NATIONAL CENTER FOR CHILD DEATH REVIEW

KEEPING KIDS ALIVE

Understanding How and Why Children Die & Taking Actions to Prevent Child Deaths

Child Death Review Case Reporting System

Case Report 2.1S

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

Effective January 2010

Instructions:

This case report is a component of the web-based CDR Case Reporting System. Version 2.1S is an enhanced version to collect more information on SUID deaths. It must be used in place of Version 2.0 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 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 2.1S, effective January 2010. 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 / Team Number / Year of Review / Sequence of Review

Death Certificate Number:
Birth Certificate Number:
ME/Coroner Number:
Date CDRT Notified of Death:

Case Type: ○ Death ○ Near death/serious Injury ○ Not born alive

A. CHILD INFORMATION

1. Child's name: First: Middle: Last: ○ U/K

2. Date of birth: ○ U/K
mm dd yyyy

3. Date of death: ○ U/K
mm dd yyyy

4. Age: ○ Years ○ Months ○ Days ○ Hours ○ Minutes ○ U/K

5. Race, check all that apply ○ U/K
☐ White ☐ Native Hawaiian
☐ Black ☐ Pacific Islander
☐ Asian, specify:
☐ American Indian, Tribe:
☐ Alaskan Native, Tribe:

6. Hispanic or Latino origin?
○ No ○ Yes ○ U/K

7. Sex:
○ Male ○ Female ○ U/K

8. Residence address: ○ U/K
Street: Apt.
City:
County: State: Zip:

9. Type of residence:
○ Parental home ○ Relative home ○ Jail/Detention
○ Licensed group home ○ Living on own ○ Other, specify:
○ Licensed foster home ○ Shelter
○ Relative foster home ○ Homeless ○ U/K

10. New residence in past 30 days?
○ No ○ Yes ○ U/K

11. Residence overcrowded?
○ No ○ Yes ○ U/K

12. Child ever homeless?
○ No ○ Yes ○ U/K

13. Number of other children living with child: _____ ○ U/K

14. Child's weight: ○ U/K
_____ pounds
_____ ounces

15. Child's height: ○ U/K
feet inches

16. Highest education level:
○ N/A ○ Drop out
○ None ○ HS graduate
○ Preschool ○ College
○ Grade K-8 ○ Other, specify:
○ Grade 9-12 ○ U/K
○ Home schooled, K-8
○ Home schooled, 9-12

17. Child's work status:
○ N/A
○ Employed
○ Full time
○ Part time
○ U/K
○ Not working
○ U/K

18. Did child have problems in school?
○ No ○ Yes ○ U/K
If yes, check all that apply:
☐ Academic ☐ Behavioral
☐ Truancy ☐ Expulsion
☐ Suspensions ☐ U/K
☐ Other, specify:

19. Child's health insurance, check all that apply:
☐ None
☐ Private
☐ Medicaid
☐ State plan
☐ Other, specify:
☐ U/K

20. Child had disability or chronic illness?
○ No ○ Yes ○ U/K
If yes, check all that apply:
☐ Physical, specify:
☐ Mental, specify:
☐ Sensory, specify:
☐ U/K
If yes, was child receiving Children's Special Health Care Needs services?
○ No ○ Yes ○ U/K

21. Child's mental health (MH):
Child had received prior MH services?
○ No ○ Yes ○ U/K
Child was receiving MH services?
○ No ○ Yes ○ U/K
Child on medications for MH illness?
○ No ○ Yes ○ U/K
Issues prevented child from receiving MH services?
○ No ○ Yes ○ U/K
If yes, specify:

22. Child had history of substance abuse?
○ No ○ Yes ○ U/K
If yes, check all that apply:
☐ Alcohol ☐ Other, specify:
☐ Cocaine
☐ Marijuana ☐ U/K
☐ Methamphetamine
☐ Opiates
☐ Prescription drugs
☐ Over-the-counter drugs

23. Child had history of child maltreatment? If yes, check all that apply:

As Victim	As Perpetrator	As Victim	As Perpetrator	
	○ N/A	☐	☐	Physical
○	○ No	☐	☐	Neglect
○	○ Yes	☐	☐	Sexual
○	○ U/K	☐	☐	Emotional/psychological
If yes, how was history identified:		☐	☐	U/K
○	○	Through CPS	_____	_____ # CPS referrals
○	○	Other sources	_____	_____ # Substantiations

24. Was there an open CPS case with child at time of death?
○ No ○ Yes ○ U/K

25. Was child ever placed outside of the home prior to the death?
○ No ○ Yes ○ U/K

26. Were any siblings placed outside of the home prior to this child's death?
○ No ○ Yes, #_____ ○ U/K

27. Child had history of intimate partner violence? Check all that apply:
☐ N/A
☐ No
☐ Yes, as victim
☐ Yes, as perpetrator
☐ U/K

28. Child had delinquent or criminal history?
○ N/A ○ No ○ Yes ○ U/K
If yes, check all that apply:
☐ Assaults ☐ Other, specify:
☐ Robbery
☐ Drugs ☐ U/K

29. Child spent time in juvenile detention?
○ N/A ○ No ○ Yes ○ U/K

30. Child acutely ill during the two weeks before death?
○ No ○ Yes ○ U/K

31. Are child's parents first generation immigrants?
○ No ○ Yes ○ U/K
If yes, country of origin:

32. If child over age 12, what was child's gender identity?
○ Male
○ Female
○ U/K

33. If child over age 12, what was child's sexual orientation?
○ Heterosexual ○ Bisexual
○ Gay ○ Questioning
○ Lesbian ○ U/K

COMPLETE FOR ALL INFANTS UNDER ONE YEAR

34. Gestational age: ○ U/K
_____ # weeks

35. Birth weight: ○ U/K
○ Grams _____
○ Pounds/ounces _____ / _____

36. Multiple birth?
○ No ○ U/K
○ Yes, #_____

37. Including the deceased infant, how many pregnancies did the birth mother have? # ___ ○ U/K

38. Including the deceased infant, how many live births did the birth mother have? # ___ ○ U/K

39. Not including the deceased infant, number of children birth mother still has living? #_____ ○ U/K

40. Prenatal care provided during pregnancy of deceased infant? ○ No ○ Yes ○ U/K
If yes, number of prenatal visits: #_____ ○ U/K
If yes, month of first prenatal visit? Specify 1-9 _ ○ U/K

41. During pregnancy, did mother (check all that apply):

☐ Have medical complications/infections? Check all that apply:

- ☐ Acute/Chronic Lung Disease
- ☐ Anemia
- ☐ Cardiac Disease
- ☐ Chorioamnionitis
- ☐ Chronic Hypertension
- ☐ Diabetes
- ☐ Eclampsia
- ☐ Genital Herpes
- ☐ Hemoglobinonpathy
- ☐ High MSAFP
- ☐ Hydramnios/Oligohydramnios
- ☐ Incompetent Cervix
- ☐ Low MSAFP
- ☐ Other Infectious Disease
- ☐ Pregnancy-Related Hypertension
- ☐ Preterm Labor
- ☐ Previous Infant 4000+ Grams
- ☐ Previous Infant Preterm/Small for Gestation
- ☐ PROM
- ☐ Renal Disease
- ☐ Rh Sensitization
- ☐ Uterine Bleeding
- ☐ Other, specify:

☐ Smoke tobacco?
☐ Experience intimate partner violence?
☐ Use illicit drugs?
☐ Infant born drug exposed?
☐ Misuse OTC or prescription drugs?
☐ Have heavy alcohol use?
☐ Infant born with fetal alcohol effects or syndrome?

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

- ☐ Lack of money for care
- ☐ Limitations of health insurance coverage
- ☐ Multiple health insurance, not coordinated
- ☐ Lack of transportation
- ☐ No phone
- ☐ Cultural differences
- ☐ Religious objections to care
- ☐ Language barriers
- ☐ Referrals not made
- ☐ Specialist needed, not available
- ☐ Multiple providers, not coordinated
- ☐ Lack of child care
- ☐ Lack of family/social support
- ☐ Services not available
- ☐ Distrust of health care system
- ☐ Unwilling to obtain care
- ☐ Intimate partner would not allow care
- ☐ Other, specify:
- ☐ U/K

43. Did mother smoke in the 3 months before pregnancy?
○ No
○ Yes
○ U/K
If yes, ___ Average # cigarettes/day (20 cigarettes in a pack)
○ U/K quantity

44. Did mother smoke at any time during pregnancy?
○ No ○ Yes ○ U/K

If yes, Trimester 1 _____ Trimester 2 _____ Trimester 3 _____ Average # cigarettes/day (20 cigarettes in a pack)
○ ○ ○ U/K quantity

45. Infant ever breastfed?
○ No ○ Yes ○ U/K

46. Was mother injured during pregnancy?
○ No ○ Yes ○ U/K
If yes, describe:

47. Did infant have abnormal metabolic newborn screening results? ○ No ○ Yes ○ U/K
If yes, was abnormality a fatty acid oxidation error, such as MCAD? ○ No ○ Yes ○ 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):

- ☐ Infection
- ☐ Allergies
- ☐ Abnormal growth, weight gain/loss
- ☐ Apnea
- ☐ Cyanosis
- ☐ Seizures or convulsions
- ☐ Cardiac abnormalities
- ☐ Metabolic disorders
- ☐ Other, specify:

