

A large, light gray silhouette of the state of Florida is centered on the page. Overlaid on the map are several stylized human figures. Four teal-colored figures are positioned in the upper left and center, holding hands in a line. A white figure is positioned in the lower right, appearing to be inside the map's outline. The background features a teal vertical bar on the right side and a teal horizontal bar at the top.

Child Abuse Death Review Committee

Working to eliminate preventable
child abuse and neglect deaths in Florida

ANNUAL REPORT
DECEMBER 2020

CHILD ABUSE DEATH REVIEW MISSION:

To eliminate preventable child abuse and neglect deaths

This Annual Report is dedicated to the memory
of all the children who lost their lives in our state in 2019.

The information contained herein can be used
to help prevent any future harm
to our most vulnerable citizens.

Submitted to:

The Honorable Ron DeSantis, Governor, State of Florida
The Honorable Wilton Simpson, President, Florida Senate
The Honorable Chris Sprowls, Speaker, Florida House of Representatives

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EXECUTIVE SUMMARY

Florida's Child Abuse Death Review System

Florida's Child Abuse Death Review (CADR) system was established in Florida law in 1999. Per section 383.402, Florida Statutes, CADR is a statewide multidisciplinary, multiagency, epidemiological child abuse death assessment and prevention system. State and Local CADR Committees are directed by statute to identify gaps, deficiencies or problems in the delivery of services to children and their families and to recommend changes needed to better support the safe and healthy development of children. The essential goal of the CADR system across both state and local levels is to eliminate preventable child fatalities in Florida by better understanding the complexities of child maltreatment and leveraging evidence-based knowledge to support current and future prevention strategies. A statistical report is submitted annually to the Governor, President of the Florida Senate and Speaker of the Florida House of Representatives.

2019 Data: Case Review Analysis

Throughout 2020, Local CADR Committees reviewed records related to 250 child fatalities which occurred in 2019. Analysis of the 2019 case review data revealed that regardless of maltreatment verification status, children under the age of five have the highest number of child deaths called to the Florida Abuse Hotline. The three leading causes of child death in 2019 CADR cases are:

- **Sleep-related Infant Death** is the leading cause of preventable child death in Florida and is often the result of unsafe sleep practices. Sleep-related infant deaths represent 39.2% of 2019 child fatalities reviewed by the CADR system. Children placed to sleep on adult beds, couches and other soft surfaces are at significant risk of suffocation. An infant sharing a sleep surface with another child or an adult also poses a risk for sleep-related death.
- **Drowning** is the second leading cause of preventable child death, representing 16.8% of all reviewed child death cases. Children three years of age and younger make up 71.4% of all 2019 drowning related fatalities reviewed by the CADR system. According to the American Academy of Pediatrics, nearly 70% of child drowning occurs during non-swimming activities. Ineffective barriers of protection and failure to provide sufficient supervision to young children continue to be primary contributing factors.
- **Inflicted Trauma** is the third most frequent cause of preventable child death, representing 8% of child fatalities reviewed by the CADR system. Children under one year of age account for 35% of these child fatalities. Inflicted trauma includes abuse to a child by way of bodily force, such as the use of fists, hands and feet or by the use of weapons and firearms.

Child Characteristics

Of cases reviewed by the CADR system, children under the age of five account for 85.2% of preventable child death. The most vulnerable children are less than one year of age, representing 55.6% of cases reviewed. Children under the age of five, and to a greater extent, children under the age of one, are in need of developmentally appropriate supervision, care and support to ensure their safety.

Prevention Recommendations:

The following prevention recommendations developed by the State CADR Committee provide an overview of strategies and approaches intended to address preventable child fatalities in Florida:

- ❖ Continue efforts to relay timely information to caregivers regarding the safety of children.
- ❖ Develop strategies to ensure consistent and coordinated prevention-related messaging across local and state agencies.
- ❖ Expand efforts to collect data related to co-occurring substance abuse and mental health disorders.
- ❖ Explore efforts to collect data related to near fatalities in cases of near-drowning, near-fatal incidents of inflicted trauma and near-fatal sleep-related asphyxia.
- ❖ Increase messaging around appropriate supervision and barriers of protection as primary factors in drowning prevention, in addition to establishing age appropriate expectations related to young children and swimming capabilities consistent with recommendations of the American Academy of Pediatrics.
- ❖ Continue to support programs and practices that enhance parenting skills and coordinate services provided to expectant mothers and partners.
- ❖ Encourage the consistent use of Sudden Unexpected Infant Death Reporting Forms and doll reenactments by death scene investigators for all sleep-related infant death investigations.
- ❖ Continue to support and encourage the development and evaluation of pilot projects and initiatives focused on local and regional community-based child fatality prevention.
- ❖ Explore the expansion of the CADR Florida Statutes language to permit Local CADR Committees the ability to review child and adolescent suicides to better inform targeted prevention initiatives.

SECTION ONE: BACKGROUND

PROGRAM DESCRIPTION

The Florida Child Abuse Death Review (CADR) System was established in Florida law in 1999. The program is administered by the Florida Department of Health (DOH) and utilizes Local CADR Committees to conduct detailed reviews of the facts and circumstances surrounding child deaths reported to the Florida Abuse Hotline and accepted for investigation. A public health approach is applied as Local CADR Committees review the facts and circumstances surrounding child fatality cases reported to the Florida Abuse Hotline on the suspicion of abuse or neglect. The State CADR Committee collects and analyzes data from the local reviews and prepares an annual statistical report.

STATUTORY AUTHORITY

Section 383.402, Florida Statutes (Appendix A)

PROGRAM PURPOSE

The purpose of the CADR process is to:

- Develop a community-based approach to address child abuse deaths and contributing factors.
- Achieve a greater understanding of the causes and contributing factors of deaths resulting from child abuse or neglect.
- Identify gaps, deficiencies, or problems in service delivery to children and families by public and private agencies that may be related to child abuse deaths.
- Develop data-driven recommendations for reducing child abuse and neglect deaths.
- Implement such recommendations, to the extent possible.

