



Pennsylvania 2010 Child Death Review Annual Report: Deaths Reviewed in 2009

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Collaborating Agencies:

Pennsylvania Department of Health
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Pennsylvania Child Death Review Local Teams
Pennsylvania Chapter, American Academy of Pediatrics

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Executive Summary

The Pennsylvania 2010 Child Death Review (CDR) Annual Report provides information obtained from the review of child deaths. The deaths occurred in children from birth through the age of 21 years, during the period 2006-2009, with 61 percent occurring in 2008. The death reviews were conducted in 2009. This report should be used for public health planning, prevention programming and to inform policy discussions.

In 2009, 1122 deaths were reviewed by local CDR teams. Some of the key findings from the report include the following:

- **Natural deaths** accounted for 633 of the 1,122 child deaths reviewed in Pennsylvania in 2009, representing 56% of the total reviewed cases.
 - 77% of the natural deaths reviewed occurred in infants (child less than 1 year of age).
 - The most frequent cause of death in the infant population was prematurity (58%).
 - This represents a significant area of concern for the Department of Health and provides an opportunity to educate expectant mothers about the risks associated with prematurity and the importance of early entry into prenatal care.
- **Accidental deaths** accounted for 199 child deaths reviewed in Pennsylvania in 2009, representing 18% of the total deaths reviewed.
 - 46% of accidental deaths reviewed reported the cause of death to be motor vehicle and other transportation.
- **Homicide deaths** accounted for 161 child deaths reviewed in Pennsylvania in 2009, representing 14% of total deaths reviewed.
 - Primary cause of death related to homicide is weapons-related (97%).
- **Suicide deaths** accounted for 47 child deaths reviewed in Pennsylvania in 2009, representing 4% of the total deaths reviewed.
 - Suicide most frequently occurred at 18-19 years old (46%).
 - 34% of suicide deaths reviewed reported to have received prior mental health services.
- **Undetermined** deaths accounted for 5% of child deaths reviewed in Pennsylvania in 2009.
 - 28% of those that have an Undetermined Manner report a medical cause of death “like” Sudden Infant Death Syndrome or Sudden Unexpected Infant Death.

Significant findings include the following:

Motor vehicle deaths were the most prevalent cause of accidental deaths. In 2009, CDR teams reviewed 96 Motor Vehicle and Other Transport deaths.

- In 75% the age range was 16-21 years.
- In 53% the child was the driver of the vehicle.
 - In 73% the child driver was responsible for causing the incident.
 - In 86% of the decedents were white and 72 % were male.
 - In 20% the child driver was Alcohol or Drug Impaired.
- In 29% no lap/shoulder protection was used regardless of seating position within the vehicle.

There were 116 sleep related deaths reviewed for decedents under the age of 5 years.

- 91% of these deaths occurred in infants. Note: An infant is defined as a child less than 1 year of age.
- 72% reported an age range of birth - three months, with 36% reporting not sleeping on back.
- 33% of the sleep related deaths reported a cause of Sudden Infant Death Syndrome (SIDS) - all of whom were under 1 year of age.
- 18% of the sleep related deaths reported a cause of Asphyxia and all were less than 1 year of age.
- 55% of the sleep related deaths between 1 – 4 years of age reported the cause as Medical Condition.
- Many of the sleep related deaths revealed unsafe sleeping practices such as the presence of unsafe items or toys, decedent not in a crib or bassinet, decedent sleeping with other people or decedent not sleeping on back.

Preventability of Deaths:

The definition that teams use states the following: A child's death is preventable if the community or an individual could reasonably have done something that would have changed the circumstances that led to the death. There is inherent subjectiveness in this process, and different teams might view a death as preventable or not based on the circumstances and resources available in their own community. (See page 20)

- Of the deaths reviewed in 2009, 337 deaths (30%) were determined by local teams as Probably Preventable.
- Local Child Death Review Teams determined that 73% of the accidental deaths were Probably Preventable.

Note: According to the CDC's Childhood Injury Report 2000-2006, based on National Vital Statistics:

- The overall rate of unintentional injury death rates among children 0-19 years is 15.0 per 100,000 and for the State of PA, the rate is 13.6 per 100,000
- The overall rate of unintentional injury death rates due to transportation-related injuries among children 0-19 years is 9.8 per 100,000 and for the State of PA, the rate is 8.6 per 100,000.
- The overall rate of unintentional injury death rates due to motor vehicle traffic-occupant injuries among children 0-19 years is 4.6 per 100,000 and for the State of PA, the rate is 2.0 per 100,000.

Reference: Borse NN, Gilchrist J, Dellinger AM, Rudd RA, Ballesteros MF, Sleet DA. *CDC Childhood Injury Report: Patterns of Unintentional Injuries among 0 -19 Year Olds in the United States, 2000-2006*. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2008.

Update and Overview of Child Death Review Process

History of Child Death Review in Pennsylvania

In 1991, the Pennsylvania Chapter of the American Academy of Pediatrics joined with the Pennsylvania Department of Health (Department) and the Pennsylvania Department of Public Welfare to begin to understand how and why children die in the Commonwealth. With a small personal check from one pediatric surgeon and legislative initiative funds, a pilot team was started. The initial findings showed that: 1/3 of death certificates were filled out incorrectly, the state lacked good coordination between agencies, and an estimated 30 percent of child deaths were preventable. On the basis of these findings from the initial pilot, the Departments of Health and Public Welfare provided support for a state team, which was formed in 1994. In the initial years that followed, the state team quickly realized that the quality of information and the ability to implement prevention strategies was best carried out at the local level. County and/or multi-county teams were started in 1997-1998.

Overview of Review Process

Over the last 15 years, the Pennsylvania CDR program gradually reached representation from every Pennsylvania County in either the state or local CDR team. To date, 67 counties are actively involved encompassing 1,118 professionals from more than 18 different professional disciplines.

Local team members are comprised of community leaders that represent organizations and agencies that service and protect children within their respective counties. Those who are represented include, but are not limited to: Children and Youth, local Department of Health agencies, law enforcement (local and state), Emergency Medical Services (EMS), physicians, local hospital personnel, coroners/medical examiners, and those who advocate for children's services and needs. This multi-disciplinary perspective allows local teams the ability to fully understand and analyze a child's death and determine the risk factors involved.

Local teams previously reviewed the deaths of children under 20 who were residents of their communities (a few teams did review deaths up to age 21 before Act 87). The Public Health Child Death Review Act (Act 87 of 2008) expanded the age range from birth to youth under 22 years of age. Team members are requested to provide verbal information pertaining to the child's life, services received, and events surrounding the death, all of which provide both points for discussion on preventability and data that are used to determine future prevention efforts. At a local team meeting, the above mentioned professionals discuss the death of a specific child and attempt to understand the circumstances that may have led to the death. The objectives of a local team meeting are to focus on prevention and improved agency collaboration; it is NOT to reinvestigate the death or focus on the legal aspects of the case. Teams work with their prevention partners to implement strategies that will reduce future injuries and deaths based on the information learned at the local reviews.

Local teams review deaths of children who are residents of their county. The state team receives a list of deaths and death certificates from the Department and forwards the appropriate county information to the local team leader, who distributes these to the team participants. Teams have access to birth certificate information, traffic fatality reports and ChildLine reports.

The goal is to review all the deaths, but this may not always happen for a number of reasons. These include: the child died outside of the state and the death certificate is not available; there are current investigative proceedings which prevent team review, and at times not all certificates are available.

The number of deaths reviewed in 2009 is not the same as the number of deaths that occurred in 2009. Currently, most teams review deaths six months or later after the actual death to allow for completion of any investigation, completion and filing of the death certificates and for the quarterly data transfer from the Department. Not all deaths are able to be reviewed in a given year. For these reasons, CDR data cannot be compared to vital statistics data.

The data collected on each death follows a national protocol which is part of the National Center for CDR Resource Database. During the last few years, the National Center for CDR has conducted intensive training for teams in the use of the national database with the goal of standardizing CDR data collection across the U.S.

The review process is conducted under a statement of confidentiality, provided by the Department, which assures no follow back to the family or releasing of individual or identifiable reports. The results of the reviews provide prevention strategies that have been used to develop inter-disciplinary training, community based prevention education, and data-driven recommendations for legislation and public policy. The ultimate goal is to reduce Pennsylvania's child deaths.

The state team is multi-disciplinary (see Section 4 of Act 87 for state team composition) and performs a variety of functions. These include: providing technical support to address local teams' operational concerns/questions; promoting team development and growth; coordinating the distribution of death and birth certificates; and organizing educational and informational meetings (phone or face-to-face) that address potential prevention strategies. The outcome of this process is to provide an annual report of local team activities, analysis of their review data, and recommendations for legislative, regulatory and/or policy development.

The CDR process has brought significant collaboration between local and state agencies. Prior to CDR, it was not common practice for child-serving agencies to convene face-to-face discussions regarding child deaths or their community resources. As a result of CDR, agencies report better communication and new protocols for collaboration. In addition, several years ago, six subcommittees of the state team were developed to address specific areas of child deaths; these include: Infant (premature), Infant (SIDS), Farm Safety, Transportation, Suicide, and Injury Prevention. The committees were a catalyst for focused prevention in these areas. Sample efforts that have been accomplished are:

Infant Prematurity: Allegheny County team members (including obstetricians and neonatologists) have taken a close look at premature deaths and collaborated on a grant proposal for a perinatal center.

Infant (SIDS): Learning that many families cannot afford a crib for their infant, many counties worked to create 68 Cribs for Kids community projects. A collaborative effort between coroners, law enforcement and the Pennsylvania Department of Public Welfare (Office of Children, Youth and Families) was initiated to train first responders in a child death scene investigation protocol.

Transportation: Data from CDR review of teen crashes show failure to negotiate a curve as a significant cause of teen deaths. As a result, driver education continues to focus on this driving skill.

Suicide: Many local teams have implemented suicide prevention programs such as Yellow Ribbon. In addition, Pennsylvania CDRT has been an active participant in the Pennsylvania Youth Suicide Prevention Initiative.

Injury Prevention: Pennsylvania CDRT is engaged in an active partnership with the PA Safe Kids Coalition promoting and implementing prevention programs in 57 counties and the Pennsylvania Department of Health Community Injury Prevention Group.

Under Act 87 of 2008, all counties shall establish and participate in a local CDR Team. These teams are voluntary and multiple counties may join together to form one CDR team. During 2009, Pennsylvania had 65 Local CDR Teams which covered all 67 counties. It is important to note that there is a process involved in achieving a well functioning team. Local CDR Teams are at different stages of development which results in varying levels of review completion. This Annual Report reflects the reviews completed and data submitted for 62% (40) of the Local teams. Thirty-eight percent (25) of the Local teams reported that they could not provide data for this report for various reasons such as: the Team was being developed or redeveloping, there were no cases for review, the Team was unable to complete reviews or the Team was unable to enter data during calendar year 2009.

Child deaths can be regarded as an indicator of the health of a community. The key to recognizing the causes and preventing future child deaths is teamwork. The solution lies in the ability of diverse groups and individuals to work together to identify and implement effective prevention plans. One of the greatest successes of Pennsylvania CDR is demonstrating that governmental agencies, non-profit organizations, and child advocates can meet and work together toward a common goal – protecting Pennsylvania's children.

Cases Reviewed in 2009
By
Pennsylvania CDR Local Teams

Cases Reviewed in 2009 by Manner of Death

The child deaths contained in this report occurred during the period of 2006-2009 with 61% occurring in 2008. The reviews were conducted by local CDR teams in 2009. A manner of death determination places each fatality into one of seven main categories; natural, accident, suicide, homicide, undetermined, pending and unknown. The breakdown of the 1,122 cases reviewed in 2009 is as follows: 633 natural deaths, 199 accidental deaths, 47 suicides, 161 homicides, 53 undetermined, 26 pending and 3 unknown.

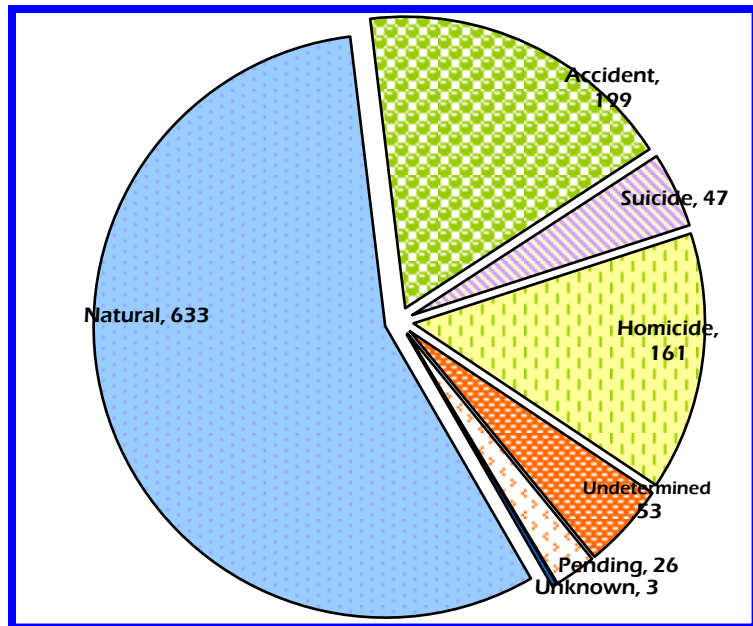


Figure 1: Pennsylvania CDRT Case Reviews
(n=1,122), Review Year 2009

Note: Reviews that have a manner of death as Undetermined, Pending or Unknown do not mean that the "Cause" of death (the description) is not known but the "Manner" (intent) may not be able to be determined. For deaths that are reported as "Pending" this means that information was not available at the time of filing the death certificate. For those deaths that have an "Undetermined" manner, the cause of death is known but there is not a clear or conclusive determination of the "Manner". Unknown denotes deaths that have no determination of manner.

Of the 1,122 deaths reviewed, the three largest categories of manner of death in Pennsylvania child fatalities are natural, accident, and homicide. Together, they account for 88.4% of the child fatalities reviewed, with natural deaths representing 56.4%, accident 17.7%, and homicides 14.3%.

Manner	Age Group							Total	% Manner Total
	<1	1 - 4	5 - 9	10 - 14	15 - 17	18 - 19	20 - 21		
Natural	486	43	20	27	26	23	8	633	56.4%
Accident	23	26	12	18	40	58	22	199	17.7%
Suicide	0	0	0	2	17	22	6	47	4.2%
Homicide	5	6	4	6	33	69	38	161	14.3%
Undetermined	46	3	0	2	1	1	0	53	4.7%
Pending	15	6	0	1	4	0	0	26	2.3%
Unknown	1	2	0	0	0	0	0	3	0.3%
Total	576	86	36	56	121	173	74	1122	100.0%
% Age Total	51%	8%	3%	5%	11%	15%	7%	100%	

Figure 2: Manner of Death by Age Group

Natural

Manner Natural Cause	Age Group							Total	% Cause
	<1	1 - 4	5 - 9	10 -14	15 - 17	18 -19	20 - 21		
Asthma	0	1	1	0	1	1	1	5	0.8%
Cancer	1	6	5	6	9	7	4	38	6.0%
Cardiovascular	13	2	2	5	1	4	1	28	4.4%
Congenital Anomaly	65	13	4	2	1	1	0	86	13.6%
HIV/AIDS	0	0	0	0	0	1	0	1	0.2%
Influenza	0	0	1	1	0	0	0	2	0.3%
Low Birth Weight	1	0	0	0	0	0	0	1	0.2%
Neurological Seizure Disorder	4	2	1	1	4	2	0	14	2.2%
Pneumonia	12	4	0	1	0	3	0	20	3.2%
Prematurity	280	1	0	0	0	0	0	281	44.4%
SIDS	25	0	0	0	0	0	0	25	3.9%
Other Infection	11	3	2	2	1	0	0	19	3.0%
Other Perinatal Conditions	33	0	0	0	0	0	0	33	5.2%
Other Medical Conditions	37	10	4	9	9	4	2	75	11.8%
Undetermined Medical Cause	3	0	0	0	0	0	0	3	0.5%
Unknown	1	1	0	0	0	0	0	2	0.3%
Total	486	43	20	27	26	23	8	633	100.0%
% by Age Group	77%	7%	3%	4%	4%	4%	1%	100%	

Figure 3: Manner of Death Natural by Cause and Age Group

Local CDR Teams determined that 4% (25) of the Natural Deaths were Probably Preventable.

Key Findings:

- Natural deaths were the manner of death for 633 of the 1,122 deaths reviewed in 2009, representing 56% of the total reviewed cases.
- The most vulnerable group appears to be in the <1 age group which accounts for 77% (486) of all natural deaths.
- 84% (529) of all natural deaths were children less than 4 years of age.
- 6% (38) of the natural deaths were due to cancer.
- 3.9% (25) of the natural deaths were reported to be the result of Sudden Infant Death Syndrome (SIDS).
- 13.6% (86) of the natural deaths were due to congenital anomaly.

Prevention Strategies:

- While preterm birth can happen to anyone and many women who have a premature birth have no known risk factors, there are some modifiable risk factors for pregnant women outlined below.
 - Quit smoking and avoid substances such as alcohol or drugs.
 - See a health care provider for a medical checkup before pregnancy.
 - Work with a health care provider to control diseases such as high blood pressure or diabetes.
 - Get prenatal care early, as soon as pregnancy is suspected, and throughout the pregnancy.
 - Discuss concerns during pregnancy with a health care provider, and seek medical attention for any warning signs or symptoms of preterm labor.

Reference: <http://www.cdc.gov/features/prematurebirth/>

Accidental

Manner Accident Cause	Age Group							Total	% Cause
	<1	1 - 4	5 - 9	10 - 14	15 - 17	18 - 19	20 - 21		
Motor Vehicle	0	7	3	9	28	37	8	92	46.2%
Fire, Burn or Electrocution	0	10	5	3	2	2	1	23	11.6%
Drowning	1	5	1	6	3	1	1	18	9.0%
Asphyxia	18	0	0	0	0	0	1	19	9.5%
Weapon	0	0	1	0	2	1	1	5	2.5%
Animal Bite or Attack	0	1	0	0	0	0	0	1	0.5%
Fall or Crush	0	0	1	0	0	3	1	5	2.5%
Poisoning, Overdose or Acute Intoxication	2	1	0	0	4	14	8	29	14.6%
Exposure	0	1	0	0	0	0	0	1	0.5%
Other Injury	2	1	1	0	1	0	1	6	3.0%
Total	23	26	12	18	40	58	22	199	100.0%
% age group	12%	13%	6%	9%	20%	29%	11%	100%	

Figure 4: Accidental Deaths by Age Group and Cause

Local CDR Teams determined that 73% of the Accidental Deaths were Probably Preventable.

Key Findings:

- Accidental deaths were the cause of 199 child deaths reviewed in 2009, representing 18% of the total deaths reviewed.
- Motor vehicle deaths were the most prevalent cause (46.2%) of accidental deaths.
- 94% (18) of the asphyxia deaths occurred in infants (< 1 year of age). Asphyxia deaths were reported as the cause for 78% (18) of accidental deaths in infants.
- 49% (98) of all accidental deaths reviewed were in children 15 - 19 years of age. Motor Vehicle deaths were reported as the cause of death for 66% (65) of the accidental deaths in children 15 – 19 years of age.
- 65% (15) of all accidental deaths caused by fire, burn or electrocution occurred in children 1 – 9 years of age.

Suicide

Manner Suicide	Age Group					
	10 - 14	15 - 17	18 - 19	20 - 21	Total	% Cause
Cause						
Motor Vehicle	0	0	0	1	1	2%
Asphyxia	2	10	12	2	26	55%
Weapon	0	6	8	1	15	32%
Fall or Crush	0	0	0	1	1	2%
Poisoning, Overdose or Acute Intoxication	0	1	2	1	4	9%
Total	2	17	22	6	47	100%
% Age Group	4%	36%	47%	13%	100%	

Figure 5: Suicide Death by Age Group and Cause

Note: No suicide deaths under the age of 10 were reported.

Local CDR Teams determined that 70% (33) of the Suicide Deaths were Probably Preventable.

Key Findings:

- Suicides were the cause of 47 child deaths reviewed in 2009, representing 4% of the total deaths reviewed.
- Suicide most frequently occurred at 18-19 years old (46%).
- Asphyxia 55% (26) was the primary cause of suicide death, followed by suicide using weapons at 32% (15).
- 64% (30) of those who completed suicide were enrolled in the 9th – 12th grade range; 11% (5) were home schooled; 11% (5) were in college.
- 49% (23) reported the child had problems in school: For these children, 70% (16) reported truancy, 52% (24) reported issues with academics, 35% (8) reported school suspensions, 57% (13) reported behavior issues.
- 34% (16) reported the child had received prior mental health services, 15% (7) were receiving mental health services at the time of death; 11% (5) reported the child was on medication for mental illness.
- 38% (18) were known to have had a history of drug abuse.
- 23% (11) had a history with Child Protection for Maltreatment. Note: only one child had an open case at the time of death.
- 23% (11) were placed in foster care during their lifetime.
- 36% (17) had a delinquent or criminal history and 23% (11) spent time in juvenile detention.

Circumstances	Deaths	% Circumstances
Child left Note	8	31%
Child talked about suicide	6	23%
Prior suicide threats were made	8	31%
Prior attempts where made	5	19%
Suicide was completely unexpected	14	54%
Child had a history of running away	5	19%
Recent History or Personal Crisis		
Breakup with Boyfriend/Girlfriend	8	31%
Family Discord	10	38%
Had Argument with parents or caregiver	7	27%
Reported School Failure	6	23%
The data in this chart reports on 26 of 47 cases reviewed.		

Figure 6: Suicide Death by Circumstances

Key Findings:

- Teams reported that 55% (26) of suicide deaths had some type of factor that contributed or caused these suicides. Ninety-six percent (25) reported the factor as a direct cause.
- 31% (8) reported a recent breakup with a boyfriend/girlfriend and 38% (10) reported family discord.

Prevention Strategies:

- The 2010 AAP Task Force on Mental Health recommends screening children for possible mental health issues at every doctor visit and developing a network of mental health professionals in the community to whom they can send patients if they suspect a child needs further evaluation. Reference: Foy JM, American Academy of Pediatrics Task Force on Mental Health. Pediatrics. 2010 Jun; 125 Suppl 3:S69-74.
- Local Teams have identified the need to improve access to mental health resources in schools.
- Know the warning signs:
 - Observable signs of serious depression
 - Increased alcohol and/or other drug use
 - Recent impulsiveness and taking unnecessary risks
 - Threatening suicide or expressing strong wish to die
 - Making a plan (e.g. giving away prized possessions, purchasing firearm, obtaining other means of killing oneself)
 - Unexpected rage or anger

Reference: http://www.afsp.org/index.cfm?page_id=0519EC1A-D73A-8D90-7D2E9E2456182D66

Homicide

Manner Homicide	Age Group								
Cause	<1	1 - 4	5 - 9	10 - 14	15 - 17	18 - 19	20 - 24	Total	% Cause
Motor Vehicle	0	0	0	0	1	0	0	1	0.6%
Asphyxia	1	0	0	0	0	0	0	1	0.6%
Weapon	4	4	4	6	31	69	38	156	96.9%
Poisoning, Overdose or Acute Intoxication	0	2	0	0	1	0	0	3	1.9%
Total	5	6	4	6	33	69	38	161	100.0%
% Age Group	3%	4%	2%	4%	20%	43%	24%	100%	

Figure 7: Homicide Deaths by Age Group and Cause

Local CDR teams determined that 61% (98) of Homicide Deaths were Probably Preventable.

Key Findings:

- Homicides were the cause of 161 child deaths reviewed in 2009, representing 14% of total deaths reviewed.
- Primary cause of death related to homicide is weapons-related (96.9%).
- The largest percentage (63%) of homicide deaths occurred in 15 – 19 year olds.

Undetermined, Pending and Unknown*

Manner	External Cause	Medical Cause	Undetermined Cause	Total	% Manner
Natural	0	633	0	633	56.41%
Accident	199	0	0	199	17.74%
Suicide	47	0	0	47	4.19%
Homicide	161	0	0	161	14.35%
Undetermined	9	19	25	53	4.72%
Pending	5	7	14	26	2.32%
Unknown	2	1	0	3	0.27%
Total	423	660	39	1122	100.00%
% Cause	38%	59%	3%	100%	

Figure 8: Manner by External/Medical/Undetermined Cause

Manner	Age Group						Total	% Manner
	<1	1 - 4	5 - 9	10 - 14	15 - 17	18 - 19		
Undetermined	46	3	0	2	1	1	53	64%
Pending	15	6	0	1	4	0	26	32%
Unknown	1	2	0	0	0	0	3	4%
Total	62	11	0	3	5	1	82	100%
% age group	76%	13%	0%	4%	6%	1%	100%	

Figure 9: Undetermined Death by Age Group and Cause

Local CDR Teams determined 41% (34) of the deaths that report an Undetermined, Pending or Unknown Manner were Probably Preventable.

Key Findings:

Undetermined:

- Most of the undetermined deaths 46 (87%) were infants with the pattern sharply dropping across the age span (age group 1-4 years at 6% (3)).
- 36% (19) of the reviewed deaths are recorded with a manner of “Undetermined” but are reported to have had a medical cause of death and 17% (9) are reported to have been from an external cause of death.
- 47% (25) reported not having either a medical or external cause of death.
- Based on CDR team analysis of infants that report an Undetermined Manner, 28% (5) were reported to have a medical cause of death “like” Sudden Infant Death Syndrome or Sudden Unexpected Infant Death.
- 12% (6) of those that have an Undetermined Manner reported an external cause of Asphyxia/Suffocation.

Key Findings:

Pending and Unknown:

- 29 deaths reviewed reported a pending or unknown manner: 83% (24) were under the age of five.

Preventions Strategies:

- Obtain immediate drug screens of care providers present when a child dies in a suspected accident, homicide, or in an undetermined manner.
- Automatically notify and dispatch police with EMS to scenes requesting EMS for children under the age of 1 year in order to facilitate securing the scene for the initial investigation when a child dies in a suspected accident, homicide, or in an undetermined manner.

*Note: "Cause" of death is why the death occurred. It provides a description of events that led to the death and has a history such as motor vehicle crash, blunt force trauma, pneumonia. "Manner" of death equals intent or action as in Natural, Accidental, Suicide, Homicide and Undetermined. Reviews that have a manner of death as Undetermined, Pending or Unknown do not mean that the "Cause" of death (the description) is not known but the "Manner" (intent) may not be able to be determined. For deaths that are reported as "Pending" this means that information was not available at the time of filing the death certificate. For those deaths that have an "Undetermined" manner, the cause of death is known but there is not a clear or conclusive determination of the "Manner". Unknown denotes deaths that have no determination of manner.

Preventability

When a local team performs a review, one of the goals is to determine if the death was preventable. The definition that teams use states the following, “A child’s death is preventable if the community or an individual could reasonably have done something that would have changed the circumstances that led to the death.” There is inherent subjectiveness in this process, and different teams might view a death as preventable or not based on the circumstances and resources available in their own community. However, it is clear from the below numbers that there were many deaths that occurred that could have been prevented. The goal of Child Death Review is to go through the process of reviewing what events led to a death and use that information to prevent future injury or death. The emphasis at the local team level is on the process and what can be done in the future, not to dwell on deciding if any one specific death was preventable.

