CDRT Child Death Review Team
CFR Child Fatality Review
COD Cause of death
CR Central Registry
CWAAA Child Welfare and Adoption Assistance Act (Public Law 96-272)
DCFS Division of Children & Family Services
DHS Department of Health Services
DOH Department of Health
DOJ Department of Justice
DPH Department of Public Health
DSS Department of Social Services
DSW Department of Social Welfare
EMS Emergency Medical Services
FIMR Fetal and Infant Mortality Review
ICDR Infant & Child Death Review Program
ICWA Indian Child Welfare Act
LE law enforcement
ME medical examiner
MOD Manner of death
NCIC National Crime Information Center
SIDS Sudden Infant Death Syndrome
SUID Sudden Unexplained Infant Death
SUIDI Sudden Unexplained Infant Death Investigation
SUIDI-RF Sudden Unexplained Infant Death Investigation Reporting Form
TPR Termination of Parental Rights
UAMS University of AR for Medical Sciences
VCF Victims Crime Fund