STATE CHILD ABUSE DEATH REVIEW COMMITTEE

The State CADR Committee is charged with oversight of the local committees. Through analysis and discussion of statewide data, the State CADR Committee studies the adequacies of laws, rules, training and services to determine what changes are needed to decrease the incidence of child abuse deaths, develop strategies and recruit partners to implement these changes at both the state and local levels. *Guidelines for the State Committee* are referenced in Appendix B.

The State CADR Committee consists of seven agency-specific representatives and twelve appointments from various disciplines related to the health and welfare of children and families. Members of the State CADR Committee (Appendix C) are appointed to staggered two-year terms. All members are eligible for reappointment, not to exceed three consecutive terms. The State CADR Committee elects a chairperson from among its members to serve a two-year term. A representative of DOH, appointed by the State Surgeon General, serves as the committee coordinator. Additionally, the State CADR Committee is composed of representatives from the following departments, agencies, or organizations:

- Department of Legal Affairs
- Department of Children and Families (DCF)
- Department of Law Enforcement
- Department of Education
- Florida Prosecuting Attorneys Association, Inc.
- Florida Medical Examiners Commission, whose representative must be a forensic pathologist

The State Surgeon General is also responsible for appointing the following members based on recommendations from DOH and the agencies listed above. These appointees ensure that the committee represents, to the greatest extent possible, the regional, gender, and racial/ethnic diversity of the state. These appointees include:

- The DOH Statewide Child Protection Team Medical Director.
- A public health nurse.
- A mental health professional who treats children or adolescents.
- An employee of DCF who supervises family services counselors and who has at least five years of experience in child protective investigations.
- A medical director of a Child Protection Team.
- A member of a child advocacy organization.
- A social worker who has experience working with victims and perpetrators of child abuse.
- A person trained as a paraprofessional in patient resources who is employed in a child abuse prevention program.
- A law enforcement officer who has at least five years of experience in children's issues.
- A representative from a Florida Domestic Violence organization.
- A representative from a private provider of programs on preventing child abuse and neglect.
- A substance abuse treatment professional.

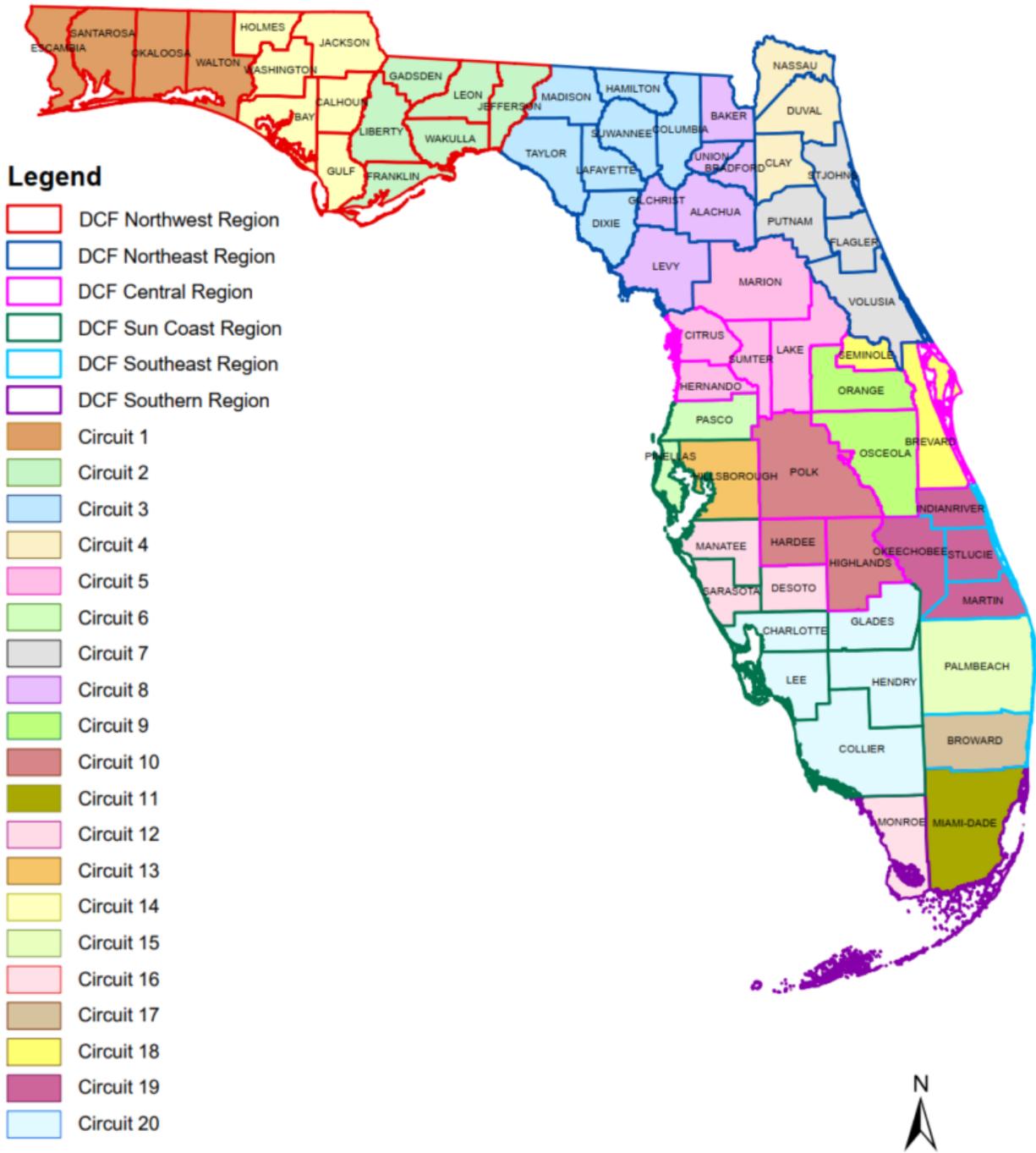
LOCAL CHILD ABUSE DEATH REVIEW COMMITTEES

Local CADR Committees review all closed cases of alleged child abuse and neglect deaths reported to the Florida Abuse Hotline and present information relevant to these deaths to the State CADR Committee through the completion of a web-based case reporting form. Local CADR Committees, aligned with Florida's Judicial Circuits comprise individuals from agencies within the community who share an interest in promoting, protecting and improving the health and welfare of children. Local CADR Committee membership can be found in Appendix C.