49. In the 72 hours prior to death, did the infant have any of the following? Check all that apply:

- ☐ Fever
- ☐ Excessive sweating
- ☐ Lethargy/sleeping more than usual
- ☐ Fussiness/excessive crying
- ☐ Decrease in appetite
- ☐ Vomiting
- ☐ Choking
- ☐ Diarrhea
- ☐ Stool changes
- ☐ Difficulty breathing
- ☐ Apnea
- ☐ Cyanosis
- ☐ Seizures or convulsions
- ☐ Other, specify:

50. In the 72 hours prior to death, was the infant injured?
○ No ○ Yes ○ U/K
If yes, describe cause and injuries:

51. In the 72 hours prior to death, was the infant given any vaccines?
○ No ○ Yes ○ 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.
○ No ○ Yes ○ 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:

- ☐ Breast milk ☐ U/K
- ☐ Formula, type:
- ☐ Baby food, type:
- ☐ Cereal, type:
- ☐ Other, specify:

B. PRIMARY CAREGIVER(S) INFORMATION

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

One	Two	One	Two
○	Self, go to Section C	○	○ Grandparent
○	○ Biological parent	○	○ Sibling
○	○ Adoptive parent	○	○ Other relative
○	○ Stepparent	○	○ Friend
○	○ Foster parent	○	○ Institutional staff
○	○ Mother's partner	○	○ Other, specify:
○	○ Father's partner	○	○ U/K

2. Caregiver(s) age in years:

One	Two	
_____	_____	# Years
○	○	U/K

3. Caregiver(s) sex:

One	Two	
○	○	Male
○	○	Female
○	○	U/K

4. Caregiver(s) employment status:

One	Two	
○	○	Employed
○	○	Unemployed
○	○	On disability
○	○	Stay-at-home
○	○	Retired
○	○	U/K

5. Caregiver(s) income:

One	Two	
○	○	High
○	○	Medium
○	○	Low
○	○	U/K

6. Caregiver(s) education:

One	Two	
○	○	< High school
○	○	High school
○	○	College
○	○	Post Graduate
○	○	U/K

7. Do caregiver(s) speak English?

One	Two	
○	○	No
○	○	Yes
○	○	U/K

If no, language spoken:

8. Caregiver(s) on active military duty?

One	Two	
○	○	No
○	○	Yes
○	○	U/K

If yes, specify branch:

9. Caregiver(s) received social services in the past twelve months?

One	Two		One	Two	
○	○	No		☐	☐ WIC
○	○	Yes	If yes, check	☐	☐ TANF
○	○	U/K	all that apply	☐	☐ Medicaid
				☐	☐ Food stamps
				☐	☐ Other, specify:

10. Caregiver(s) have substance abuse history?

One	Two	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

- ☐ ☐ Alcohol
- ☐ ☐ Cocaine
- ☐ ☐ Marijuana
- ☐ ☐ Methamphetamine
- ☐ ☐ Opiates
- ☐ ☐ Prescription drugs
- ☐ ☐ Over-the-counter
- ☐ ☐ Other, specify:
- ☐ ☐ U/K

11. Caregiver(s) ever victim of child maltreatment

One	Two	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

- ☐ ☐ Physical
- ☐ ☐ Neglect
- ☐ ☐ Sexual
- ☐ ☐ Emotional/psychological
- ☐ ☐ U/K
- _____ _____ # CPS referrals
- _____ _____ # Substantiations
- ☐ ☐ Ever in foster care or adopted?

12. Caregiver(s) ever perpetrator of maltreatment

One	Two	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

- ☐ ☐ Physical
- ☐ ☐ Neglect
- ☐ ☐ Sexual
- ☐ ☐ Emotional/psychological
- ☐ ☐ U/K
- _____ _____ # CPS referrals
- _____ _____ # Substantiations
- ☐ ☐ CPS prevention services?
- ☐ ☐ Family Preservation services?
- ☐ ☐ Children ever removed?

13. Caregiver(s) have disability or chronic illness?

One	Two	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

- ☐ ☐ Physical, specify:
- ☐ ☐ Mental, specify:
- ☐ ☐ Sensory, specify:
- ☐ ☐ U/K

If mental, was caregiver receiving services?

- ○ ○ No
- ○ ○ Yes
- ○ ○ U/K

14. Caregiver(s) have prior child deaths?

One	Two	
○	○	No
○	○	Yes
○	○	U/K

If yes, cause(s): Check all that apply:

- ☐ ☐ Child abuse # _____
- ☐ ☐ Child neglect # _____
- ☐ ☐ Accident # _____
- ☐ ☐ Suicide # _____
- ☐ ☐ SIDS # _____
- ☐ ☐ Other # _____

Other, specify:

- ☐ ☐ U/K

15. Caregiver(s) have history of intimate partner violence?

One	Two	
☐	☐	No
☐	☐	Yes, as victim
☐	☐	Yes, as perpetrator
☐	☐	U/K

16. Caregiver(s) have delinquent/criminal history?

One	Two	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

- ☐ ☐ Assaults
- ☐ ☐ Robbery
- ☐ ☐ Drugs
- ☐ ☐ Other, specify:
- ☐ ☐ U/K

C. SUPERVISOR INFORMATION

1. Did child have supervision at time of incident leading to death?
   - ○ No, not needed given developmental age or circumstances, go to Sect. D
   - ○ No, but needed, answer 3-15
   - ○ Yes, answer 2-15
   - ○ Unable to determine, try to answer 3-15

2. How long before incident did supervisor last see child? Select one:
   - ○ Child in sight of supervisor
   - ○ Minutes _____ ○ Days _____
   - ○ Hours _____ ○ U/K

3. Is person a primary caregiver as listed in previous section?
   - ○ No
   - ○ Yes, caregiver one, go to 15
   - ○ Yes, caregiver two, go to 15

4. Primary person responsible for supervision? Select only one:
   - ○ Biological parent ○ Foster parent ○ Grandparent ○ Friend ○ Institutional staff, go to C15 ○ Other, specify:
   - ○ Adoptive parent ○ Mother's partner ○ Sibling ○ Acquaintance ○ Babysitter
   - ○ Stepparent ○ Father's partner ○ Other relative ○ Hospital staff, go to C15 ○ Licensed child care worker ○ U/K

5. Supervisor's age in years: _____ ○ U/K

6. Supervisor's sex: ○ Male ○ Female ○ U/K

7. Does supervisor speak English? ○ No ○ Yes ○ U/K
   If no, language spoken:

8. Supervisor on active military duty? ○ No ○ Yes ○ U/K
   If yes, specify branch:

9. Supervisor has substance abuse history? ○ No ○ Yes ○ U/K

If yes, check all that apply:

- ☐ Alcohol
- ☐ Cocaine
- ☐ Marijuana
- ☐ Methamphetamine
- ☐ Opiates
- ☐ Prescription drugs
- ☐ Over-the-counter
- ☐ Other, specify:
- ☐ U/K

10. Supervisor has history of child maltreatment?

As Victim	As Perpetrator	
○	○	No
○	○	Yes
○	○	U/K

If yes, check all that apply:

- ☐ ☐ Physical
- ☐ ☐ Neglect
- ☐ ☐ Sexual
- ☐ ☐ Emotional/psychological
- ☐ ☐ U/K
- _____ _____ # CPS referrals
- _____ _____ # Substantiations
- ☐ Ever in foster care/adopted?
- ☐ CPS prevention services?
- ☐ Family preservation services?
- ☐ Children ever removed?

11. Supervisor has disability or chronic illness? ○ No ○ Yes ○ U/K

If yes, check all that apply:

- ☐ Physical, specify:
- ☐ Mental, specify:
- ☐ Sensory, specify:
- ☐ U/K

If mental illness, was supervisor receiving MH services?

- ○ No
- ○ Yes
- ○ U/K

12. Supervisor has prior child deaths? ○ No ○ Yes ○ U/K

If yes, check all that apply:

- ☐ Child abuse # _____
- ☐ Child neglect # _____
- ☐ Accident # _____
- ☐ Suicide # _____
- ☐ SIDS # _____
- ☐ Other # _____

Other, specify:

- ☐ U/K

13. Supervisor has history of intimate partner violence?
☐ No ☐ U/K
☐ Yes, as victim
☐ Yes, as perpetrator

14. Supervisor has delinquent or criminal history?
○ No ○ Yes ○ U/K
If yes, check all that apply:
☐ Assaults ☐ Drugs ☐ U/K
☐ Robbery ☐ Other, specify:

15. At time of incident was supervisor impaired? ○ No ○ Yes ○ U/K
If yes, check all that apply:
☐ Drug impaired ☐ Absent
☐ Alcohol impaired ☐ Impaired by illness, Specify:
☐ Asleep ☐ Impaired by disability, Specify:
☐ Distracted ☐ Other, Specify:

D. INCIDENT INFORMATION

1. Date of incident event:
○ Same as date of death
○ If different than date of death: ___/___/___ (mm/dd/yyyy)
○ U/K

2. Approximate time of day that incident occurred?
Hour, specify 1-12 _____
○ AM ○ PM ○ U/K

3. Interval between incident and death: ○ U/K
☐ Minutes ____ ☐ Weeks ____
☐ Hours ____ ☐ Months ____
☐ Days ____ ☐ Years ____

