

**Complete Law for Child Fatality Review
From Ohio Revised Code – September 2014**

121.22 Public meetings - exceptions.

(A) This section shall be liberally construed to require public officials to take official action and to conduct all deliberations upon official business only in open meetings unless the subject matter is specifically excepted by law.

(B) As used in this section:

(1) “Public body” means any of the following:

- (a) Any board, commission, committee, council, or similar decision-making body of a state agency, institution, or authority, and any legislative authority or board, commission, committee, council, agency, authority, or similar decision-making body of any county, township, municipal corporation, school district, or other political subdivision or local public institution;
- (b) Any committee or subcommittee of a body described in division (B)(1)(a) of this section;
- (c) A court of jurisdiction of a sanitary district organized wholly for the purpose of providing a water supply for domestic, municipal, and public use when meeting for the purpose of the appointment, removal, or reappointment of a member of the board of directors of such a district pursuant to section 6115.10 of the Revised Code, if applicable, or for any other matter related to such a district other than litigation involving the district. As used in division (B)(1)(c) of this section, “court of jurisdiction” has the same meaning as “court” in section 6115.01 of the Revised Code.

(2) “Meeting” means any prearranged discussion of the public business of the public body by a majority of its members.

(3) “Regulated individual” means either of the following:

- (a) A student in a state or local public educational institution;
- (b) A person who is, voluntarily or involuntarily, an inmate, patient, or resident of a state or local institution because of criminal behavior, mental illness or retardation, disease, disability, age, or other condition requiring custodial care.

(4) “Public office” has the same meaning as in section 149.011 of the Revised Code.

(C) All meetings of any public body are declared to be public meetings open to the public at all times. A member of a public body shall be present in person at a meeting open to the public to be considered present or to vote at the meeting and for purposes of determining whether a quorum is present at the meeting. The minutes of a regular or special meeting of any public body shall be promptly prepared, filed, and maintained and shall be open to public inspection. The minutes need only reflect the general subject matter of discussions in executive sessions authorized under division (G) or (J) of this section.

(D) This section does not apply to any of the following:

...

(5) Meetings of a child fatality review board established under section 307.621 of the Revised Code and meetings conducted pursuant to sections 5153.171 to 5153.173 of the Revised Code;

149.43 Availability of public records for inspection and copying.

(A) As used in this section:

(1) “Public record” means records kept by any public office, including, but not limited to, state, county, city, village, township, and school district units, and records pertaining to the delivery of educational services by an alternative school in this state kept by the nonprofit or for-profit entity operating the alternative school pursuant to section 3313.533 of the Revised Code. “Public record” does not mean any of the following:

...

(s) Records provided to, statements made by review board members during meetings of, and all work products of a child fatality review board acting under sections 307.621 to 307.629 of the Revised Code,

and child fatality review data submitted by the child fatality review board to the department of health or a national child death review database, other than the report prepared pursuant to division (A) of section 307.626 of the Revised Code;

307.621 Establishing child fatality review board.

A board of county commissioners shall appoint a health commissioner of the board of health of a city or general health district that is entirely or partially located in the county in which the board of county commissioners is located to establish a child fatality review board to review the deaths of children under eighteen years of age. The boards of county commissioners of two or more counties may, by adopting a joint resolution passed by a majority of the members of each participating board of county commissioners, create a regional child fatality review board to serve all participating counties. The joint resolution shall appoint, for each county participating as part of the regional review board, one health commissioner from a board of health of a city or general health district located at least in part in each county. The health commissioners appointed shall select one of their number as the health commissioner to establish the regional review board. The regional review board shall be established in the same manner as provided for single county review boards.

In any county that has a body acting as a child fatality review board on the effective date of this section, the board of county commissioners of that county, in lieu of having a health commissioner establish a child fatality review board, shall appoint that body to function as the child fatality review board for the county. The body shall have the same duties, obligations, and protections as a child fatality review board appointed by a health commissioner. The board of county commissioners or an individual designated by the board shall convene the body as required by section 307.624 of the Revised Code.