DOH County Health Officers designated to serve Local CADR Committees (CADR Health Officers) appoint, convene and support the committees. At a minimum, representatives from the following organizations are appointed by CADR Health Officers:

- The state attorney's office
- The medical examiner's office
- The local DCF Child Protective Investigations Unit
- DOH Child Protection Team
- The community-based care lead agency
- State, county or local law enforcement agencies
- The school districts
- A mental health treatment provider
- A certified domestic violence center
- A substance abuse treatment provider
- Any other members who are listed in guidelines developed by the State CADR Committee

Map of Circuit-based Committees



SECTION TWO: METHOD

CASE FILE TRANSFER

Following the closure of a DCF investigation, a regional DCF Child Fatality Prevention Specialist reviews all pertinent information within the case file and completes a case review summary. The case file, along with the summary and supporting documentation, is then transferred to the CADR Unit at DOH. The CADR Unit archives the case file and logs pertinent tracking information into an internal database, then transfers all case information to the appropriate local committee chair. All file transfers are conducted using a secure file transfer protocol, providing the ability to track and safely deliver confidential case information.

The process and method in which CADR teams receive and review child death cases has been heavily impacted this year by the COVID-19 pandemic response. An increased demand and reliance on servers supporting Movelt DMZ for secure file transfers has led to challenges in transferring case files. To meet this challenge, the CADR Unit worked proactively with the Office of Information Technology and the Special Technologies Unit to troubleshoot or find other secure means of transferring case files, identifying the use of WinSCP software as a comparable alternative to meet the standards of DOH Information Security. To support the implementation of WinSCP into CADR processes, CADR staff along with members of the Special Technologies Unit trained Local CADR Committee chairs on the use of WinSCP for downloading case files.

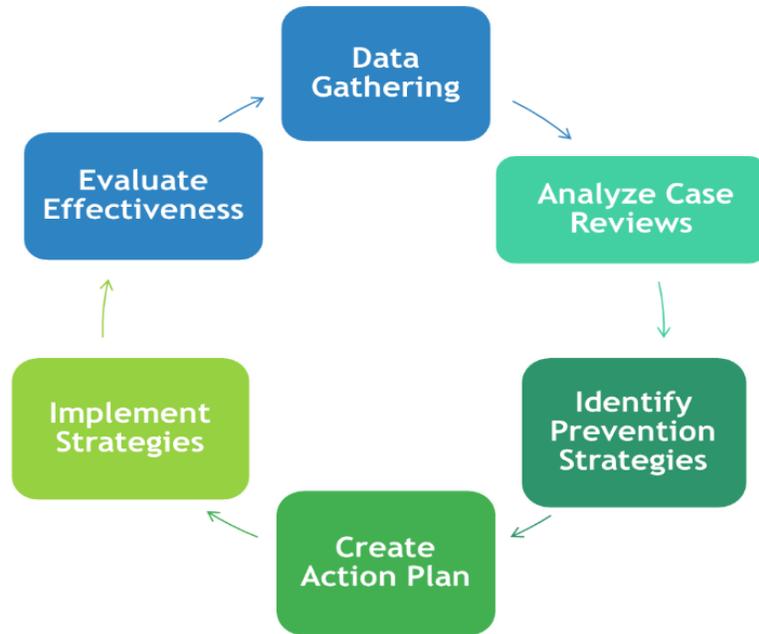
LOCAL COMMITTEE REVIEW PROCESS

Local CADR Committee guidelines recommend best practices for conducting effective child fatality reviews and highlight the duties and responsibilities of Local CADR Committees. The State CADR Committee identifies core data elements to be collected for each case and provides detailed guidance on the content of case narratives. Once the Local CADR Committee's review is complete, data are entered into the National Center for Fatality Review and Prevention (NCFRP) Child Death Review Case Reporting System (CDR-CRS). For information detailing Local CADR Committee operating procedures, please see the *Guidelines for Local CADR Committees* referenced in Appendix D.

Under certain circumstances, case closure may be delayed due to pending law enforcement investigations and criminal justice proceedings. In 2020, Local CADR Committees completed all remaining cases of previous reporting years, 2014 and 2015. It is recommended that Local CADR Committees dedicate the first quarter of each year to reviewing cases from previous reporting years. The completion of previous years' caseloads will contribute to overall trend analysis reporting.

Due to the COVID-19 pandemic response, many Local CADR Committees postponed case review meetings between the end of March until July. CADR Unit staff provided committee members with additional guidance and recommended best practices for hosting case review meetings virtually and maintaining the confidentiality of the case files while doing so. Committees have indicated an anticipated delay in the receipt of cases that are pending criminal charges as the COVID-19 pandemic response has led to delays within the court system; specifically criminal trials and hearings.

THE CADR CYCLE



Local CADR Committees are encouraged to take a community-wide approach to address causes and contributing factors of deaths resulting from child maltreatment, and to implement identified strategies, to the extent possible. Local CADR Committees are further encouraged to look beyond the child welfare system when identifying and implementing prevention strategies. This framework has enhanced state and local committee members' collective understanding of the need to build upon lessons learned and further supports efforts to ensure decision-making is based on applicable data.