Could the death have been prevented?					
Manner	Determination of Preventability				
	No, Probably	Yes, Probably	Could Not Determine	Total	% Probably Preventable
Natural	428	26	179	633	4%
Accident	13	146	40	199	73%
Suicide	5	33	9	47	70%
Homicide	40	98	23	161	61%
Undetermined	9	26	18	53	49%
Pending	3	7	16	26	27%
Unknown	1	1	1	3	33%
Total	499	337	286	1122	30%
% Preventability	44.5%	30.0%	25.5%	100.0%	

Figure 10: Preventability by Manner

Age Group	Determination of Preventability				
	No, Probably	Yes, Probably	Could Not Determine	Total	% Preventability by Age Group
< 1 Year	342	66	168	576	11%
1 - 4	29	26	31	86	30%
5 - 9	18	13	5	36	36%
10 - 14	19	23	14	56	41%
15 - 17	31	71	19	121	59%
18 - 19	34	102	37	173	59%
20 - 24	26	36	12	74	49%
Total	499	337	286	1122	
% Preventability	44.5%	30.0%	25.5%	100.0%	

Figure 11: Preventability by each Age Group

Key Findings:

- Of the deaths reviewed in 2009, 337 deaths (30%) of the 1,122 were determined by local teams as Probably Preventable.
- 43% (146) of deaths determined by teams as Probably Preventable, reported manner of death as Accident, with 42% (61) of those resulting from a cause of motor vehicle and other transport fatalities.

Race/Ethnicity

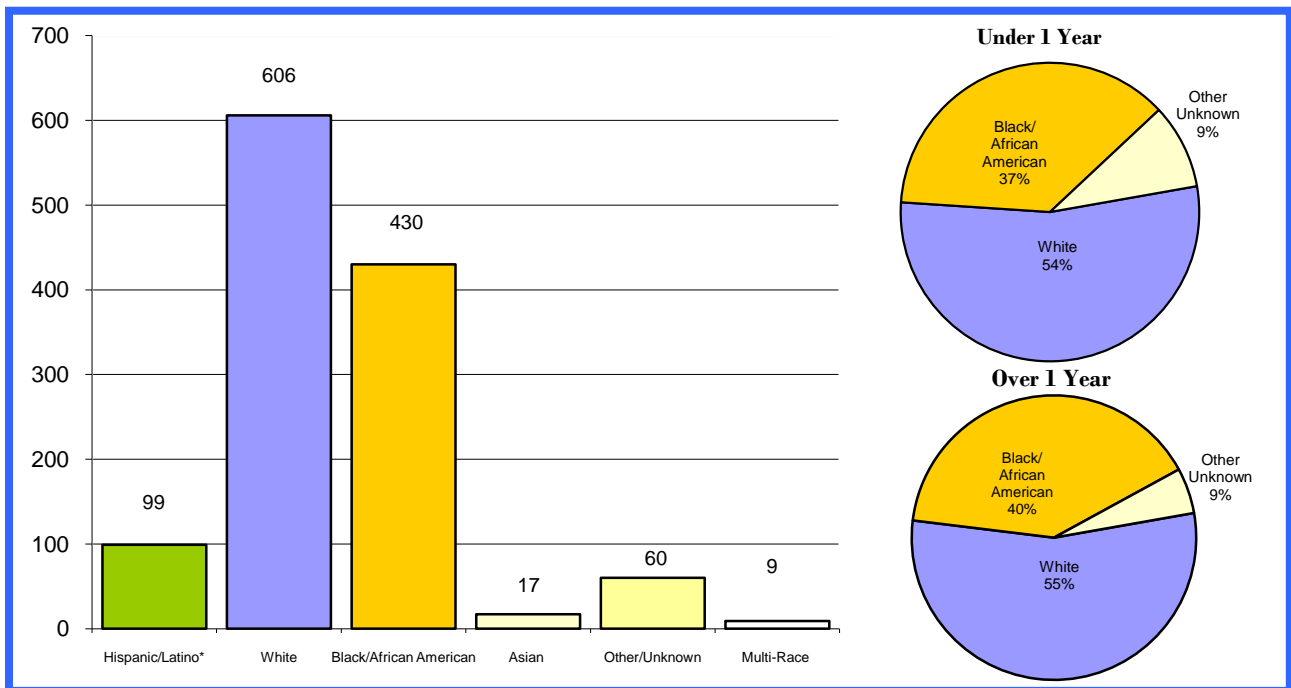


Figure 12: Reviews by Race and Ethnicity

*Hispanic/Latino can be of any race

Key Findings:

Hispanic/Latino*:

- Of deaths reviewed, 9% (99) were reported as Hispanic/Latino ethnicity.
- Of the Hispanic/Latino deaths reported, 54% (53) were under 1 year of age.
- 52% (51) were male.

White:

- 54% (606) of all deaths reviewed reported race as White.
- 51% (310) of deaths that reported race as White were under 1 year old.
- 61% (371) of deaths that reported race as White were male.

Black/African American:

- 38% (430) of all deaths reviewed reported race as Black/African American.
- 50% (213) of deaths reported as race Black/African American were under 1 year old.
- 67% (287) of deaths reported as race Black/African American were male.

Asian:

- 1.5% (17) of all deaths reviewed reported race as Asian.
- 71% (12) of deaths reported as race Asian were under 1 year of age.
- 59% (10) of deaths reported as race Asian were male.

Other/Unknown/Multi-Race:

- 6% (69) of all deaths reviewed reported race as other, unknown or multiple races.
- 59% (41) in this category are under 1 year of age.
- 62% (37) in this category are male.

Gender

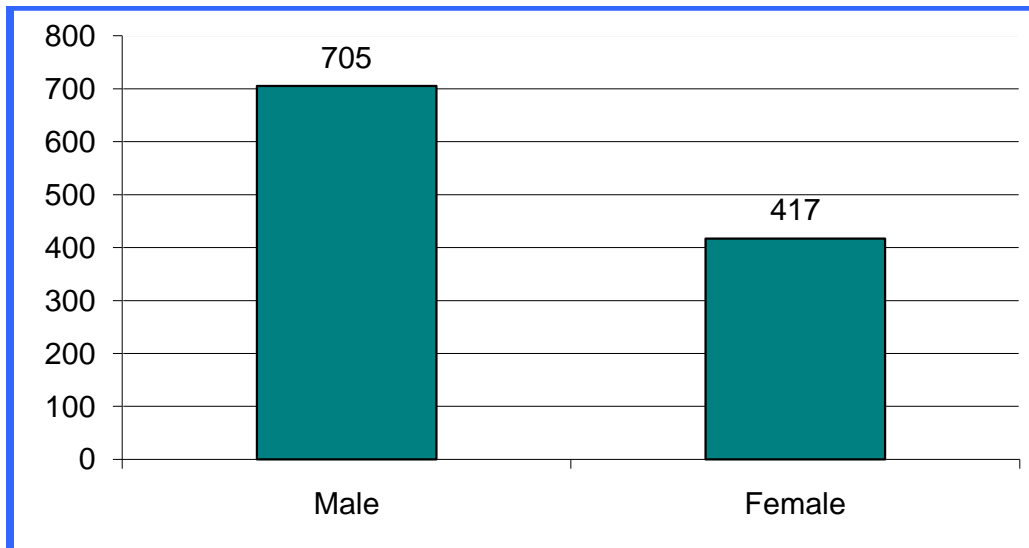


Figure 13: Reviews by Gender

Key Findings:

- For all child deaths reviewed in 2009, 63% (705) were Males and 37% (417) were Females.
- 45% (317) of Male child deaths reviewed in 2009 were determined to be the result of an external cause, while only 25% (106) of the Female child deaths were determined to be from an external cause.
- 71% (295) of Female child deaths reviewed in 2009 were determined to be the result of medical conditions while only 52% (317) of the Male child deaths were determined to be from a medical condition.
- Local CDR Teams were not able to determine either external or medical cause for 3% (39) of all cases reviewed. For these cases, 59% (23) were Male and 41% (16) were Female.

Motor Vehicle and Other Transport

96 reviews were completed for external cause of injury: Motor Vehicle and Other Transport deaths. This category includes events involving motor and non-motor vehicles including public, private transport, farm and recreational equipment (i.e. bicycle, scooter, and skateboard) and pedestrian and occurred on public or private property.

Local CDR teams determined 64% (61) of Motor Vehicle and Other Transport deaths to be Probably Preventable.

Position of Child						
Age Group	Driver	Passenger	Bicycle Other	Pedestrian	Total	% age group
1 - 4 years	0	1	0	6	7	7.3%
5 - 9 years	0	1	0	2	3	3.0%
10 -14 years	0	8	3	0	11	11.5%
15 - 17 Years	17	11	0	3	31	32.3%
18 - 19 Years	28	6	1	0	35	36.5%
20 - 21 Years	6	1	0	2	9	9.4%
Total	51	28	4	13	96	100.0%
% Position	53%	29%	4%	14%	100%	
Gender						
Gender	Driver	Passenger	Bicycle Other	Pedestrian	Total	% Gender
Male	38	19	2	9	68	71%
Female	13	9	2	4	28	29%
Total	51	28	4	13	96	100%
% Position	53%	29%	4%	14%	100%	
Race						
Race	Driver	Passenger	Bicycle Other	Pedestrian	Total	% Race
White	48	25	2	8	83	86%
Black, African American	3	3	2	4	12	13%
Asian	0	0	0	1	1	1%
Total	51	28	4	13	96	100%
% Position	53%	29%	4%	14%	100%	

Figure 14: Motor Vehicle and Other Transport Deaths by Demographics

Note: No motor vehicle and other transport deaths under the age of 1 were reported.

Key Findings:

- 96% (92) have a Manner of Death as Accident.
- 75% (72) Motor Vehicle and Other Transport deaths reviewed were in the age range 16 – 21 years.
- 88% (45) of all drivers were reported to be 15 – 19 years old.
- 36% (10) of drivers for the deceased child passengers were reported to be between 16 – 19 years old.
- 61% (59) of all Motor Vehicle and Other Transport deaths reviewed were white males and 25% (24) were white females.

Motor Vehicle and Other Transport Deaths

Area:	Vehicle	Motorcycle	Recreational	Bicycle/ Other	Pedestrian	Total	% Area
Urban	4	1	0	2	5	12	13%
Suburban	10	5	0	0	6	21	22%
Rural	41	3	6	2	2	54	56%
Unknown	9	0	0	0	0	9	9%
Total	64	9	6	4	13	96	100%
% Type	67%	9%	6%	4%	14%	100%	

Figure 15: Motor Vehicle and Other Transport Deaths by Area of Incident

Key Findings:

- 100% (6) of Motor Vehicle and Other Transport deaths involving recreational vehicles occurred in rural areas.
- 64% (41) of Motor Vehicle and Other Transport deaths involving vehicles occurred in rural areas.
- 56% (54) of all Motor Vehicle and Other Transport deaths occurred in a rural area: 22% (21) occurred in suburban areas.

Total Motor Vehicle and Other Transport Deaths Reviewed	Child Driver	% Risk Factors	Child Passenger	% Risk Factors
96	51	53%	28	29%
Risk Factor		%based on Driver Category Totals		
Responsible for causing incident	37	73%	16	57%
Alcohol/Drug Impaired	10	20%	4	14%
Vehicles that had One Passenger	23	45%	18	64%
Vehicle had that Two or More Passengers	17	33%	10	36%
Vehicle had Teen Passenger (14-21)	40	78%	22	79%

Figure 16: Motor Vehicle and Other Transport Death by Driver and Risk Factors

Key Findings:

- 53% (51) were drivers; 29% (28) were passengers.
- 55% (53) of all drivers were responsible for causing the incident.
- 15% (14) of all drivers were Alcohol or Drug Impaired.
- 29% (23) of child deaths reported lap/shoulder belt protection was not used regardless of position in the vehicle.
- 29% (15) of deceased child drivers report lap/shoulder belt protection was not used.
- 50% (2) of deaths involving bikes needed helmet protection but it was not present.

Motor Vehicle and Other Transport Deaths

Driving Conditions		% of Conditions
Deaths Reviewed	96	
Loose gravel/Muddy Roads	2	2%
Wet/Ice/Snow	6	6%
Fog	2	2%
Construction Zone	1	1%
Inadequate Lighting	6	6%

Risk Factors		% of Risk Factors
Speeding	40	42%
Recklessness	24	25%
Drug/Alcohol	18	19%
Inexperience	14	15%
Distraction	6	6%

One event can have multiple Conditions and Risk Factors

Figure 17: Motor Vehicle and Other Transport by Driving Conditions and by Risk Factors

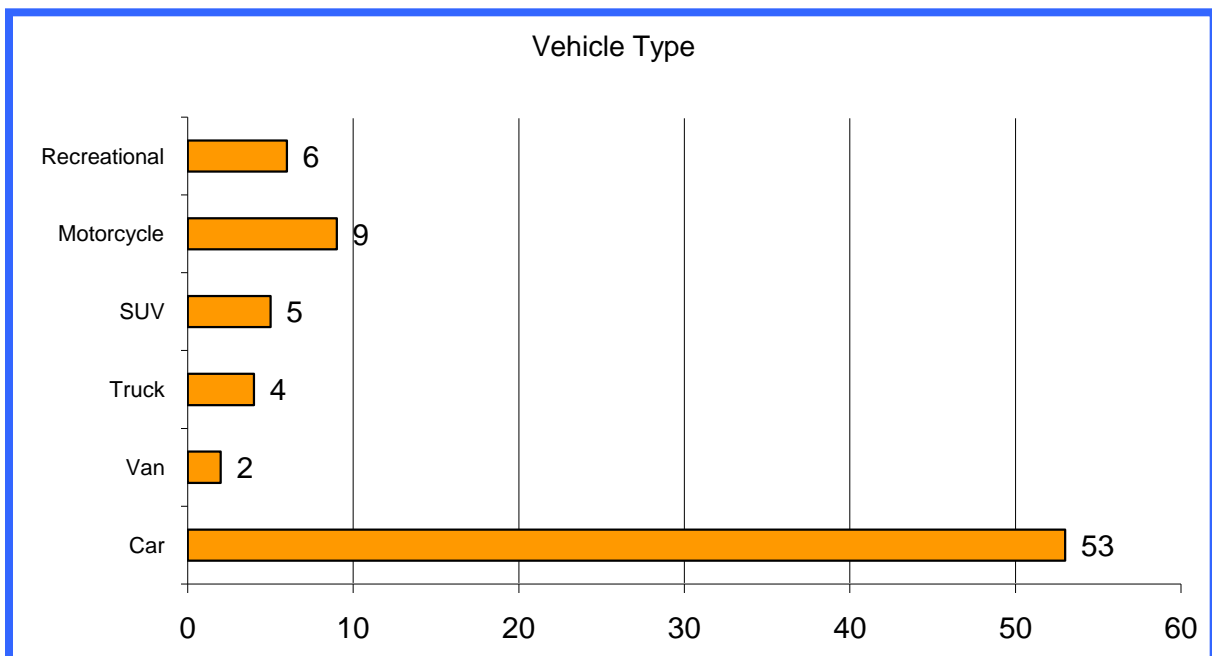


Figure 18: Motor Vehicle and Other Transport Death by Vehicle Type

Prevention Strategies:

- Change Pennsylvania's child booster and seatbelt laws for all ages from secondary to primary offenses. (Currently primary offense from birth to 4 years only.)
Reference: http://www.ghsa.org/html/stateinfo/laws/seatbelt_laws.html
- **CDC's Transportation Injury Prevention Tips:**
One of the best protective measures is using seat belts, child safety seats, and booster seats that are appropriate for the child's age and weight.

PA AAP recommends that:

- Babies should be placed in rear facing car seats until they are at least 1 year old and weigh 20 pounds (For more information: See AAP Clinical Report: Safe Transportation of Pre-Term and Low Birth Weight Infants at Hospital Discharge. Reference: Pediatrics 2009; 123;1424-1429 <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;123/5/1424.pdf>)
- When babies move into front-facing car seats, they should remain in these seats until they are at least 4 years old or weigh 40 pounds.
- Children should be seated in booster seats from about age 4 to age 8, or until they reach 4'9" tall.
- All children ages 12 and under should be seated in the back seat of vehicles.
- Parents of teens learning to drive, should consider signing an agreement with them to limit risky driving situations, such as having multiple teen passengers and driving at night.
- Children should wear motorcycle or bike helmets any time they are on a motorcycle or bicycle.
Reference: <http://www.cdc.gov/safecchild/>
- **Incorporate the Essential Features That Should Be Mandated in Graduated Driver(s) License (GDL) Systems according to the American Academy of Pediatrics' Policy Statement on Teen Driving 2006:**
 - A learner-permit phase that starts no earlier than 16 years of age and lasts at least 6 months
 - A minimum of 30 hours (preferably 50 hours) of adult-supervised, on-road driving during the permit stage (at least 5–10 of these supervised practice hours should be at night)
 - A provisional (intermediate) stage, with restrictions, that lasts until 18 years of age
 - A nighttime driving restriction (9:00 PM to 5:00 AM until driving with provisional license for 6 months, followed by a midnight to 5:00 AM restriction until 18 years of age)
 - Passenger limits (unless supervised by an adult)
 - First 6 months with provisional license: no teenaged passengers
 - Until 18 years of age: no more than 1 teenaged passenger
 - Prompt imposition of fines, remedial driver classes, or license suspension for violation of passenger or curfew restrictions
 - Use of safety belts and appropriate child restraints by all occupants
 - No cellular phone use while in the provisional stage
 - Zero tolerance for alcohol and provisions for administrative license revocation for drunk driving, excessive speeding, or reckless driving
 - Documented safe driving record before full licensure is granted
 - It is suggested that states also consider a requirement for additional supervised driver experience/education (focused on hazard recognition and risk avoidance) during the provisional stage and a requirement for an additional on-road test to graduate from provisional to full licensure.

Reference: Committee on Injury, Violence, and Poison Prevention and Committee on Adolescence: Teen Driving. Pediatrics 2006;118;2570-2581.
- Promote education of safe recreational vehicle use in rural areas.

- Target underage drinking in accordance with the **2007 Surgeon General's Call to Action** and as per the revised **AAP Policy Statement on Alcohol Use by Youth and Adolescents 2010**:
 - Support advocacy efforts to promote appropriate media modeling of alcohol consumption and consequences, including print media, television, film, and the Internet.
 - Support advocacy efforts to promote legislation that reduces alcohol-related morbidity and mortality, such as graduated driver licensing; treatment parity from third-party payers; legal ramifications for parent sponsorship of adolescent drinking; increased alcohol excise taxes; and other prevention and treatment policies recommended in the Surgeon General's call to action.
 - Support continuation of the age of 21 years old as the minimum legal drinking age, and support enforcement that decreases access to alcohol for minors.
 - Support further research into prevention, evidence-based screening and identification, brief intervention, and management and treatment of alcohol and other substance use by adolescents.

References: Committee on Substance Abuse Alcohol Use and Abuse: A Pediatric Concern. *Pediatrics* 2001;108;185-189

Department of Health and Human Services. The Surgeon General's Call to Action To Prevent and Reduce Underage Drinking. Department of Health and Human Services, Office of the Surgeon General, 2007.

Fire

Age Group	Single Home	Duplex	Apartment	Trailer Mobile Home	Other	Unknown	Total	% total Age Group
1 - 4 years	6	0	0	0	0	2	8	32%
5 - 9 years	3	1	3	0	1	0	8	32%
10 -14 years	3	0	0	0	0	1	4	16%
15 - 17 Years	2	0	0	0	0	0	2	8%
18 - 19 Years	1	0	0	1	0	0	2	8%
20 - 21 Years	1	0	0	0	0	0	1	4%
Total	16	1	3	1	1	3	25	100%
% by Type	64%	4%	12%	4%	4%	12%	100%	

Gender								% Total Gender
Male	8	1	2	1	1	3	16	64%
Female	8	0	1	0	0	0	9	36%
Total	16	1	3	1	1	3	25	100%
% by Type	64%	4%	12%	4%	4%	12%	100%	

Race								% Total Race
White	3	0	2	1	0	0	6	24%
Black, African American	11	0	1	0	1	3	16	64%
Unknown	2	1	0	0	0	0	3	12%
Total	16	1	3	1	1	3	25	100%
% by Type	64%	4%	12%	4%	4%	12%	100%	

Figure 19: Fire Deaths by Building and Demographics

Note: No fire deaths under the age of 1 were reported.

Key Findings:

- In 40% (10) a smoke detector was present and 4 (40%) were working.
- In 12% (3) escape or rescue efforts worsened fire.
- In 8% (2) there were factors that delayed fire department arrival.
- In 32% (8) barriers prevented a safe exit.
- In 28% (7) building or rental codes violated.
- In 12% (3) child(ren) were not supervised, but needed supervision.

Prevention Strategies:

- **CDC's Fire Prevention Tips**
 - **Be alarmed.** Install and maintain smoke alarms in the home—on every floor and near all rooms family members sleep in. Test smoke alarms once a month to make sure they are working properly.

- **Have an escape plan.** Families should create and practice a family fire escape plan, and involve kids in the planning. Make sure everyone knows at least two ways out of every room and identify a central meeting place outside.
- **Cook with care.** Caregivers should use safe cooking practices, such as never leaving food unattended on the stove. Also, supervise young children whenever they're near cooking surfaces.
 - **To prevent burns from scalding water: Check water heater temperature.** Set the water heater's thermostat to 120 degrees Fahrenheit or lower. Infants who aren't walking yet can't get out of water that may be too hot, and maintaining a constant thermostat setting can help control the water temperature throughout the home—preventing it from getting too high. Reference: <http://www.cdc.gov/safekid/>

Drowning

Age Group	Number Deaths	% of Age Group
< 1	1	5.6%
1 - 4 Years	5	27.8%
5 - 9 Years	1	5.6%
10 - 14 Years	6	33.3%
15 - 18 Years	3	16.7%
19 -21 Years	2	11.0%
Total	18	100.0%

Figure 20: Drowning Deaths by Age Group

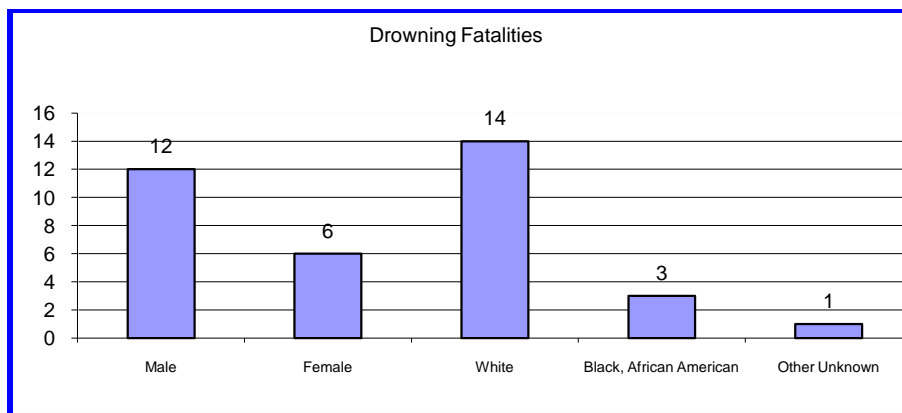


Figure 21: Drowning Deaths by Sex and Race

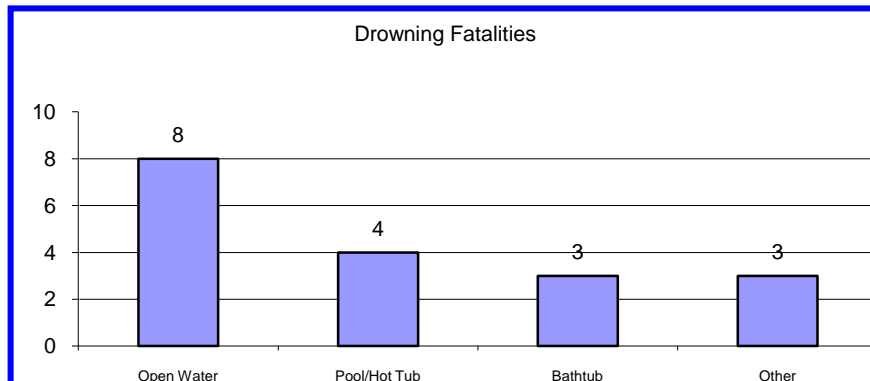


Figure 22: Drowning Deaths by Location

Key Findings:

- 78 % (14) of drowning deaths had a race of White.
- 67 % (12) were male.
- In 61 % (10) there were no barriers to water.
- In 11 % (2) child(ren) were not supervised but needed supervision.
- 44% (8) involved open water.
- 33.3% (6) were age group 10 – 14 years old.

Prevention Strategies:

- **CDC's Drowning Prevention Tips:**

- Install a four-sided isolation fence, with self-closing and self-latching gates, around backyard swimming pools.
- Make sure kids wear life jackets in and around natural bodies of water.
- Learn cardiopulmonary resuscitation (CPR) and get recertified every two years.
- Supervise young children at all times around bathtubs, swimming pools, and natural bodies of water.

Reference: <http://www.cdc.gov/safecild/>

- **Community Interventions suggested by the American Academy of Pediatrics to Prevent Drowning:**

- Pediatricians are encouraged to work in their communities to pass legislation to mandate 4-sided isolation pool fencing for all new and existing residential pools. Pediatricians should encourage local governmental inspection of pool fencing with strict enforcement programs, because they have been shown to be effective in reducing drowning.
- Pediatricians should support efforts to ensure that community pools and other pools accessible to the public (such as pools at apartments, hotels, and motels) have certified lifeguards with current CPR certification. (Currently, most states do not require hotel pools to have lifeguards.)
- Pediatricians are encouraged to support efforts in their states and communities to pass legislation and adopt regulations to establish basic safety requirements for natural swimming areas and public and private recreational facilities (e.g., mandating the presence of certified lifeguards in designated swimming areas).
- Pediatricians should support state and community efforts to enforce laws that prohibit alcohol and other drug consumption by boat occupants, not just operators.
- Pediatricians should work with state and local emergency medical services personnel to encourage systematic reporting of information on the circumstances of immersion events. Consistent review of these data is critical for the development of drowning-prevention strategies appropriate for the geographic area.
- Pediatricians should work in their communities to ensure adequate emergency medical services for childhood drowning victims. The Emergency Medical Services for Children (EMSC) program should be reauthorized and funded at levels recommended by the Institutes of Medicine.
- Supportive counseling services should be available to relatives and friends of drowning victims.

Reference: COMMITTEE ON INJURY, VIOLENCE, AND POISON PREVENTION. Policy Statement Prevention of Drowning. Pediatrics published online May 24, 2010.