307.622 Members of child fatality review board.

(A) The health commissioner of the board of health of a city or a general health district who is appointed under section 307.621 of the Revised Code to establish the child fatality review board shall select six members to serve on the child fatality review board along with the commissioner. The review board shall consist of the following:

- (1) A county coroner or designee;
- (2) The chief of police of a police department or the sheriff that serves the greatest population in the county or region or a designee of the chief or sheriff;
- (3) The executive director of a public children services agency or designee;
- (4) A public health official or designee;
- (5) The executive director of a board of alcohol, drug addiction, and mental health services or designee;
- (6) A physician who holds a certificate issued pursuant to Chapter 4731. of the Revised Code authorizing the practice of medicine and surgery or osteopathic medicine and surgery, specializes in pediatric or family medicine, and currently practices pediatric or family medicine.

(B) The majority of the members of a review board may invite additional members to serve on the board. The additional members invited under this division shall serve for a period of time determined by a majority of the members described in division (A) of this section. An additional member shall have the same authority, duties, and responsibilities as members described in division (A) of this section.

(C) A vacancy in a child fatality review board shall be filled in the same manner as the original appointment.

(D) A child fatality review board member shall not receive any compensation for, and shall not be paid for any expenses incurred pursuant to, fulfilling the member's duties on the board unless compensation for, or payment for expenses incurred pursuant to, those duties is received pursuant to a member's regular employment.

307.623 Child fatality review board - purpose and duties.

The purpose of the child fatality review board is to decrease the incidence of preventable child deaths by doing all of the following:

- (A) Promoting cooperation, collaboration, and communication between all groups, professions, agencies, or entities that serve families and children;
- (B) Maintaining a comprehensive database of all child deaths that occur in the county or region served by the child fatality review board in order to develop an understanding of the causes and incidence of those deaths;
- (C) Recommending and developing plans for implementing local service and program changes and changes to the groups, professions, agencies, or entities that serve families and children that might prevent child deaths;
- (D) Advising the department of health of aggregate data, trends, and patterns concerning child deaths.

307.624 Organization of child fatality review board.

The board of county commissioners, or if a regional child fatality review board is established, the group of health commissioners appointed to select the health commissioner to establish the regional review board, shall designate either the health commissioner that establishes the review board or a representative of the health commissioner to convene meetings and be the chairperson of the review board. If a regional review board includes a county with more than one health district, the regional review board meeting shall be convened in that county. If more than one of the counties participating on the regional review board has more than one health district, the person convening the meeting shall select one of the counties with more than one health district as the county in which to convene the meeting. The person designated to convene the review board shall convene it at least once a year to review, in accordance with this section and the rules adopted by the department of health under section 3701.045 of the Revised Code, the deaths of all children under eighteen years of age who, at the time of death, were residents of the county or, if a regional review board, one of the participating counties.

307.625 No review while investigation pending.

A child fatality review board may not conduct a review of the death of a child described in section 307.624 of the Revised Code while an investigation of the death or prosecution of a person for causing the death is pending unless the prosecuting attorney agrees to allow the review. The law enforcement agency conducting the criminal investigation, on the conclusion of the investigation, and the prosecuting attorney prosecuting the case, on the conclusion of the prosecution, shall notify the chairperson of the review board of the conclusion.

307.626 Annual report.

(A) By the first day of April of each year, the person convening the child fatality review board shall prepare and submit to the Ohio department of health a report that summarizes the following information with respect to the child deaths that were reviewed by the review board in the previous calendar year:

- (1) The cause of death;
- (2) Factors contributing to death;
- (3) Age;
- (4) Sex;
- (5) Race;
- (6) The geographic location of death;
- (7) The year of death.

The report shall specify the number of child deaths that were not reviewed during the previous calendar year. The report may include recommendations for actions that might prevent other deaths, as well as any other information the review board determines should be included.

(B) Reports prepared under division (A) of this section shall be considered public records under section 149.43 of the Revised Code.