SECTION THREE: DATA

Child maltreatment findings are based on the following criteria:

- **VERIFIED** - This finding is used when a preponderance of the credible evidence results in a determination that the specific harm or threat of harm was the result of abuse, abandonment, or neglect.
- **NOT SUBSTANTIATED** - This finding is used when there is credible evidence, which does not meet the standard of being a preponderance, to support that the specific harm was the result of abuse, abandonment, or neglect.
- **NO INDICATORS** - This finding is used when there is no credible evidence to support the allegations of abuse, abandonment, or neglect.

CASE REVIEW STATISTICS

This report includes information on closed child fatality cases which have been reviewed and entered into the National Center for Review and Prevention Case Reporting System (Appendix E) by September 30, 2020. Cases that remain open to DCF for investigation (often due to law enforcement and/or judicial proceedings) are not available for review and not included in the data. Table 1 details the distribution of 2019 child fatality cases reviewed (stratified by maltreatment verification status), cases awaiting review and cases that were not available for review as of September 30, 2020. Figure 1 demonstrates the distribution of child fatality cases assigned to each Local CADR Committee. Figure 2 provides an aggregate summary of the case file status for all child fatalities (398) reported to the Florida Abuse Hotline in 2019.

| Table 1: Child Fatality Cases Reviewed and Case Review Status Across Local CADR Committees | | | | | | | |
|--|--|--|----------------------------|------------------|--------------------------------------|---|---|
| | Total Cases (Child deaths called into hotline) | Cases Not Available for Review (Open Investigation/Case in Processing) | Cases Available for Review | Review Completed | Verified Maltreatment Cases Reviewed | Not Substantiated Maltreatment Cases Reviewed | No Indicators Maltreatment Cases Reviewed |
| Circuit #1a | 17 | 2 | 15 | 13 | 4 | 0 | 9 |
| Circuit #1b | 14 | 3 | 11 | 4 | 3 | 0 | 1 |
| Circuit #2 | 7 | 0 | 7 | 5 | 0 | 0 | 5 |
| Circuit #3 | 12 | 0 | 12 | 6 | 3 | 2 | 1 |
| Circuit #4 | 46 | 6 | 40 | 38 | 6 | 10 | 22 |
| Circuit #5 | 29 | 5 | 24 | 19 | 4 | 4 | 11 |
| Circuit #6 | 35 | 6 | 29 | 27 | 4 | 3 | 20 |
| Circuit #7 | 20 | 0 | 20 | 18 | 3 | 3 | 12 |
| Circuit #8 | 8 | 0 | 8 | 1 | 0 | 0 | 1 |
| Circuit #9 | 22 | 0 | 22 | 22 | 4 | 3 | 15 |
| Circuit #10 | 26 | 4 | 22 | 20 | 5 | 6 | 9 |
| Circuit #11 | 19 | 1 | 18 | 8 | 0 | 6 | 2 |
| Circuit #12a | 4 | 0 | 4 | 4 | 1 | 1 | 2 |
| Circuit #12b | 3 | 0 | 3 | 2 | 1 | 0 | 1 |
| Circuit #13 | 32 | 15 | 17 | 12 | 1 | 3 | 8 |
| Circuit #14 | 8 | 1 | 7 | 5 | 1 | 2 | 2 |
| Circuit #15 | 14 | 2 | 12 | 11 | 1 | 5 | 5 |
| Circuit #16 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Circuit #17 | 26 | 5 | 21 | 11 | 3 | 5 | 3 |
| Circuit #18a | 7 | 0 | 7 | 6 | 2 | 0 | 4 |
| Circuit #18b | 9 | 0 | 9 | 0 | 0 | 0 | 0 |
| Circuit #19 | 16 | 3 | 13 | 2 | 0 | 1 | 1 |
| Circuit #20 | 24 | 8 | 16 | 16 | 2 | 2 | 12 |
| Totals | 398 | 61 | 337 | 250 | 48 | 56 | 146 |

Figure 1: Distrubution of 2019 Child Death Cases Reported to the Hotline (N=398)