Suffocation/Asphyxia

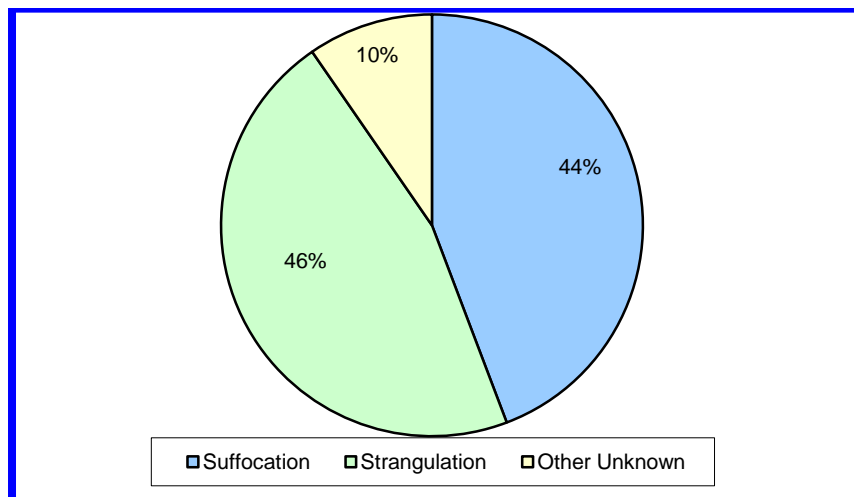


Figure 23: Suffocation by Action Causing Asphyxia

Sex/Gender	Male	Female	Total	% of Race
White	23	10	33	63%
Black	10	6	16	31%
Other/Unknown	1	2	3	6%
Total	34	18	52	100%

Age/Gender	Male	Female	Total	% of Age Group
< 1 year	15	9	24	46%
10 - 14	2	1	3	6%
15 - 17	5	5	10	19%
18 - 21	12	3	15	29%
Total	34	18	52	100%

Figure 24: Suffocation/Asphyxia by Race and Age Group

Key Findings:

- Suffocation by action causing asphyxia were determined to be from the following manner of death
 - 37% (19) Accidental, 94% (18) of these were in an age range of <1 year.
 - 44% (26) Suicide, were in the age range 14 – 21 years.
 - 2% (1) Homicide, were in the age range of <1 year.
 - 12% (6) Undetermined, 83% (5) of these were in the age range of <1 year.
- Of the 46% (24) infant deaths (<1 year) reviewed, 75% (18) of these deaths have an Accidental manner of death.
- Of the 54% (28) Suffocation/Asphyxia deaths reviewed in age range 10 – 21 years, 46% (13) report strangulation by using belt, cord or rope.

Weapons-Related

Age Group	Number Deaths	% by Age Group
< 1	4	2%
1 - 4 Years	5	3%
5 - 9 years	5	3%
10 - 14 years	6	3%
15 - 17 years	39	22%
18 - 19 years	78	44%
20 -21 years	40	23%
Total	177	

Figure 25: Weapons-related Deaths by Age Group

Gender	Firearm	Sharp	Blunt	Person's Body Part	Unknown	Total	% by Gender
Male	150	4	1	4	1	160	90%
Female	13	1	0	2	1	17	10%
Total	163	5	1	6	2	177	100%

Manner of Death	Firearm	Sharp	Blunt	Person's Body Part	Unknown	Total	% by Manner
Accident unintentional	5	0	0	0	0	5	3%
Suicide	15	0	0	0	0	15	8%
Homicide	143	5	1	5	2	156	88%
Undetermined	0	0	0	0	0	0	0%
Pending	0	0	0	1	0	1	1%
Total	163	5	1	6	2	177	100%

Issues of Omission or Commission							
	Firearm	Sharp	Blunt	Person's Body Part	Unknown	Total	
Child Not Supervised but needed supervision	9	0	0	0	0	9	5%
*Action omission/commission caused or contributed to death	122	5	1	2	1	131	74%

Figure 26: Weapons-related Deaths by Gender, Manner and Type of Weapon

*see page 41 Omission/Commission for definition

Weapons-Related

Type of Weapon						
Factors	Firearm	Sharp	Blunt	Person's Body Part	Total	% by Factors
Unknown	28	0	0	0	28	16%
Argument	51	3	0	1	55	31%
Other Use	8	0	0	1	9	5%
Gang Related	16	0	0	0	16	9%
Commission of Crime	25	1	0	0	26	15%
Self Injury	20	0	0	0	20	11%
Target Shooting	1	0	0	0	1	1%
Self Defense	6	0	0	0	6	3%
Random Violence	14	1	1	0	16	9%
Playing with Weapon	8	0	0	0	8	5%
Drive By	10	0	0	0	10	6%
Intimate Partner Violence	3	1	0	0	4	2%
Bystander	1	0	0	0	1	1%
Bullying	0	0	0	0	0	0%
Showing Gun to Others	1	0	0	0	1	1%
Jealousy	4	1	1	0	6	3%
Columns do not total to deaths						

Figure 27: Weapons-related Deaths by Precipitating Factors and Type of Weapon

Key Findings:

- 90 % (160) of the deaths reviewed were male, with 94 % (150) of the male deaths involved firearms.
- 89 % (157) of Weapons-related Deaths fell in the age range of 15 – 21 years old, with 50% (78) in the age group 18 – 19 years old.
- 92% (163) of the Weapons-related Deaths involved firearms.
- 31% (55) reported Argument as a factor for the death.

Prevention Strategies:

- **American Academy of Pediatrics' Advice to Parents**
 - Talk to children about the dangers of guns, and tell them to stay away from guns. Find out if there are guns in the homes where children play. If so, talk to the adults in the house about the dangers of guns to their families.
 - In homes with guns, children are safest if:
 - Guns are stored unloaded and locked up or with a trigger lock;
 - Bullets are locked and stored in a separate place; and
 - The keys to the locked boxes are hidden.

Poisoning, Overdose, or Acute Intoxication

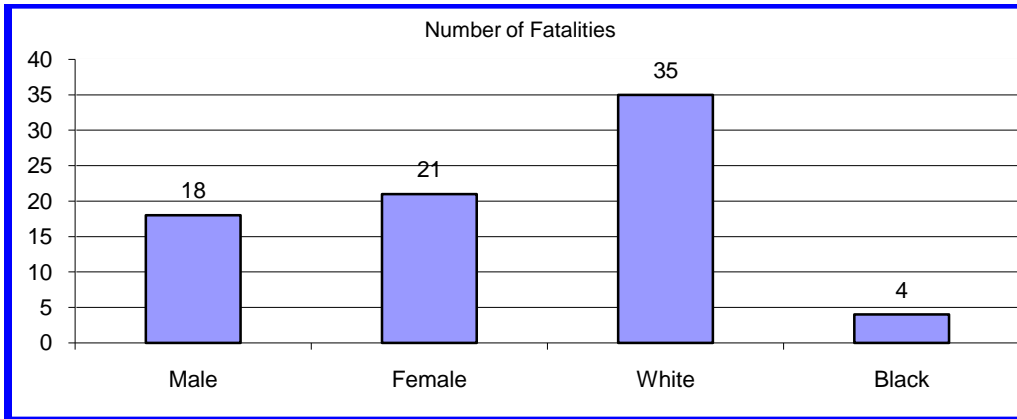


Figure 28: Poisoning, Overdose or Acute Intoxication Deaths by Gender and Race

Age Group	Prescription Drug	Over the Counter Drug	Other	Unknown	Deaths Reviewed	% by Age Group
< 1	2	0	0	0	2	5%
1 - 4 Years	3	0	1	0	4	10%
5 - 9 years	0	0	0	0	0	0%
10 - 14 Years	0	0	0	0	0	0%
15 - 17 Years	3	0	4	1	7	18%
18 - 19 Years	15	3	8	0	17	44%
20 - 24 Years	9	1	7	0	9	23%
Total	32	4	20	1	39	100%
% by Type	82%	10%	51%	3%	100%	

Column do not total to death reviewed

Figure 29: Poisoning, Overdose or Acute Intoxication Deaths by Age Group and Type

Key Findings:

- 59% (33) of deaths reviewed were in the 15 – 24 years age range, with 52% (17) between 18 - 19 years old.
- 85% (32) of the deaths reviewed used Prescription Drugs, with 47% (15) between 18 – 19 years old.

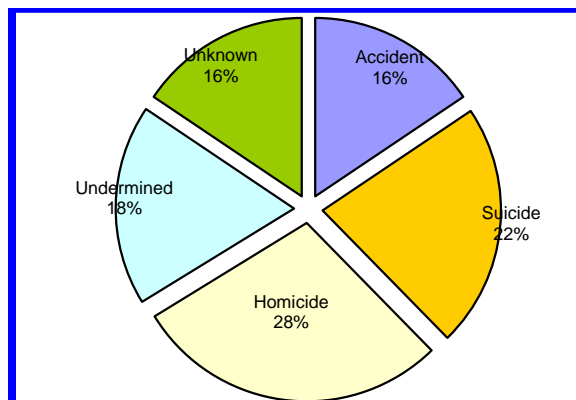


Figure 30: Poisoning, Overdose or Acute Intoxication by Manner of Death

Prevention Strategies:

- **CDC's Poisoning Prevention Tips:**

- Keep medicines and toxic products, such as cleaning solutions, in locked or childproof cabinets.
- Put the nationwide poison control center phone number, 1-800-222-1222, on or near every telephone in the home and program it into your cellular phone. Poison control centers are available 24 hours a day, seven days a week. Call poison control if you think a child has been poisoned and if they are awake and alert. Call 911 if you have a poison emergency and the child has collapsed or is not breathing.
- Follow label directions and read all warnings when giving medicines to children.
- Safely dispose of unused, unneeded, or expired prescription drugs. Be aware that if you dispose of unused medicines, they can be mixed with coffee grounds or kitty litter to make them less appealing to children.

Reference: <http://www.cdc.gov/safekid/>

Sleep-Related Deaths

Note: The new CDR Data Reporting System 2.1 is set for infant/child Sudden Unexpected Infant Death Investigation (SUDI) protocol which only includes sleep-related death data for children less than 5 years of age. Please see page 70, Appendix D, for the CDR Data Reporting System 2.1.

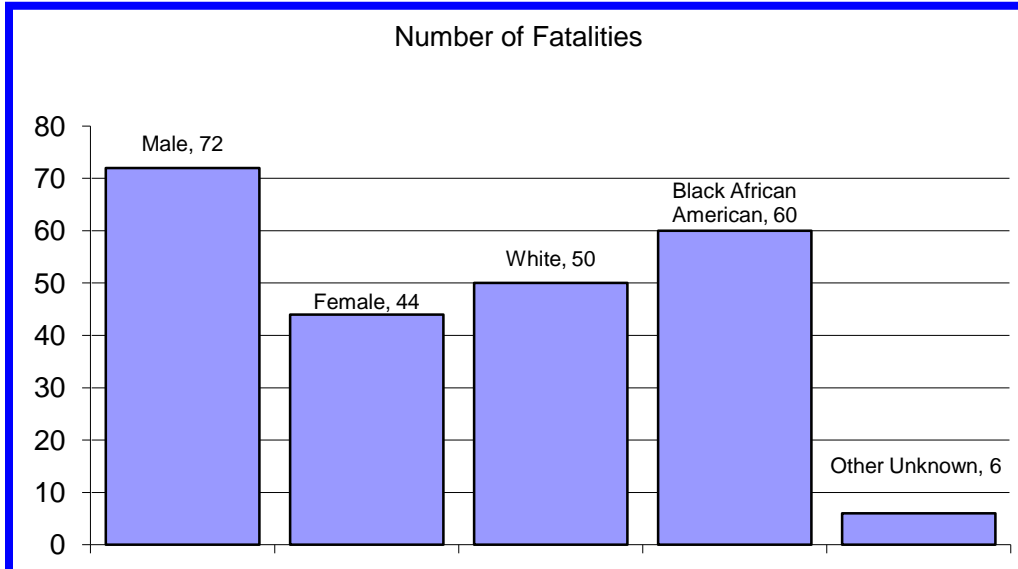


Figure 31: Sleep-related Deaths by Gender and Race

Age Group	Male	Female	Total	% Age Range
0 - 1 Month	21	20	41	35.3%
2 - 3 Months	26	17	43	37.1%
4 - 5 Months	10	2	12	10.3%
6 - 7 Months	6	0	6	5.2%
8 - 11 Months	2	1	3	2.6%
1 - 4 Years	7	4	11	9.5%
Total	72	44	116	100.0%
% by Gender	62%	38%	100%	

Figure 32: Sleep-related Deaths by Age Group and Gender

Sleep-Related Deaths

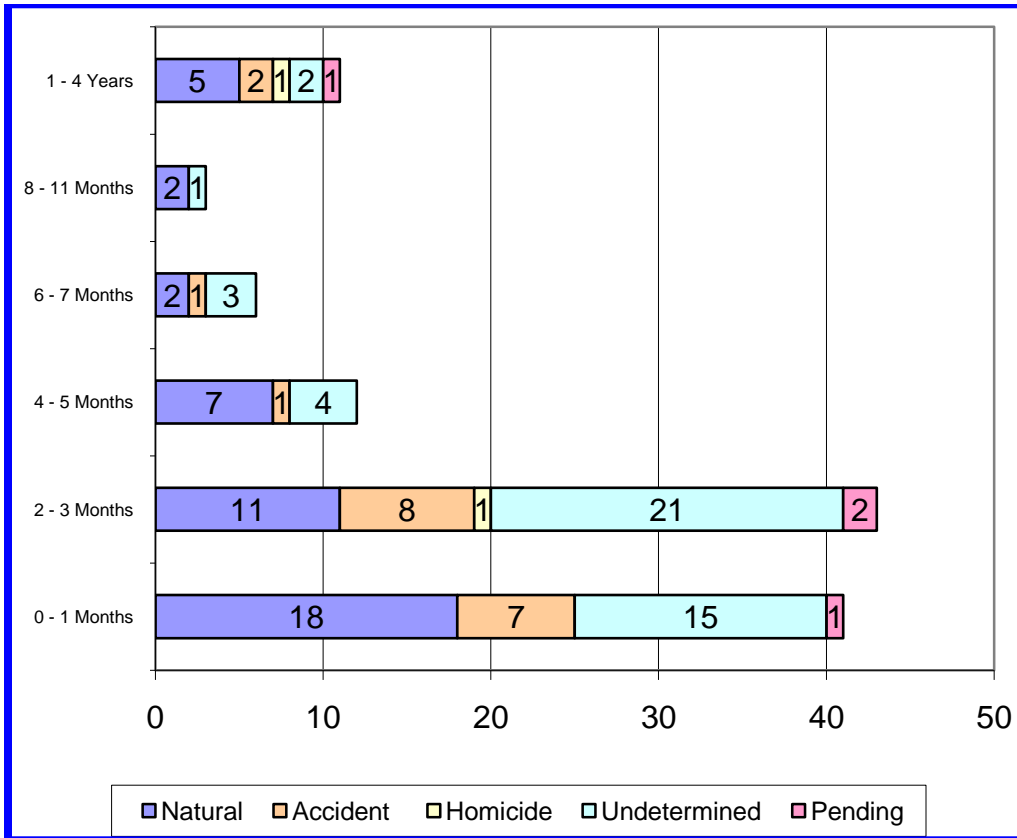


Figure 33: Sleep-related Deaths by Manner and Age Group

Sleep-Related						
Age Group	SIDS	Asphyxia	Medical Condition	All Other Causes	Total	% by Age Range
0 - 1 Month	17	7	10	7	41	35.3%
2 - 3 Months	14	10	7	12	43	37.1%
4 - 5 Months	5	2	3	2	12	10.3%
6 - 7 Months	2	1	1	2	6	5.2%
8 - 11 Months	0	1	2	0	3	2.6%
1 - 4 Years	0	0	6	5	11	9.5%
Total	38	21	29	28	116	100.0%
% by Cause	33%	18%	25%	24%	100%	

Figure 34: Sleep-related Deaths by Cause and Age Group

Sleep-Related Deaths

Factors Involved in Sleep Related Deaths Age Group	0 - 1 Months	2 - 3 Months	4 - 5 Months	6 - 7 Months	8 - 11 Months	1 - 4 Years`	Total	% by Factors
Deaths Reviewed	41	43	12	6	3	11	116	
Not in crib or bassinette	27	30	7	5	1	3	73	63%
Not sleeping on back	14	16	7	2	0	4	43	37%
Unsafe bedding or toys	5	8	1	3	0	3	20	17%
Sleeping with other people	23	24	4	3	1	3	58	50%
Obese adult sleeping with child	5	4	0	0	0	0	9	8%
Adult was alcohol impaired	0	0	0	2	0	0	2	2%
Adult was drug impaired	3	1	0	1	0	1	6	5%
Caregiver/Supervisor fell asleep while bottle feeding	2	1	0	0	0	0	3	3%
Caregiver/Supervisor fell asleep while breast feeding	0	1	0	0	0	0	1	1%

Figure 35: Sleep-related Deaths by Factors and Age Group

Key Findings:

- 17% (116) of the 662 infants/child deaths that are less than 5 years of age are sleep-related.
- 72% (84) of the deaths occurred between birth and 3 months.
- 18% (21) were infants and determined to be the result of Suffocation/Asphyxia.
- 32% (38) report cause of death to be SIDS: of these deaths 66% (25) reported a manner of death Natural and 34% (13) report a manner of death as Undetermined, Unknown or Pending.
- 62% (72) were reported as Male and 38% (44) were report as Females. Males have the highest percentage of deaths that occurred between birth and 3 months.
- 52% (60) reported a race of Black/African American.
- 91% (105) reported to be infants (<1 year): 67% (70) reported to not be in a crib of these 79% (55) reported the infant sleeping with another person.
- 37% (43) reported the infant/child not sleeping on their back.

Prevention Strategies:

- American Academy of Pediatrics' Safe Sleep Tips for babies:

- Place a baby on its back to sleep
- Avoid Side and Prone sleeping
- Firm Sleep Surface
- No soft objects and loose bedding
- Do not smoke
- Separate but proximate sleeping area
- Consider offering a pacifier at nap and bed time
- Avoid overheating
- Avoid commercial devices marketed to prevent SIDS
- Do not use home monitors as a means to reduce the risk of SIDS

Reference: American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome. *Pediatrics*. 2005 Nov; 116(5):1245-55.

- Increase education for parents on all risk factors related to the infant's sleep environment (including co-sleeping) and tobacco exposure.
- Obtain immediate drug screens of care providers present when a child dies in a suspected accident, homicide, or in an undetermined manner.
- Automatically notify and dispatch police with EMS to scenes requesting EMS in children under the age of 1 year in order to facilitate securing the scene for the initial investigation when a child dies in a suspected accident, homicide, or in an undetermined manner.

Acts of Omission or Commission

Acts of omission or commission are defined as any act or failure to act which causes and/or substantially contributes to the death of a child. These are based on evidence and professional determination. The legal definition may serve as a baseline, but need not be used as a strict criterion.

- Teams determined that 26% (296) of deaths reviewed fell into this definition of omission or commission.
- Acts of Omission/Commission are broken down into 7 determined categories: Poor or Absent Supervision 13% (39); Child Abuse 3% (10); Child Neglect 3% (8); Other Negligence 20% (58); Assault (not child abuse)* 39% (115); Suicide 8% (25); Other/Unknown 15% (43).

Primary Cause of Death	Acts of Omission/Commission							Reviewed	% of Primary Cause
	Poor/absent supervision	Child Abuse	Child Neglect	Other Negligence	Assault (not Child Abuse)	Suicide	Other		
Motor Vehicle Transportation	2	0	0	16	1	1	5	25	8.45%
Fire, Burn	6	0	0	7	0	0	0	13	4.39%
Drowning	2	0	0	1	0	0	2	5	1.69%
Suffocation or Strangulation	5	0	1	9	1	15	2	32	10.81%
Weapon	4	5	0	2	111	5	11	138	46.62%
Fall or Crush	0	0	0	0	0	1	0	1	0.34%
Poisoning	4	0	2	2	0	3	11	21	7.09%
Other Injury	3	4	0	0	1	0	2	10	3.38%
Medical Condition	8	1	5	14	0	0	9	37	12.50%
Unknown Cause	5	0	0	7	1	0	1	14	4.73%
Total	39	10	8	58	115	25	43	296	
% of Act	13%	3%	3%	20%	39%	8%	15%		

Figure 36: Acts of Omission/Commission by Primary Cause of Death

Manner of Death	Acts of Omission/Commission							Reviewed	% of Primary Cause
	Poor/absent supervision	Child Abuse	Child Neglect	Other Negligence	Assault (not Child Abuse)	Suicide	Other		
Natural	1	2	3	9	0	0	14	24	8%
Accident	20	0	1	30	1	0	19	73	25%
Suicide	1	0	1	0	0	25	1	26	9%
Homicide	3	8	0	3	113	0	7	137	46%
Undetermined	14	0	2	15	0	0	2	33	11%
Pending Unknown	0	0	1	1	1	0	0	3	1%
Total	39	10	8	58	115	25	43	296	
% of Act	13%	3%	3%	20%	39%	8%	15%		

totals reflect all determination and do not calculate to total deaths reviewed

Figure 37: Acts of Omission/Commission by Manner of Death

*Assault (not Child Abuse) perpetrator is **not** in caregiver role.

Child Abuse and Neglect Including Poor Supervision Or Other Negligence

Based on Acts of Omission/Commission

Age Group	Poor Absent Supervision	Child Abuse	Child Negligence	Other Negligence	Deaths Reviewed	% by Age Group
<1 Year	18	4	4	29	55	50.5%
1 - 4 Years	6	2	1	6	15	13.8%
5 - 9 Years	1	2	1	3	7	6.4%
10 - 14 Years	4	2	0	4	10	9.2%
15 - 17 Years	7	0	1	4	11	10.0%
18 - 19 Years	1	0	1	6	2	1.8%
20 - 24 Years	2	0	0	6	9	8.3%
Total	39	10	8	58	109	100.0%
% by Act of Omission or Commission	36%	9%	7%	53%	100%	

Figure 38: Acts of Omission/Commission by Age Group

Key Findings:

- Of the 296 reviews that cited omission/commission factors, 37% (109) were determined to have Acts of Omission or Commission involving: Poor or Absent Supervision; Known Child Abuse; Child Negligence and Other Negligence.
- Of the 109 reviews determined to result from Poor or Absent Supervision, 33 % (36) were reported as unintentional, where 80 % (7) of the Child Abuse category were reported as intentional.
- 72% (78) reported as Poor or Absent Supervision or Other Negligence were determined as unintentional.
- 63% (69) reported race as Black/African American; 35% (38) reported race as White: 63% (77) reported gender as male and 42% (46) as female.

Prevention Strategies:

- Increase child safety and health promotion education to parents, care providers, and older children.
- Obtain prompt medical evaluation of siblings of the deceased.

Community Services and Resources

Based on services to family and community as a result of death

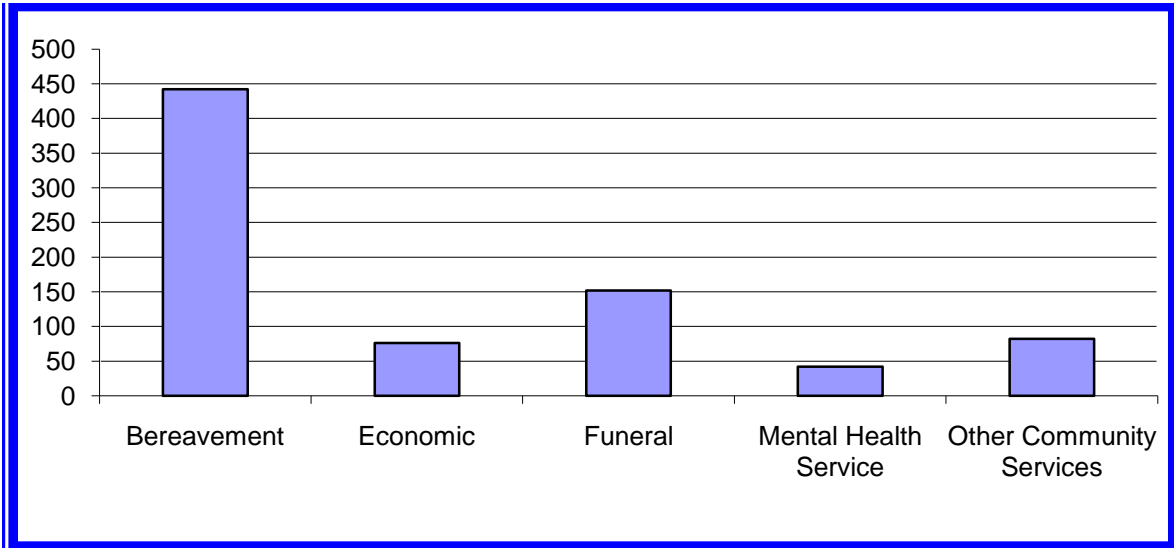


Figure 39: Services provided to Family and Community (n=852)
Chart reflects multiple responses.

Policy Recommendations

The process of child death review sparks a thoughtful discussion by team members on the circumstances surrounding a child's death and the potential for prevention of future deaths. Over the past 16 years of CDR development in Pennsylvania, many recommendations have been suggested both at the local and state level. These recommendations have driven environmental changes, agency staff education, and improved protocols for agency collaboration and community-wide prevention efforts.

Below are listed our recommendations for the Governor and the General Assembly of Pennsylvania.

Prevention Recommendations:

Infant Safe Sleep:

1. Promote infant safe sleep education at the family, public, health professional level, including education of new parents at the time of birth.
2. Support the development of a universal infant safe sleep education initiative.

Teen Driving:

1. Promote tougher Graduated Driver Licensing laws that would limit the number of teen passengers and restrict distractive devices (cell phones, texting, etc.). Continue to support PA legislation that addresses these key elements.
2. Continue to support the Department of Health's Injury Community Planning Group (ICPG) in their efforts to establish a Teen Driving Task Force, bringing together key stakeholders from government, the private sector, and safety groups.

Suicide:

1. Utilize evidence-based programs in schools and primary care settings that have been shown to impact the number of youth suicides. These may include programs that screen and identify teens with mental health issues who could be at risk for suicide.
2. Continue to promote community-based task forces that address youth suicide prevention.
3. Develop suicide prevention programs for populations at high risk of suicide, such as gay, lesbian and transgender youth.

Child Abuse and Neglect:

1. Promote and support Citizen Review Panels established by the Department of Public Welfare.
2. Engage in public education campaigns on primary prevention of child abuse and neglect.
3. Encourage existing and future home visiting programs that emphasize appropriate parenting support and education.

Injury Prevention:

1. Continue to support the Department of Health's Injury Community Planning Group (ICPG) efforts to reduce childhood injuries and fatalities.
2. Emphasize parent/caregiver education and skill development in the importance of vigilant supervision.
3. Promote the Centers for Disease Control and Prevention (CDC) and American Academy of Pediatrics (AAP) recommendations that are documented throughout this report with regard to prevention education.
4. Support community-based collaboration and funding for prevention programs (e.g. State Health Improvement Partnerships, PA Safe Kids, etc.)

Poisoning:

1. Continue to support education on: activities, behavioral changes and physical symptoms that may indicate a child's use of illegal, prescription and over-the-counter drugs.
2. Provide training in the safe administration of medication for children to parents/caregivers.

Farm Safety:

1. Continue to support local education efforts with all populations on the hazards that farms pose to young children.
2. Encourage the Commonwealth to allocate resources for the establishment of a Farm Safety Office, with collaboration from multiple agencies, including the Departments of Agriculture, Health, Education, and Transportation.

Infant Death Scene Investigation Recommendations:

One of the most important efforts of the PA CDRT over the past several years has been an education program for coroners, emergency responders and law enforcement on the CDC infant death scene investigation protocol. This protocol is critical to assure preservation of death scene evidence and consistent infant death investigation. Prior to this training, the handling of child death scenes differed resulting in inconsistent data on infant deaths. Local Teams continue to recommend education and the development of child death scene protocols for each county. Lehigh County has recently implemented a team approach for responding to child deaths that exemplifies the national protocol. The principal purpose is to establish guidelines and procedures to be followed for conducting a multi-disciplinary investigation into child related deaths.