4. Place of incident, check all that apply:
☐ Child's home ☐ Licensed group home ☐ School ☐ Sidewalk ☐ Sports area
☐ Relative's home ☐ Licensed child care center ☐ Place of work ☐ Roadway ☐ Other recreation area
☐ Friend's home ☐ Licensed child care home ☐ Indian Reservation ☐ Driveway ☐ Hospital
☐ Licensed foster care home ☐ Unlicensed child care home ☐ Military installation ☐ Other parking area ☐ Other, specify:
☐ Relative foster care home ☐ Farm ☐ Jail/detention facility ☐ State or county park ☐ U/K

5. Type of area:
○ Urban
○ Suburban
○ Rural
○ Frontier
○ U/K

6. Incident state: _____

7. Incident county: _____

8. Was 911 or local emergency called?
○ N/A ○ No ○ Yes ○ U/K

9. CPR performed before EMS arrived?
○ N/A ○ No ○ Yes ○ U/K

10. At time of incident leading to death, had child used drugs or alcohol? ○ N/A ○ No ○ Yes ○ U/K

11. EMS to scene?
○ N/A ○ No ○ Yes ○ U/K

12. Child's activity at time of incident, check all that apply:
☐ Sleeping ☐ Working ☐ Driving/vehicle occupant ☐ U/K
☐ Playing ☐ Eating ☐ Other, specify:

13. Total number of deaths at incident event:
____ Children, ages 0-18 ○ U/K
____ Adults

E. INVESTIGATION INFORMATION

1. Death referred to:
○ Medical examiner
○ Coroner
○ Not referred
○ U/K

2. Person declaring official cause and manner of death:
○ Medical examiner ○ Mortician
○ Coroner ○ Other, specify:
○ Hospital physician
○ Other physician ○ U/K

3. Autopsy performed? ○ No ○ Yes ○ U/K
If yes, conducted by:
○ Forensic pathologist ○ Other physician
○ Pediatric pathologist ○ Other, specify:
○ General pathologist
○ Unknown pathologist ○ U/K

If no, because parents or caregivers objected?
○ No ○ Yes ○ U/K

4. If autopsy performed, were the following assessed in the autopsy? Select no, yes, or unknown for each line.

No	Yes	U/K		No	Yes	U/K		No	Yes	U/K	
○	○	○	Exam of general appearance and development				Microscopic exam of:				Weights of the:
○	○	○	Metabolic screening	○	○	○	Brain and meninges	○	○	○	Brain
○	○	○	Genetic testing	○	○	○	Heart	○	○	○	Heart
○	○	○	Routine toxicology for ethanol, sedatives, and/or stimulants	○	○	○	Lung	○	○	○	Lungs
○	○	○	Toxicology for *suspected* drugs if investigation suggests exposure	○	○	○	Airways	○	○	○	Liver
○	○	○	Vitreous testing as an adjunct to other investigation results	○	○	○	Liver	○	○	○	Kidneys
○	○	○	Radiograph-single				Sampled tissue of:	○	○	○	Thymus
○	○	○	Radiograph-complete skeletal series	○	○	○	Kidney	○	○	○	Spleen
○	○	○	CAT scan	○	○	○	Spleen				
○	○	○	Microbiology	○	○	○	Thymus				
			In situ exam with removal & dissection of:	○	○	○	Bone or costochondral tissue				
○	○	○	Brain	○	○	○	Endocrine organs				
○	○	○	Neck structures	○	○	○	Sections of gastrointestinal tract				
○	○	○	Thoracoabdominal organs								

5. Toxicology screen? ○ No ○ Yes ○ U/K
If yes, check all that apply:
☐ Negative
☐ Alcohol
☐ Cocaine
☐ Marijuana
☐ Methamphetamine
☐ Opiates
☐ Too high prescription drug, specify:
☐ Too high over-the-counter drug, specify:
☐ Other, specify:
☐ U/K

6. Histology conducted? ○ No ○ Yes ○ U/K
If yes, were there abnormal tissue samples?
○ No ○ Yes ○ U/K
If abnormal, describe:

7. Microbiology conducted? ○ No ○ Yes ○ U/K
If yes, were there abnormal results?
○ No ○ Yes ○ U/K
If abnormal, check all that apply:
☐ Bacteria, specify:
☐ Virus, specify:
☐ Fungi, specify:
☐ Other, specify:
☐ U/K

8. Other pathology conducted? ○ No ○ Yes ○ U/K
If yes, were there abnormal results?
○ No ○ Yes ○ U/K
If abnormal, describe:

9. Blood chemistry conducted? ○ No ○ Yes ○ U/K
If yes, were there abnormal results?
○ No ○ Yes ○ U/K
If abnormal, describe:

10. X-rays taken? ○ No ○ Yes ○ U/K
If yes, were there abnormal results?
○ No ○ Yes ○ U/K
If abnormal, describe:

11. Describe any significant autopsy findings not addressed above:

12. Regardless of the findings, record whether or not the medical examiner, coroner and/or pathologist had ***access*** to the following information before determining cause of death:

N/A	No	Yes	U/K		N/A	No	Yes	U/K	
○	○	○	○	CDC's SUIDI Reporting Form	○	○	○	○	Evidence of hyperthermia/hypothermia
○	○	○	○	Jurisdictional equivalent of the CDC SUIDI Reporting Form	○	○	○	○	Dietary history, at least in the 24 hours before death
○	○	○	○	Description of circumstances surrounding death	○	○	○	○	History of recent hospitalizations
○	○	○	○	Photographs and diagrams of scene	○	○	○	○	History of previous medical diagnosis
○	○	○	○	Scene re-creation	○	○	○	○	History of acute, life threatening events
○	○	○	○	Doll re-enactment	○	○	○	○	History of medical problems without diagnosis
○	○	○	○	Witness interview reports	○	○	○	○	History of recent fall or injury
○	○	○	○	EMS run reports	○	○	○	○	Use of religious, cultural or ethnic remedies
○	○	○	○	Information on previous social service encounters	○	○	○	○	History of prior sibling deaths
○	○	○	○	Information on previous law enforcement encounters	○	○	○	○	Pre-terminal resuscitation treatment
○	○	○	○	Information on sharing of sleep surface	○	○	○	○	Evidence that death is from a natural cause, other than SIDS
○	○	○	○	Information on change in sleep conditions					
○	○	○	○	Information on description of bedding/other items on sleep surface	○	○	○	○	Evidence that death is from trauma (injury), poisoning or intoxication
○	○	○	○	Information on heating and cooling sources and devices	○	○	○	○	Other suspicious circumstances
○	○	○	○	Information on environmental hazards, such as paint, noxious fumes, vermin	○	○	○	○	Other alerts for pathologist, medical or coroner attention
○	○	○	○	Information on apnea monitors					

13. Was there agreement between the cause of death listed on the pathology report and on the death certificate? ○ No ○ Yes ○ U/K

If no, describe the differences:

14. Agencies that conducted a scene investigation, check all that apply:

☐ Not conducted ☐ ME investigator ☐ Fire investigator ☐ Other, specify:
☐ Medical examiner ☐ Coroner investigator ☐ EMS
☐ Coroner ☐ Law enforcement ☐ Child Protective Services ☐ U/K

15. Was a CPS record check conducted as a result of death? ○ No ○ Yes ○ U/K

16. Did investigation find evidence of prior abuse? ○ N/A ○ No ○ Yes ○ U/K

If yes, from what source? Check all that apply:
☐ From x-rays ☐ U/K
☐ From autopsy
☐ From CPS review
☐ From law enforcement

17. CPS action taken because of death? ○ N/A ○ No ○ Yes ○ U/K

If yes, highest level of action taken because of death:
○ Report screened out and not investigated
○ Unsubstantiated
○ Inconclusive
○ Substantiated

If yes, services or actions resulting, check all that apply:
☐ Voluntary services offered
☐ Voluntary services provided
☐ Court ordered services provided
☐ Voluntary out of home placemen
☐ Court ordered out of home placement
☐ Children removed
☐ Parental rights terminated
☐ U/K

18. If death occurred in licensed setting, indicate action taken:
○ N/A
○ No action
○ License suspended
○ License revoked
○ Investigation ongoing
○ U/K

F. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH

1. Official manner of death from the death certificate:
○ Natural
○ Accident
○ Suicide
○ Homicide
○ Undetermined
○ Pending
○ 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.

○ From an injury (external cause), select one:
- ○ Motor vehicle and other transport, go to G1
- ○ Fire, burn, or electrocution, go to G2
- ○ Drowning, go to G3
- ○ Asphyxia, go to G4
- ○ Weapon, including body part, go to G6
- ○ Animal bite or attack, go to G7
- ○ Fall or crush, go to G8
- ○ Poisoning, overdose or acute intoxication, go to G9
- ○ Exposure, go to G10
- ○ Undetermined. If under age one, go to G5 & G12 If over age one, go to G12
- ○ Other cause, go to G12
- ○ U/K, go to G12

○ From a medical cause, select one:
- ○ Asthma, go to G11
- ○ Cancer, specify and go to G11
- ○ Cardiovascular, specify and go to G11
- ○ Congenital anomaly, specify and go to G11
- ○ HIV/AIDS, go to G11
- ○ Influenza, go to G11
- ○ Low birth weight, go to G11
- ○ Malnutrition/dehydration, go to G11
- ○ Neurological/seizure disorder, go to G11
- ○ Pneumonia, specify and go to G11
- ○ Prematurity, go to G11
- ○ SIDS, go to G5
- ○ Other infection, specify and go to G11
- ○ Other perinatal condition, specify and go to G11
- ○ Other medical condition, specify and go to G11
- ○ Undetermined. If under age one, go to G5 and G11. If over age one, go to G11.
- ○ U/K. If under age one, go to G5 and G11. If over age one, go to G11.