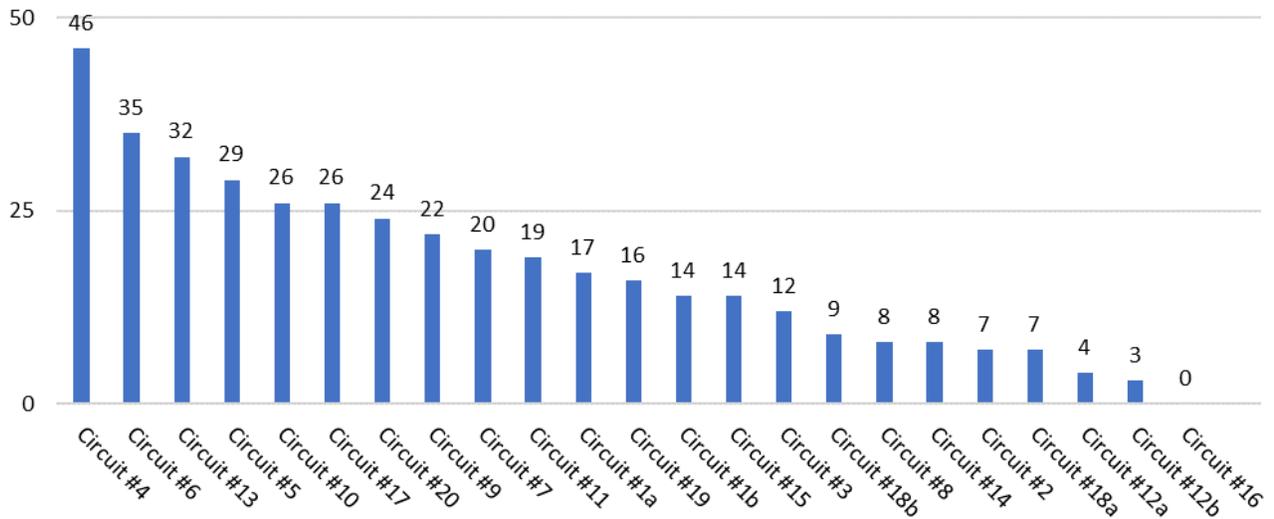
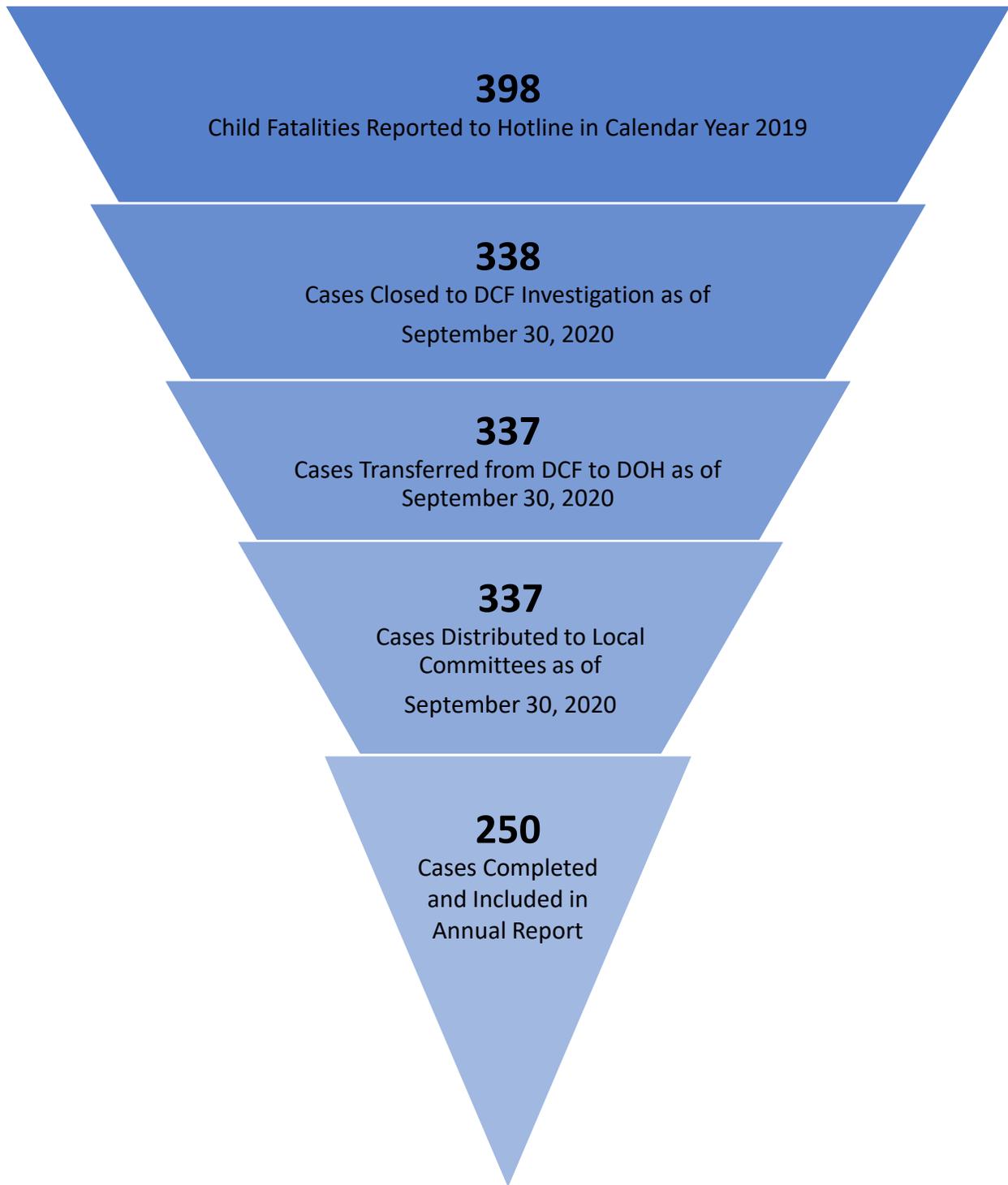


Figure 2: Case File Status of 2019 Child Deaths Reported to the Florida Abuse Hotline



2019 CASE STATUS SUMMARY:

As of September 30, 2020, 398 child fatalities for 2019 were called into the Florida Abuse Hotline. Of these child death incidents:

- 338 were closed by DCF (1 awaiting transfer)

- Of the remaining 61 cases:
 - 21 (34.4%) are under DCF investigation
 - 40 (65.6%) are pending CADR review

- Of the 40 cases pending CADR review
 - 8 (20.0%) were the result of abuse
 - 32 (77.5%) were the result of neglect

- The manners of death for the 40 cases pending CADR review are:
 - 19 (47.5%): Accident
 - 10 (25.0%): Undetermined
 - 8 (20.0%): Homicide
 - 3 (7.5%): Natural

- Of the 337 closed cases for which the information was available for review, 250 reviews were completed, with the remainder of cases (87) scheduled for review after September 30, 2020. This report applies only to the 250 cases reviewed. Findings are qualified by this fact and may change once all referenced child fatalities are reviewed. Consideration will be given toward supplemental analyses of the remaining 2019 fatalities (148) upon case closure and review.

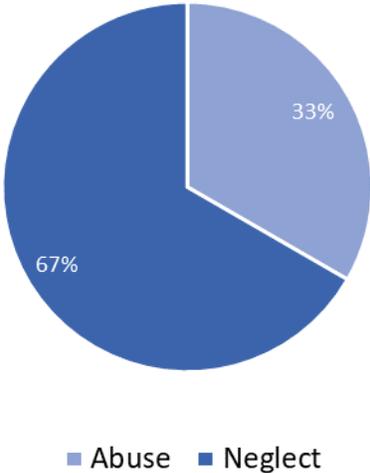
In 12 (4.8%) of the 250 cases reviewed, Local CADR Committees disagreed with the Medical Examiner (ME) cause and/or manner of death as stated on the death certificate.