1. Improve death scene investigation with all agencies (police, coroners, District Attorneys, Children & Youth) collaborating and using the same protocol. For example, the Lehigh County team approach.
2. Utilize the Centers for Disease Control and Prevention (CDC) Sudden Unexplained Infant Death Investigation (SUIDI) Protocol for all infant deaths.
3. Continue to support educational programs that improve the accurate completion of death certificates.

Child Death Review Team Administration Recommendations:**Premature Births:**

1. Convene subgroups of local CDR teams to review deaths of infants who were born prematurely. These deaths represent 58% of all child deaths under age 1 reviewed in 2009.

Team Infrastructure:

1. Encourage all relevant child serving agencies to actively participate in each local CDR Team.
2. Identify local agencies who will contribute administrative support, including data entry, to the teams.
3. Continue to educate local teams on the need for productive and effective reviews that support quality reporting.
4. Continue to identify information and resources in a timely manner for local team consideration in their reviews.

5. Identify agencies, organizations and resources that support and enhance the local team prevention efforts.
 - a. Encourage counties without active teams to work with the Department of Health to become active in the Child Death Review Process, as required by the Public Health Child Death Review Act.

Summary Local Team Activities

Local Team Development

The Public Health Child Death Review Act (Act 87 2008) provides the local teams with guidance on the establishment of a County or Regional team. For this report there are 61 teams representing 65 of Pennsylvania's Counties.

- 8 Counties have formed joint teams: Cameron/Elk, Forest/Warren, Susquehanna/Wyoming and Franklin/Fulton.
- 4 Counties share resources and their review tables: Lycoming/Montour, Snyder/Union
- 53 County-based teams: Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Columbia, Crawford, Dauphin, Delaware, Erie, Fayette, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, McKean, Mercer, Mifflin, Monroe, Montgomery, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Somerset, Sullivan, Tioga, Venango, Washington, Wayne, Westmoreland, York.
- 2 Counties have not joined or developed teams as of this report: Cumberland and Huntingdon.

Summary of Local Team Annual Reports and Recommendations:

Local teams report annually on:

- Risk factors, including modifiable risk factors that cause risk for injury and death.
- Recommendations regarding: improvement of health and safety policies in Pennsylvania and the coordination of services and investigations by child welfare agencies, medical officials, law enforcement and other agencies.

Recommendations on Type of Prevention Initiatives

Local teams make recommendations to local agencies related to the procedures and other actions to reduce injury and death of children. This chart reflects team activities resulting from deaths reviewed during 2009.

Education: Media campaign, Community Safety Project, Provider Education, Parent Education, Public Forum and Other Educations

Agency: New Policy (ies), Revised Policies, 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, and modify a private space

Other: Those that do not fit in the above categories

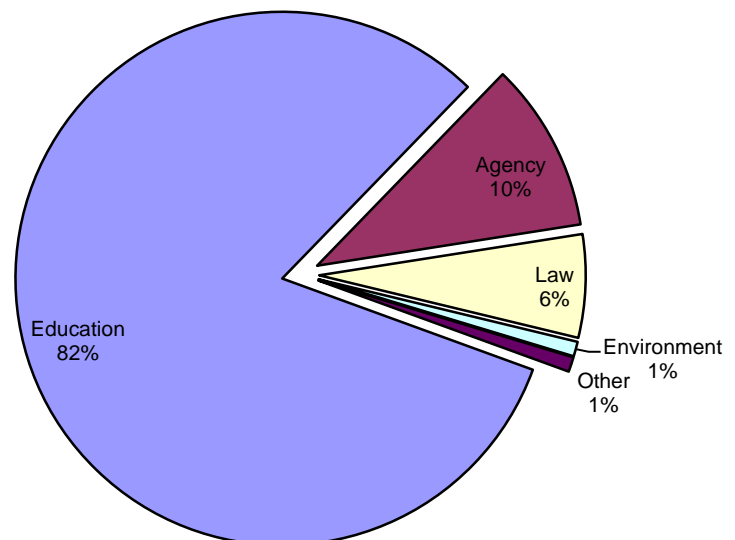


Figure 40: Type of Prevention Initiatives

Local Team Reported Activity Specific Prevention Programs

The following are Local Team prevention Strategies that are currently planned, ongoing or completed.

County	Type	Method/Main Focus	Current Stage of Prevention Strategies: Planned, Completed, Ongoing	Description
Adams	education	co-sleeping	planned	Plans to publish an article in the newspaper regarding the dangers of co-sleeping
Allegheny	education	neonatal	ongoing	development of a subcommittee to gather data and report at quarterly meetings
	education	safe sleep	ongoing	development of material and policy statement on safe sleep
Armstrong	agency	community	completed	re-established team and identified prevention partners
Berks	education	child abuse	completed	Produced videos for mandated reporters regarding changes to CPSL on requirements for mandated reporters
Blair	education	death scene	completed	Provide community with a SUIDI education program: for all law enforcement; coroner staff; EMS; CPS for Blair and surrounding counties
Bucks	education	safe sleep	planning/ongoing	Safe sleep education and development of a Cribs for Kids in the county.
Butler	education	suicide	ongoing	Presentation on suicide, including schools, forums
Cambria	education	suicide	ongoing	Yellow ribbon campaign
	education	safe sleep	ongoing	Developed a Cribs for Kids Program for the county
Cameron/Elk	education	All	ongoing	Yearly Health Safety Fair to include the importance of ATV Safety. School Safety in-services related to ATV safety
Carbon	agency	community	completed	re-established team and identified prevention porters
Centre	education	sexting	completed	Presentation at high school -What is sexting and legal consequences
	agency	injury prevention	completed	Established a SAFE KIDS chapter
	education	sexual assault	completed	Presentation at high school regarding sexual assault and effects
Chester	education	neonatal	ongoing	Development of a subcommittee to gather data and report at quarterly meetings

County	Type	Method/Main Focus	Current Stage of Prevention Strategies: Planned, Completed, Ongoing	Description
Clinton	agency	community	completed	Establishing team and identifying prevention partners within the community
Crawford	all	all	completed	Established a SAFE KIDS chapter
	agency environment	safe sleep	completed	Established a Cribs for Kids program
	education environment	motor vehicle Farm safety	completed	Car seat inspection and car seat distribution: Developed Amish Safety days
Delaware	agency	Safe Sleep	completed	Crozer Chester Hospital and Widener University conducted a study regarding parents sleeping with infants
	agency	new parent educations	ongoing	Crozer Chester Hospital: education and service to women before pregnancies.
	education	Safe sleep	completed	Public service announcement on Cable Station focused on Safe Sleep
	education	suicide	ongoing	Established a sub review group to look at suicide prevention;
Erie	agency	safe sleep	completed	Established a Cribs for Kids program
	education	railroad safety	completed	Provided education safety on railroad safety during school programs
	environment	pedestrian safety	completed	Walk to School Day
	education	animal bite safety	completed	Animal bite safety education in schools
	environment	ATV safety	completed	Provided ATV safety classes
Fayette	education	ATV safety	ongoing	Campaign for helmet use
	education	motor vehicle	ongoing	Safe driving
	education	prenatal care	ongoing	Increase prenatal care and instruction
Greene	agency	community	ongoing	Re-established local team and identifying community prevention partners
Indiana	education	motor vehicle	ongoing	Encouraged all county PCP's to discuss seatbelt use with teen presenting for driver's permit exams. Letter signed by all team members hand delivered by sheriff to PCP's.
Juniata	education	motor vehicle	completed	Sent letter to all county medical providers asking them to stress the use of seatbelts to teens during their driver's examination.
Lancaster	education	farm safety	completed	Farm safety days
	education	safe sleep	ongoing	PSA, education to new parents by OB nurses, teaching conference for nursing and physician staff at birthing hospitals
	education	neonatal	ongoing	Development of a subcommittee to gather data and report at quarterly meetings.

County	Type	Method/Main Focus	Current Stage of Prevention Strategies: Planned, Completed, Ongoing	Description
Lebanon	agency	suicide	ongoing	Develop a Suicide Prevention Taskforce
	agency	child abuse	ongoing	Develop a child abuse taskforce
	education	safe sleep	completed	Newspaper article by coroner regarding overlay deaths in the community
Lehigh	education	medicine administration	completed	Survey to assess med administration practice, key informant health care provider interviews, and development of education materials
	education	suicide	ongoing	Established local chapter of the American Foundation for Suicide Prevention
	education environment	safe sleep	ongoing	One-on-one client education, provision of portable cribs
Lycoming	education	safe sleep	ongoing	Development of Cribs for Kids Program in the county.
McKean	education	safe sleep	ongoing	Safe sleep education
Mercer	modification of physical environment	motor vehicle	completed	Car seat inspection and car seat distribution
	education	safe sleep	ongoing	County CYS nurse is a crib educator
Montgomery	education environment	Injury	ongoing	Incorporated the importance of wearing helmets while sledding: talked to local community about unsafe structure in park where children always sled – environment was changed.
	education	data	completed	Completed local annual summary report for 2007
Northampton	law	motor vehicle	ongoing	Reviewing of school bus safety policies
	education	motor vehicle	ongoing	Creation of parent tool guides, school programs and community awareness for teen driver safety
	environment	fire	completed	Distributed over 3,000 smoke detectors to students in six elementary schools. Local fire department assisted with installation if needed.
Northumberland	education environment	motor vehicle	Planned	ATV safety classes and community awareness
Pike	education	drugs	ongoing	Reality Tour: Drug and Alcohol Use Reduction
Philadelphia	agency	community	ongoing	Re-development of review teams for Philadelphia to include, fetal and infant review, Homicide and Non-homicide
Potter	education	Injury	completed	News article on safety gear when using ATVs and snowmobiles this included information to property owners on the importance of marking cables, fences

County	Type	Method/Main Focus	Current Stage of Prevention Strategies: Planned, Completed, Ongoing	Description
				and gates.
Schuylkill	legislation/policy	alcohol	ongoing	Working with churches to stop the sale of alcohol at church events
	education	parent/child relationships	ongoing	Seminar for parents-talking to your children-no subject is taboo
	education	suicide	ongoing	Forming a support group for children whose parents and kin have committed suicide
	education	asphyxiation	planned	Article in newspaper regarding the dangers of the "choking game" and information disseminated to physicians
Snyder	agency	community	completed	Establishing team and identifying prevention partners within the community
Somerset	education	safe sleep	planned	Working on providing programs to community focused on safe sleep issues
Sullivan	education	suicide	ongoing	PSA's, distribution of crisis information and helpline contact information.
	education	safe sleep	planned	Introduction of Cribs for Kid Program
	education	death scene investigation	completed	Held a regional training for all those that respond to child death scenes
Susquehanna Wyoming	education	motor vehicle	ongoing	Letters to school boards recommending implementation of class room instruction added to driver education. Requested using the PennDOT education program 16 minute and Survivor 101 to be considered.
Union	agency	community	completed	Establishing team and identifying prevention partners within the community
Venango	education environment	fire	ongoing	Fire alarm initiative: distributed needs survey, applied for grant and held fundraisers to purchase alarms: worked with local fire department to distribute and install alarms.
Westmoreland	agency	community	ongoing	Developed a Suicide Prevention Task Force,
York	education	motor vehicle	ongoing	Car seat inspection station, community Buckle UP events, parent child education

Local Child Death Review Teams

Adams County Child Death Review Team

*Kathy McConaghay
Adams County Children & Youth Services*

Armstrong County Child Death Review Team

*Denny Demangone
Armstrong County CYF*

Bedford County Child Death Review Team

*Bonnie Bisbing
Bedford County Children & Youth Services*

Berks County Child Death Review Team

*Brandy Neider
Children & Youth Services County of Berks*

Bradford County Child Death Review Team

*Thomas Carman
Bradford County Coroner Officer*

Butler County Child Death Review Team

*Leslie Johnson
Butler County MH/MR Program*

Cambria County Child Death Review Team

*Joanne Weaver
Cambria County Coroner's Office*

Centre County Child Death Review Team

*Judy Pleskonko
Centre County Coroner's Office*

Clarion County Child Death Review Team

*Kay Rupert
Clarion Co Children & Youth Services*

Clinton County Child Death Review Team

*Jennifer Sobjak
Clinton County Child & Youth*

Crawford County Child Death Review Team

*Darlene Hamilton
Crawford Co State Health Ctr*

Dauphin County Child Death Review Team

*Glen Bartlett
Hershey Pediatric Center*

Delaware County Child Death Review Team

*Megan Fulton
Delaware Co. Children & Youth Services*

Elk & Cameron County Child Death Review Team

*Vickie Skvarka
Pennsylvania Department of Health*

Allegheny County Child Death Review Team

*Roy Sterner
Allegheny County Health Dept.*

Beaver County Child Death Review Team

*David Treusch
Beaver County Children and Youth Services*

Berks County Child Death Review Team

*Mark Reuben
Reading Pediatrics Inc.*

Blair County Child Death Review Team

*Patricia Ross
Blair County Coroner's Office*

Bucks County Child Death Review Team

*Nancy Morgan
Bucks Co C & Y Soc. Svc. Agency*

Cambria County Child Death Review Team

*Dennis Kwiatkowski
Cambria County Coroner's Office*

Carbon County Child Death Review Team

*Bruce Nalesnik
Carbon County Coroner's Office*

Chester County Child Death Review Team

*Barbara Mancill
Chester County Health Department*

Clearfield County Child Death Review Team

*Kelly Pentz
PA DOH, Clearfield County*

Columbia County Child Death Review Team

*Lori Mastelher
Coroner Office Columbia County*

Cumberland

*Christina Roland
Cumberland County Children & Youth Services*

Dauphin County Child Death Review Team

*Michele Rush
Dauphin County Children and Youth*

Delaware County Child Death Review Team

*Meta Wertz
Delaware Co. Children & Youth Services*

Erie County Child Death Review Team

*Patty Puline
Erie County Department of Health*

Local Child Death Review Teams

Fayette County Child Death Review Team

Gina D'Auria
Children & Youth Services

Franklin Fulton County Child Death Review Team

Paul (Ted) Reed
Franklin County Coroner's Office

Indiana County Child Death Review Team

Paula McClure
Indiana County CYS

Jefferson County Child Death Review Team

Bernard P. Snyder
Jefferson County Coroner's Office

Lackawanna County Child Death Review Team

Eugene Talerico
Office of the District Attorney Lackawanna County

Lancaster County Child Death Review Team

Courtney Barry
PennDot

Lawrence County Child Death Review Team

Sue Ascione
Children's Advocacy Center

Lebanon County Child Death Review Team

Rosemary Birt
PA DOH Lebanon State Health Center

Lehigh County Child Death Review Team

Darbe George
Lehigh County Drug & Alcohol

Luzerne County Child Death Review Team

Mary Claire Mullen
Victims Resource Center

McKean County Child Death Review Team

Vickie Skvarka
Pennsylvania Department of Health

Mifflin County Child Death Review Team

Daniel Lynch
Mifflin County Coroner's Office

Montgomery County Child Death Review Team

Barbara Hand
Montgomery Co. Department of Health

Northampton County Child Death Review Team

Sue Madeja
Bethlehem Health Bureau

Perry County Child Death Review Team

Kristie Carl
Perry County C&Y

Forest/Warren County Child Death Review Team

Barbara White
Warren County State Health Center

Greene County Child Death Review Team

John Fox
Children & Youth Services of Greene Co.

Indiana County Child Death Review Team

Michael A. Baker
Indiana Co. Coroner's Office

Juniata County Child Death Review Team

Linda Allen
Juniata County SHC

Lackawanna County Child Death Review Team

Jeanne Rosencrance
Lackawanna County District Attorney's Office

Lancaster County Child Death Review Team

Carroll Rottmund
Penn State Milton S. Hershey Medical Center

Lebanon County Child Death Review Team

Janet Bradley
First Aid and Safety Panel

Lehigh County Child Death Review Team

Belle Marks
Allentown Health Bureau

Luzerne County Child Death Review Team

Donna Vrhel
Luzerne County Children & Youth Services

Lycoming County Child Death Review Team

Charles Klessling
Lycoming County Coroner's Office

Mercer County Child Death Review Team

Teri Swartzbeck
Mercer County Children & Youth Services

Monroe County Child Death Review Team

David B. Thomas
Monroe County Coroner's Office

Montour County Child Death Review Team

Scott Lynn
Montour County Coroner's Office

Northumberland County Child Death Review Team

Melissa Hummel
Geisinger Child Advocacy Center

Philadelphia County Child Death Review Team

Roy Hoffman
Philadelphia Department of Public Health

Local Child Death Review Teams

Philadelphia County Child Death Review Team

*Ugo Chizea-Abuah
Philadelphia Health Department*

Pike County Child Death Review Team

*Kevin Stroyan
Pike County Coroner's Office*

Potter County Child Death Review Team

*Colleen Wilber
Potter Co Human Services/Drug and Alcohol*

Schuylkill County Child Death Review Team

*Cathie Davidavage
Pinnacle Health/Hospice*

Somerset County Child Death Review Team

*Doug Walters
Somerset County Children & Youth*

Susquehanna Wyoming County CDR Team

*Beverly Bennett
PA DOH, Susquehanna Co. State Health Ctr-Safe*

Tioga County Child Death Review Team

*Patricia Riehl
TCDHS*

Venango County Child Death Review Team

*Diana Erwin
PA DOH Venango County*

Wayne County Child Death Review Team

*Sharon Gumpper
Honesdale EMS- Mobile 504*

Westmoreland County Child Death Review Team

*Melissa Sullenberger
Westmoreland Co Juvenile Probation*

York County Child Death Review Team

*Jason Bittle
WellSpan Health Community Hlth*

Pike County Child Death Review Team

*Jill Gamboni
Child Care Info Service of Pike Co.-Safe Kids*

Potter County Child Death Review Team

*Kevin J. Dusenbury
Potter County Coroners Office*

Schuylkill County Child Death Review Team

*Marion Lech
PA DOH, Schuylkill Co. State Health Center*

Snyder County Child Death Review Team

*Kelly Heeter
County of Snyder District Attorney's Office*

Sullivan County Child Death Review Team

*Wendy Hastings
Sullivan County Coroner's Office*

Susquehanna Wyoming County CDR Team

*Cheryl McGovern
PA DOH Wyoming Cty State Health Center*

Union County Child Death Review Team

*Matt Ernest
Union County Children and Youth Services*

Washington County Child Death Review Team

*Barbara Gerbec
Washington Co. Children & Youth Services*

Westmoreland County Child Death Review Team

*Kristine Johnson
Westmoreland Co Juvenile Probation*

York County Child Death Review Team

*David Turkewitz
York Hospital*

York County Child Death Review Team

*Richelle Shearer
Wellspan Health York Hospital*

State Child Death Review Team

Appointed and Supporting Members

Designated Chair

John Bart, DO*
PA Department of Health

Bureau of EMS DOH

Joseph Schmider
PA Department of Health
Bureau of Emergency Medical Services

District Attorney

Eugene Talerico Esquire*
Office of the District Attorney Lackawanna County

DPW/Child Line

Alizabeh Dively
PA Department of Public Welfare
Office of Children, Youth and Families

FICAP/ Firearms

Rose Cheney, Ph.D.
Firearm Injury Center at Penn (FICAP)

Hospital and Health System Assoc.

Sharon Muscatell
Hospital and Healthsystem Association of PA

Juvenile Justice

Arlene L. Prentice, MS, CAC
Juvenile Court Judges' Commission

Nurse Family Partnership

Tara Dechert
Nurse Family Partnership: National Service Office

PA American Academy of Pediatrics

Suzanne Yunghans

PA Coroner

Patricia Ross*
Blair County Coroner's Office

Agriculture Safety

Dennis Murphy
Penn State Agricultural Safety & Health Program

Childline, Child Youth Family

Joy Johnson
Department of Public Welfare
Childline, Abuse Registry

DPW OCYF Admin

Cathy Utz
PA Department of Public Welfare
Office of Children, Youth and Families

DPW/OCYF Program

Julie Hohney
Department of Public Welfare
Office of Children, Youth and Families

Health Statistics and Research

Marina Matthew
PA Department of Health
Bureau of Health Statistics and Research

Injury & Violence Prevention

Carol Thornton
PA Department of Health

Medical Examiner

Sam Gulino MD*
Philadelphia-Medical Examiner's Officer

OMHSAS - SAP

Sherry Peters
PA Department of Public Welfare
Office of Mental Health and Substance Abuse Services
Children's Bureau

PA American Academy of Pediatrics

David Turkewitz, MD

PA Cribs for Kids/SIDS of PA

Judith Bannon
Cribs for Kids

PA Department of Health - CDR Program

Carolyn Cass, Director
 Division of Child and Adult Health Services
 Bureau of Family Health
 Division of Child & Adult Health Services

PA Department of Health - CDR Program

Marlana Sattazahn, Public Health Program Administrator
 Division of Child and Adult Health Services
 Bureau of Family Health
 Division of Child & Adult Health Services

PA Fire Commission

Paul Reichenbach
 Pennsylvania Fire Commissioner's Office

PA State Police

David Devitt
 Pennsylvania State Police

PA Vitals - Data

David Mattiko
 Department of Health
 Bureau of Health Statistics and Research

PEHSC Pediatric EMS

Steve Mrozowski
 PEHSC
 Engineering

Pennsylvania Department of Transportation - Data

William G. Hunter
 Accident Information Systems

Physician

Erich K. Batra , MD*
PA CDRT/PA AAP

Safe Kids

Allyson B. Fulton
 Safe Kids Pennsylvania

Technical and Education CDR

Scott Grim D-ABMDI
 Lehigh Co Coroner's Office

PA DOH - CDR Program

Amy Flaherty, Public Health Program Manager
 Division of Child and Adult Health Services
 Bureau of Family Health
 Division of Child & Adult Health Services

PA Department of Education - Safe School

Myrna Delgado
 Division of Student & Safe School Services

PA Shaken Baby Syndrome Program

Marie Killian RN, BSN, CCRN
 Pennsylvania SBS Penn State –
 Hershey Medical Center

PA State Police

Anthony E. Manetta
 PA State Police, Bureau of Criminal Investigation

PA YSPI

Virginia Biddle
 Pennsylvania Youth Suicide Prevention Initiative

Pennsylvania Department of Transportation

Thomas Glass
 Bureau of Hwy Safety & Traffic

Penn-Serve

Mark Simpson
 PennSERVE

Physician

Steven Shapiro , DO*
Pediatric Medical Associates of Abington

PA Shaken Baby Syndrome Program

Kelly Cappos
 Pennsylvania SBS Penn State –
 Hershey Medical Center

US Product Safety Commission

Hank Glogowski
 Consumer Product Safety Commission

*Indicates those members who were appointed by the Secretary of the Pennsylvania Department of Health in compliance with Act 87 of 2008.

National and State Prevention Partners

American Psychiatric Nurses Association
American Foundation for Suicide Prevention
American Trauma Society, PA Division
Bureau of Emergency Medical Services
California University of Pennsylvania
Clean Air for Healthy Children
Consumer Product Safety Commission
Cribs for Kids
Department of Health, Bureau of Drug and Alcohol Programs
Department of Health, Bureau of Family Health
Department of Health, Bureau of Emergency Medical Services
Department of Health, Bureau of Health Promotion and Risk Reduction
Department of Public Welfare, Office of Mental Health and Substance Abuse Services
Department of Public Welfare, ChildLine
Feeling Blue Suicide Prevention Council
FICAP - Firearm Injury Center at Penn
Gateway Health Plan
Geisinger Medical Center
Juvenile Court Judges' Commission
Keystone Smiles
Lancaster County Cooperative Extension
Milton S. Hershey Medical Center
National Center for CDR
Nurse Family Partnership
Office of Juvenile Justice
PA Coalition Against Rape
PA Academy of Family Physicians
PA Chapter of Child Advocacy Centers
PA Chapter, American Academy of Pediatrics (PAAAP)
PA Council of Children, Youth & Family Services
PA Council of Churches
PA Dept. of Agriculture, Bureau of Plant Industry
PA Office of Rural Health
PA Safe Kids Coalition
PA State Grange
PA State Police, Bureau of Criminal Investigation
Parents Involved Network of PA
PA Department of Education - Postsecondary/Higher Ed
PA Emergency Health Service Council
Penn State Agricultural Safety & Health
Penn State Milton Hershey Medical Center, Shaken Baby Syndrome Prevention and Awareness Program
Penn State University, Pesticide Education
PennDOT Bureau of Hwy Safety & Traffic
PennSERVE
Pennsylvania Department of Corrections
Pennsylvania Fire Commissioner's Office

Pennsylvania Network for Student Assistance
Pennsylvania Operation Lifesaver
Pennsylvania Psychiatric Society
Pennsylvania State Police,
Pennsylvania Youth Suicide Prevention Initiative
Pennsylvanians Against Underage Drinking
Philadelphia-Medical Examiner's Officer
Pinnacle Health/Hospice
SIDS of PA
Trauma Systems Foundation
U of P, Dept, of Biostatistics & Epidemiology
U.S. Consumer Product Safety Commission

Act 87 of 2008

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PENNSYLVANIA STATUTES, ANNOTATED BY LEXISNEXIS(R)

*THIS DOCUMENT IS CURRENT THROUGH THE ACT 21 OF THE 2009 REGULAR
SESSION*

*** July 27, 2009 Annotation Service ***

PENNSYLVANIA STATUTES
TITLE 11. CHILDREN
CHAPTER 16B. PUBLIC HEALTH CHILD DEATH REVIEW ACT

Go to the Pennsylvania Code Archive Directory

11 P.S. § 2150.1 (2009)

2150.1. Short title

This act shall be known and may be cited as the Public Health Child
Death Review Act.

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11 P.S. § 2150.2 (2009)

§ 2150.2. Definitions

The following words and phrases when used in this act shall have the
meanings given to them in this section unless the context clearly
indicates otherwise:

"CHILD." An individual 21 years of age and under.

11 P.S. § 2150.2

"CHILD DEATH REVIEW DATA COLLECTION SYSTEM." A data collection system approved by the National MCH Center for Child Death Review or a similar national organization.

"DEPARTMENT." The Department of Health of the Commonwealth.

"LOCAL PUBLIC HEALTH CHILD DEATH REVIEW TEAM." A team representing a county or two or more counties comprised of professionals from organizations and local agencies who review cases of child deaths in accordance with protocols established by the State public health child death review team.

"PERSON IN INTEREST." A person authorized to permit the release of the medical records of a deceased child.

"PROGRAM." The Public Health Child Death Review Program established in section 3.

"STATE PUBLIC HEALTH CHILD DEATH REVIEW TEAM." A State multidisciplinary team comprised of local professionals and representatives of State agencies who review data submitted by local public health child death review teams, develop protocols for child death reviews and develop child death prevention strategies.

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11 P.S. § 2150.3 (2009)

§ 2150.3. Public Health Child Death Review Program

(a) ESTABLISHMENT.-- The department shall establish the Public Health Child Death Review Program which shall facilitate State and local multi-

11 P.S. § 2150.3

agency, multidisciplinary teams to examine the circumstances surrounding deaths in this Commonwealth for the purpose of promoting safety and reducing child fatalities.