○ Undetermined if injury or medical cause, go to G12; If under age one, go to G5 & G12

○ U/K go to G12

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: _____

Child's	Other primary vehicle	
○	○	None
○	○	Car
○	○	Van
○	○	Sport utility vehicle
○	○	Truck
○	○	Semi/tractor trailer
○	○	RV
○	○	School bus
○	○	Other bus
○	○	Motorcycle
○	○	Tractor
○	○	Other farm vehicle
○	○	All terrain vehicle
○	○	Snowmobile
○	○	Bicycle
○	○	Train
○	○	Subway
○	○	Trolley
○	○	Other, specify:
○	○	U/K

b. Position of child:

- ○ Driver
- ○ Passenger
  - ○ Front seat
  - ○ Back seat
  - ○ Truck bed
  - ○ Other, specify:
  - ○ U/K
- ○ On bicycle
- ○ Pedestrian
  - ○ Walking
  - ○ Boarding/blading
  - ○ Other, specify:
  - ○ U/K
- ○ U/K

c. Causes of incident, check all that apply:

☐ Speeding over limit	☐ Back over
☐ Unsafe speed for conditions	☐ Rollover
☐ Recklessness	☐ Poor sight line
☐ Ran stop sign or red light	☐ Car changing lanes
☐ Driver distraction	☐ Road hazard
☐ Driver inexperience	☐ Animal in road
☐ Mechanical failure	☐ Cell phone use while driving
☐ Poor tires	☐ Racing, not authorized
☐ Poor weather	☐ Other driver error, specify:
☐ Poor visibility	
☐ Drugs or alcohol use	☐ Other, specify:
☐ Fatigue/sleeping	
☐ Medical event, specify:	☐ U/K

d. Collision type:

- ○ Child *not* in/on a vehicle, but struck by vehicle
- ○ Child in/on a vehicle, struck by other vehicle
- ○ Child in/on a vehicle that struck other vehicle
- ○ Child in/on a vehicle that struck person/object
- ○ Other event, specify:
- ○ U/K

e. Driving conditions, check all that apply:

☐ Normal	☐ Other, specify:
☐ Loose gravel	
☐ Muddy	☐ U/K
☐ Ice/Snow	
☐ Fog	
☐ Wet	
☐ Construction zone	
☐ Inadequate lighting	

f. Location of incident, check all that apply:

☐ City street	☐ Driveway
☐ Residential street	☐ Parking area
☐ Rural road	☐ Off road
☐ Highway	☐ Railroad crossing/tracks
☐ Intersection	☐ Other, specify:
☐ Shoulder	
☐ Sidewalk	☐ U/K

g. Drivers involved in incident, check all that apply:

Child as driver	Child's driver	Driver of other primary vehicle	
	_____	_____	Age of Driver
☐	☐	☐	Responsible for causing incident
☐	☐	☐	Was alcohol/drug impaired
☐	☐	☐	Has no license
☐	☐	☐	Has a learner's permit
☐	☐	☐	Has a graduated license
☐	☐	☐	Has a full license
☐	☐	☐	Has a full license that has been restricted
☐	☐	☐	Has a suspended license
☐	☐	☐	If recreational vehicle, has driver safety certificate
☐	☐	☐	Other, specify:
☐	☐	☐	Was violating graduated licensing rules:
☐	☐	☐	Nighttime driving curfew
☐	☐	☐	Passenger restrictions
☐	☐	☐	Driving without required supervision
☐	☐	☐	Other violations, specify:
☐	☐	☐	U/K

h. Total number of occupants in vehicles:

In child's vehicle, **including child**:

☐ N/A, child was not in a vehicle.

- Total number occupants: _____ ○ U/K
- Number teens, ages 14-21: _____ ○ U/K
- Total number of deaths: _____ ○ U/K
- Total number teen deaths: _____ ○ U/K

In other primary vehicle involved in incident:

☐ N/A, incident was a single vehicle crash.

- Total number occupants: _____ ○ U/K
- Number teens, ages 14-21: _____ ○ U/K
- Total number of deaths: _____ ○ U/K
- Total number teen deaths: _____ ○ U/K

i. Protective measures for child, Select one option per row:

	Not Needed	Needed, none present	Present, used correctly	Present, used incorrectly	Present not used	Unknown
Airbag	○	○	○	○	○	○
Lap belt	○	○	○	○	○	○
Shoulder belt	○	○	○	○	○	○
Child seat*	○	○	○	○	○	○
Belt positioning booster seat	○	○	○	○	○	○
Helmet	○	○	○	○	○	○
Other, specify:	○	○	○	○	○	○

*If child seat, type:

- ○ Rear facing
- ○ Front facing
- ○ U/K

2. FIRE, BURN, or ELECTROCUTION

a. Ignition, heat or electrocution source:

- ○ Matches
- ○ Cigarette lighter
- ○ Utility lighter
- ○ Cigarette or cigar
- ○ Candles
- ○ Cooking stove
- ○ Heating stove
- ○ Space heater
- ○ Furnace
- ○ Power line
- ○ Electrical outlet
- ○ Electrical wiring
- ○ Lightning
- ○ Oxygen tank
- ○ Hot cooking water
- ○ Hot bath water
- ○ Other hot liquid, specify:
- ○ Fireworks
- ○ Other explosives
- ○ Appliance in water
- ○ Other, specify:
- ○ U/K

b. Type of incident:

- ○ Fire, go to c
- ○ Scald, go to r
- ○ Other burn, go to t
- ○ Electrocution, go to s
- ○ Other, specify and go to t
- ○ U/K, go to t

c. For fire, child died from:

- ○ Burns
- ○ Smoke inhalation
- ○ Other, specify:
- ○ U/K

d. Material first ignited:

- ○ Upholstery
- ○ Mattress
- ○ Christmas tree
- ○ Clothing
- ○ Curtain
- ○ Other, specify:
- ○ U/K

e. Type of building on fire:

- ○ N/A
- ○ Single home
- ○ Duplex
- ○ Apartment
- ○ Trailer/mobile home
- ○ Other, specify:
- ○ U/K

f. Building's primary construction material:

- ○ Wood
- ○ Steel
- ○ Brick/stone
- ○ Aluminum
- ○ Other, specify:
- ○ U/K

g. Fire started by a person? ○ No ○ Yes ○ U/K

If yes, person's age _____

Does person have a history of setting fires? ○ No ○ Yes ○ U/K

h. Did anyone attempt to put out fire? ○ No ○ Yes ○ U/K

i. Did escape or rescue efforts worsen fire? ○ No ○ Yes ○ U/K

j. Did any factors delay fire department arrival? ○ No ○ Yes ○ U/K

If yes, specify:

k. Were barriers preventing safe exit? ○ No ○ Yes ○ U/K

If yes, check all that apply:

- ☐ Locked door
- ☐ Window grate
- ☐ Locked window
- ☐ Blocked stairway
- ☐ Other, specify:
- ☐ U/K

l. Was building a rental property? ○ No ○ Yes ○ U/K

m. Were building/rental codes violated? ○ No ○ Yes ○ U/K

If yes, describe in narrative.

n. Were proper working fire extinguishers present? ○ No ○ Yes ○ U/K

o. Was sprinkler system present? ○ No ○ Yes ○ U/K

If yes, was it working? ○ No ○ Yes ○ U/K

p. Were smoke detectors present? ○ No ○ Yes ○ U/K

If yes, what type?	If yes, functioning properly?			If not functioning properly, reason: Missing batteries	Other	U/K
☐ Removable batteries	○ No	○ Yes	○ U/K	☐	☐	☐
☐ Non-removable batteries	○ No	○ Yes	○ U/K		☐	☐
☐ Hardwired	○ No	○ Yes	○ U/K	☐	☐	☐
☐ U/K	○ No	○ Yes	○ U/K	☐	☐	☐

Other, specify:

If yes, was there an adequate number present? ○ No ○ Yes ○ U/K

q. Suspected arson? ○ No ○ Yes ○ U/K

r. For scald, was hot water heater set too high?

- ○ N/A
- ○ No
- ○ Yes, temp. setting: _____
- ○ U/K

s. For electrocution, what cause:

- ○ Electrical storm
- ○ Faulty wiring
- ○ Wire/product in water
- ○ Child playing with outlet
- ○ Other, specify:
- ○ U/K

t. Other, describe in detail:

3. DROWNING

a. Where was child last seen before drowning? Check all that apply:

- ☐ In water
- ☐ On shore
- ☐ On dock
- ☐ Poolside
- ☐ In yard
- ☐ In bathroom
- ☐ In house
- ☐ Other, specify:
- ☐ U/K

b. What was child last seen doing before drowning?