 - Of the 12 cases where Local CADR Committees disagreed with the ME cause and/or manner of death, 9 (75%) were found to have sleep-related circumstances.

- There were six Local CADR Committees with 25 or more child fatality cases called into the hotline in 2019. These include: Circuit 4 (46), Circuit 6 (35), Circuit 13 (32), Circuit 5 (29), Circuit 10 (26), Circuit 17 (26).

- Of the 48 verified maltreatment deaths reviewed, 32 (67%) were the result of neglect, and 16 (33%) were the result of abuse (Figure 3).

Figure 3: Distribution of Reviewed Verified Maltreatment Deaths by Abuse and Neglect (n=48)



CHILD DEATH TRENDS

In 2019, the all-cause death rate for children aged 0-17 was 49.7 deaths per 100,000 child population (Florida CHARTS, 2020). The reported 2019 verified child maltreatment death rate in Table 2 is 1.13 per 100,000 child population. This rate is inconclusive, as there are several cases still open to investigation and unavailable for review. Child fatality cases with a higher propensity to be verified for abuse or neglect are likely to involve the criminal justice system as a result of the child's death and can require extended time for investigation. Table 2 shows the numbers and rates of all-causes of child death and verified child maltreatment deaths.

| | Child Deaths All Causes | Child Death Rate per 100,000 Child Population | Verified Child Maltreatment Deaths | Child Maltreatment Death Rate per 100,000 Child Population | Cases Pending (DCF) | Cases Pending (Local Review) |
|------|-------------------------|---|------------------------------------|--|---------------------|------------------------------|
| 2011 | 2,191 | 54.3 | 136 | 3.37 | - | - |
| 2012 | 2,046 | 50.9 | 129 | 3.21 | - | - |
| 2013 | 2,105 | 52.5 | 137 | 3.42 | - | - |
| 2014 | 2,131 | 52.9 | 152 | 3.77 | - | - |
| 2015 | 2,249 | 55.4 | 123 | 2.98 | - | - |
| 2016 | 2,217 | 54.2 | 110* | 2.56 | 1 | 7 |
| 2017 | 2,236 | 54.1 | 112* | 2.49 | 4 | 7 |
| 2018 | 2,128 | 50.7 | 111* | 1.98 | 17 | 23 |
| 2019 | 2,107 | 49.7 | 48* | 1.13 | 61 | 87 |

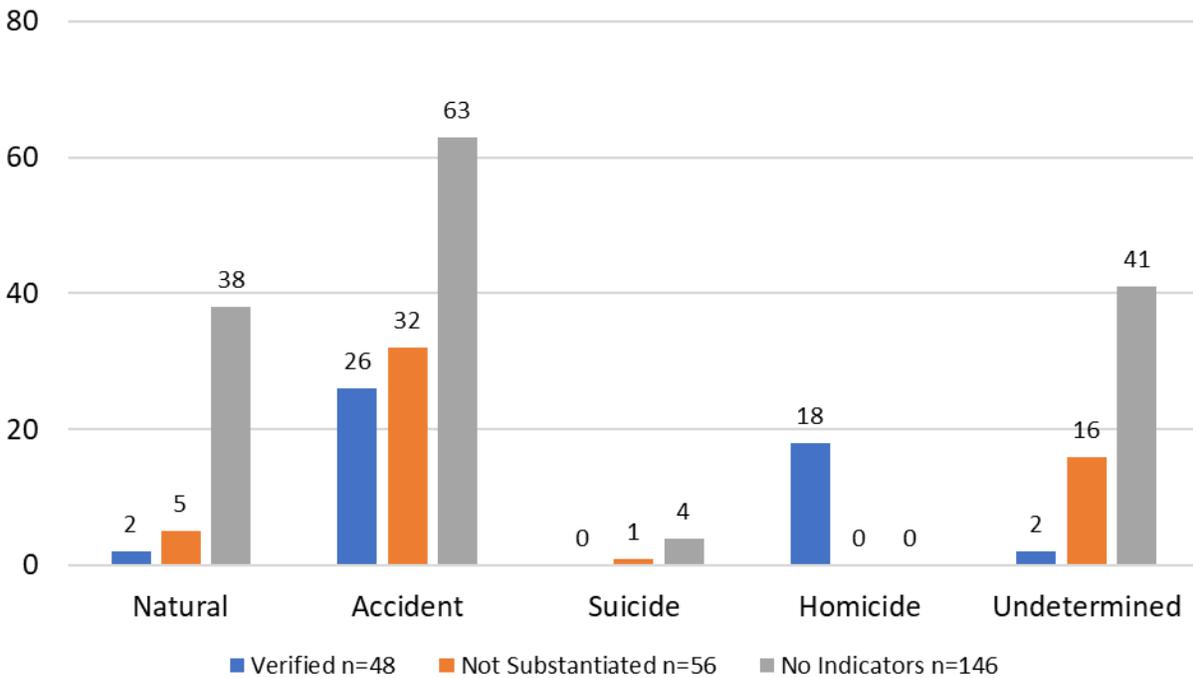
*The number of verified child maltreatment cases for 2016, 2017 and 2018 is not complete given the number of cases still open and not yet transferred to Local CADR Committees OR not yet reviewed by Local CADR Committees. Past year figures may have changed as cases were closed following the submission of past CADR reports. To date, 455 of 463 child deaths reported in 2016 have been closed; 450 of 461 child deaths reported in 2017 have been closed; 398 of 438 child deaths reported in 2018 have been closed and 250 of 398 child deaths reported in 2019 have been closed.