(b) POWERS AND DUTIES.-- The department, in cooperation with the State public health child death review team, shall have the following powers and duties in relation to the program:

- (1) Assist in the establishment and coordination of local public health child death review teams.
- (2) Coordinate the collection of child death data, including the development and distribution of a form to be used by local public health child death review teams to report information and procedures for sharing the data with State and local agencies as appropriate.
- (3) Develop protocols to be used in the review of child deaths. These protocols shall not conflict with requirements set forth in 23 Pa.C.S. Ch. 63 (relating to child protective services), including, but not limited to, provisions relating to the review of child fatalities and near fatalities.
- (4) Provide training and technical assistance to local public health child death review teams, local agencies and individuals relating to child deaths.
- (5) Review reports from local public health child death review teams.
- (6) Identify best prevention strategies and activities, including an assessment of the following:
 - (i) Effectiveness.
 - (ii) Ease of implementation.
 - (iii) Cost.
 - (iv) Sustainability.
 - (v) Potential community support.
 - (vi) Unintended consequences.
- (7) Adopt programs, policies, recommendations and strategies based on collected data to prevent child deaths.

11 P.S. § 2150.3

(8) Review statutes and regulations relating to confidentiality and access to information relating to children from agencies responsible for the health and safety of children and propose recommended changes to appropriate Commonwealth agencies and the General Assembly.

(9) Provide public information and education regarding the incidence and causes of child injury and death and the reduction of risks to children to agencies, health care professionals, child care professionals and the public.

(10) Submit an annual report to the Governor and the General Assembly by September of each year relating to the activities of the State child death review team, a summary of reports received from local child death review teams and recommendations relating to the reduction of risk of child injury or death.

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11 P.S. § 2150.4 (2009)

§ 2150.4. State public health child death review team

(a) COMPOSITION.-- A State public health child death review team shall be established by the department. The team shall consist of:

(1) The following individuals or their designees:

(i) The Secretary of Health, who shall serve as chairman.

(ii) The Secretary of Public Welfare.

II P.S. § 2150.4

(iii) The Director of the Office of Children, Youth and Families within the Department of Public Welfare.

(iv) The Commissioner of the Pennsylvania State Police.

(v) The Attorney General.

(vi) The Pennsylvania State Fire Commissioner.

(vii) The Director of the Bureau of Emergency Medical Services of the Department of Health.

(2) The following individuals who shall be appointed by the Secretary of Health:

(i) A physician who specializes in pediatric medicine.

(ii) A physician who specializes in family medicine.

(iii) A representative of local law enforcement.

(iv) A medical examiner.

(v) A district attorney.

(vi) A coroner.

(3) Representatives from local public health child death review teams.

(4) Any other individual deemed appropriate by the Secretary of Health.

(b) POWERS AND DUTIES OF THE STATE PUBLIC HEALTH CHILD DEATH REVIEW TEAM.-- The State public health child death review team shall:

(1) Review data submitted by local public health child death review teams.

(2) Develop protocols for child death reviews.

(3) Develop child death prevention strategies.

(4) Assist the department in implementing the program.

II P.S. § 2150.4

(c) INITIAL MEETING.-- The initial meeting of the State public health child death review team shall be held within 90 days of the effective date of this section.

(d) ADDITIONAL MEETINGS.-- The department, in conjunction with the team, shall arrange for additional meetings to fulfill the duties of the team and goals of the program.

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11 P.S. § 2150.5 (2009)

2150.5. Local public health child death review teams

(a) ESTABLISHMENT.-- Each county in this Commonwealth shall establish a local public health child death review team. Two or more counties may establish a local public health child death review team to operate on a regional basis to satisfy the requirements of this section.

(b) LOCAL PUBLIC HEALTH CHILD DEATH REVIEW TEAM.-- Local teams shall be comprised of the following:

(1) The director of the county children and youth agency or a designee.

(2) The district attorney or a designee.

(3) A representative of local law enforcement appointed by the county commissioners.

(4) A representative of the court of common pleas appointed by the president judge.

11 P.S. § 2150.5

- (5) A physician who specializes in pediatric or family medicine appointed by the county commissioners.
- (6) The county coroner or medical examiner.
- (7) A representative of emergency medical services selected jointly by the supervisors of all emergency medical organizations in the county.
- (8) The director of a local public health agency or a designee.
- (9) Any other person deemed appropriate by a majority of the local public health child death review team.
- (c) CHAIRMAN.-- The members of the local public health child death review team shall elect a chairman annually.

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11 P.S. § 2150.6 (2009)

§ 2150.6. Powers and duties of local public health child death review teams

(a) REVIEW.-- A local public health child death review team shall review all deaths of children and may review the following information:

- (1) Coroner's reports or postmortem examination records.
- (2) Death certificates and birth certificates.
- (3) Law enforcement records and interviews with law enforcement officials as long as the release of such records will not jeopardize an ongoing criminal investigation or proceeding.

11 P.S. § 2150.6

- (4) Medical records from hospitals and other health care providers.
- (5) Information and reports made available by the county children and youth agency in accordance with 23 Pa.C.S. Ch. 63 (relating to child protective services).
- (6) Information made available by firefighters or emergency services personnel.
- (7) Reports and records made available by the court to the extent permitted by law or court rule.
- (8) Reports to animal control.
- (9) EMS records.
- (10) Traffic fatality reports.
- (11) Any other records necessary to conduct the review.

(b) DATA COLLECTION.-- The local public health child death review team shall utilize the child death review data collection system to report its findings in accordance with protocols established by the State public health child death review team. The name and home address of the deceased child shall not be reported to the child death review data collection system.

(c) REPORTS.-- A local public health child death review team shall submit annual reports on deaths reviewed to the State public health child death review team. The report shall include the following:

- (1) Identification of factors which cause a risk for injury and death, including modifiable risk factors.
- (2) Recommendations regarding the following:
 - (i) The improvement of health and safety policies in this Commonwealth.
 - (ii) The coordination of services and investigations by child welfare agencies, medical officials, law enforcement and other agencies.

11 P.S. § 2150.6

(3) Any other information required by the department.

(d) RECOMMENDATIONS.-- A local public health child death review team shall make recommendations to local agencies relating to the procedures and other actions to reduce injury and death of children.

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11 P.S. § 2150.7 (2009)

§ 2150.7. Access to records

(a) JUVENILE RECORDS.-- When deemed necessary for its review, a State or local public health child death review team may review and inspect all files and records of the court relating to a child pursuant to a proceeding under 42 Pa.C.S. Ch. 63 (relating to juvenile matters) in accordance with 42 Pa.C.S. § 6307 (relating to inspection of court files and records). However, this subsection shall not apply to files and records of the court subject to a child fatality or near fatality review pursuant to 23 Pa.C.S. Ch. 63 (relating to child protective services).

b) MEDICAL RECORDS.-- Notwithstanding any other provision of law and consistent with the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191, 110 Stat. 1936), health care facilities and health care providers shall provide medical records of a child under review without the authorization of a person in interest to the State public health child death review team and to a local public health child death review team for purposes of review under this act.

(c) OTHER RECORDS.-- Other records pertaining to the child under review for the purposes of this act shall be open to inspection as permitted by law.

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11 P.S. § 2150.8 (2009)

§ 2150.8. Confidentiality

(a) MAINTENANCE.-- State and local public health child death review teams shall maintain the confidentiality of any identifying information obtained relating to the death of a child, including the name of the child, guardians, family members, caretakers or alleged or suspected perpetrators of abuse, neglect or a criminal act.

(b) AGREEMENT.-- Each member of the State and local public health child death review team and any person appearing before the team shall sign a confidentiality agreement applicable to all proceedings and reviews conducted by the State or local public health child death review team.

(c) LIABILITY.-- An individual or agency that in good faith provide information or records to a State or local public health child death review team shall not be subject to civil or criminal liability as a result of providing the information or record.

(d) DISCOVERY.-- The proceedings, deliberations and records of a State or local public health child death review team are privileged and confidential and shall not be subject to discovery, subpoena or introduction into evidence in any civil or criminal action.

(e) MEETINGS.-- Meetings of the State or local public health child death review team at which a specific child death is discussed shall be closed to the public and shall not be subject to the provisions of 65 Pa.C.S. Ch. 7 (relating to open meetings).

11 P.S. § 2150.8

(f) ATTENDANCE.-- Nothing in this act shall prevent a State or local public health child death review team from allowing the attendance of a person, including a parent, with information relevant to a review, at a child death review meeting.

(g) PENALTY.-- A person who violates the provisions of this section commits a misdemeanor of the third degree.

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11 P.S. § 2150.20 (2009)

§ 2150.20. Regulations

The department shall promulgate regulations as necessary to carry out the purposes of this act.

National Case Reporting Form: Version 2.1 effective January 2010

**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 2.1

Effective January 2010

Instructions:

This case report is a component of the web-based CDR Case Reporting System. It can be used alone as a paper instrument, but its full potential is reached when the data from this form is entered into the *CDR Case Reporting System*. This system is available to states from the National Center for Child Death Review and requires a data use agreement for state and local data entry. System functions include data entry, case report editing and printing, data download and standardized reports.

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

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

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

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

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

This edition is Version 2.1, 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.

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

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

Copyright: National Center for Child Death Review Policy and Practice, January 2010

CASE NUMBER																											
State / County / Team Number / Year of Review / Sequence of Review			Death Certificate Number:		Case Type: <input type="radio"/> Death																						
			Birth Certificate Number:		<input type="radio"/> Near death/serious injury																						
			ME/Coroner Number:		<input type="radio"/> Not born alive																						
A. CHILD INFORMATION																											
1. Child's name: First: _____ Middle: _____ Last: _____ <input type="radio"/> U/K																											
2. Date of birth: <input type="radio"/> U/K mm / dd / yyyy		3. Date of death: <input type="radio"/> U/K mm / dd / yyyy		4. Age: <input type="radio"/> Years <input type="radio"/> Months <input type="radio"/> Days <input type="radio"/> Hours <input type="radio"/> Minutes <input type="radio"/> U/K		5. Race, check all that apply <input type="radio"/> U/K <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian, specify: <input type="checkbox"/> American Indian, Tribe: <input type="checkbox"/> Alaskan Native, Tribe:																					
				6. Hispanic or Latino origin? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K		7. Sex: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K																					
8. Residence address: <input type="radio"/> U/K Street: _____ Apt. _____ City: _____ County: _____ State: _____ Zip: _____				9. Type of residence: <input type="radio"/> Parental home <input type="radio"/> Relative home <input type="radio"/> Jail/Detention <input type="radio"/> Licensed group home <input type="radio"/> Living on own <input type="radio"/> Other, specify: <input type="radio"/> Licensed foster home <input type="radio"/> Shelter <input type="radio"/> Relative foster home <input type="radio"/> Homeless <input type="radio"/> U/K		10. New residence in past 30 days? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K																					
11. Residence overcrowded? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K		12. Child ever homeless? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K		13. Number of other children living with child: _____ <input type="radio"/> U/K		14. Child's weight: <input type="radio"/> U/K _____ pounds _____ ounces																					
						15. Child's height: <input type="radio"/> U/K _____ feet _____ inches																					
16. Highest education level: <input type="radio"/> N/A <input type="radio"/> Drop out <input type="radio"/> None <input type="radio"/> HS graduate <input type="radio"/> Preschool <input type="radio"/> College <input type="radio"/> Grade K-8 <input type="radio"/> Other, specify: <input type="radio"/> Grade 9-12 <input type="radio"/> U/K <input type="radio"/> Home schooled, K-8 <input type="radio"/> Home schooled, 9-12			17. Child's work status: <input type="radio"/> N/A <input type="radio"/> Employed <input type="radio"/> Full time <input type="radio"/> Part time <input type="radio"/> U/K <input type="radio"/> Not working <input type="radio"/> U/K		18. Did child have problems in school? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Academic <input type="checkbox"/> Behavioral <input type="checkbox"/> Truancy <input type="checkbox"/> Expulsion <input type="checkbox"/> Suspensions <input type="checkbox"/> U/K <input type="checkbox"/> Other, specify:		19. Child's health insurance, check all that apply: <input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> State plan <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K																				
20. Child had disability or chronic illness? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Physical, specify: <input type="checkbox"/> Mental, specify: <input type="checkbox"/> Sensory, specify: <input type="checkbox"/> U/K If yes, was child receiving Children's Special Health Care Needs services? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K			21. Child's mental health (MH): Child had received prior MH services? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K Child was receiving MH services? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K Child on medications for MH illness? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K Issues prevented child from receiving MH services? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, specify:		22. Child had history of substance abuse? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Alcohol <input type="checkbox"/> Other, specify: <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana <input type="checkbox"/> U/K <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Opiates <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Over-the-counter drugs																						
23. Child had history of child maltreatment? If yes, check all that apply: <table border="0"> <tr> <td><u>As Victim</u></td> <td><u>As Perpetrator</u></td> <td><u>As Victim</u></td> <td><u>As Perpetrator</u></td> </tr> <tr> <td><input type="radio"/> N/A</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="radio"/> No</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="radio"/> Yes</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="radio"/> U/K</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> If yes, how was history identified: <input type="radio"/> Through CPS <input type="radio"/> # CPS referrals <input type="radio"/> Other sources <input type="radio"/> # Substantiations				<u>As Victim</u>	<u>As Perpetrator</u>	<u>As Victim</u>	<u>As Perpetrator</u>	<input type="radio"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> U/K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Was there an open CPS case with child at time of death? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K		25. Was child ever placed outside of the home prior to the death? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	
<u>As Victim</u>	<u>As Perpetrator</u>	<u>As Victim</u>	<u>As Perpetrator</u>																								
<input type="radio"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
<input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
<input type="radio"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
<input type="radio"/> U/K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
				26. Were any siblings placed outside of the home prior to this child's death? <input type="radio"/> No <input type="radio"/> Yes, # _____ <input type="radio"/> U/K		27. Child had history of intimate partner violence? Check all that apply: <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, as victim <input type="checkbox"/> Yes, as perpetrator <input type="checkbox"/> U/K																					
28. Child had delinquent or criminal history? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Assaults <input type="checkbox"/> Other, specify: <input type="checkbox"/> Robbery <input type="checkbox"/> Drugs <input type="checkbox"/> U/K			29. Child spent time in juvenile detention? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K		30. Child acutely ill during the two weeks before death? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K		31. Are child's parents first generation immigrants? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, country of origin:																				
					32. If child over age 12, what was child's gender identity? <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K		33. If child over age 12, what was child's sexual orientation? <input type="radio"/> Heterosexual <input type="radio"/> Bisexual <input type="radio"/> Gay <input type="radio"/> Questioning <input type="radio"/> Lesbian <input type="radio"/> U/K																				

COMPLETE FOR ALL INFANTS UNDER ONE YEAR					
34. Gestational age: <input type="radio"/> U/K <input type="radio"/> _____ # weeks		35. Birth weight: <input type="radio"/> U/K <input type="radio"/> Grams _____ <input type="radio"/> Pounds/ounces _____		36. Multiple birth? <input type="radio"/> No <input type="radio"/> U/K <input type="radio"/> Yes, # _____	
37. Prenatal care provided during pregnancy of deceased infant? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, number of prenatal visits: # _____ <input type="radio"/> U/K If yes, month of 1st prenatal visit? Specify 1-9 _____ <input type="radio"/> U/K					
38. During pregnancy, did mother (check all that apply): <input type="checkbox"/> Have medical complications/infections? Check all that apply: <input type="checkbox"/> Acute/Chronic Lung Disease <input type="checkbox"/> Eclampsia <input type="checkbox"/> Low MSAFP <input type="checkbox"/> PROM <input type="checkbox"/> Anemia <input type="checkbox"/> Genital Herpes <input type="checkbox"/> Other Infectious Disease <input type="checkbox"/> Renal Disease <input type="checkbox"/> Cardiac Disease <input type="checkbox"/> Hemoglobinopathy <input type="checkbox"/> Pregnancy-Related Hypertension <input type="checkbox"/> Rh Sensitization <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> High MSAFP <input type="checkbox"/> Preterm Labor <input type="checkbox"/> Uterine Bleeding <input type="checkbox"/> Chronic Hypertension <input type="checkbox"/> Hydramnios/Oligohydramnios <input type="checkbox"/> Previous Infant 4000+ Grams <input type="checkbox"/> Other, specify: <input type="checkbox"/> Diabetes <input type="checkbox"/> Incompetent Cervix <input type="checkbox"/> Previous Infant Preterm/Small for Gestation <input type="checkbox"/> Smoke tobacco? <input type="checkbox"/> Use illicit drugs? <input type="checkbox"/> Have heavy alcohol use? <input type="checkbox"/> Misuse over-the-counter or prescription drugs? <input type="checkbox"/> Experience intimate partner violence? <input type="checkbox"/> Infant born drug exposed? <input type="checkbox"/> Infant born with fetal alcohol effects or syndrome?					
39. Were there access or compliance issues related to prenatal care? <input type="radio"/> No <input type="checkbox"/> Lack of money for care <input type="checkbox"/> Religious objections to care <input type="checkbox"/> Lack of family/social support <input type="checkbox"/> U/K <input type="radio"/> Yes <input type="checkbox"/> Limitations of health insurance coverage <input type="checkbox"/> Language barriers <input type="checkbox"/> Services not available <input type="radio"/> U/K <input type="checkbox"/> Multiple health insurance, not coordinated <input type="checkbox"/> Referrals not made <input type="checkbox"/> Distrust of health care system If yes, check all that apply: <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Specialist needed, not available <input type="checkbox"/> Unwilling to obtain care <input type="checkbox"/> No phone <input type="checkbox"/> Multiple providers, not coordinated <input type="checkbox"/> Intimate partner would not allow care <input type="checkbox"/> Cultural differences <input type="checkbox"/> Lack of child care <input type="checkbox"/> Other, specify:					
B. PRIMARY CAREGIVER(S) INFORMATION					
1. Primary caregiver(s): Select only one per column. <u>One</u> <u>Two</u> <input type="radio"/> Self, go to Section C <input type="radio"/> Biological parent <input type="radio"/> Adoptive parent <input type="radio"/> Stepparent <input type="radio"/> Foster parent <input type="radio"/> Mother's partner <input type="radio"/> Father's partner <input type="radio"/> Grandparent <input type="radio"/> Sibling <input type="radio"/> Other relative <input type="radio"/> Friend <input type="radio"/> Institutional staff <input type="radio"/> Other, specify: <input type="radio"/> U/K		2. Caregiver(s) age in years: <u>One</u> <u>Two</u> _____ # Years <input type="radio"/> U/K		4. Caregiver(s) employment status: <u>One</u> <u>Two</u> <input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> On disability <input type="radio"/> Stay-at-home <input type="radio"/> Retired <input type="radio"/> U/K	
		3. Caregiver(s) sex: <u>One</u> <u>Two</u> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K		5. Caregiver(s) income: <u>One</u> <u>Two</u> <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low <input type="radio"/> U/K	
		7. Does caregiver(s) speak English? <u>One</u> <u>Two</u> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If no, language spoken: _____		6. Caregiver(s) education: <u>One</u> <u>Two</u> <input type="radio"/> < High school <input type="radio"/> High school <input type="radio"/> College <input type="radio"/> Post Graduate <input type="radio"/> U/K	
		8. Caregiver(s) on active military duty? <u>One</u> <u>Two</u> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, specify branch: _____		9. Caregiver(s) received social services in the past twelve months? <u>One</u> <u>Two</u> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> WIC <input type="checkbox"/> TANF <input type="checkbox"/> Medicaid <input type="checkbox"/> Food stamps <input type="checkbox"/> Other, specify:	
10. Caregiver(s) have substance abuse history? <u>One</u> <u>Two</u> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Alcohol <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Opiates <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Over-the-counter <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K		11. Caregiver(s) have history of child maltreatment as victim? <u>One</u> <u>Two</u> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Physical <input type="checkbox"/> Neglect <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional/psychological <input type="checkbox"/> U/K _____ # CPS referrals _____ # Substantiations <input type="checkbox"/> Ever in foster care or adopted?		12. Caregiver(s) have history of child maltreatment as a perpetrator? <u>One</u> <u>Two</u> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Physical <input type="checkbox"/> Neglect <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional/psychological <input type="checkbox"/> U/K _____ # CPS referrals _____ # Substantiations <input type="checkbox"/> CPS prevention services? <input type="checkbox"/> Family Preservation services? <input type="checkbox"/> Children ever removed?	
				13. Caregiver(s) have disability or chronic illness? <u>One</u> <u>Two</u> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Physical, specify: <input type="checkbox"/> Mental, specify: <input type="checkbox"/> Sensory, specify: <input type="checkbox"/> U/K If mental, was caregiver receiving services? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	

<p>14. Caregiver(s) have prior child deaths?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p><input type="radio"/> U/K</p>	<p>If yes, cause(s): Check all that apply:</p> <p><u>One</u> <u>Two</u></p> <p><input type="checkbox"/> Child abuse # _____</p> <p><input type="checkbox"/> Child neglect # _____</p> <p><input type="checkbox"/> Accident # _____</p> <p><input type="checkbox"/> Suicide # _____</p> <p><input type="checkbox"/> SIDS # _____</p> <p><input type="checkbox"/> Other # _____</p> <p>Other, specify: _____</p> <p><input type="checkbox"/> U/K</p>	<p>15. Caregiver(s) have history of intimate partner violence?</p> <p><u>One</u> <u>Two</u></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, as victim</p> <p><input type="checkbox"/> Yes, as perpetrator</p> <p><input type="checkbox"/> U/K</p>	<p>16. Caregiver(s) have delinquent/criminal history?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Assaults</p> <p><input type="checkbox"/> Robbery</p> <p><input type="checkbox"/> Drugs</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> U/K</p>	
<p>C. SUPERVISOR INFORMATION</p>				
<p>1. Did child have supervision at time of incident leading to death?</p> <p><input type="radio"/> No, not needed given developmental age or circumstances, go to Sect. D</p> <p><input type="radio"/> No, but needed, answer 3-15</p> <p><input type="radio"/> Yes, answer 2-15</p> <p><input type="radio"/> Unable to determine, try to answer 3-15</p>	<p>2. How long before incident did supervisor last see child? Select one:</p> <p><input type="radio"/> Child in sight of supervisor</p> <p><input type="radio"/> Minutes _____</p> <p><input type="radio"/> Hours _____</p> <p><input type="radio"/> Days _____ <input type="radio"/> U/K</p>	<p>3. Is person a primary caregiver as listed in previous section?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes, caregiver one, go to 15</p> <p><input type="radio"/> Yes, caregiver two, go to 15</p>		
<p>4. Primary person responsible for supervision? Select only one:</p> <p><input type="radio"/> Biological parent</p> <p><input type="radio"/> Adoptive parent</p> <p><input type="radio"/> Stepparent</p> <p><input type="radio"/> Foster parent</p> <p><input type="radio"/> Mother's partner</p> <p><input type="radio"/> Father's partner</p> <p><input type="radio"/> Grandparent</p> <p><input type="radio"/> Sibling</p> <p><input type="radio"/> Other relative</p> <p><input type="radio"/> Friend</p> <p><input type="radio"/> Acquaintance</p> <p><input type="radio"/> Hospital staff, go to C15</p> <p><input type="radio"/> Institutional staff, go to C15</p> <p><input type="radio"/> Babysitter</p> <p><input type="radio"/> Licensed child care worker</p> <p><input type="radio"/> Other, specify: _____</p> <p><input type="radio"/> U/K</p>	<p>5. Supervisor's age in years:</p> <p>_____ <input type="radio"/> U/K</p>	<p>6. Supervisor's sex:</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p> <p><input type="radio"/> U/K</p>		
<p>9. Supervisor has substance abuse history?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Cocaine</p> <p><input type="checkbox"/> Marijuana</p> <p><input type="checkbox"/> Methamphetamine</p> <p><input type="checkbox"/> Opiates</p> <p><input type="checkbox"/> Prescription drugs</p> <p><input type="checkbox"/> Over-the-counter</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> U/K</p>		<p>10. Supervisor has history of child maltreatment?</p> <p><u>As Victim</u> <u>As Perpetrator</u></p> <p><input type="radio"/> No <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> Yes</p> <p><input type="radio"/> U/K <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> Neglect</p> <p><input type="checkbox"/> Sexual</p> <p><input type="checkbox"/> Emotional/psychological</p> <p><input type="checkbox"/> U/K</p> <p>_____ # CPS referrals</p> <p>_____ # Substantiations</p> <p><input type="checkbox"/> Ever in foster care/adopted?</p> <p><input type="checkbox"/> CPS prevention services?</p> <p><input type="checkbox"/> Family Preservation services?</p> <p><input type="checkbox"/> Children ever removed?</p>	<p>11. Supervisor has disability or chronic illness?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Physical, specify: _____</p> <p><input type="checkbox"/> Mental, specify: _____</p> <p><input type="checkbox"/> Sensory, specify: _____</p> <p><input type="checkbox"/> U/K</p> <p>If mental illness, was supervisor receiving MH services?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> U/K</p>	<p>12. Supervisor has prior child deaths?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Child abuse # _____</p> <p><input type="checkbox"/> Child neglect # _____</p> <p><input type="checkbox"/> Accident # _____</p> <p><input type="checkbox"/> Suicide # _____</p> <p><input type="checkbox"/> SIDS # _____</p> <p><input type="checkbox"/> Other # _____</p> <p>Other, specify: _____</p> <p><input type="checkbox"/> U/K</p>
<p>13. Supervisor has history of intimate partner violence?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, as victim</p> <p><input type="checkbox"/> Yes, as perpetrator</p> <p><input type="checkbox"/> U/K</p>	<p>14. Supervisor has delinquent or criminal history?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Assaults <input type="checkbox"/> U/K</p> <p><input type="checkbox"/> Robbery</p> <p><input type="checkbox"/> Drugs</p> <p><input type="checkbox"/> Other, specify: _____</p>	<p>15. At time of incident was supervisor impaired? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Drug impaired <input type="checkbox"/> Absent</p> <p><input type="checkbox"/> Alcohol impaired <input type="checkbox"/> Impaired by illness, Specify: _____</p> <p><input type="checkbox"/> Asleep <input type="checkbox"/> Impaired by disability, Specify: _____</p> <p><input type="checkbox"/> Distracted <input type="checkbox"/> Other, Specify: _____</p>		
<p>D. INCIDENT INFORMATION</p>				
<p>1. Date of incident event:</p> <p><input type="radio"/> Same as date of death</p> <p><input type="radio"/> If different than date of death: _____ / _____ / _____</p> <p><input type="radio"/> U/K</p> <p style="text-align: center; font-size: small;">(mm/dd/yyyy)</p>	<p>2. Approximate time of day that incident occurred?</p> <p><input type="radio"/> AM</p> <p>Hour, specify 1-12 _____</p> <p><input type="radio"/> PM</p> <p><input type="radio"/> U/K</p>	<p>3. Interval between incident and death: <input type="radio"/> U/K</p> <p><input type="checkbox"/> Minutes _____ <input type="checkbox"/> Weeks _____</p> <p><input type="checkbox"/> Hours _____ <input type="checkbox"/> Months _____</p> <p><input type="checkbox"/> Days _____ <input type="checkbox"/> Years _____</p>		