(C) The child fatality review board shall submit individual data with respect to each child death review into the Ohio department of health child death review database or the national child death review database. The individual data shall include the information specified in division (A) of this section and any other information the board considers relevant to the review. Individual data related to a child death review that is contained in the Ohio department of health child death review database is not a public record under section 149.43 of the Revised Code.

307.627 [Effective 9/17/2014] Accessing confidential information.

(A) (1) Notwithstanding section 3701.243 and any other section of the Revised Code pertaining to confidentiality, any individual; public children services agency, private child placing agency, or agency that provides services specifically to individuals or families; law enforcement agency; or other public or private entity that provided services to a child whose death is being reviewed by a child fatality review board, on the request of the review board, shall submit to the review board a summary sheet of information.

(a) With respect to a request made to a health care entity, the summary sheet shall contain only information available and reasonably drawn from the child's medical record created by the health care entity.

(b) With respect to a request made to any other individual or entity, the summary shall contain only information available and reasonably drawn from any record involving the child that the individual or entity develops in the normal course of business.

(c) On the request of the review board, an individual or entity may, at the individual or entity's discretion, make any additional information, documents, or reports available to the review board.

(2) Notwithstanding section 3701.243 and any other section of the Revised Code pertaining to confidentiality, in the case of a child one year of age or younger whose death is being reviewed by a child fatality review board, on the request of the review board, a health care entity that provided services to the child's mother shall submit to the review board a summary sheet of information available and reasonably drawn from the mother's medical record created by the health care entity. Before submitting the summary sheet, the health care entity shall attempt to obtain the mother's consent to do so, but lack of consent shall not preclude the entity from submitting the summary sheet.

(3) For purposes of the review, the review board shall have access to confidential information provided to the review board under this section or division (H)(4) of section 2151.421 of the Revised Code, and each member of the review board shall preserve the confidentiality of that information.

(B) Notwithstanding division (A) of this section, no person, entity, law enforcement agency, or prosecuting attorney shall provide any information regarding the death of a child to a child fatality review board while an investigation of the death or prosecution of a person for causing the death is pending unless the prosecuting attorney has agreed pursuant to section 307.625 of the Revised Code to allow review of the death.

307.628 Immunity.

(A) An individual or public or private entity providing information, documents, or reports to a child fatality review board is immune from any civil liability for injury, death, or loss to person or property that otherwise might be incurred or imposed as a result of providing the information, documents, or reports to the review board.

(B) Each member of a review board is immune from any civil liability for injury, death, or loss to person or property that might otherwise be incurred or imposed as a result of the member's participation on the review board.

307.629 [Effective 9/17/2014] Unauthorized dissemination of confidential information.

(A) Except as provided in division (B) of this section and sections 5153.171 to 5153.173 of the Revised Code, any information, document, or report presented to a child fatality review board, all statements made by review board members during meetings of the review board, all work products of the review board,

and child fatality review data submitted by the child fatality review board to the department of health or a national child death review database, other than the report prepared pursuant to division (A) of section 307.626 of the Revised Code, are confidential and shall be used by the review board, its members, and the department of health only in the exercise of the proper functions of the review board and the department.

(B) A review board may disclose the confidential information described in division (A) of this section to a fetal and infant mortality review team.

(C) No person shall permit or encourage the unauthorized dissemination of the confidential information described in division (A) of this section.

(D) Whoever violates division (C) of this section is guilty of a misdemeanor of the second degree.

3701.045 Child fatality review boards conducting reviews.

(A) The department of health, in consultation with the children's trust fund board established under section 3109.15 of the Revised Code and any bodies acting as child fatality review boards on October 5, 2000, shall adopt rules in accordance with Chapter 119. of the Revised Code that establish a procedure for child fatality review boards to follow in conducting a review of the death of a child. The rules shall do all of the following:

- (1) Establish the format for the annual reports required by section 307.626 of the Revised Code;
- (2) Establish guidelines for a child fatality review board to follow in compiling statistics for annual reports so that the reports do not contain any information that would permit any person's identity to be ascertained from a report;
- (3) Establish guidelines for a child fatality review board to follow in creating and maintaining the comprehensive database of child deaths required by section 307.623 of the Revised Code, including provisions establishing uniform record-keeping procedures;
- (4) Establish guidelines for reporting child fatality review data to the department of health or a national child death review database, either of which must maintain the confidentiality of information that would permit a person's identity to be ascertained;
- (5) Establish guidelines, materials, and training to help educate members of child fatality review boards about the purpose of the review process and the confidentiality of the information described in section 307.629 of the Revised Code and to make them aware that such information is not a public record under section 149.43 of the Revised Code.