- ○ Playing
- ○ Boating
- ○ Swimming
- ○ Bathing
- ○ Fishing
- ○ Surfing
- ○ Tubing
- ○ Water-skiing
- ○ Sleeping
- ○ Other, specify:
- ○ U/K

c. Was child forcibly submerged? ○ No ○ Yes ○ U/K

d. Drowning location:

- ○ Open water, go to e
- ○ U/K, go to n
- ○ Pool, hot tub, spa, go to i
- ○ Bathtub, go to w
- ○ Bucket, go to x
- ○ Well/ cistern/ septic, go to n
- ○ Toilet, go to z
- ○ Other, specify and go to n

e. For open water, place:

- ○ Lake
- ○ River
- ○ Pond
- ○ Creek
- ○ Ocean
- ○ Quarry
- ○ Gravel pit
- ○ Canal
- ○ U/K

f. For open water, contributing environmental factors:

- ○ Weather
- ○ Temperature
- ○ Current
- ○ Riptide/ undertow
- ○ Drop off
- ○ Rough waves
- ○ Other, specify:
- ○ U/K

g. If boating, type of boat:

- ○ Sailboat
- ○ Jet ski
- ○ Motorboat
- ○ Canoe
- ○ Kayak
- ○ Raft
- ○ Commercial
- ○ Other, specify:
- ○ U/K

h. For boating, was the child piloting boat? ○ No ○ Yes ○ U/K

i. For pool, type of pool:

- ○ Above ground
- ○ In-ground
- ○ Wading
- ○ Hot tub, spa
- ○ U/K

j. For pool, child found:

- ○ In the pool/hot tub/spa
- ○ On or under the cover
- ○ U/K

k. For pool, ownership is:

- ○ Private
- ○ Public
- ○ U/K

l. Length of time owners had pool/hot tub/spa:

- ○ N/A
- ○ <6 months
- ○ 6m-1 yr
- ○ >1yr
- ○ U/K

m. Flotation device used?
- ○ N/A
- ○ No
- ○ Yes
- ○ U/K

If yes, check all that apply:
- ☐ Coast Guard approved
  - ☐ Jacket ☐ Cushion ☐ Lifesaving ring
  - If jacket:
    - Correct size? ○ No ○ Yes ○ U/K
    - Worn correctly? ○ No ○ Yes ○ U/K
- ☐ Not Coast Guard approved ☐ U/K
  - ☐ Swim rings
  - ☐ Inner tube
  - ☐ Air mattress
  - ☐ Other, specify:

n. What barriers/layers of protection existed to prevent access to water?
Check all that apply:
- ☐ None ☐ Alarm, go to r
- ☐ Fence, go to o ☐ Cover, go to s
- ☐ Gate, go to p ☐ U/K
- ☐ Door, go to q

o. Fence:
Describe type:
Fence height in ft _____
Fence surrounds water on:
- ○ Four sides ○ Two or
- ○ Three sides less sides
- ○ U/K

p. Gate, check all that apply:
- ☐ Has self closing latch
- ☐ Has lock
- ☐ Is a double gate
- ☐ Opens to water
- ☐ U/K

q. Door, check all that apply:
- ☐ Patio door ☐ Opens to water
- ☐ Screen door ☐ Barrier between
- ☐ Steel door door and water
- ☐ Self closing ☐ U/K
- ☐ Has lock

r. Alarm, check all that apply:
- ☐ Door
- ☐ Window
- ☐ Pool
- ☐ Laser
- ☐ U/K

s. Type of cover:
- ○ Hard
- ○ Soft
- ○ U/K

t. Local ordinance(s) regulating access to water?
- ○ No ○ Yes ○ U/K

If yes, rules violated?
- ○ No ○ Yes ○ U/K

u. How were layers of protection breached, check all that apply:
- ☐ No layers breached
- ☐ Gate left open
- ☐ Gate unlocked
- ☐ Gate latch failed
- ☐ Gap in gate
- ☐ Climbed fence
- ☐ Gap in fence
- ☐ Damaged fence
- ☐ Fence too short
- ☐ Door left open
- ☐ Door unlocked
- ☐ Door broken
- ☐ Door screen torn
- ☐ Door self-closer failed
- ☐ Window left open
- ☐ Window screen torn
- ☐ Alarm not working
- ☐ Alarm not answered
- ☐ Cover left off
- ☐ Cover not locked
- ☐ Other, specify:
- ☐ U/K

v. Child able to swim?
- ○ N/A ○ Yes
- ○ No ○ U/K

w. For bathtub, child in a bathing aid?
- ○ No ○ Yes ○ U/K

If yes, specify type:

x. Warning sign or label posted?
- ○ N/A ○ Yes
- ○ No ○ U/K

y. Lifeguard present?
- ○ N/A ○ Yes
- ○ No ○ U/K

z. Rescue attempt made?
- ○ N/A
- ○ No
- ○ Yes
- ○ U/K

If yes, who? Check all that apply:
- ☐ Parent ☐ Bystander
- ☐ Other child ☐ Other, specify:
- ☐ Lifeguard ☐ U/K

aa. Did rescuer(s) also drown?
- ○ N/A ○ Yes
- ○ No ○ U/K

If yes, number of rescuers: ____

bb. Appropriate rescue equipment present?
- ○ N/A ○ Yes
- ○ No ○ U/K

4. ASPHYXIA

a. Type of event:
- ○ Suffocation, go to b
- ○ Strangulation, go to c
- ○ Choking, go to d
- ○ Other, specify and go to e
- ○ U/K, go to e

b. If suffocation/asphyxia, action causing event:
- ◯ Sleep-related (e.g. bedding, overlay, wedged)
- ◯ Covered in or fell into object, but not sleep-related
  - ○ Plastic bag
  - ○ Dirt/Sand
  - ○ Other, specify:
  - ○ U/K
- ◯ Confined in tight space
  - ○ Refrigerator/freezer
  - ○ Toy chest
  - ○ Automobile
    - ○ Trunk
    - ○ Other, specify:
    - ○ U/K
  - ○ Other, specify:
  - ○ U/K
- ◯ Swaddled in tight blanket, but not sleep-related
- ◯ Wedged into tight space, but not sleep-related
- ◯ Asphyxia by gas, go to G9a
- ◯ Other, specify:
- ◯ U/K

c. If strangulation, object causing event:
- ○ Clothing ○ Leash
- ○ Blind cord ○ Electrical cord
- ○ Car seat ○ Person, go to question G6q
- ○ Stroller ○ Automobile power window
- ○ High chair or sunroof
- ○ Belt ○ Other, specify:
- ○ Rope/string ○ U/K

d. If choking, object causing choking:
- ○ Food, specify:
- ○ Toy, specify:
- ○ Balloon
- ○ Other, specify:
- ○ U/K

e. Was asphyxia an autoerotic event?
- ○ No ○ Yes ○ U/K

f. Was child participating in 'choking game' or 'pass out game'?
- ○ No ○ Yes ○ U/K

g. History of seizures?
- ○ No ○ Yes ○ U/K If yes, #_____
- If yes, witnessed? ○ No ○ Yes ○ U/K

h. History of apnea?
- ○ No ○ Yes ○ U/K If yes, #_____
- If yes, witnessed? ○ No ○ Yes ○ U/K

i. Was Heimlich Maneuver attempted?
- ○ No ○ Yes ○ U/K

5. SIDS AND UNDETERMINED CAUSE UNDER ONE YEAR OF AGE

a. Child exposed to 2nd-hand smoke?
- ○ No ○ Yes ○ U/K

If yes, how often?
- ○ Frequently
- ○ Occasionally
- ○ U/K

b. Child overheated? ○ No ○ Yes ○ U/K
- If yes, Outside temp ____ deg. F
- Check all that apply:
  - ☐ Room too hot, temp ____ deg. F
  - ☐ Too much bedding
  - ☐ Too much clothing

c. History of seizures?
- ○ No ○ Yes ○ U/K

If yes, #_____

If yes, witnessed?
- ○ No ○ Yes ○ U/K

d. History of apnea?
- ○ No ○ Yes ○ U/K

If yes, #_____

If yes, witnessed?
- ○ No ○ Yes ○ U/K

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.

6. WEAPON, INCLUDING PERSON'S BODY PART

a. Type of weapon:
- ○ Firearm, go to b
- ○ Sharp instrument, go to j
- ○ Blunt instrument, go to k
- ○ Person's body part, go to l
- ○ Explosive, go to m
- ○ Rope, go to m
- ○ Pipe, go to m
- ○ Biological, go to m
- ○ Other, specify and go to m
- ○ U/K, go to m

b. For firearms, type:
- ○ Handgun
- ○ Shotgun
- ○ BB gun
- ○ Hunting rifle
- ○ Assault rifle
- ○ Air rifle
- ○ Sawed off shotgun
- ○ Other, specify:
- ○ U/K

c. Firearm licensed?
○ No ○ Yes ○ U/K

d. Firearm safety features, check all that apply:
- ☐ Trigger lock
- ☐ Personalization device
- ☐ External safety/drop safety
- ☐ Loaded chamber indicator
- ☐ Magazine disconnect
- ☐ Minimum trigger pull
- ☐ Other, specify:
- ☐ U/K

e. Where was firearm stored?
- ○ Not stored
- ○ Locked cabinet
- ○ Unlocked cabinet
- ○ Glove compartment
- ○ Under mattress/pillow
- ○ Other, specify:
- ○ U/K