4. Place of incident, check all that apply:					5. Type of area:	
<input type="checkbox"/> Child's home	<input type="checkbox"/> Licensed group home	<input type="checkbox"/> School	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Sports area	<input type="radio"/> Urban	
<input type="checkbox"/> Relative's home	<input type="checkbox"/> Licensed child care center	<input type="checkbox"/> Place of work	<input type="checkbox"/> Roadway	<input type="checkbox"/> Other recreation area	<input type="radio"/> Suburban	
<input type="checkbox"/> Friend's home	<input type="checkbox"/> Licensed child care home	<input type="checkbox"/> Indian Reservation	<input type="checkbox"/> Driveway	<input type="checkbox"/> Hospital	<input type="radio"/> Rural	
<input type="checkbox"/> Licensed foster care home	<input type="checkbox"/> Unlicensed child care home	<input type="checkbox"/> Military installation	<input type="checkbox"/> Other parking area	<input type="checkbox"/> Other, specify:	<input type="radio"/> Frontier	
<input type="checkbox"/> Relative foster care home	<input type="checkbox"/> Farm	<input type="checkbox"/> Jail/detention facility	<input type="checkbox"/> State or county park	<input type="checkbox"/> U/K	<input type="radio"/> U/K	

6. Incident state: _____	8. Was 911 or local emergency number called? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	9. CPR performed before EMS arrived? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	10. At time of incident, leading to the death, had child used alcohol or drugs? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	11. EMS to scene? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	12. Child's activity at time of incident, check all that apply: <input type="checkbox"/> Sleeping <input type="checkbox"/> Playing <input type="checkbox"/> Working <input type="checkbox"/> Eating <input type="checkbox"/> Driving/vehicle occupant <input type="checkbox"/> Other, specify:	13. Total number of deaths at incident event: Children, ages 0-18 _____ Adults _____ <input type="radio"/> U/K
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E. INVESTIGATION INFORMATION

1. Death referred to: <input type="radio"/> Medical examiner <input type="radio"/> Coroner <input type="radio"/> Not referred <input type="radio"/> U/K	2. Person declaring official cause and manner of death: <input type="radio"/> Medical examiner <input type="radio"/> Coroner <input type="radio"/> Hospital physician <input type="radio"/> Other physician <input type="radio"/> Mortician <input type="radio"/> Other, specify: <input type="radio"/> U/K	3. Autopsy performed? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, conducted by: <input type="radio"/> Forensic pathologist <input type="radio"/> Pediatric pathologist <input type="radio"/> General pathologist <input type="radio"/> Unknown pathologist <input type="radio"/> Other physician <input type="radio"/> Other, specify: <input type="radio"/> U/K	4. Agencies that conducted a scene investigation, check all that apply: <input type="checkbox"/> Not conducted <input type="checkbox"/> Medical examiner <input type="checkbox"/> Coroner <input type="checkbox"/> ME investigator <input type="checkbox"/> Coroner investigator <input type="checkbox"/> Law enforcement <input type="checkbox"/> Fire investigator <input type="checkbox"/> EMS <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K
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5. Toxicology screen? <input type="radio"/> No <input type="radio"/> Yes. If yes, check all that apply: <input type="radio"/> U/K	<input type="checkbox"/> Negative <input type="checkbox"/> Marijuana <input type="checkbox"/> Too high prescription drug, specify: <input type="checkbox"/> Alcohol <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Too high over-the-counter drug, specify: <input type="checkbox"/> Cocaine <input type="checkbox"/> Opiates <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K	6. X-rays taken? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	7. Was a CPS record check conducted as a result of death? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K
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8. Did investigation find evidence of prior abuse? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, from what source? Check all that apply: <input type="checkbox"/> From x-rays <input type="checkbox"/> U/K <input type="checkbox"/> From autopsy <input type="checkbox"/> From CPS review <input type="checkbox"/> From law enforcement	9. CPS action taken because of death? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, highest level of action taken because of death: <input type="radio"/> Report screened out and not investigated <input type="radio"/> Unsubstantiated <input type="radio"/> Inconclusive <input type="radio"/> Substantiated If yes, services or actions resulting, check all that apply: <input type="checkbox"/> Voluntary services offered <input type="checkbox"/> Voluntary services provided <input type="checkbox"/> Court ordered services provided <input type="checkbox"/> Voluntary out of home placement <input type="checkbox"/> Court ordered out-of-home placement <input type="checkbox"/> Children removed <input type="checkbox"/> Parental rights terminated <input type="checkbox"/> U/K	10. If death occurred in licensed setting, indicate action taken: <input type="radio"/> N/A <input type="radio"/> No action <input type="radio"/> License suspended <input type="radio"/> License revoked <input type="radio"/> Investigation ongoing <input type="radio"/> U/K
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F. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH

1. Official manner of death from the death certificate: <input type="radio"/> Natural <input type="radio"/> Accident <input type="radio"/> Suicide <input type="radio"/> Homicide <input type="radio"/> Undetermined <input type="radio"/> Pending <input type="radio"/> U/K	2. Primary cause of death: Choose only 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause. <input type="radio"/> From an injury (external cause), select one: <input type="radio"/> Motor vehicle and other transport, go to G1 <input type="radio"/> Fire, burn, or electrocution, go to G2 <input type="radio"/> Drowning, go to G3 <input type="radio"/> Asphyxia, go to G4 <input type="radio"/> Weapon, including body part, go to G5 <input type="radio"/> Animal bite or attack, go to G7 <input type="radio"/> Fall or crush, go to G8 <input type="radio"/> Poisoning, overdose or acute intoxication, go to G9 <input type="radio"/> Exposure, go to G10 <input type="radio"/> Undetermined. If under age one, go to G5 & G12. If over age one, go to G12. <input type="radio"/> Other cause, go to G12 <input type="radio"/> U/K, go to G12 <input type="radio"/> From a medical cause, select one: <input type="radio"/> Asthma, go to G11 <input type="radio"/> Cancer, specify and go to G11 <input type="radio"/> Cardiovascular, specify and go to G11 <input type="radio"/> Congenital anomaly, specify and go to G11 <input type="radio"/> HIV/AIDS, go to G11 <input type="radio"/> Influenza, go to G11 <input type="radio"/> Low birth weight, go to G11 <input type="radio"/> Malnutrition/dehydration, go to G11 <input type="radio"/> Neurological/seizure disorder, go to G11 <input type="radio"/> Pneumonia, specify and go to G11 <input type="radio"/> Prematurity, go to G11 <input type="radio"/> SIDS, go to G5 <input type="radio"/> Other infection, specify and go to G11 <input type="radio"/> Other perinatal condition, specify and go to G11 <input type="radio"/> Other medical condition, specify and go to G11 <input type="radio"/> Undetermined. If under age one, go to G5 and G11. If over age one, go to G11. <input type="radio"/> U/K. If under age one, go to G5 and G11. If over age one, go to G11. <input type="radio"/> Undetermined if injury or medical cause, go to G12 go to G12 If under age one, go to G5 & G12
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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

<p>a. Vehicles involved in incident:</p> <p>Total number of vehicles: _____</p> <p>Child's: <u>Other primary vehicle</u></p> <p><input type="radio"/> <input type="radio"/> None</p> <p><input type="radio"/> <input type="radio"/> Car</p> <p><input type="radio"/> <input type="radio"/> Van</p> <p><input type="radio"/> <input type="radio"/> Sport utility vehicle</p> <p><input type="radio"/> <input type="radio"/> Truck</p> <p><input type="radio"/> <input type="radio"/> Semi/tractor trailer</p> <p><input type="radio"/> <input type="radio"/> RV</p> <p><input type="radio"/> <input type="radio"/> School bus</p> <p><input type="radio"/> <input type="radio"/> Other bus</p> <p><input type="radio"/> <input type="radio"/> Motorcycle</p> <p><input type="radio"/> <input type="radio"/> Tractor</p> <p><input type="radio"/> <input type="radio"/> Other farm vehicle</p> <p><input type="radio"/> <input type="radio"/> All terrain vehicle</p> <p><input type="radio"/> <input type="radio"/> Snowmobile</p> <p><input type="radio"/> <input type="radio"/> Bicycle</p> <p><input type="radio"/> <input type="radio"/> Train</p> <p><input type="radio"/> <input type="radio"/> Subway</p> <p><input type="radio"/> <input type="radio"/> Trolley</p> <p><input type="radio"/> <input type="radio"/> Other, specify: _____</p> <p><input type="radio"/> <input type="radio"/> U/K</p>		<p>b. Position of child:</p> <p><input type="radio"/> Driver</p> <p><input type="radio"/> Passenger</p> <p><input type="radio"/> Front seat</p> <p><input type="radio"/> Back seat</p> <p><input type="radio"/> Truck bed</p> <p><input type="radio"/> Other, specify: _____</p> <p><input type="radio"/> U/K</p> <p><input type="radio"/> On bicycle</p> <p><input type="radio"/> Pedestrian</p> <p><input type="radio"/> Walking</p> <p><input type="radio"/> Boarding/blading</p> <p><input type="radio"/> Other, specify: _____</p> <p><input type="radio"/> U/K</p> <p><input type="radio"/> U/K</p>		<p>c. Causes of incident, check all that apply:</p> <p><input type="checkbox"/> Speeding over limit</p> <p><input type="checkbox"/> Back over</p> <p><input type="checkbox"/> Unsafe speed for conditions</p> <p><input type="checkbox"/> Rollover</p> <p><input type="checkbox"/> Recklessness</p> <p><input type="checkbox"/> Poor sight line</p> <p><input type="checkbox"/> Ran stop sign or red light</p> <p><input type="checkbox"/> Car changing lanes</p> <p><input type="checkbox"/> Driver distraction</p> <p><input type="checkbox"/> Road hazard</p> <p><input type="checkbox"/> Driver inexperience</p> <p><input type="checkbox"/> Animal in road</p> <p><input type="checkbox"/> Mechanical failure</p> <p><input type="checkbox"/> Cell phone use while driving</p> <p><input type="checkbox"/> Poor tires</p> <p><input type="checkbox"/> Racing, not authorized</p> <p><input type="checkbox"/> Poor weather</p> <p><input type="checkbox"/> Other driver error, specify: _____</p> <p><input type="checkbox"/> Poor visibility</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> Drugs or alcohol use</p> <p><input type="checkbox"/> Fatigue/sleeping</p> <p><input type="checkbox"/> Medical event, specify: _____</p> <p><input type="checkbox"/> U/K</p>		<p>d. Collision type:</p> <p><input type="radio"/> Child <i>not</i> in/on a vehicle, but struck by vehicle</p> <p><input type="radio"/> Child in/on a vehicle, struck by other vehicle</p> <p><input type="radio"/> Child in/on a vehicle that struck other vehicle</p> <p><input type="radio"/> Child in/on a vehicle that struck person/object</p> <p><input type="radio"/> Other event, specify: _____</p> <p><input type="radio"/> U/K</p>																																																																			
<p>e. Driving conditions, check all that apply:</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Loose gravel</p> <p><input type="checkbox"/> Muddy</p> <p><input type="checkbox"/> Ice/Snow</p> <p><input type="checkbox"/> Fog</p> <p><input type="checkbox"/> Wet</p> <p><input type="checkbox"/> Construction zone</p> <p><input type="checkbox"/> Inadequate lighting</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> U/K</p>		<p>f. Location of incident, check all that apply:</p> <p><input type="checkbox"/> City street</p> <p><input type="checkbox"/> Residential street</p> <p><input type="checkbox"/> Rural road</p> <p><input type="checkbox"/> Highway</p> <p><input type="checkbox"/> Intersection</p> <p><input type="checkbox"/> Shoulder</p> <p><input type="checkbox"/> Sidewalk</p> <p><input type="checkbox"/> Driveway</p> <p><input type="checkbox"/> Parking area</p> <p><input type="checkbox"/> Off road</p> <p><input type="checkbox"/> Railroad crossing/tracks</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> U/K</p>																																																																							
<p>g. Drivers involved in incident, check all that apply:</p> <table border="1"> <thead> <tr> <th>Child as driver</th> <th>Child's driver</th> <th>Driver of other primary vehicle</th> <th>Age of Driver</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Responsible for causing incident</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Was alcohol/drug impaired</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Has no license</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Has a learner's permit</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Has a graduated license</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Has a full license</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Has a full license that has been restricted</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Has a suspended license</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>If recreational vehicle, has driver safety certificate</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other, specify: _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Was violating graduated licensing rules:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Nighttime driving curfew</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Passenger restrictions</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Driving without required supervision</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other violations, specify: _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>U/K</td> </tr> </tbody> </table>				Child as driver	Child's driver	Driver of other primary vehicle	Age of Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsible for causing incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was alcohol/drug impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has no license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a learner's permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a graduated license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a full license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a full license that has been restricted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a suspended license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If recreational vehicle, has driver safety certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was violating graduated licensing rules:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nighttime driving curfew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Passenger restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving without required supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other violations, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U/K	<p>h. Total number of occupants in vehicles:</p> <p>In child's vehicle, including child:</p> <p><input type="checkbox"/> N/A, child was not in a vehicle.</p> <p>Total number occupants: _____ <input type="radio"/> U/K</p> <p>Number teens, ages 14-21: _____ <input type="radio"/> U/K</p> <p>Total number of deaths: _____ <input type="radio"/> U/K</p> <p>Total number teen deaths: _____ <input type="radio"/> U/K</p> <p>In other primary vehicle involved in incident:</p> <p><input type="checkbox"/> N/A, incident was a single vehicle crash.</p> <p>Total number occupants: _____ <input type="radio"/> U/K</p> <p>Number teens, ages 14-21: _____ <input type="radio"/> U/K</p> <p>Total number of deaths: _____ <input type="radio"/> U/K</p> <p>Total number teen deaths: _____ <input type="radio"/> U/K</p>	
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<p>i. Protective measures for child, Select one option per row:</p> <table border="1"> <thead> <tr> <th></th> <th>Not Needed</th> <th>Needed, none present</th> <th>Present, used correctly</th> <th>Present, used incorrectly</th> <th>Present not used</th> <th>Unknown</th> <th></th> </tr> </thead> <tbody> <tr> <td>Airbag</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td rowspan="7">*If child seat, type: <input type="radio"/> Rear facing <input type="radio"/> Front facing <input type="radio"/> U/K</td> </tr> <tr> <td>Lap belt</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Shoulder belt</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Child seat*</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Belt positioning booster seat</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Helmet</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Other, specify: _____</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>								Not Needed	Needed, none present	Present, used correctly	Present, used incorrectly	Present not used	Unknown		Airbag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	*If child seat, type: <input type="radio"/> Rear facing <input type="radio"/> Front facing <input type="radio"/> U/K	Lap belt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Shoulder belt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child seat*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Belt positioning booster seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Helmet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>									
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Airbag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	*If child seat, type: <input type="radio"/> Rear facing <input type="radio"/> Front facing <input type="radio"/> U/K																																																																		
Lap belt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																			
Shoulder belt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																			
Child seat*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																			
Belt positioning booster seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																			
Helmet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																			
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																			

2. FIRE, BURN, or ELECTROCUTION																		
<p>a. Ignition, heat or electrocution source:</p> <input type="radio"/> Matches <input type="radio"/> Heating stove <input type="radio"/> Lighting <input type="radio"/> Other explosives <input type="radio"/> Cigarette lighter <input type="radio"/> Space heater <input type="radio"/> Oxygen tank <input type="radio"/> Appliance in water <input type="radio"/> Utility lighter <input type="radio"/> Furnace <input type="radio"/> Hot cooking water <input type="radio"/> Other, specify: <input type="radio"/> Cigarette or cigar <input type="radio"/> Power line <input type="radio"/> Hot bath water <input type="radio"/> U/K <input type="radio"/> Candles <input type="radio"/> Electrical outlet <input type="radio"/> Other hot liquid, specify: <input type="radio"/> Cooking stove <input type="radio"/> Electrical wiring <input type="radio"/> Fireworks		<p>b. Type of incident:</p> <input type="radio"/> Fire, go to c <input type="radio"/> Scald, go to r <input type="radio"/> Other burn, go to t <input type="radio"/> Electrocution, go to s <input type="radio"/> Other, specify and go to t <input type="radio"/> U/K, go to t																
		<p>c. For fire, child died from:</p> <input type="radio"/> Burns <input type="radio"/> Smoke inhalation <input type="radio"/> Other, specify: <input type="radio"/> U/K																
<p>d. Material first ignited:</p> <input type="radio"/> Upholstery <input type="radio"/> Mattress <input type="radio"/> Christmas tree <input type="radio"/> Clothing <input type="radio"/> Curtain <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>e. Type of building on fire:</p> <input type="radio"/> N/A <input type="radio"/> Single home <input type="radio"/> Duplex <input type="radio"/> Apartment <input type="radio"/> Trailer/mobile home <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>f. Building's primary construction material:</p> <input type="radio"/> Wood <input type="radio"/> Steel <input type="radio"/> Brick/stone <input type="radio"/> Aluminum <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>g. Fire started by a person?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, person's age _____ Does person have a history of setting fires? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K															
		<p>h. Did anyone attempt to put out fire?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K																
		<p>i. Did escape or rescue efforts worsen fire?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K																
		<p>j. Did any factors delay fire department arrival?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, specify:																
<p>k. Were barriers preventing safe exit?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Locked door <input type="checkbox"/> Window grate <input type="checkbox"/> Locked window <input type="checkbox"/> Blocked stairway <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K	<p>l. Was building a rental property?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<p>m. Were building/rental codes violated?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, describe in narrative	<p>n. Were proper working fire extinguishers present?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K															
		<p>o. Was sprinkler system present?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, was it working? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K																
		<p>p. Were smoke detectors present? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <table border="0"> <tr> <td> <p>If yes, what type?</p> <input type="checkbox"/> Removable batteries <input type="checkbox"/> Non-removable batteries <input type="checkbox"/> Hardwired <input type="checkbox"/> U/K </td> <td> <p>If yes, functioning properly?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K </td> <td> <p>If not functioning properly, reason:</p> <table border="0"> <tr> <td>Missing batteries</td> <td>Other</td> <td>U/K</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>Other, specify: _____</p> </td> </tr> </table> <p>If yes, was there an adequate number present? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>		<p>If yes, what type?</p> <input type="checkbox"/> Removable batteries <input type="checkbox"/> Non-removable batteries <input type="checkbox"/> Hardwired <input type="checkbox"/> U/K	<p>If yes, functioning properly?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<p>If not functioning properly, reason:</p> <table border="0"> <tr> <td>Missing batteries</td> <td>Other</td> <td>U/K</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>Other, specify: _____</p>	Missing batteries	Other	U/K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If yes, what type?</p> <input type="checkbox"/> Removable batteries <input type="checkbox"/> Non-removable batteries <input type="checkbox"/> Hardwired <input type="checkbox"/> U/K	<p>If yes, functioning properly?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<p>If not functioning properly, reason:</p> <table border="0"> <tr> <td>Missing batteries</td> <td>Other</td> <td>U/K</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>Other, specify: _____</p>	Missing batteries	Other	U/K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Missing batteries	Other	U/K																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
<p>q. Suspected arson?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<p>r. For scald, was hot water heater set too high?</p> <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes, temp. setting: _____ <input type="radio"/> U/K	<p>s. For electrocution, what cause:</p> <input type="radio"/> Electrical storm <input type="radio"/> Faulty wiring <input type="radio"/> Wire/product in water <input type="radio"/> Child playing with outlet <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>t. Other, describe in detail:</p>															
3. DROWNING																		
<p>a. Where was child last seen before drowning? Check all that apply:</p> <input type="checkbox"/> In water <input type="checkbox"/> In yard <input type="checkbox"/> On shore <input type="checkbox"/> In bathroom <input type="checkbox"/> On dock <input type="checkbox"/> In house <input type="checkbox"/> Poolside <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K	<p>b. What was child last seen doing before drowning?</p> <input type="radio"/> Playing <input type="radio"/> Tubing <input type="radio"/> Boating <input type="radio"/> Water-skiing <input type="radio"/> Swimming <input type="radio"/> Sleeping <input type="radio"/> Bathing <input type="radio"/> Other, specify: <input type="radio"/> Fishing <input type="radio"/> Surfing <input type="radio"/> U/K	<p>c. Was child forcibly submerged?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<p>d. Drowning location:</p> <input type="radio"/> Open water, go to e <input type="radio"/> U/K, go to n <input type="radio"/> Pool, hot tub, spa, go to i <input type="radio"/> Bath tub, go to w <input type="radio"/> Bucket, go to x <input type="radio"/> Well/ cistern/ septic, go to n <input type="radio"/> Toilet, go to z <input type="radio"/> Other, specify and go to n															
<p>e. For open water, place:</p> <input type="radio"/> Lake <input type="radio"/> Quarry <input type="radio"/> River <input type="radio"/> Gravel pit <input type="radio"/> Pond <input type="radio"/> Canal <input type="radio"/> Creek <input type="radio"/> U/K <input type="radio"/> Ocean	<p>f. For open water, contributing environmental factors:</p> <input type="radio"/> Weather <input type="radio"/> Drop off <input type="radio"/> Temperature <input type="radio"/> Rough waves <input type="radio"/> Current <input type="radio"/> Other, specify: <input type="radio"/> Rip tide/ undertow <input type="radio"/> U/K	<p>g. If boating, type of boat:</p> <input type="radio"/> Sailboat <input type="radio"/> Commercial <input type="radio"/> Jet ski <input type="radio"/> Other, specify: <input type="radio"/> Motorboat <input type="radio"/> Canoe <input type="radio"/> Kayak <input type="radio"/> U/K <input type="radio"/> Raft	<p>h. For boating, was the child piloting boat?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K															
<p>i. For pool type of pool:</p> <input type="radio"/> Above ground <input type="radio"/> In-ground <input type="radio"/> Hot tub, spa <input type="radio"/> Wading <input type="radio"/> U/K	<p>j. For pool, child found:</p> <input type="radio"/> In the pool/hot tub/spa <input type="radio"/> On or under the cover <input type="radio"/> U/K	<p>k. For pool, ownership is:</p> <input type="radio"/> Private <input type="radio"/> Public <input type="radio"/> U/K	<p>l. Length of time owners had pool/hot tub/spa:</p> <input type="radio"/> N/A <input type="radio"/> >1yr <input type="radio"/> <6 months <input type="radio"/> U/K <input type="radio"/> 6m-1 yr															

<p>m. Flotation device used?</p> <p><input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Coast Guard approved. If yes:</p> <p><input type="checkbox"/> Jacket <input type="checkbox"/> Cushion <input type="checkbox"/> Lifesaving ring</p> <p>If jacket:</p> <p>Correct size? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>Worn correctly? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p><input type="checkbox"/> Not Coast Guard approved, type: <input type="checkbox"/> U/K</p> <p><input type="checkbox"/> Swim rings</p> <p><input type="checkbox"/> Inner tube</p> <p><input type="checkbox"/> Air mattress</p> <p><input type="checkbox"/> Other, specify: _____</p>		<p>n. What barriers/layers of protection existed to prevent access to water?</p> <p>Check all that apply:</p> <p><input type="checkbox"/> None <input type="checkbox"/> Alarm, go to r</p> <p><input type="checkbox"/> Fence, go to o <input type="checkbox"/> Cover, go to s</p> <p><input type="checkbox"/> Gate, go to p <input type="checkbox"/> U/K</p> <p><input type="checkbox"/> Door, go to q</p>	
<p>o. Fence:</p> <p>Describe type:</p> <p>Fence height in ft _____</p> <p>Fence surrounds water on:</p> <p><input type="radio"/> Four sides <input type="radio"/> Two or <input type="radio"/> Three sides <input type="radio"/> less sides <input type="radio"/> U/K</p>	<p>p. Gate, check all that apply:</p> <p><input type="checkbox"/> Has self closing latch</p> <p><input type="checkbox"/> Has lock</p> <p><input type="checkbox"/> Is a double gate</p> <p><input type="checkbox"/> Opens to water</p> <p><input type="checkbox"/> U/K</p>	<p>q. Door, check all that apply:</p> <p><input type="checkbox"/> Patio door <input type="checkbox"/> Opens to water</p> <p><input type="checkbox"/> Screen door <input type="checkbox"/> Barrier between door and water</p> <p><input type="checkbox"/> Steel door <input type="checkbox"/> Self closing <input type="checkbox"/> U/K</p> <p><input type="checkbox"/> Has lock</p>	<p>r. Alarm, check all that apply:</p> <p><input type="checkbox"/> Door <input type="checkbox"/> Window <input type="checkbox"/> Pool <input type="checkbox"/> Laser <input type="checkbox"/> U/K</p> <p>s. Type of cover:</p> <p><input type="radio"/> Hard <input type="radio"/> Soft <input type="radio"/> U/K</p>
<p>t. Local ordinance(s) regulating access to water?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, rules violated?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>		<p>u. How were layers of protection breached, check all that apply:</p> <p><input type="checkbox"/> No layers breached <input type="checkbox"/> Gap in fence <input type="checkbox"/> Door screen torn <input type="checkbox"/> Cover left off</p> <p><input type="checkbox"/> Gate left open <input type="checkbox"/> Damaged fence <input type="checkbox"/> Door self-closer failed <input type="checkbox"/> Cover not locked</p> <p><input type="checkbox"/> Gate unlocked <input type="checkbox"/> Fence too short <input type="checkbox"/> Window left open <input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> Gate latch failed <input type="checkbox"/> Door left open <input type="checkbox"/> Window screen torn</p> <p><input type="checkbox"/> Gap in gate <input type="checkbox"/> Door unlocked <input type="checkbox"/> Alarm not working</p> <p><input type="checkbox"/> Climbed fence <input type="checkbox"/> Door broken <input type="checkbox"/> Alarm not answered <input type="checkbox"/> U/K</p>	
<p>v. Child able to swim?</p> <p><input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>w. For bathtub, child in a bathing aid?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, specify type: _____</p>	<p>x. Warning sign or label posted?</p> <p><input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>y. Lifeguard present?</p> <p><input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>
<p>z. Rescue attempt made?</p> <p><input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, who? Check all that apply:</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Bystander</p> <p><input type="checkbox"/> Other child <input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> Lifeguard <input type="checkbox"/> U/K</p>		<p>aa. Did rescuer(s) also drown?</p> <p><input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, number of rescuers: _____</p>	<p>bb. Appropriate rescue equipment present?</p> <p><input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>
4. ASPHYXIA			
<p>a. Type of event:</p> <p><input type="radio"/> Suffocation, go to b</p> <p><input type="radio"/> Strangulation, go to c</p> <p><input type="radio"/> Choking, go to d</p> <p><input type="radio"/> Other, specify and go to e: _____</p> <p><input type="radio"/> U/K, go to e</p>		<p>b. If suffocation/aphyxia, action causing event:</p> <p><input type="radio"/> Sleep-related (e.g. bedding, overlay, wedged)</p> <p><input type="radio"/> Confined in tight space</p> <p><input type="radio"/> Swaddled in tight blanket, but not sleep-related</p> <p><input type="radio"/> Covered in or fell into object, but not sleep-related</p> <p><input type="radio"/> Refrigerator/freezer</p> <p><input type="radio"/> Wedged into tight space, but not sleep-related</p> <p><input type="radio"/> Plastic bag</p> <p><input type="radio"/> Toy chest</p> <p><input type="radio"/> Asphyxia by gas, go to G9a</p> <p><input type="radio"/> Dirt/Sand</p> <p><input type="radio"/> Automobile</p> <p><input type="radio"/> Other, specify: _____</p> <p><input type="radio"/> Trunk</p> <p><input type="radio"/> U/K</p> <p><input type="radio"/> Other, specify: _____</p> <p><input type="radio"/> U/K</p>	
<p>c. If strangulation, object causing event:</p> <p><input type="radio"/> Clothing <input type="radio"/> Leash</p> <p><input type="radio"/> Blind cord <input type="radio"/> Electrical cord</p> <p><input type="radio"/> Car seat <input type="radio"/> Person, go to question G8q</p> <p><input type="radio"/> Stroller <input type="radio"/> Automobile power window</p> <p><input type="radio"/> High chair <input type="radio"/> or sunroof</p> <p><input type="radio"/> Belt <input type="radio"/> Other, specify: _____</p> <p><input type="radio"/> Rope/string <input type="radio"/> U/K</p>		<p>d. If choking, object causing choking:</p> <p><input type="radio"/> Food, specify: _____</p> <p><input type="radio"/> Toy, specify: _____</p> <p><input type="radio"/> Balloon</p> <p><input type="radio"/> Other, specify: _____</p> <p><input type="radio"/> U/K</p>	<p>e. Was asphyxia an autoerotic event?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>
		<p>f. Was child participating in 'choking game' or 'pass out game'?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>g. History of seizures?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, witnessed? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, # _____</p>
			<p>h. History of apnea?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, witnessed? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, # _____</p>
			<p>i. Was Heimlich Maneuver attempted?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>
5. SIDS AND UNDETERMINED CAUSE UNDER ONE YEAR OF AGE			
<p>a. Child exposed to 2nd-hand smoke?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, how often?</p> <p><input type="radio"/> Frequently</p> <p><input type="radio"/> Occasionally</p> <p><input type="radio"/> U/K</p>	<p>b. Child overheated? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, Outside temp _____ deg. F</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Room too hot, temp _____ deg. F</p> <p><input type="checkbox"/> Too much bedding</p> <p><input type="checkbox"/> Too much clothing</p>	<p>c. History of seizures?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, # _____</p> <p>If yes, witnessed? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>d. History of apnea?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, # _____</p> <p>If yes, witnessed? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>
<p>e. For SIDS, go to Section H, page 11. For undetermined injury cause to infants also complete G12, page 11, then go to Section H. For undetermined or unknown medical cause to infants also complete G11, page 10, then go to Section H.</p>			