(B) On or before the thirtieth day of September of each year, the department of health and the children's trust fund board jointly shall prepare and publish a report organizing and setting forth the data from the department of health child death review database or the national child death review database, data in all the reports provided by child fatality review boards in their annual reports for the previous calendar year, and recommendations for any changes to law and policy that might prevent future deaths. The department and the children's trust fund board jointly shall provide a copy of the report to the governor, the speaker of the house of representatives, the president of the senate, the minority leaders of the house of representatives and the senate, each county or regional child fatality review board, and each county or regional family and children first council.

Amended by 130th General Assembly File No. TBD, HB 314, §1, eff. 9/17/2014.

Amended by 128th General Assembly File No. 9, HB 1, § 101.01, eff. 10/16/2009.

Effective Date: 10-05-2000

Law Pertaining to SIDS/SUID
From Ohio Revised Code – September 2014

313.121 [Effective 9/17/2014] Autopsy of child in apparent good health who dies suddenly.

(A) As used in this section, "parent" means either parent, except that if one parent has been designated the residential parent and legal custodian of the child, "parent" means the designated residential parent and legal custodian, and if a person other than a parent is the child's legal guardian, "parent" means the legal guardian.

(B) If a child under two years of age dies suddenly when in apparent good health, the death shall be reported immediately to the coroner of the county in which the death occurred, as required by section 313.12 of the Revised Code. Except as provided in division (C) of this section, the coroner or deputy coroner shall perform an autopsy on the child. The autopsy shall be performed in accordance with rules adopted by the director of health under section 313.122 of the Revised Code. The coroner or deputy coroner may perform research procedures and tests when performing the autopsy.

If the child was one year of age or younger at the time of death and the death occurred suddenly and unexpectedly, the cause of which is not immediately obvious prior to investigation, the coroner, deputy coroner, or other individual who has been designated to investigate the child's death shall complete a sudden unexplained infant death investigation reporting form (SUIDI reporting form) developed by the United States centers for disease control and prevention or an alternative reporting form. The director of health may develop an alternative reporting form in consultation with the Ohio state coroners association. The individual who completes the reporting form shall retain the form and send a copy of it to the appropriate child fatality review board or regional child fatality review board established under section 307.621 of the Revised Code. If a coroner or deputy coroner completes the reporting form, a copy of the coroner's report described in section 313.09 of the Revised Code shall also be sent to the board.

A completed reporting form and copies of completed reporting forms are not public records under section 149.43 of the Revised Code.

(C) A coroner or deputy coroner is not required to perform an autopsy if the coroner of the county in which the death occurred or a court with jurisdiction over the deceased body determines under section 313.131 of the Revised Code that an autopsy is contrary to the religious beliefs of the child. If the coroner or the court makes such a determination, the coroner shall notify the health district or department of health with jurisdiction in the area in which the child's parent resides. For purposes of this division, the religious beliefs of the parents of a child shall be considered to be the religious beliefs of the child.

(D) If the child's parent makes a written or verbal request for the preliminary results of the autopsy after the results are available, the coroner, or a person designated by the coroner, shall give the parent an oral statement of the preliminary results.

The coroner, within a reasonable time after the final results of the autopsy are reported, shall send written notice of the results to the state department of health, the health district or department with jurisdiction in the area in which the child's parent resides, and, upon the request of a parent of the child, to the child's attending physician. Upon the written request of a parent of the child and the payment of the transcript fee required by section 313.10 of the Revised Code, the coroner shall send written notice of the final results to that parent. The notice sent to the state department of health shall include all of the information specified in rules adopted under section 313.122 of the Revised Code.