f. Firearm stored with with ammunition?
○ No ○ Yes ○ U/K

g. Firearm stored loaded?
○ No ○ Yes ○ U/K

h. Owner of fatal firearm:
- ○ U/K, weapon stolen
- ○ U/K, weapon found
- ○ Self
- ○ Biological parent
- ○ Adoptive parent
- ○ Stepparent
- ○ Foster parent
- ○ Mother's partner
- ○ Father's partner
- ○ Grandparent
- ○ Sibling
- ○ Spouse
- ○ Other relative
- ○ Friend
- ○ Acquaintance
- ○ Child's boyfriend or girlfriend
- ○ Classmate
- ○ Co-worker
- ○ Institutional staff
- ○ Neighbor
- ○ Rival gang member
- ○ Stranger
- ○ Law enforcement
- ○ Other, specify:
- ○ U/K

i. Sex of fatal firearm owner:
- ○ Male
- ○ Female
- ○ U/K

j. Type of sharp object:
- ○ Kitchen knife
- ○ Switchblade
- ○ Pocketknife
- ○ Razor
- ○ Hunting knife
- ○ Scissors
- ○ Other, specify:
- ○ U/K

k. Type of blunt object:
- ○ Bat
- ○ Club
- ○ Stick
- ○ Hammer
- ○ Rock
- ○ Household item
- ○ Other, specify:
- ○ U/K

l. What did person's body part do? Check all that apply:
- ☐ Beat, kick or punch
- ☐ Drop
- ☐ Push
- ☐ Bite
- ☐ Shake
- ☐ Strangle
- ☐ Throw
- ☐ Drown
- ☐ Burn
- ☐ Other, specify:
- ☐ U/K

m. Did person using weapon have history of weapon-related offenses?
- ○ No
- ○ Yes
- ○ U/K

n. Does anyone in child's family have a history of weapon offenses or die of weapons-related causes?
- ○ No
- ○ Yes, describe circumstances:
- ○ U/K

o. Persons handling weapons at time of incident, check all that apply:

Fatal	Other weapon		Fatal	Other weapon	
☐	☐	Self	☐	☐	Friend
☐	☐	Biological parent	☐	☐	Acquaintance
☐	☐	Adoptive parent	☐	☐	Child's boyfriend or girlfriend
☐	☐	Stepparent	☐	☐	Classmate
☐	☐	Foster parent	☐	☐	Co-worker
☐	☐	Mother's partner	☐	☐	Institutional staff
☐	☐	Father's partner	☐	☐	Neighbor
☐	☐	Grandparent	☐	☐	Rival gang member
☐	☐	Sibling	☐	☐	Stranger
☐	☐	Spouse	☐	☐	Law enforcement officer
☐	☐	Other relative	☐	☐	Other, specify:
			☐	☐	U/K

p. Sex of person(s) handling weapon:

Fatal weapon:
- ○ Male
- ○ Female
- ○ U/K

Other weapon:
- ○ Male
- ○ Female
- ○ U/K

q. Use of weapon at time, check all that apply:
- ☐ Self-injury
- ☐ Commission of crime
- ☐ Drive-by shooting
- ☐ Random violence
- ☐ Child was a bystander
- ☐ Argument
- ☐ Jealousy
- ☐ Intimate partner violence
- ☐ Hate crime
- ☐ Bullying
- ☐ Hunting
- ☐ Target shooting
- ☐ Playing with weapon
- ☐ Weapon mistaken for toy
- ☐ Showing gun to others
- ☐ Russian Roulette
- ☐ Gang-related activity
- ☐ Self-defense
- ☐ Cleaning weapon
- ☐ Loading weapon
- ☐ Intervener assisting crime victim (Good Samaritan)
- ☐ Other, specify:
- ☐ U/K

7. ANIMAL BITE OR ATTACK

a. Type of animal:
- ○ Domesticated dog
- ○ Domesticated cat
- ○ Snake
- ○ Wild mammal, specify:
- ○ Insect
- ○ Other, specify:
- ○ U/K

b. Animal access to child, check all that apply:
- ☐ Animal on leash
- ☐ Animal caged or inside fence
- ○ Child reached in
- ○ Child entered animal area
- ○ U/K
- ☐ Animal escaped from cage or leash
- ☐ Animal not caged or leashed
- ☐ U/K

c. Did child provoke animal?
○ No ○ Yes ○ U/K
If yes, how?

d. Animal has history of biting or attacking?
○ No ○ Yes ○ U/K

8. FALL OR CRUSH

a. Type:
- ○ Fall, go to b
- ○ Crush, go to h

b. Height of fall:
_____ feet
_____ inches
○ U/K

c. Child fell from:
- ○ Open window
- Screen?
  - ○ Screen
  - ○ No screen
  - ○ U/K if screen
- ○ Natural elevation
- ○ Man-made elevation
- ○ Playground equipment
- ○ Tree
- ○ Stairs/steps
- ○ Furniture
- ○ Bed
- ○ Roof
- ○ Moving object, specify:
- ○ Bridge
- ○ Overpass
- ○ Balcony
- ○ Animal, specify:
- ○ Other, specify:
- ○ U/K

d. Surface child fell onto:
- ○ Cement/concrete
- ○ Grass
- ○ Gravel
- ○ Wood floor
- ○ Carpeted floor
- ○ Linoleum/vinyl
- ○ Marble/tile
- ○ Other, specify:
- ○ U/K

e. Barrier in place:
Check all that apply:
- ☐ None
- ☐ Screen
- ☐ Other window guard
- ☐ Fence
- ☐ Railing
- ☐ Stairway
- ☐ Gate
- ☐ Other, specify:
- ☐ U/K

f. Child in a baby walker?
- ○ N/A
- ○ No
- ○ Yes
- ○ U/K

g. Was child pushed, dropped or thrown?
○ No ○ Yes ○ U/K

If yes, go to G6q

h. For crush, did child:
- ○ Climb up on object
- ○ Pull object down
- ○ Hide behind object
- ○ Go behind object
- ○ Fall out of object
- ○ Other, specify:
- ○ U/K

i. For crush, object causing crush:
- ○ Appliance
- ○ Television
- ○ Furniture
- ○ Walls
- ○ Playground equipment
- ○ Animal
- ○ Tree branch
- ○ Boulders/rocks
- ○ Dirt/sand
- ○ Person, answer G6q
- ○ Commercial equipment
- ○ Farm equipment
- ○ Other, specify:
- ○ U/K

9. POISONING, OVERDOSE OR ACUTE INTOXICATION

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

Prescription drug
- ☐ Antidepressant
- ☐ Blood pressure medication
- ☐ Pain killer (opiate)
- ☐ Pain killer (non-opiate)
- ☐ Methadone
- ☐ Cardiac medication
- ☐ Other, specify:

Over the counter drug
- ☐ Diet pills
- ☐ Stimulants
- ☐ Cough medicine
- ☐ Pain medication
- ☐ Children's vitamins
- ☐ Iron supplement
- ☐ Other vitamins
- ☐ Other, specify:
- ☐ Cosmetics/personal care products

Cleaning substances
- ☐ Bleach
- ☐ Drain cleaner
- ☐ Alkaline-based cleaner
- ☐ Solvent
- ☐ Other, specify:

Other substances ○ U/K
- ☐ Plants
- ☐ Alcohol
- ☐ Street drugs
- ☐ Pesticide
- ☐ Antifreeze
- ☐ Other chemical
- ☐ Herbal remedy
- ☐ Carbon monoxide, go to f
- ☐ Other fume/gas/vapor
- ☐ Other, specify:

b. Where was the substance stored?
- ○ Open area
- ○ Open cabinet
- ○ Closed cabinet, unlocked
- ○ Closed cabinet, locked
- ○ Other, specify:
- ○ U/K

c. Was the product in its original container?
○ N/A ○ Yes ○ No ○ U/K

d. Did container have a child safety cap?
○ N/A ○ Yes ○ No ○ U/K

e. If prescription, was it child's?
○ No ○ Yes ○ U/K

f. Was the incident the result of?
- ○ Accidental overdose
- ○ Medical treatment mishap
- ○ Adverse effect, but not overdose
- ○ Deliberate poisoning
- ○ Acute intoxication
- ○ Other, specify:
- ○ U/K

g. Was Poison Control called?
○ No ○ Yes ○ U/K

If yes, who called:
- ○ Child
- ○ Parent
- ○ Other caregiver
- ○ First responder
- ○ Medical person
- ○ Other, specify:
- ○ U/K

h. For CO poisoning, was a CO detector present?
○ No ○ Yes ○ U/K

If yes, how many? _____

Functioning properly?
○ No ○ Yes ○ U/K

10. EXPOSURE

a. Circumstances, check all that apply:
- ☐ Abandonment
- ☐ Left in car
- ☐ Left in room
- ☐ Submerged in water
- ☐ Injured outdoors
- ☐ Lost outdoors
- ☐ Illegal border crossing
- ☐ Other, specify:
- ☐ U/K

b. Condition of exposure:
- ○ Hyperthermia
- ○ Hypothermia
- ○ U/K

_____ Ambient temp, degrees F

c. Number of hours exposed:
_____
○ U/K

d. Was child wearing appropriate clothing?
- ○ No
- ○ Yes
- ○ U/K

11. MEDICAL CONDITION

a. How long did the child have the medical condition?
- ○ In utero
- ○ Since birth
- ○ Hours
- ○ Days
- ○ Weeks
- ○ Months
- ○ Years
- ○ U/K

b. Was death expected as a result of medical condition?
- ○ N/A not previously diagnosed
- ○ No
- ○ Yes ☐ But at a later time
- ○ U/K

c. Was child receiving health care for the medical condition?
○ No ○ Yes ○ U/K

If yes, within 48 hours of the death?
○ No ○ Yes ○ U/K

d. Were the prescribed care plans appropriate for the medical condition?
- ○ N/A
- ○ No, specify:
- ○ Yes
- ○ U/K

e. Was child/family compliant with the prescribed care plans?
- ○ N/A
- ○ No
- ○ Yes
- ○ U/K