OFFICIAL MANNER OF DEATH

Each child fatality review includes information regarding the official manner and primary cause of death, and if the death is a result of child abuse or neglect. Some deaths classified as accidental by the ME have the potential, upon investigation, to be determined the result of abuse or neglect.

Figure 4 demonstrates the official manner of death as indicated on the death certificate for all child fatalities reviewed for this report. Of the 48 child fatalities verified to be the result of abuse and/or neglect, 26 (54.2%) were classified as accidents and 18 (37.5%) were classified as homicides. Among the 56 not-substantiated child deaths, the largest number of deaths 32 (57.1%) were classified as accidents followed by 16 (28.6%) cases with undetermined causes. Among the 146 no indicators child deaths, the official manner of death in 63 (43.2%) cases was classified as an accident, followed by 41 (28.1%) undetermined and 38 (26.0%) natural causes. In determining manner of death, ME are limited to a certain range of choices that do not include "neglect." Subsequently, cases verified for neglect are often classified as accidental by ME.

Figure 4: Official Manner of Death by Maltreatment Verification Status (n=250)



PRIMARY CAUSE OF DEATH

Figure 5 demonstrates the distribution of child fatality cases reviewed by the primary cause of death, across child maltreatment verification status. Among the 48 verified maltreatment fatalities, 45 (93.8%) were the result of an external injury, 2 (4.2%) were due to a medical cause and 1 (2.1%) had an undetermined or unknown cause of death. Among the 56 not substantiated maltreatment fatalities, 42 (75.0%) were the result of an external injury, 3 (5.4%) were determined to have a medical cause and 8 (14.3%) had undetermined or unknown cause of death. Among the 146 no indicators deaths, 77 (52.7%) were the result of an external injury, 36 (24.7%) were determined to have a medical cause, 25 (17.1%) were undetermined and 8 (5.5%) had unknown as the cause of death.

Figure 5: Cause of Death Across Maltreatment Verification Status (N=250)

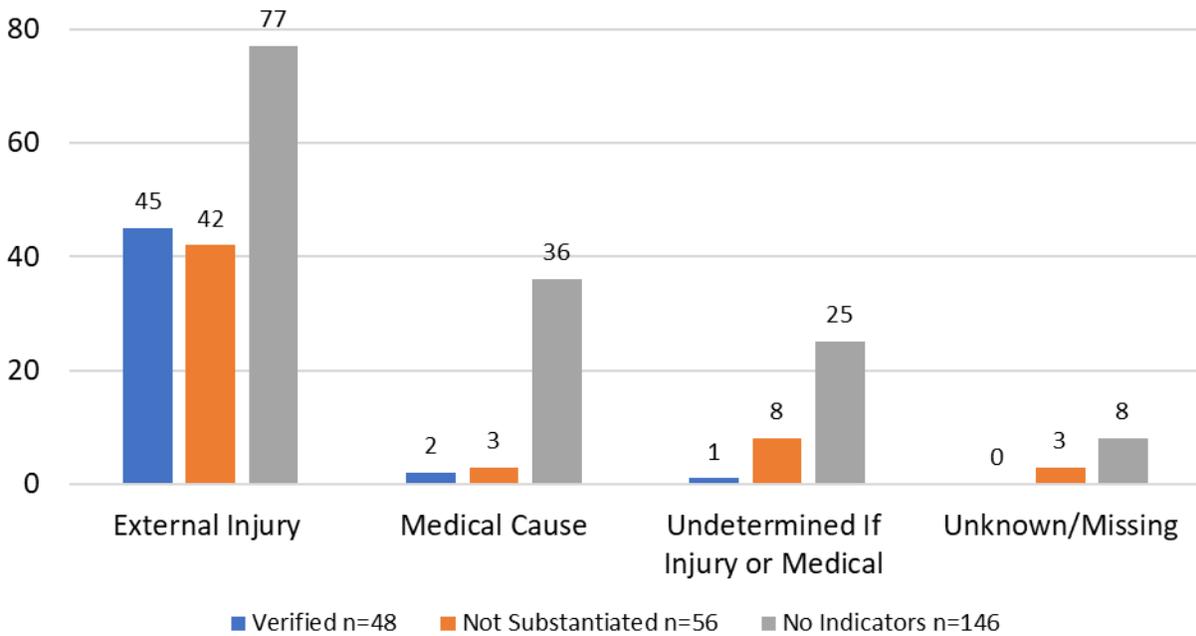


Figure 6 and Table 3 distinguish three prevalent primary causes of death associated with external injuries, accounting for 160 (64.0%) of all maltreatment fatalities. Of CADR cases reviewed, 98 (39.2%) were sleep-related, 42 (16.8%) were drowning, and 20 (8.0%) were inflicted trauma. These are the primary cause of death categories throughout this report.

Of the 18 verified child fatality incidents due to homicide, 15 (83.3%) resulted from inflicted trauma, 2 (11.1%) poisoning, overdose and acute intoxication, and 1 (5.6%) was identified as “other cause.”

Figure 6: Cause of Death Across Maltreatment Verification Status (N=250)