(E) On the occurrence of any of the following, the health district or department with jurisdiction in the area in which the child's parent resides shall offer the parent any counseling or other supportive services it has available:

- (1) When it learns through any source that an autopsy is being performed on a child under two years of age who died suddenly when in apparent good health;
- (2) When it receives notice that the final result of an autopsy performed pursuant to this section concluded that the child died of sudden infant death syndrome;
- (3) When it is notified by the coroner that, pursuant to division (C) of this section, an autopsy was not performed.

(F) When a health district or department receives notice that the final result of an autopsy performed pursuant to this section concluded that the child died of sudden infant death syndrome or that, pursuant to division (C) of this section, an autopsy was not performed but sudden infant death syndrome may have been the cause of death, it shall offer the child's parent information about sudden infant death syndrome. The state department of health shall ensure that current information on sudden infant death syndrome is available for distribution by health districts and departments.

Cite as R.C. § 313.121

History. Amended by 130th General Assembly File No. TBD, SB 278, §1, eff. 9/17/2014.

Amended by 130th General Assembly File No. 63, SB 198, §1, eff. 2/18/2014.

Amended by 129th General Assembly File No. 127, HB 487, §101.01, eff. 9/10/2012.

Effective Date: 11-01-1992

Child Fatality Review Rules
From Ohio Administrative Code - 2011

3701-67-01 Definitions.

As used in this chapter:

- (A) "Cause of death" means the classification of death as listed in box 30 on the Ohio death certificate, or an equivalent box on future forms. Examples of causes include, but are not limited to, birth defects, drowning and submersion, electrocution, extreme prematurity, falls, fire and burn, firearms and weapons, pneumonia, poisoning, shaken baby syndrome, sudden infant death syndrome, suffocation and strangulation, vehicular, and other cause.
- (B) "Child" means any person under eighteen years of age.
- (C) "Child fatality review (CFR) board" means a county or regional board established or appointed to review deaths of children residing in the county or region for the purpose of decreasing the incidence of preventable child deaths.
- (D) "Circumstance of death" means any accompanying or surrounding details of the death beyond the cause and manner of death. Examples include, but are not limited to, drowning in a bucket or house fire in rental unit.
- (E) "Contributing factors" mean other factors beyond the cause and manner of death that may be partly responsible for the child's death. Examples of contributing factors include medical factors; alcohol use by parent, caretaker or child; drug use by parent, caretaker or child; tobacco use by parent, caretaker or child; use or non-use of safety devices; level of supervision; environmental factors; and mental or behavioral factors of parent, caretaker or child.
- (F) "County commissioners" mean the board of county commissioners established under Chapter 305. of the Revised Code or an alternative form of county government established pursuant to Chapter 301. of the Revised Code with the responsibilities of county commissioners.
- (G) "County of residence" means the county of residence as identified on the Ohio death certificate.
- (H) "Department or director" means the director of the Ohio department of health or any official or employee of the department designated by the director of the Ohio department of health.
- (I) "Geographic location of death" means the county in which the child was pronounced dead.
- (J) "Health commissioner" means the health commissioner of a general, city or county health district or the individual with the responsibilities of a health commissioner in a city or county health district.
- (K) "Manner of death" means the classification of death listed in box 32 on the Ohio death certificate, or equivalent box on future forms. The classification is limited to natural, accident, homicide, suicide, and undetermined.
- (L) "Preventable" means the degree to which an individual or community could have reasonably done something that would have changed the circumstances that led to the child's death.
- (M) "Public record" means any record defined in division (A)(1) of section 149.43 of the Revised Code.
- (N) "Review" means a general assessment or examination of the death of a child. The review shall at least consider the cause of death; manner of death; circumstance of death; contributing factors; age; sex; race and ethnicity; and geographic location of death.

3701-67-02 Child fatality review boards.