If no, what wasn't compliant? Check all that apply.
- ☐ Appointments
- ☐ Medications, specify:
- ☐ Medical equipment use, specify:
- ☐ Therapies, specify:
- ☐ Other, specify:
- ☐ U/K

f. Was child up to date with American Academy of Pediatrics immunization schedule?
- ○ N/A
- ○ No, specify:
- ○ Yes
- ○ U/K

g. Was medical condition associated with an outbreak?
- ○ No
- ○ Yes, specify:
- ○ U/K

h. Was environmental tobacco exposure a contributing factor in death?
○ No ○ Yes ○ U/K

i. Were there access or compliance issues related to the death? ○ No ○ Yes ○ U/K If yes, check all that apply:

- ☐ Lack of money for care
- ☐ Limitations of health insurance coverage
- ☐ Multiple health insurance, not coordinated
- ☐ Lack of transportation
- ☐ No phone
- ☐ Cultural differences
- ☐ Religious objections to care
- ☐ Language barriers
- ☐ Referrals not made
- ☐ Specialist needed, not available
- ☐ Multiple providers, not coordinated
- ☐ Lack of child care
- ☐ Lack of family or social support
- ☐ Services not available
- ☐ Caregiver distrust of health care system
- ☐ Caregiver unskilled in providing care
- ☐ Caregiver unwilling to provide care
- ☐ Caregiver's partner would not allow care
- ☐ Other, specify:
- ☐ 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

a. Incident sleep place:

- ○ Crib
  - If crib, type:
  - ○ Not portable
  - ○ Portable, e.g. pack-n-play
  - ○ Unknown crib type
- ○ Bassinette
- ○ Adult bed
- ○ Waterbed
- ○ Playpen/other play structure but not portable crib
- ○ Couch
- ○ Chair
- ○ Floor
- ○ Car seat
- ○ Stroller
- ○ Other, specify:
- ○ U/K

If adult bed, what type?

- ○ Twin
- ○ Full
- ○ Queen
- ○ King
- ○ Other, specify:
- ○ U/K

b. Child put to sleep:

- ○ On back
- ○ On stomach
- ○ On side
- ○ U/K

c. Child found:

- ○ On back
- ○ On stomach
- ○ On side
- ○ U/K

d. Usual sleep place:

- ○ Crib
  - If crib, type:
  - ○ Not portable
  - ○ Portable, e.g. pack-n-play
  - ○ Unknown crib type
- ○ Bassinette
- ○ Adult bed
- ○ Waterbed
- ○ Playpen/other play structure but not portable crib
- ○ Couch
- ○ Chair
- ○ Floor
- ○ Car seat
- ○ Stroller
- ○ Other, specify:
- ○ U/K

If adult bed, what type?

- ○ Twin
- ○ Full
- ○ Queen
- ○ King
- ○ Other, specify:
- ○ U/K

e. Usual sleep position:

- ○ On back
- ○ On stomach
- ○ On side
- ○ U/K

f. Was there a crib, bassinette or port-a-crib in home for child?

- ○ No
- ○ Yes
- ○ U/K

g. Child in a new or different environment than usual? ○ No ○ Yes ○ U/K If yes, specify:

h. Child last placed to sleep with a pacifier? ○ No ○ Yes ○ U/K

i. Was a fan being used in the room at the time of death? ○ No ○ Yes ○ U/K If yes, type:

j. Circumstances when child found:

Child's airway was:

- ○ Unobstructed by person or object
- ○ Fully obstructed by person or object
- ○ Partially obstructed by person or object
- ○ U/K

Child's position most relevant to death:

- ○ On top of
- ○ Under
- ○ Between
- ○ Wedged into
- ○ Pressed into
- ○ Fell or rolled onto
- ○ Tangled in
- ○ Other, specify:
- ○ U/K

With what objects or persons, check all that apply:

- ☐ Adult(s)
- ☐ Child(ren)
- ☐ Animal(s)
- ☐ Blanket
- ☐ Pillow
- ☐ Comforter
- ☐ Mattress
- ☐ Pillow-top mattress
- ☐ Water bed mattress
- ☐ Air mattress
- ☐ Bumper pads
- ☐ Crib rail
- ☐ Couch
- ☐ Chair, type:
- ☐ Car seat/stroller
- ☐ Stuffed toy
- ☐ Clothing
- ☐ Cord
- ☐ Plastic bag
- ☐ Wall
- ☐ Other, specify:
- ☐ U/K

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

- ○ Bottle
- ○ Breast
- ○ U/K

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

m. Child sleeping on same surface with person(s) or animals(s)? ○ No ○ Yes ○ U/K If yes, check all that apply:

- ☐ With adult(s): #____ ☐ #U/K
- ☐ With other children: #____ ☐ #U/K
- ☐ With animal(s): #____ ☐ #U/K
- ☐ U/K

Adult obese: ○ No ○ Yes ○ U/K

Children's ages: _____

Type(s) of animal: _____

2. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT? ○ No, go to H3 ○ Yes ○ U/K, go to H3

a. Describe product and circumstances:	b. Was product used properly?	c. Is a recall in place?	d. Did product have safety label?	e. Was Consumer Product Safety Commission (CPSC) notified?
	○ No ○ Yes ○ U/K	○ No ○ Yes ○ U/K	○ No ○ Yes ○ U/K	○ No, call 1-800-638-2772 to file report ○ Yes ○ U/K

3. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME? ○ No ○ Yes ○ U/K

a. Type of crime, check all that apply:

☐ Robbery/burglary ☐ Other assault ☐ Arson ☐ Illegal border crossing ☐ U/K
☐ Interpersonal violence ☐ Gang conflict ☐ Prostitution ☐ Auto theft
☐ Sexual assault ☐ Drug trade ☐ Witness intimidation ☐ Other, specify:

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?
○ No, go to Section J
○ Yes
○ Probable
○ U/K, go to Section J

If yes/probable, were the act(s) either or both? Check all that apply:
☐ The direct cause of death
☐ The contributing cause of death

2. Was the act(s): Check only one per column.
Act that:

Caused	Contributed
○	○ Unintentional
○	○ Intentional
○	○ Undetermined intent
○	○ U/K

3. What acts caused or contributed to the death?
Check only one per column and describe in narrative.

Caused	Contributed
○	○ Poor/absent supervision, go to 11
○	○ Child abuse, go to 4
○	○ Child neglect, go to 9
○	○ Other negligence, go to 10
○	○ Assault, not child abuse, go to 11
○	○ Religious/cultural practices, go to 11
○	○ Suicide, go to 28
○	○ Medical misadventure, specify and go to 12
○	○ Other, specify and go to 11
○	○ U/K, go to 11

4. Child abuse, type. Check all that apply and describe in narrative.
☐ Physical, go to 5
☐ Emotional, specify and go to 11
☐ Sexual, specify and go to 11
☐ U/K, go to 11

5. Type of physical abuse, check all that apply:
☐ Abusive head trauma, go to 6
☐ Chronic Battered Child Syndrome, go to 8
☐ Beating/kicking, go to 8
☐ Scalding or burning, go to 8
☐ Munchausen Syndrome by Proxy, go to 8
☐ Other, specify and go to 8
☐ U/K, go to 8

6. For abusive head trauma, were there retinal hemorrhages?
○ No ○ Yes ○ U/K

7. For abusive head trauma, was the child shaken?
○ No ○ Yes ○ U/K

If yes, was there impact?
○ No ○ Yes ○ U/K

8. Events(s) triggering physical abuse, check all that apply:
☐ None
☐ Crying
☐ Toilet training
☐ Disobedience
☐ Feeding problems
☐ Domestic argument
☐ Other, specify:
☐ U/K

9. Child neglect, check all that apply:
☐ Failure to protect from hazards, specify:
☐ Failure to provide necessities
☐ Food
☐ Shelter
☐ Other, specify:
☐ Failure to seek/follow treatment, specify:
☐ Emotional neglect, specify:
☐ Abandonment, specify:
☐ U/K

10. Other negligence:
○ Vehicular
○ Other, specify:
○ U/K

11. Was act(s) of ommision/commision:

Caused	Contributed
○	○ Chronic with child
○	○ Pattern in family or with perpetrator
○	○ Isolated incident
○	○ U/K

Person(s) Responsible

12. Is person the caregiver or supervisor in previous section?

Caused	Contributed
○	○ No
○	○ Yes, caregiver one, go to 25
○	○ Yes, caregiver two, go to 25
○	○ Yes, supervisor, go to 26

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.