6. WEAPON, INCLUDING PERSON'S BODY PART																																																																													
<p>a. Type of weapon:</p> <input type="radio"/> Firearm, go to b <input type="radio"/> Sharp instrument, go to j <input type="radio"/> Blunt instrument, go to k <input type="radio"/> Person's body part, go to l <input type="radio"/> Explosive, go to m <input type="radio"/> Rope, go to m <input type="radio"/> Pipe, go to m <input type="radio"/> Biological, go to m <input type="radio"/> Other, specify and go to m <input type="radio"/> U/K, go to m		<p>b. For firearms, type:</p> <input type="radio"/> Handgun <input type="radio"/> Shotgun <input type="radio"/> BB gun <input type="radio"/> Hunting rifle <input type="radio"/> Assault rifle <input type="radio"/> Air rifle <input type="radio"/> Sawed off shotgun <input type="radio"/> Other, specify: <input type="radio"/> U/K		<p>c. Firearm licensed?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K																																																																									
<p>d. Firearm safety features, check all that apply:</p> <input type="checkbox"/> Trigger lock <input type="checkbox"/> Magazine disconnect <input type="checkbox"/> Personalization device <input type="checkbox"/> Minimum trigger pull <input type="checkbox"/> External safety/drop safety <input type="checkbox"/> Other, specify: <input type="checkbox"/> Loaded chamber indicator <input type="checkbox"/> U/K				<p>e. Where was firearm stored?</p> <input type="radio"/> Not stored <input type="radio"/> Under mattress/pillow <input type="radio"/> Locked cabinet <input type="radio"/> Other, specify: <input type="radio"/> Unlocked cabinet <input type="radio"/> Glove compartment <input type="radio"/> U/K																																																																									
<p>f. Firearm stored with ammunition?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K				<p>g. Firearm stored loaded?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K																																																																									
<p>h. Owner of fatal firearm:</p> <input type="radio"/> U/K, weapon stolen <input type="radio"/> U/K, weapon found <input type="radio"/> Self <input type="radio"/> Biological parent <input type="radio"/> Adoptive parent <input type="radio"/> Stepparent <input type="radio"/> Foster parent <input type="radio"/> Mother's partner <input type="radio"/> Father's partner <input type="radio"/> Grandparent <input type="radio"/> Sibling <input type="radio"/> Spouse <input type="radio"/> Other relative <input type="radio"/> Friend <input type="radio"/> Acquaintance <input type="radio"/> Child's boyfriend or girlfriend <input type="radio"/> Classmate <input type="radio"/> Co-worker <input type="radio"/> Institutional staff <input type="radio"/> Neighbor <input type="radio"/> Rival gang member <input type="radio"/> Stranger <input type="radio"/> Law enforcement <input type="radio"/> Other, specify: <input type="radio"/> U/K			<p>i. Sex of fatal firearm owner:</p> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K																																																																										
<p>j. Type of sharp object:</p> <input type="checkbox"/> Kitchen knife <input type="checkbox"/> Switchblade <input type="checkbox"/> Pocketknife <input type="checkbox"/> Razor <input type="checkbox"/> Hunting knife <input type="checkbox"/> Scissors <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K			<p>k. Type of blunt object:</p> <input type="checkbox"/> Bat <input type="checkbox"/> Club <input type="checkbox"/> Stick <input type="checkbox"/> Hammer <input type="checkbox"/> Rock <input type="checkbox"/> Household item <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K																																																																										
<p>What did person's body part do? Check all that apply:</p> <input type="checkbox"/> Beat, kick or punch <input type="checkbox"/> Drop <input type="checkbox"/> Push <input type="checkbox"/> Bite <input type="checkbox"/> Shake <input type="checkbox"/> Strangle <input type="checkbox"/> Throw <input type="checkbox"/> Drown <input type="checkbox"/> Burn <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K		<p>m. Did person using weapon have history of weapon-related offenses?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K		<p>n. Does anyone in child's family have a history of weapon offenses or die of weapons-related causes?</p> <input type="radio"/> No <input type="radio"/> Yes, describe circumstances: <input type="radio"/> U/K																																																																									
<p>o. Persons handling weapons at time of incident, check all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Fatal</td> <td><input type="checkbox"/> and/or</td> <td><input type="checkbox"/> Other weapon</td> <td><input type="checkbox"/> Fatal</td> <td><input type="checkbox"/> and/or</td> <td><input type="checkbox"/> Other weapon</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Self</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Friend</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Biological parent</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Acquaintance</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Adoptive parent</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Child's boyfriend or girlfriend</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Stepparent</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Classmate</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Foster parent</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Co-worker</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Mother's partner</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Institutional staff</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Father's partner</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Neighbor</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Grandparent</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Rival gang member</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Sibling</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Stranger</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Spouse</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Law enforcement officer</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Other relative</td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K </td> </tr> </table>						<input type="checkbox"/> Fatal	<input type="checkbox"/> and/or	<input type="checkbox"/> Other weapon	<input type="checkbox"/> Fatal	<input type="checkbox"/> and/or	<input type="checkbox"/> Other weapon	<input type="checkbox"/>		<input type="checkbox"/> Self	<input type="checkbox"/>		<input type="checkbox"/> Friend	<input type="checkbox"/>		<input type="checkbox"/> Biological parent	<input type="checkbox"/>		<input type="checkbox"/> Acquaintance	<input type="checkbox"/>		<input type="checkbox"/> Adoptive parent	<input type="checkbox"/>		<input type="checkbox"/> Child's boyfriend or girlfriend	<input type="checkbox"/>		<input type="checkbox"/> Stepparent	<input type="checkbox"/>		<input type="checkbox"/> Classmate	<input type="checkbox"/>		<input type="checkbox"/> Foster parent	<input type="checkbox"/>		<input type="checkbox"/> Co-worker	<input type="checkbox"/>		<input type="checkbox"/> Mother's partner	<input type="checkbox"/>		<input type="checkbox"/> Institutional staff	<input type="checkbox"/>		<input type="checkbox"/> Father's partner	<input type="checkbox"/>		<input type="checkbox"/> Neighbor	<input type="checkbox"/>		<input type="checkbox"/> Grandparent	<input type="checkbox"/>		<input type="checkbox"/> Rival gang member	<input type="checkbox"/>		<input type="checkbox"/> Sibling	<input type="checkbox"/>		<input type="checkbox"/> Stranger	<input type="checkbox"/>		<input type="checkbox"/> Spouse	<input type="checkbox"/>		<input type="checkbox"/> Law enforcement officer	<input type="checkbox"/>		<input type="checkbox"/> Other relative	<input type="checkbox"/>		<input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K
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<p>p. Sex of person(s) handling weapon:</p> <p>Fatal weapon:</p> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K <p>Other weapon:</p> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K																																																																													
<p>q. Use of weapon at time, check all that apply:</p> <input type="checkbox"/> Self-injury <input type="checkbox"/> Argument <input type="checkbox"/> Hunting <input type="checkbox"/> Russian Roulette <input type="checkbox"/> Intervener assisting crime victim (Good Samaritan) <input type="checkbox"/> Commission of crime <input type="checkbox"/> Jealousy <input type="checkbox"/> Target shooting <input type="checkbox"/> Gang-related activity <input type="checkbox"/> Self-defense <input type="checkbox"/> Other, specify: <input type="checkbox"/> Drive-by shooting <input type="checkbox"/> Intimate partner violence <input type="checkbox"/> Playing with weapon <input type="checkbox"/> Cleaning weapon <input type="checkbox"/> Loading weapon <input type="checkbox"/> Random violence <input type="checkbox"/> Hate crime <input type="checkbox"/> Weapon mistaken for toy <input type="checkbox"/> Showing gun to others <input type="checkbox"/> Child was a bystander <input type="checkbox"/> Bullying																																																																													
7. ANIMAL BITE OR ATTACK																																																																													
<p>a. Type of animal:</p> <input type="radio"/> Domesticated dog <input type="radio"/> Domesticated cat <input type="radio"/> Snake <input type="radio"/> Wild mammal, specify: <input type="radio"/> Insect <input type="radio"/> Other, specify: <input type="radio"/> U/K		<p>b. Animal access to child, check all that apply:</p> <input type="checkbox"/> Animal on leash <input type="checkbox"/> Animal escaped from cage or leash <input type="checkbox"/> Animal caged or inside fence <input type="checkbox"/> Animal not caged or leashed: <input type="radio"/> Child reached in <input type="checkbox"/> U/K <input type="radio"/> Child entered animal area <input type="radio"/> U/K		<p>c. Did child provoke animal?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, how?																																																																									
				<p>d. Animal has history of biting or attacking?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K																																																																									
8. FALL OR CRUSH																																																																													
<p>a. Type:</p> <input type="radio"/> Fall, go to b <input type="radio"/> Crush, go to h		<p>b. Height of fall:</p> _____ feet _____ inches <input type="radio"/> U/K																																																																											
<p>c. Child fell from:</p> <input type="radio"/> Open window <input type="radio"/> Natural elevation <input type="radio"/> Stairs/steps <input type="radio"/> Moving object, specify: <input type="radio"/> Screen <input type="radio"/> Man-made elevation <input type="radio"/> Furniture <input type="radio"/> Bridge <input type="radio"/> No screen <input type="radio"/> Playground equipment <input type="radio"/> Bed <input type="radio"/> Overpass <input type="radio"/> U/K if screen <input type="radio"/> Tree <input type="radio"/> Roof <input type="radio"/> Balcony																																																																													
<p>d. Animal, specify: <input type="radio"/> Other, specify: <input type="radio"/> U/K </p>																																																																													

<p>d. Surface child fell onto:</p> <input type="radio"/> Cement/concrete <input type="radio"/> Grass <input type="radio"/> Gravel <input type="radio"/> Wood floor <input type="radio"/> Carpeted floor <input type="radio"/> Linoleum/vinyl <input type="radio"/> Marble/tile <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>e. Barrier in place:</p> <p>Check all that apply:</p> <input type="checkbox"/> None <input type="checkbox"/> Screen <input type="checkbox"/> Other window guard <input type="checkbox"/> Fence <input type="checkbox"/> Railing <input type="checkbox"/> Stairway <input type="checkbox"/> Gate <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K	<p>f. Child in a baby walker?</p> <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <p>g. Was child pushed, dropped or thrown?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <p>If yes, go to G8q</p>	<p>h. For crush, did child:</p> <input type="radio"/> Climb up on object <input type="radio"/> Pull object down <input type="radio"/> Hide behind object <input type="radio"/> Go behind object <input type="radio"/> Fall out of object <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>i. For crush, object causing crush:</p> <table border="0"> <tr> <td><input type="radio"/> Appliance</td> <td><input type="radio"/> Dirt/sand</td> </tr> <tr> <td><input type="radio"/> Television</td> <td><input type="radio"/> Person, answer G6q</td> </tr> <tr> <td><input type="radio"/> Furniture</td> <td><input type="radio"/> Commercial equipment</td> </tr> <tr> <td><input type="radio"/> Walls</td> <td><input type="radio"/> Farm equipment</td> </tr> <tr> <td><input type="radio"/> Playground equipment</td> <td><input type="radio"/> Other, specify:</td> </tr> <tr> <td><input type="radio"/> Animal</td> <td><input type="radio"/> U/K</td> </tr> <tr> <td><input type="radio"/> Tree branch</td> <td><input type="radio"/> U/K</td> </tr> <tr> <td><input type="radio"/> Boulders/rocks</td> <td></td> </tr> </table>	<input type="radio"/> Appliance	<input type="radio"/> Dirt/sand	<input type="radio"/> Television	<input type="radio"/> Person, answer G6q	<input type="radio"/> Furniture	<input type="radio"/> Commercial equipment	<input type="radio"/> Walls	<input type="radio"/> Farm equipment	<input type="radio"/> Playground equipment	<input type="radio"/> Other, specify:	<input type="radio"/> Animal	<input type="radio"/> U/K	<input type="radio"/> Tree branch	<input type="radio"/> U/K	<input type="radio"/> Boulders/rocks	
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<input type="radio"/> Tree branch	<input type="radio"/> U/K																			
<input type="radio"/> Boulders/rocks																				
<p>9. POISONING, OVERDOSE OR ACUTE INTOXICATION</p>																				
<p>a. Type of substance involved. check all that apply:</p> <table border="0"> <tr> <td> <p><u>Prescription drug</u></p> <input type="checkbox"/> Antidepressant <input type="checkbox"/> Blood pressure medication <input type="checkbox"/> Pain killer (opiate) <input type="checkbox"/> Pain killer (non-opiate) <input type="checkbox"/> Methadone <input type="checkbox"/> Cardiac medication <input type="checkbox"/> Other, specify: </td> <td> <p><u>Over the counter drug</u></p> <input type="checkbox"/> Diet pills <input type="checkbox"/> Stimulants <input type="checkbox"/> Cough medicine <input type="checkbox"/> Pain medication <input type="checkbox"/> Children's vitamins <input type="checkbox"/> Iron supplement <input type="checkbox"/> Other vitamins <input type="checkbox"/> Other, specify: </td> <td> <p><u>Cosmetics/personal care products</u></p> <input type="checkbox"/> Cosmetics/personal care products <p><u>Cleaning substances</u></p> <input type="checkbox"/> Bleach <input type="checkbox"/> Drain cleaner <input type="checkbox"/> Alkaline-based cleaner <input type="checkbox"/> Solvent <input type="checkbox"/> Other, specify: </td> <td> <p><u>Other substances</u></p> <input type="checkbox"/> Plants <input type="checkbox"/> Alcohol <input type="checkbox"/> Street drugs <input type="checkbox"/> Pesticide <input type="checkbox"/> Antifreeze <input type="checkbox"/> Other chemical <input type="checkbox"/> Herbal remedy <input type="checkbox"/> Carbon monoxide, go to f <input type="checkbox"/> Other fume/gas/vapor <input type="checkbox"/> Other, specify: </td> <td style="text-align: right;"> <input type="radio"/> U/K </td> </tr> </table>					<p><u>Prescription drug</u></p> <input type="checkbox"/> Antidepressant <input type="checkbox"/> Blood pressure medication <input type="checkbox"/> Pain killer (opiate) <input type="checkbox"/> Pain killer (non-opiate) <input type="checkbox"/> Methadone <input type="checkbox"/> Cardiac medication <input type="checkbox"/> Other, specify:	<p><u>Over the counter drug</u></p> <input type="checkbox"/> Diet pills <input type="checkbox"/> Stimulants <input type="checkbox"/> Cough medicine <input type="checkbox"/> Pain medication <input type="checkbox"/> Children's vitamins <input type="checkbox"/> Iron supplement <input type="checkbox"/> Other vitamins <input type="checkbox"/> Other, specify:	<p><u>Cosmetics/personal care products</u></p> <input type="checkbox"/> Cosmetics/personal care products <p><u>Cleaning substances</u></p> <input type="checkbox"/> Bleach <input type="checkbox"/> Drain cleaner <input type="checkbox"/> Alkaline-based cleaner <input type="checkbox"/> Solvent <input type="checkbox"/> Other, specify:	<p><u>Other substances</u></p> <input type="checkbox"/> Plants <input type="checkbox"/> Alcohol <input type="checkbox"/> Street drugs <input type="checkbox"/> Pesticide <input type="checkbox"/> Antifreeze <input type="checkbox"/> Other chemical <input type="checkbox"/> Herbal remedy <input type="checkbox"/> Carbon monoxide, go to f <input type="checkbox"/> Other fume/gas/vapor <input type="checkbox"/> Other, specify:	<input type="radio"/> U/K											
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<p>b. Where was the substance stored?</p> <input type="radio"/> Open area <input type="radio"/> Open cabinet <input type="radio"/> Closed cabinet, unlocked <input type="radio"/> Closed cabinet, locked <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>c. Was the product in its original container?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>d. Did container have a child safety cap?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>e. If prescription, was it child's?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<p>f. Was the incident the result of?</p> <input type="radio"/> Accidental overdose <input type="radio"/> Medical treatment mishap <input type="radio"/> Adverse effect, but not overdose <input type="radio"/> Deliberate poisoning <input type="radio"/> Acute intoxication <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>g. Was Poison Control called?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <p>If yes, who called:</p> <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Other caregiver <input type="radio"/> First responder <input type="radio"/> Medical person <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>h. For CO poisoning, was a CO detector present?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <p>If yes, how many? _____ Functioning properly? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K </p>																
<p>10. EXPOSURE</p>																				
<p>a. Circumstances, check all that apply:</p> <input type="checkbox"/> Abandonment <input type="checkbox"/> Left in car <input type="checkbox"/> Left in room <input type="checkbox"/> Submerged in water <input type="checkbox"/> Injured outdoors <input type="checkbox"/> Lost outdoors <input type="checkbox"/> Illegal border crossing <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K	<p>b. Condition of exposure:</p> <input type="radio"/> Hyperthermia <input type="radio"/> Hypothermia <input type="radio"/> U/K <p>_____ Ambient temp, degrees F</p>	<p>c. Number of hours exposed:</p> <p>_____</p> <input type="radio"/> U/K	<p>d. Was child wearing appropriate clothing?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K																	
<p>11. MEDICAL CONDITION</p>																				
<p>a. How long did the child have the medical condition?</p> <input type="radio"/> In utero <input type="radio"/> Weeks <input type="radio"/> Since birth <input type="radio"/> Months <input type="radio"/> Hours <input type="radio"/> Years <input type="radio"/> Days <input type="radio"/> U/K	<p>b. Was death expected as a result of medical condition?</p> <input type="radio"/> N/A not previously diagnosed <input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> But at a later time <input type="radio"/> U/K	<p>c. Was child receiving health care for the medical condition?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <p>If yes, within 48 hours of the death?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<p>d. Were the prescribed care plans appropriate for the medical condition?</p> <input type="radio"/> N/A <input type="radio"/> No, specify: <input type="radio"/> Yes <input type="radio"/> U/K																	
<p>e. Was child/family compliant with the prescribed care plans?</p> <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <p>If no, what wasn't compliant? Check all that apply:</p>	<p>f. Was child up to date with American Academy of Pediatrics immunization schedule?</p> <input type="radio"/> N/A <input type="radio"/> No, specify: <input type="radio"/> Yes <input type="radio"/> U/K	<p>g. Was medical condition associated with an outbreak?</p> <input type="radio"/> No <input type="radio"/> Yes, specify: <input type="radio"/> U/K																		

<p>h. Was environmental tobacco exposure a contributing factor in death? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>i. Were there access or compliance issues related to the death? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, check all that apply:</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Lack of money for care</td> <td><input type="checkbox"/> Language barriers</td> <td><input type="checkbox"/> Caregiver distrust of health care system</td> </tr> <tr> <td><input type="checkbox"/> Limitations of health insurance coverage</td> <td><input type="checkbox"/> Referrals not made</td> <td><input type="checkbox"/> Caregiver unskilled in providing care</td> </tr> <tr> <td><input type="checkbox"/> Multiple health insurance, not coordinated</td> <td><input type="checkbox"/> Specialist needed, not available</td> <td><input type="checkbox"/> Caregiver unwilling to provide care</td> </tr> <tr> <td><input type="checkbox"/> Lack of transportation</td> <td><input type="checkbox"/> Multiple providers, not coordinated</td> <td><input type="checkbox"/> Caregiver's partner would not allow care</td> </tr> <tr> <td><input type="checkbox"/> No phone</td> <td><input type="checkbox"/> Lack of child care</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Cultural differences</td> <td><input type="checkbox"/> Lack of family or social support</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Religious objections to care</td> <td><input type="checkbox"/> Services not available</td> <td><input type="checkbox"/> U/K</td> </tr> </table>	<input type="checkbox"/> Lack of money for care	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Caregiver distrust of health care system	<input type="checkbox"/> Limitations of health insurance coverage	<input type="checkbox"/> Referrals not made	<input type="checkbox"/> Caregiver unskilled in providing care	<input type="checkbox"/> Multiple health insurance, not coordinated	<input type="checkbox"/> Specialist needed, not available	<input type="checkbox"/> Caregiver unwilling to provide care	<input type="checkbox"/> Lack of transportation	<input type="checkbox"/> Multiple providers, not coordinated	<input type="checkbox"/> Caregiver's partner would not allow care	<input type="checkbox"/> No phone	<input type="checkbox"/> Lack of child care	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Cultural differences	<input type="checkbox"/> Lack of family or social support		<input type="checkbox"/> Religious objections to care	<input type="checkbox"/> Services not available	<input type="checkbox"/> U/K							
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<input type="checkbox"/> Religious objections to care	<input type="checkbox"/> Services not available	<input type="checkbox"/> U/K																											
12. OTHER CAUSE, UNDETERMINED CAUSE OR UNKNOWN CAUSE:																													
Specify cause, describe in detail here or in narrative:																													
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? <input type="radio"/> No, go to H2 <input type="radio"/> Yes <input type="radio"/> U/K, go to H2																													
<p>a. Incident sleep place:</p> <table style="width:100%; border: none;"> <tr> <td><input type="radio"/> Crib If crib, type: <input type="radio"/> Not portable <input type="radio"/> Portable, e.g. pack-n-play <input type="radio"/> Unknown crib type</td> <td><input type="radio"/> Playpen/other play structure but not portable crib <input type="radio"/> Couch <input type="radio"/> Chair <input type="radio"/> Floor <input type="radio"/> Car seat <input type="radio"/> Stroller <input type="radio"/> Other, specify: <input type="radio"/> U/K</td> </tr> <tr> <td><input type="radio"/> Bassinette <input type="radio"/> Adult bed <input type="radio"/> Waterbed</td> <td></td> </tr> </table>	<input type="radio"/> Crib If crib, type: <input type="radio"/> Not portable <input type="radio"/> Portable, e.g. pack-n-play <input type="radio"/> Unknown crib type	<input type="radio"/> Playpen/other play structure but not portable crib <input type="radio"/> Couch <input type="radio"/> Chair <input type="radio"/> Floor <input type="radio"/> Car seat <input type="radio"/> Stroller <input type="radio"/> Other, specify: <input type="radio"/> U/K	<input type="radio"/> Bassinette <input type="radio"/> Adult bed <input type="radio"/> Waterbed		<p>b. Child put to sleep: <input type="radio"/> On back <input type="radio"/> On stomach <input type="radio"/> On side <input type="radio"/> U/K</p> <p>c. Child found: <input type="radio"/> On back <input type="radio"/> On stomach <input type="radio"/> On side <input type="radio"/> U/K</p>																								
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<p>d. Usual sleep place:</p> <table style="width:100%; border: none;"> <tr> <td><input type="radio"/> Crib If crib, type: <input type="radio"/> Not portable <input type="radio"/> Portable, e.g. pack-n-play <input type="radio"/> Unknown crib type</td> <td><input type="radio"/> Playpen/other play structure but not portable crib <input type="radio"/> Couch <input type="radio"/> Chair <input type="radio"/> Floor <input type="radio"/> Car seat <input type="radio"/> Stroller <input type="radio"/> Other, specify: <input type="radio"/> U/K</td> </tr> <tr> <td><input type="radio"/> Bassinette <input type="radio"/> Adult bed <input type="radio"/> Waterbed</td> <td></td> </tr> </table>	<input type="radio"/> Crib If crib, type: <input type="radio"/> Not portable <input type="radio"/> Portable, e.g. pack-n-play <input type="radio"/> Unknown crib type	<input type="radio"/> Playpen/other play structure but not portable crib <input type="radio"/> Couch <input type="radio"/> Chair <input type="radio"/> Floor <input type="radio"/> Car seat <input type="radio"/> Stroller <input type="radio"/> Other, specify: <input type="radio"/> U/K	<input type="radio"/> Bassinette <input type="radio"/> Adult bed <input type="radio"/> Waterbed		<p>e. Usual sleep position: <input type="radio"/> On back <input type="radio"/> On stomach <input type="radio"/> On side <input type="radio"/> U/K</p> <p>f. Was there a crib, bassinette or port-a-crib in home for child? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>																								
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<p>g. Child in a new or different environment than usual? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, specify:</p>	<p>h. Child last placed to sleep with a pacifier? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>i. Was a fan being used in the room at the time of death? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, type:</p>																											
<p>j. Circumstances when child found:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;"> <p><u>Child's airway was:</u> <input type="radio"/> Unobstructed by person or object <input type="radio"/> Fully obstructed by person or object <input type="radio"/> Partially obstructed by person or object <input type="radio"/> U/K</p> </td> <td style="width:33%;"> <p><u>Child's position most relevant to death:</u> <input type="radio"/> On top of <input type="radio"/> Under <input type="radio"/> Between <input type="radio"/> Wedged into <input type="radio"/> Pressed into <input type="radio"/> Fell or rolled onto <input type="radio"/> Tangled in <input type="radio"/> Other, specify: <input type="radio"/> U/K</p> </td> <td style="width:33%;"> <p><u>With what objects or persons, check all that apply:</u></p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Adult(s)</td> <td><input type="checkbox"/> Water bed mattress</td> <td><input type="checkbox"/> Clothing</td> </tr> <tr> <td><input type="checkbox"/> Child(ren)</td> <td><input type="checkbox"/> Air mattress</td> <td><input type="checkbox"/> Cord</td> </tr> <tr> <td><input type="checkbox"/> Animal(s)</td> <td><input type="checkbox"/> Bumper pads</td> <td><input type="checkbox"/> Plastic bag</td> </tr> <tr> <td><input type="checkbox"/> Blanket</td> <td><input type="checkbox"/> Crib rail</td> <td><input type="checkbox"/> Wall</td> </tr> <tr> <td><input type="checkbox"/> Pillow</td> <td><input type="checkbox"/> Couch</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Comforter</td> <td><input type="checkbox"/> Chair, type:</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mattress</td> <td><input type="checkbox"/> Car seat/stroller</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Pillow-top mattress</td> <td><input type="checkbox"/> Stuffed toy</td> <td></td> </tr> </table> </td> </tr> </table>			<p><u>Child's airway was:</u> <input type="radio"/> Unobstructed by person or object <input type="radio"/> Fully obstructed by person or object <input type="radio"/> Partially obstructed by person or object <input type="radio"/> U/K</p>	<p><u>Child's position most relevant to death:</u> <input type="radio"/> On top of <input type="radio"/> Under <input type="radio"/> Between <input type="radio"/> Wedged into <input type="radio"/> Pressed into <input type="radio"/> Fell or rolled onto <input type="radio"/> Tangled in <input type="radio"/> Other, specify: <input type="radio"/> U/K</p>	<p><u>With what objects or persons, check all that apply:</u></p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Adult(s)</td> <td><input type="checkbox"/> Water bed mattress</td> <td><input type="checkbox"/> Clothing</td> </tr> <tr> <td><input type="checkbox"/> Child(ren)</td> <td><input type="checkbox"/> Air mattress</td> <td><input type="checkbox"/> Cord</td> </tr> <tr> <td><input type="checkbox"/> Animal(s)</td> <td><input type="checkbox"/> Bumper pads</td> <td><input type="checkbox"/> Plastic bag</td> </tr> <tr> <td><input type="checkbox"/> Blanket</td> <td><input type="checkbox"/> Crib rail</td> <td><input type="checkbox"/> Wall</td> </tr> <tr> <td><input type="checkbox"/> Pillow</td> <td><input type="checkbox"/> Couch</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Comforter</td> <td><input type="checkbox"/> Chair, type:</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mattress</td> <td><input type="checkbox"/> Car seat/stroller</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Pillow-top mattress</td> <td><input type="checkbox"/> Stuffed toy</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult(s)	<input type="checkbox"/> Water bed mattress	<input type="checkbox"/> Clothing	<input type="checkbox"/> Child(ren)	<input type="checkbox"/> Air mattress	<input type="checkbox"/> Cord	<input type="checkbox"/> Animal(s)	<input type="checkbox"/> Bumper pads	<input type="checkbox"/> Plastic bag	<input type="checkbox"/> Blanket	<input type="checkbox"/> Crib rail	<input type="checkbox"/> Wall	<input type="checkbox"/> Pillow	<input type="checkbox"/> Couch	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Comforter	<input type="checkbox"/> Chair, type:		<input type="checkbox"/> Mattress	<input type="checkbox"/> Car seat/stroller	<input type="checkbox"/> U/K	<input type="checkbox"/> Pillow-top mattress	<input type="checkbox"/> Stuffed toy	
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<p>k. Caregiver/supervisor fell asleep while feeding child? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, type of feeding: <input type="radio"/> Bottle <input type="radio"/> Breast <input type="radio"/> U/K</p>	<p>l. Child sleeping in the same room as caregiver/supervisor at time of death? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>m. Child sleeping on same surface with person(s) or animal(s)? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> With adult(s): # ___ <input type="checkbox"/> #U/K Adult obese: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <input type="checkbox"/> With other children: # ___ <input type="checkbox"/> #U/K Children's ages: _____ <input type="checkbox"/> With animal(s): # ___ <input type="checkbox"/> #U/K Type(s) of animal: _____ <input type="checkbox"/> U/K</p>																											
2. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT? <input type="radio"/> No, go to H3 <input type="radio"/> Yes <input type="radio"/> U/K, go to H3																													
<p>a. Describe product and circumstances:</p>	<p>b. Was product used properly? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>c. Is a recall in place? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>d. Did product have safety label? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>e. Was Consumer Product Safety Commission (CPSC) notified? <input type="radio"/> No, call 1-800-838-2772 to file report <input type="radio"/> Yes <input type="radio"/> U/K</p>																									

3. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K																																																													
a. Type of crime, check all that apply: <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Robbery/burglary</td> <td><input type="checkbox"/> Other assault</td> <td><input type="checkbox"/> Arson</td> <td><input type="checkbox"/> Illegal border crossing</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Interpersonal violence</td> <td><input type="checkbox"/> Gang conflict</td> <td><input type="checkbox"/> Prostitution</td> <td><input type="checkbox"/> Auto theft</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Sexual assault</td> <td><input type="checkbox"/> Drug trade</td> <td><input type="checkbox"/> Witness intimidation</td> <td><input type="checkbox"/> Other, specify:</td> <td></td> </tr> </table>				<input type="checkbox"/> Robbery/burglary	<input type="checkbox"/> Other assault	<input type="checkbox"/> Arson	<input type="checkbox"/> Illegal border crossing	<input type="checkbox"/> U/K	<input type="checkbox"/> Interpersonal violence	<input type="checkbox"/> Gang conflict	<input type="checkbox"/> Prostitution	<input type="checkbox"/> Auto theft		<input type="checkbox"/> Sexual assault	<input type="checkbox"/> Drug trade	<input type="checkbox"/> Witness intimidation	<input type="checkbox"/> Other, specify:																																												
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I. ACTS OF OMISSION OR COMMISSION INCLUDING POOR SUPERVISION, CHILD ABUSE & NEGLIGENCE, ASSAULTS, AND SUICIDE																																																													
Type of Act																																																													
1. Did any act(s) of omission or commission cause and/or contribute to the death? <input type="radio"/> No, go to Section J <input type="radio"/> Yes <input type="radio"/> Probable <input type="radio"/> U/K, go to Section J If yes/probable, were the act(s) either or both? Check all that apply: <input type="checkbox"/> The direct cause of death <input type="checkbox"/> The contributing cause of death	2. Was the act(s): Check only one per column. <table border="0"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Unintentional</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Intentional</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Undetermined intent</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> U/K</td> </tr> </table>	<u>Caused</u>	<u>Contributed</u>	<input type="radio"/>	<input type="radio"/> Unintentional	<input type="radio"/>	<input type="radio"/> Intentional	<input type="radio"/>	<input type="radio"/> Undetermined intent	<input type="radio"/>	<input type="radio"/> U/K	3. What acts caused or contributed to the death? Check only one per column and describe in narrative. <table border="0"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Poor/absent supervision, go to 11</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Child abuse, go to 4</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Child neglect, go to 9</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Other negligence, go to 10</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Assault, not child abuse, go to 11</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Religious/cultural practices, go to 11</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Suicide, go to 28</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Medical misadventure, specify and go to 12</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Other, specify and go to 11</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> U/K, go to 11</td> </tr> </table>		<u>Caused</u>	<u>Contributed</u>	<input type="radio"/>	<input type="radio"/> Poor/absent supervision, go to 11	<input type="radio"/>	<input type="radio"/> Child abuse, go to 4	<input type="radio"/>	<input type="radio"/> Child neglect, go to 9	<input type="radio"/>	<input type="radio"/> Other negligence, go to 10	<input type="radio"/>	<input type="radio"/> Assault, not child abuse, go to 11	<input type="radio"/>	<input type="radio"/> Religious/cultural practices, go to 11	<input type="radio"/>	<input type="radio"/> Suicide, go to 28	<input type="radio"/>	<input type="radio"/> Medical misadventure, specify and go to 12	<input type="radio"/>	<input type="radio"/> Other, specify and go to 11	<input type="radio"/>	<input type="radio"/> U/K, go to 11																										
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4. Child abuse, type. Check all that apply and describe in narrative. <input type="checkbox"/> Physical, go to 5 <input type="checkbox"/> Emotional, specify and go to 11 <input type="checkbox"/> Sexual, specify and go to 11 <input type="checkbox"/> U/K, go to 11	5. Type of physical abuse, check all that apply: <input type="checkbox"/> Abusive head trauma, go to 8 <input type="checkbox"/> Chronic Battered Child Syndrome, go to 8 <input type="checkbox"/> Beating/kicking, go to 8 <input type="checkbox"/> Scalding or burning, go to 8 <input type="checkbox"/> Munchausen Syndrome by Proxy, go to 8 <input type="checkbox"/> Other, specify and go to 8 <input type="checkbox"/> U/K, go to 8	6. For abusive head trauma, were there retinal hemorrhages? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K 7. For abusive head trauma, was the child shaken? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, was there impact? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	8. Events(s) triggering physical abuse, check all that apply: <input type="checkbox"/> None <input type="checkbox"/> Crying <input type="checkbox"/> Toilet training <input type="checkbox"/> Disobedience <input type="checkbox"/> Feeding problems <input type="checkbox"/> Domestic argument <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K																																																										
9. Child neglect, check all that apply: <input type="checkbox"/> Failure to protect from hazards, specify: <input type="checkbox"/> Failure to provide necessities <input type="checkbox"/> Food <input type="checkbox"/> Shelter <input type="checkbox"/> Other, specify: <input type="checkbox"/> Failure to seek/follow treatment, specify: <input type="checkbox"/> Emotional neglect, specify: <input type="checkbox"/> Abandonment, specify: <input type="checkbox"/> U/K.	10. Other negligence: <input type="radio"/> Vehicular <input type="radio"/> Other, specify: <input type="radio"/> U/K	11. Was act(s) of omission/commission: <table border="0"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Chronic with child</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Pattern in family or with perpetrator</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Isolated incident</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> U/K</td> </tr> </table>		<u>Caused</u>	<u>Contributed</u>	<input type="radio"/>	<input type="radio"/> Chronic with child	<input type="radio"/>	<input type="radio"/> Pattern in family or with perpetrator	<input type="radio"/>	<input type="radio"/> Isolated incident	<input type="radio"/>	<input type="radio"/> U/K																																																
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Person(s) Responsible																																																													
12. Is person the caregiver or supervisor in previous section? <table border="0"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> No</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Yes, caregiver one, go to 25</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Yes, caregiver two, go to 25</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Yes, supervisor, go to 26</td> </tr> </table>	<u>Caused</u>	<u>Contributed</u>	<input type="radio"/>	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/> Yes, caregiver one, go to 25	<input type="radio"/>	<input type="radio"/> Yes, caregiver two, go to 25	<input type="radio"/>	<input type="radio"/> 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. <table border="0"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Self, go to 25</td> <td><input type="radio"/></td> <td><input type="radio"/> Grandparent</td> <td><input type="radio"/></td> <td><input type="radio"/> Medical provider</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Biological parent</td> <td><input type="radio"/></td> <td><input type="radio"/> Sibling</td> <td><input type="radio"/></td> <td><input type="radio"/> Institutional staff</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Adoptive parent</td> <td><input type="radio"/></td> <td><input type="radio"/> Other relative</td> <td><input type="radio"/></td> <td><input type="radio"/> Babysitter</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Stepparent</td> <td><input type="radio"/></td> <td><input type="radio"/> Friend</td> <td><input type="radio"/></td> <td><input type="radio"/> Licensed child care worker</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Foster parent</td> <td><input type="radio"/></td> <td><input type="radio"/> Acquaintance</td> <td><input type="radio"/></td> <td><input type="radio"/> Other, specify:</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Mother's partner</td> <td><input type="radio"/></td> <td><input type="radio"/> Child's boyfriend or girlfriend</td> <td><input type="radio"/></td> <td><input type="radio"/> U/K</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Father's partner</td> <td><input type="radio"/></td> <td><input type="radio"/> Stranger</td> <td></td> <td></td> </tr> </table>			<u>Caused</u>	<u>Contributed</u>	<u>Caused</u>	<u>Contributed</u>	<u>Caused</u>	<u>Contributed</u>	<input type="radio"/>	<input type="radio"/> Self, go to 25	<input type="radio"/>	<input type="radio"/> Grandparent	<input type="radio"/>	<input type="radio"/> Medical provider	<input type="radio"/>	<input type="radio"/> Biological parent	<input type="radio"/>	<input type="radio"/> Sibling	<input type="radio"/>	<input type="radio"/> Institutional staff	<input type="radio"/>	<input type="radio"/> Adoptive parent	<input type="radio"/>	<input type="radio"/> Other relative	<input type="radio"/>	<input type="radio"/> Babysitter	<input type="radio"/>	<input type="radio"/> Stepparent	<input type="radio"/>	<input type="radio"/> Friend	<input type="radio"/>	<input type="radio"/> Licensed child care worker	<input type="radio"/>	<input type="radio"/> Foster parent	<input type="radio"/>	<input type="radio"/> Acquaintance	<input type="radio"/>	<input type="radio"/> Other, specify:	<input type="radio"/>	<input type="radio"/> Mother's partner	<input type="radio"/>	<input type="radio"/> Child's boyfriend or girlfriend	<input type="radio"/>	<input type="radio"/> U/K	<input type="radio"/>	<input type="radio"/> Father's partner	<input type="radio"/>	<input type="radio"/> Stranger		
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14. Person's age in years: <table border="0"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td>_____</td> <td>_____ # Years</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> U/K</td> </tr> </table>	<u>Caused</u>	<u>Contributed</u>	_____	_____ # Years	<input type="radio"/>	<input type="radio"/> U/K	15. Person's sex: <table border="0"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Male</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Female</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> U/K</td> </tr> </table>	<u>Caused</u>	<u>Contributed</u>	<input type="radio"/>	<input type="radio"/> Male	<input type="radio"/>	<input type="radio"/> Female	<input type="radio"/>	<input type="radio"/> U/K	16. Does person speak English? <table border="0"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> No</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Yes</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> U/K</td> </tr> </table> If no, language spoken:	<u>Caused</u>	<u>Contributed</u>	<input type="radio"/>	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/> Yes	<input type="radio"/>	<input type="radio"/> U/K	17. Person on active military duty? <table border="0"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> No</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Yes</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> U/K</td> </tr> </table> If yes, specify branch:	<u>Caused</u>	<u>Contributed</u>	<input type="radio"/>	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/> Yes	<input type="radio"/>	<input type="radio"/> U/K																												
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<p>18. Person have history of substance abuse?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Alcohol <input type="checkbox"/> <input type="checkbox"/> Cocaine <input type="checkbox"/> <input type="checkbox"/> Marijuana <input type="checkbox"/> <input type="checkbox"/> Methamphetamine <input type="checkbox"/> <input type="checkbox"/> Opiates <input type="checkbox"/> <input type="checkbox"/> Prescription drugs <input type="checkbox"/> <input type="checkbox"/> Over-the-counter <input type="checkbox"/> <input type="checkbox"/> Other, specify: <input type="checkbox"/> <input type="checkbox"/> U/K</p>	<p>19. Person have history of child maltreatment as victim?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical <input type="checkbox"/> <input type="checkbox"/> Neglect <input type="checkbox"/> <input type="checkbox"/> Sexual <input type="checkbox"/> <input type="checkbox"/> Emotional/psychological <input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>_____ # CPS referrals _____ # Substantiations</p> <p><input type="checkbox"/> <input type="checkbox"/> Ever in foster care or adopted?</p>	<p>20. Person have history of child maltreatment as a perpetrator?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical <input type="checkbox"/> <input type="checkbox"/> Neglect <input type="checkbox"/> <input type="checkbox"/> Sexual <input type="checkbox"/> <input type="checkbox"/> Emotional/psychological <input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>_____ # CPS referrals _____ # Substantiations</p> <p><input type="checkbox"/> <input type="checkbox"/> CPS prevention services? <input type="checkbox"/> <input type="checkbox"/> Family Preservation svcs? <input type="checkbox"/> <input type="checkbox"/> Children ever removed?</p>	<p>21. Person have disability or chronic illness?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical, specify: <input type="checkbox"/> <input type="checkbox"/> Mental, specify: <input type="checkbox"/> <input type="checkbox"/> Sensory, specify: <input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>If mental, was caregiver receiving services?</p> <p><input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> U/K</p>																																																																																
<p>22. Person have prior child deaths?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> U/K</p>	<p>If yes, check all that apply:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Child abuse # _____ <input type="checkbox"/> <input type="checkbox"/> Child neglect # _____ <input type="checkbox"/> <input type="checkbox"/> Accident # _____ <input type="checkbox"/> <input type="checkbox"/> Suicide # _____ <input type="checkbox"/> <input type="checkbox"/> SIDS # _____ <input type="checkbox"/> <input type="checkbox"/> Other # _____ Other, specify: <input type="checkbox"/> <input type="checkbox"/> U/K</p>	<p>23. Person have history of intimate partner violence?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Yes, as victim <input type="checkbox"/> <input type="checkbox"/> Yes, as perpetrator <input type="checkbox"/> <input type="checkbox"/> U/K</p>	<p>24. Person have delinquent/criminal history?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Assaults <input type="checkbox"/> <input type="checkbox"/> Robbery <input type="checkbox"/> <input type="checkbox"/> Drugs <input type="checkbox"/> <input type="checkbox"/> Other, specify: <input type="checkbox"/> <input type="checkbox"/> U/K</p>																																																																																
<p>25. At time of incident was person, check all that apply:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Drug impaired? <input type="checkbox"/> <input type="checkbox"/> Alcohol impaired? <input type="checkbox"/> <input type="checkbox"/> Asleep? <input type="checkbox"/> <input type="checkbox"/> Distracted? <input type="checkbox"/> <input type="checkbox"/> Absent? <input type="checkbox"/> <input type="checkbox"/> Impaired by illness? Specify: <input type="checkbox"/> <input type="checkbox"/> Impaired by disability? Specify: <input type="checkbox"/> <input type="checkbox"/> Other? Specify:</p>	<p>26. Does person have, check all that apply:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Prior history of similar acts? <input type="checkbox"/> <input type="checkbox"/> Prior arrests? <input type="checkbox"/> <input type="checkbox"/> Prior convictions?</p>	<p>27. Legal outcomes in this death, check all that apply:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> No charges filed <input type="checkbox"/> <input type="checkbox"/> Charges pending <input type="checkbox"/> <input type="checkbox"/> Charges filed, specify: <input type="checkbox"/> <input type="checkbox"/> Confession <input type="checkbox"/> <input type="checkbox"/> Plead, specify: <input type="checkbox"/> <input type="checkbox"/> Not guilty verdict <input type="checkbox"/> <input type="checkbox"/> Guilty verdict, specify: <input type="checkbox"/> <input type="checkbox"/> Tort charges, specify: <input type="checkbox"/> <input type="checkbox"/> U/K</p>																																																																																	
<p>For Suicide</p>																																																																																			
<p>28. For suicide, select yes, no or u/k for each question. Describe answers in narrative.</p> <table border="0"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">U/K</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>A note was left?</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Child talked about suicide?</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Prior suicide threats were made?</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Prior attempts were made?</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Suicide was completely unexpected?</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Child had a history of running away?</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Child had a history of self mutilation?</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>There is a family history of suicide?</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Suicide was part of a murder-suicide?</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Suicide was part of a suicide pact?</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Suicide was part of a suicide cluster?</td> </tr> </table>		Yes	No	U/K		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A note was left?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child talked about suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Prior suicide threats were made?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Prior attempts were made?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suicide was completely unexpected?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child had a history of running away?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child had a history of self mutilation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	There is a family history of suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suicide was part of a murder-suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suicide was part of a suicide pact?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suicide was part of a suicide cluster?	<p>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:</p> <table border="0"> <tr> <td><input type="checkbox"/> None known</td> <td><input type="checkbox"/> Physical abuse/assault</td> </tr> <tr> <td><input type="checkbox"/> Family discord</td> <td><input type="checkbox"/> Rape/sexual abuse</td> </tr> <tr> <td><input type="checkbox"/> Parents' divorce/separation</td> <td><input type="checkbox"/> Problems with the law</td> </tr> <tr> <td><input type="checkbox"/> Argument with parents/caregivers</td> <td><input type="checkbox"/> Drugs/alcohol</td> </tr> <tr> <td><input type="checkbox"/> Argument with boyfriend/girlfriend</td> <td><input type="checkbox"/> Sexual orientation</td> </tr> <tr> <td><input type="checkbox"/> Breakup with boyfriend/girlfriend</td> <td><input type="checkbox"/> Religious/cultural issues</td> </tr> <tr> <td><input type="checkbox"/> Argument with other friends</td> <td><input type="checkbox"/> Job problems</td> </tr> <tr> <td><input type="checkbox"/> Rumor mongering</td> <td><input type="checkbox"/> Money problems</td> </tr> <tr> <td><input type="checkbox"/> Suicide by friend or relative</td> <td><input type="checkbox"/> Gambling problems</td> </tr> <tr> <td><input type="checkbox"/> Other death of friend or relative</td> <td><input type="checkbox"/> Involvement in cult activities</td> </tr> <tr> <td><input type="checkbox"/> Bullying as victim</td> <td><input type="checkbox"/> Involvement in computer or video games</td> </tr> <tr> <td><input type="checkbox"/> Bullying as perpetrator</td> <td><input type="checkbox"/> Involvement with the Internet, specify:</td> </tr> <tr> <td><input type="checkbox"/> School failure</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Move/new school</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Other serious school problems</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Pregnancy</td> <td></td> </tr> </table>		<input type="checkbox"/> None known	<input type="checkbox"/> Physical abuse/assault	<input type="checkbox"/> Family discord	<input type="checkbox"/> Rape/sexual abuse	<input type="checkbox"/> Parents' divorce/separation	<input type="checkbox"/> Problems with the law	<input type="checkbox"/> Argument with parents/caregivers	<input type="checkbox"/> Drugs/alcohol	<input type="checkbox"/> Argument with boyfriend/girlfriend	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Breakup with boyfriend/girlfriend	<input type="checkbox"/> Religious/cultural issues	<input type="checkbox"/> Argument with other friends	<input type="checkbox"/> Job problems	<input type="checkbox"/> Rumor mongering	<input type="checkbox"/> Money problems	<input type="checkbox"/> Suicide by friend or relative	<input type="checkbox"/> Gambling problems	<input type="checkbox"/> Other death of friend or relative	<input type="checkbox"/> Involvement in cult activities	<input type="checkbox"/> Bullying as victim	<input type="checkbox"/> Involvement in computer or video games	<input type="checkbox"/> Bullying as perpetrator	<input type="checkbox"/> Involvement with the Internet, specify:	<input type="checkbox"/> School failure	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Move/new school	<input type="checkbox"/> U/K	<input type="checkbox"/> Other serious school problems		<input type="checkbox"/> Pregnancy	
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<input type="checkbox"/> Rumor mongering	<input type="checkbox"/> Money problems																																																																																		
<input type="checkbox"/> Suicide by friend or relative	<input type="checkbox"/> Gambling problems																																																																																		
<input type="checkbox"/> Other death of friend or relative	<input type="checkbox"/> Involvement in cult activities																																																																																		
<input type="checkbox"/> Bullying as victim	<input type="checkbox"/> Involvement in computer or video games																																																																																		
<input type="checkbox"/> Bullying as perpetrator	<input type="checkbox"/> Involvement with the Internet, specify:																																																																																		
<input type="checkbox"/> School failure	<input type="checkbox"/> Other, specify:																																																																																		
<input type="checkbox"/> Move/new school	<input type="checkbox"/> U/K																																																																																		
<input type="checkbox"/> Other serious school problems																																																																																			
<input type="checkbox"/> Pregnancy																																																																																			

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

K. PREVENTION INITIATIVES RESULTING FROM THE REVIEW		<input type="checkbox"/> Mark this case to edit/add prevention actions at a later date					
1. Could the death have been prevented? <input type="radio"/> No, probably not <input type="radio"/> Yes, probably <input type="radio"/> Team could not determine							
2. What specific recommendations and/or initiatives resulted from the review? Check all that apply. <input type="checkbox"/> No recommendations made, go to Section L.							
	Current Action Stage	Type of Action	Level of Action				
	<u>Recommendation</u> <u>Planning</u> <u>Implementation</u>	<u>Short term</u> <u>Long term</u>	<u>Local</u>	<u>State</u>	<u>National</u>		
Education	Media campaign	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	School program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Community safety project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Provider education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Parent education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Public forum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agency	Other education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	New policy(ies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Revised policy(ies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	New program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	New services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law	Expanded services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	New law/ordinance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Amended law/ordinance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environment	Enforcement of law/ordinance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Modify a consumer product	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Recall a consumer product	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Modify a public space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Modify a private space(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other, specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Briefly describe the initiatives:							

3. Who took responsibility for championing the prevention initiatives? Check all that apply:					
<input type="checkbox"/> N/A, no strategies	<input type="checkbox"/> Mental health	<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Advocacy organization	<input type="checkbox"/> Other, specify:	
<input type="checkbox"/> No one	<input type="checkbox"/> Schools	<input type="checkbox"/> Medical examiner	<input type="checkbox"/> Local community group		
<input type="checkbox"/> Health department	<input type="checkbox"/> Hospital	<input type="checkbox"/> Coroner	<input type="checkbox"/> New coalition/task force		
<input type="checkbox"/> Social services	<input type="checkbox"/> Other health care providers	<input type="checkbox"/> Elected official	<input type="checkbox"/> Youth group	<input type="checkbox"/> U/K	

L. THE REVIEW MEETING PROCESS		
1. Date of first review meeting: _____	2. Number of review meetings for this case: _____	3. Is review complete? <input type="radio"/> No <input type="radio"/> Yes
4. Agencies at review, check all that apply:		
<input type="checkbox"/> Medical examiner/coroner	<input type="checkbox"/> CPS	<input type="checkbox"/> Other health care
<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Other social services	<input type="checkbox"/> Fire
<input type="checkbox"/> Prosecutor/district attorney	<input type="checkbox"/> Physician	<input type="checkbox"/> EMS
<input type="checkbox"/> Public health	<input type="checkbox"/> Hospital	<input type="checkbox"/> Education
		<input type="checkbox"/> Mental health
		<input type="checkbox"/> Substance abuse
		<input type="checkbox"/> Court
		<input type="checkbox"/> Child advocate
<input type="checkbox"/> Others, list: _____		
5. Factors that prevented an effective review, check all that apply:		
<input type="checkbox"/> Confidentiality issues among members prevented full exchange of information.		
<input type="checkbox"/> HIPAA regulations prevented access to or exchange of information.		
<input type="checkbox"/> Inadequate investigation precluded having enough information for review.		
<input type="checkbox"/> Team members did not bring adequate information to the meeting.		
<input type="checkbox"/> Necessary team members were absent.		
<input type="checkbox"/> Meeting was held too soon after death.		
<input type="checkbox"/> Meeting was held too long after death.		
<input type="checkbox"/> Records or information were needed from another locality in-state.		
<input type="checkbox"/> Records or information were needed from another state.		
<input type="checkbox"/> Team disagreement on circumstances.		
<input type="checkbox"/> Other factors, specify: _____		
6. Review meeting outcomes, check all that apply:		
<input type="checkbox"/> Review led to additional investigation.		
<input type="checkbox"/> Team disagreed with official manner of death.		
What did team believe manner should be? _____		
<input type="checkbox"/> Team disagreed with official cause of death.		
What did team believe cause should be? _____		
<input type="checkbox"/> Because of the review, the official cause or manner of death was changed.		
<input type="checkbox"/> Review led to the delivery of services.		
<input type="checkbox"/> Review led to changes in agency policies or practices.		
<input type="checkbox"/> Review led to prevention initiatives being implemented.		
<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> National		
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 back page		
N. FORM COMPLETED BY:		
PERSON: _____	EMAIL: _____	
TITLE: _____	DATE COMPLETED: _____	
AGENCY: _____	DATA ENTRY COMPLETED FOR THIS CASE? <input type="checkbox"/>	
PHONE: _____		