- (A) In accordance with sections 307.621 and 307.622 of the Revised Code, each county in Ohio shall establish a CFR board or join a regional CFR board for the purpose of reviewing the deaths of children residing in that county.
- (B) The purpose of the CFR board is to decrease the incidence of preventable child deaths by doing all of the following:
 - (1) Promoting cooperation, collaboration and communication between all groups, professions, agencies, or entities that serve families and children.
 - (2) Maintaining a comprehensive database of all child deaths that occur in the county or region served by the CFR board in order to develop an understanding of the causes and incidences of those deaths.
 - (3) Recommending and developing plans for implementing local service and program changes to the groups, professions, agencies or entities that serve families and children that might prevent child deaths.
 - (4) Advising the Ohio department of health of aggregate data, trends and patterns concerning child deaths.

3701-67-03 Child fatality review board meetings.

- (A) The board of county commissioners shall designate either the health commissioner that establishes the CFR board or a representative of the health commissioner to convene and be the chairperson of the CFR board. If a regional CFR board is established, the health commissioner appointed to establish the regional CFR board or his or her designee shall convene the CFR board meetings and be the chairperson of the CFR board. In any county that has a body acting as a CFR board on the effective date of this rule, the board of county commissioners of that county, in lieu of having a health commissioner establish a CFR board, shall appoint that body to function as the CFR board for the county. The body shall have the same duties, obligations, and protections as a CFR board appointed by the health commissioner. The board of county commissioners or an individual designated by the CFR board shall convene the body as required by section 307.624 of the Revised Code.
- (B) If a regional CFR board includes a county with more than one health district, the CFR board meeting shall be convened in that county. If more than one of the counties participating in a regional CFR board has more than one health district, the person convening the meeting shall select one of the counties containing more than one health district as the county in which to convene the CFR board meeting.
- (C) Each CFR board shall be convened at least once a year to review the deaths of all children who, at the time of death, were residents of the county or, in the case of a regional board, were residents of one of the participating counties.
- (D) If a child dies in an Ohio county other than the child's county of residence, the review shall be conducted in accordance with this paragraph. For purposes of this paragraph, the CFR board with jurisdiction over the county of residence shall be referred to as the lead CFR board. The CFR board with jurisdiction over the county in which the child died shall be referred to as the secondary CFR board.
 - (1) Except as provided in paragraph (D)(2) of this rule, the lead CFR board shall conduct the child death review;
 - (2) The lead CFR board may delegate the responsibility for conducting a child death review to the secondary CFR board if the lead CFR board and the secondary CFR board both agree that the secondary CFR board will conduct the review;
 - (3) The lead and secondary CFR boards shall cooperate with each other to make relevant information available for the review. The CFR board which conducts the review shall provide a complete copy of the review to the CFR board not conducting the review;

- (4) Regardless of which CFR board conducts the review, only the lead CFR board shall include the review information in its annual report to the department.
- (E) Meetings of CFR boards established under section 307.621 of the Revised Code shall not be considered public meetings and, as such, are not subject to section 122.22 of the Revised Code.

3701-67-04 Data collection; confidentiality of records.

- (A) Each CFR board shall implement a system for collecting information determined necessary by the CFR board to review the deaths of children who were residents of the county, or if a regional board, one of the participating counties, at the time of death.
- (B) The CFR board shall use the collection tool or national child death review data base as designated by the director in accordance with rule 3701-67-06 of the Administrative Code. The CFR board shall review at a minimum the information required to be reported in the annual report to the department under rule 3701-67-07 of the Administrative Code.
- (C) The CFR board shall maintain the data collected and any work product of the CFR board in a confidential manner. All confidential information shall be used by the CFR board and its members only in the exercise of the proper functions of the CFR board.
- (D) Each CFR board shall take measures to ensure the security and confidentiality of information obtained during the course of conducting child death reviews. The CFR board shall develop and maintain written policies and procedures that address the following:
 - (1) Confidentiality of information that is collected or obtained in the course of conducting child death reviews.
 - (2) A system to assure only authorized persons are allowed unsupervised access to an area where confidential records are stored, which includes access to records stored electronically.
 - (3) Security measures to prevent inadvertent or unauthorized access to any records containing sufficient information that could reasonably lead to the identity of the child whose death is being reviewed.
 - (4) Storing, processing, indexing, retrieving and destroying information obtained in the course of conducting child death reviews.
- (E) Each CFR board shall maintain child death review records for the time period required by the CFR board's retention schedule or seven years if there is no retention schedule.
- (F) The CFR board shall provide each CFR board member with a copy of the policies and procedures developed under paragraph (D) of this rule. If any task of the CFR board member is delegated to another person, the CFR board member is responsible for assuring that the person who is delegated a CFR board task is familiar with the policies and procedures and has access to such policies and procedures.