Caused	Contributed
○	○ Self, go to 25
○	○ Biological parent
○	○ Adoptive parent
○	○ Stepparent
○	○ Foster parent
○	○ Mother's partner
○	○ Father's partner

Caused	Contributed
○	○ Grandparent
○	○ Sibling
○	○ Other relative
○	○ Friend
○	○ Acquaintance
○	○ Child's boyfriend or girlfriend
○	○ Stranger

Caused	Contributed
○	○ Medical provider
○	○ Institutional staff
○	○ Babysitter
○	○ Licensed child care worker
○	○ Other, specify:
○	○ U/K

14. Person's age in years:

Caused | Contributed

_____ _____ # Years

○ ○ U/K

15. Person's sex:

Caused | Contributed

○ ○ Male

○ ○ Female

○ ○ U/K

16. Does person speak English?

Caused | Contributed

○ ○ No

○ ○ Yes

○ ○ U/K

If no, language spoken:

17. Person on active military duty?

Caused | Contributed

○ ○ No

○ ○ Yes

○ ○ U/K

If yes, specify branch:

18. Person have history of substance abuse?

Caused | Contributed

○ ○ No

○ ○ Yes

○ ○ U/K

If yes, check all that apply:

☐ ☐ Alcohol

☐ ☐ Cocaine

☐ ☐ Marijuana

☐ ☐ Methamphetamine

☐ ☐ Opiates

☐ ☐ Prescription drugs

☐ ☐ Over-the-counter

☐ ☐ Other, specify:

☐ ☐ U/K

19. Person have history of child maltreatment as victim?

Caused | Contributed

○ ○ No

○ ○ Yes

○ ○ U/K

If yes, check all that apply:

☐ ☐ Physical

☐ ☐ Neglect

☐ ☐ Sexual

☐ ☐ Emotional/ psychological

☐ ☐ U/K

_____ _____ # CPS referrals

_____ _____ # Substantiations

☐ ☐ Ever in foster care or adopted?

20. Person have history of child maltreatment as a perpetrator?

Caused | Contributed

○ ○ No

○ ○ Yes

○ ○ U/K

If yes, check all that apply:

☐ ☐ Physical

☐ ☐ Neglect

☐ ☐ Sexual

☐ ☐ Emotional/psychological

☐ ☐ U/K

_____ _____ # CPS referrals

_____ _____ # Substantiations

☐ ☐ CPS prevention services?

☐ ☐ Family Preservation svcs?

☐ ☐ Children ever removed?

21. Person have disability or chronic illness?

Caused | Contributed

○ ○ No

○ ○ Yes

○ ○ U/K

If yes, check all that apply:

☐ ☐ Physical, specify:

☐ ☐ Mental, specify:

☐ ☐ Sensory, specify:

☐ ☐ U/K

If mental, was caregiver receiving services?

○ ○ No

○ ○ Yes

○ ○ U/K

22. Person have prior child deaths?

Caused | Contributed

○ ○ No

○ ○ Yes

○ ○ U/K

If yes, check all that apply:

Caused | Contributed

☐ ☐ Child abuse # _____

☐ ☐ Child neglect # _____

☐ ☐ Accident # _____

☐ ☐ Suicide # _____

☐ ☐ SIDS # _____

☐ ☐ Other # _____

Other, specify:

☐ ☐ U/K

23. Person have history of intimate partner violence?

Caused | Contributed

☐ ☐ No

☐ ☐ Yes, as victim

☐ ☐ Yes, as perpetrator

☐ ☐ U/K

24. Person have delinquent/criminal history?

Caused | Contributed

○ ○ No

○ ○ Yes

○ ○ U/K

If yes, check all that apply:

☐ ☐ Assaults

☐ ☐ Robbery

☐ ☐ Drugs

☐ ☐ Other, specify:

☐ ☐ U/K

25. At time of incident was person, check all that apply:

Caused | Contributed

☐ ☐ Drug impaired?

☐ ☐ Alcohol impaired?

☐ ☐ Asleep?

☐ ☐ Distracted?

☐ ☐ Absent?

☐ ☐ Impaired by illness? Specify:

☐ ☐ Impaired by disability? Specify:

☐ ☐ Other? Specify:

26. Does person have, check all that apply:

Caused | Contributed

☐ ☐ Prior history of similar acts?

☐ ☐ Prior arrests?

☐ ☐ Prior convictions?

27. Legal outcomes in this death, check all that apply:

Caused | Contributed

☐ ☐ No charges filed

☐ ☐ Charges pending

☐ ☐ Charges filed, specify:

☐ ☐ Confession

☐ ☐ Plead, specify:

☐ ☐ Not guilty verdict

☐ ☐ Guilty verdict, specify:

☐ ☐ Tort charges, specify:

☐ ☐ U/K

For Suicide

28. For suicide, select yes, no or u/k for each question. Describe answers in narrative.

Yes	No	U/K		Yes	No	U/K	
○	○	○	A note was left?	○	○	○	Child had a history of self mutilation?
○	○	○	Child talked about suicide?	○	○	○	There is a family history of suicide?
○	○	○	Prior suicide threats were made?	○	○	○	Suicide was part of a murder-suicide?
○	○	○	Prior attempts were made?	○	○	○	Suicide was part of a suicide pact?
○	○	○	Suicide was completely unexpected?	○	○	○	Suicide was part of a suicide cluster?
○	○	○	Child had a history of running away?				

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:

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

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

1. Services: Select one option per row:	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
Bereavement counseling	○	○	○	○	○	○	☐
Economic support	○	○	○	○	○	○	☐
Funeral arrangements	○	○	○	○	○	○	☐
Emergency shelter	○	○	○	○	○	○	☐
Mental health services	○	○	○	○	○	○	☐
Foster care	○	○	○	○	○	○	☐
Health care	○	○	○	○	○	○	☐
Legal services	○	○	○	○	○	○	☐
Family planning	○	○	○	○	○	○	☐
Other, specify:	○	○	○	○	○	○	☐

K. PREVENTION INITIATIVES RESULTING FROM THE REVIEW

○ **Mark this case to edit/add prevention actions at at 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		
		Recommendation	Planning	Implementation	Short term	Long term	Local	State	National
Education	Media campaign	○	○	○	☐	☐	☐	☐	☐
	School program	○	○	○	☐	☐	☐	☐	☐
	Community safety project	○	○	○	☐	☐	☐	☐	☐
	Provider education	○	○	○	☐	☐	☐	☐	☐
	Parent education	○	○	○	☐	☐	☐	☐	☐
	Public forum	○	○	○	☐	☐	☐	☐	☐
	Other education	○	○	○	☐	☐	☐	☐	☐
Agency	New policy(ies)	○	○	○	☐	☐	☐	☐	☐
	Revised policy(ies)	○	○	○	☐	☐	☐	☐	☐
	New program	○	○	○	☐	☐	☐	☐	☐
	New services	○	○	○	☐	☐	☐	☐	☐
	Expanded services	○	○	○	☐	☐	☐	☐	☐
Law	New law/ordinance	○	○	○	☐	☐	☐	☐	☐
	Amended law/ordinance	○	○	○	☐	☐	☐	☐	☐
	Enforcement of law/ordinance	○	○	○	☐	☐	☐	☐	☐
Environment	Modify a consumer product	○	○	○	☐	☐	☐	☐	☐
	Recall a consumer product	○	○	○	☐	☐	☐	☐	☐
	Modify a public space	○	○	○	☐	☐	☐	☐	☐
	Modify a private space(s)	○	○	○	☐	☐	☐	☐	☐
	Other, specify:	○	○	○	☐	☐	☐	☐	☐

Briefly describe the initiatives:

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

☐ N/A, no strategies	☐ Mental health	☐ Law enforcement	☐ Advocacy organization	☐ Other, specify:
☐ No one	☐ Schools	☐ Medical examiner	☐ Local community group	
☐ Health department	☐ Hospital	☐ Coroner	☐ New coalition/task force	
☐ Social services	☐ Other health care providers	☐ Elected official	☐ Youth group	☐ 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? ○ No ○ Yes

4. Agencies at review, check all that apply:

☐ Medical examiner/coroner	☐ CPS	☐ Other health care	☐ Mental health	☐ Others, list:
☐ Law enforcement	☐ Other social services	☐ Fire	☐ Substance abuse	
☐ Prosecutor/district attorney	☐ Physician	☐ EMS	☐ Court	
☐ Public health	☐ Hospital	☐ Education	☐ Child advocate	

5. 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. What is team's determination of completeness of investigation?

	Finished			Thorough		
	No	Yes	U/K	No	Yes	U/K
Scene investigation	○	○	○	○	○	○
Autopsy	○	○	○	○	○	○
Review of medical records	○	○	○	○	○	○

8. Review meeting outcomes, check all that apply:

- ☐ Review led to additional investigation.
- ☐ Team disagreed with official manner of death. What did team believe manner should be?_____
- ☐ Team disagreed with official cause of death. What did team believe cause should be? _____
- ☐ Because of the review, the official cause or manner of death was changed.
- ☐ Review led to the delivery of services.
- ☐ Review led to changes in agency policies or practices.
- ☐ Review led to prevention initiatives being implemented.
  - ☐ Local ☐ State ☐ National

9. List the factors that ***probably*** contributed to or caused this death:

10. List the factors that were present that ***may have*** contributed to or caused this death:

11. List/summarize the risk factors that could have been changed to potentially prevent this death:

12. List any recommendations to prevent deaths from similar causes or circumstances in the future:

13. List any recommendations to improve the death scene investigation:

14. List any recommendations to improve 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? ☐

NOTES

NATIONAL CENTER FOR CHILD DEATH REVIEW

KEEPING KIDS ALIVE

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