3701-67-05 Training guidelines.

- (A) Each CFR board shall require at least one member of the CFR board attend the annual training sponsored by the department of health. Each CFR board shall encourage all CFR board members to attend. If not all members of the CFR board attend the training, the chairperson of the CFR board shall be responsible for assuring that those CFR board members who did not attend are trained or given access to the training.
- (B) The CFR training curriculum will be a combination of lectures, discussions, and team review of actual case studies and may include, but not be limited to, the following topics found in the standardized protocols and guidelines developed by the Ohio department of health and the state CFR advisory council:
 - (1) Overview of the CFR law and rules;
 - (2) CFR board membership and maintenance;
 - (3) CFR board operating procedures (including conducting an effective meeting);

- (4) Death reviews;
- (5) Role of courts and prosecutors;
- (6) Data collection;
- (7) Database guidelines;
- (8) Annual reporting guidelines;
- (9) Preventing child deaths.

3701-67-06 Child fatality review information system.

- (A) The director shall provide a data collection tool for the review of child deaths or arrange for the use of a national child death review database. The individual data collected shall be maintained in a confidential manner.
- (B) Each CFR board shall use the director's data collection tool or the national child death review database to record the following information:
 - (1) Demographic information that includes:
 - (a) Age of the child
 - (b) Sex of the child, identified as male or female;
 - (c) Race of the child, identified as black, white, native American, Asian, Alaskan native, native Hawaiian, Pacific islander, unknown or multiple; and
 - (d) Ethnicity of the child, identified as Hispanic or Latino origin.
 - (2) Death related information, that includes:
 - (a) Year of child's death;
 - (b) Geographic location of death;
 - (c) Cause of death; and
 - (d) Contributing factors to death.
 - (3) Any other information the CFR board considers relevant to the review.
- (C) Individual data related to a child death review that is reported on the data collection tool or the national child death review database is not a public record under section 149.43 of the Revised Code.

3701-67-07 Annual report filed with the Ohio department of health.

- (A) By April first of each year, each CFR board shall prepare and submit an annual report to the Ohio department of health in a manner and format that is prescribed by the director. The report shall include all of the following with respect to the child deaths in the calendar year specified by the director.
 - (1) The total number of child deaths in the county or region, whichever is applicable to the CFR board submitting the report;
 - (2) The total number of child death reviews completed by the CFR board;
 - (3) The total number of child death reviews not completed by the CFR board; and
 - (4) A summary of the demographic and death related information as specified in rule 3701-67-06 of the Administrative Code.
- (B) The annual report may include recommendations for actions that might prevent other deaths, as well as any other information the CFR board determines should be included.
- (C) Annual reports prepared under this section are public record and subject to section 149.43 of the Revised Code.

3701-67-08 Joint annual report by Ohio department of health and children's trust fund board.

- (A) On or before September thirtieth of each year, the Ohio department of health and the children's trust fund board shall jointly prepare and publish a report organizing and setting forth the data contained in all reports provided by CFR boards in their annual reports from the previous calendar year. The report shall also contain any recommended changes to law and policy that might prevent future deaths.
- (B) A copy of the report shall be provided to the governor, the speaker of the Ohio house of representatives, the president of the Ohio senate, the minority leaders of the Ohio house of representatives and Ohio senate, each Ohio county or regional CFR board and each Ohio county or regional family and children first council.