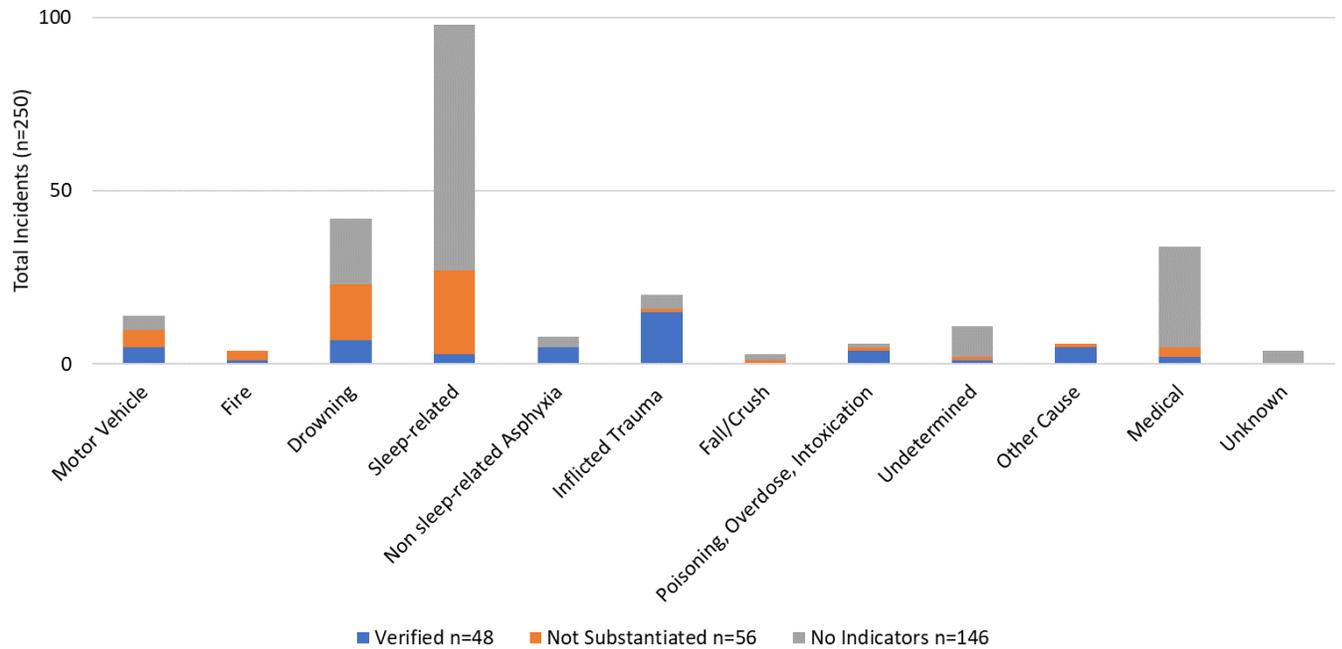


Table 3: Itemization of Cause of Death by Child Maltreatment Verification Status

| Cause of Death | Child Maltreatment Death | | |
|-----------------------------------|--------------------------|------------------------------|------------------------|
| | Verified n=48 | Not Substantiated n=56 | No Indicators n=146 |
| Motor Vehicle | 5 | 5 | 4 |
| Fire | 1 | 3 | 0 |
| Drowning | 7 | 16 | 19 |
| Sleep-related | 3 | 24 | 71 |
| Non sleep-related Asphyxia | 5 | 0 | 3 |
| Inflicted Trauma | 15 | 1 | 4 |
| Fall/Crush | 0 | 1 | 2 |
| Poisoning, Overdose, Intoxication | 4 | 1 | 1 |
| Undetermined | 1 | 1 | 9 |
| Other Cause | 5 | 1 | 0 |
| Medical | 2 | 3 | 29 |
| Unknown | 0 | 0 | 4 |

Table 4 displays primary cause of death resulting from a medical cause.

| Table 4: Itemization of Specific Medical Cause of Death by Child Maltreatment Verification Status | | | |
|---|--|--------------------------|-----------------------|
| Specific Medical Cause of Death | Child Maltreatment Death (Medical Cause) n=41 | | |
| | Verified n=2 | Not Substantiated n=3 | No Indicators n=36 |
| Cancer | 0 | 1 | 0 |
| Cardiovascular | 0 | 1 | 4 |
| Congenital Anomaly | 0 | 0 | 7 |
| HIV/AIDS | 0 | 0 | 0 |
| Influenza | 0 | 0 | 3 |
| Low Birth Weight | 0 | 0 | 0 |
| Malnutrition/Dehydration | 0 | 0 | 0 |
| Neurological/Seizure Disorder | 0 | 0 | 0 |
| Pneumonia | 1 | 0 | 5 |
| Prematurity | 0 | 0 | 0 |
| SIDS | 0 | 0 | 1 |
| Other Infection | 0 | 0 | 4 |
| Other Perinatal | 0 | 0 | 0 |
| Other Medical | 0 | 1 | 11 |
| Diabetes | 0 | 0 | 0 |
| Asthma | 1 | 0 | 0 |
| Undetermined | 0 | 0 | 1 |
| Unknown/Missing | 0 | 0 | 0 |

LOCATION OF CHILD DEATHS

In this report, the word “county” refers to where the incident took place, not necessarily the county where the death occurred or the county of a child’s residence. Use of the incident county provides more meaningful data regarding the death event. Additional information on the location of child death is available in Appendix F. Of the top three primary causes of death regardless of verification status:

- 42 of 98 (42.9%) of all sleep-related deaths occurred in five counties: Duval, Orange, Escambia, Palm Beach and Pasco. Duval County alone accounted for 13 of 98 (13.3%) of all sleep-related deaths
- 12 of 42 (28.6%) of all drownings occurred in five counties: Duval, Polk, Orange and Pinellas
- 20 deaths due to inflicted trauma occurred across 14 counties, with 3 (15.0%) occurring in Pasco and 3 (15.0%) occurring in Polk

SLEEP-RELATED DEATH INCIDENT INFORMATION

Incidents related to sleeping or the sleep environment remain the primary cause of child deaths reviewed by Local CADR Committees. Sleep-related deaths account for 98 of 250 (39.2%) of all 2019 CADR cases available for review, with 3 (3.1%) verified maltreatment deaths, 24 (24.5%) not substantiated and 71 (72.4%) deaths determined to have no indicators of abuse or neglect (Table 5). The cause of a sleep-related death may not be able to be determined after investigation, therefore, may be classified as a death from an unknown or undetermined cause.

Death scene investigations involving sleep-related incidents should provide information regarding location and position in which the child was placed and found, e.g. use of Sudden

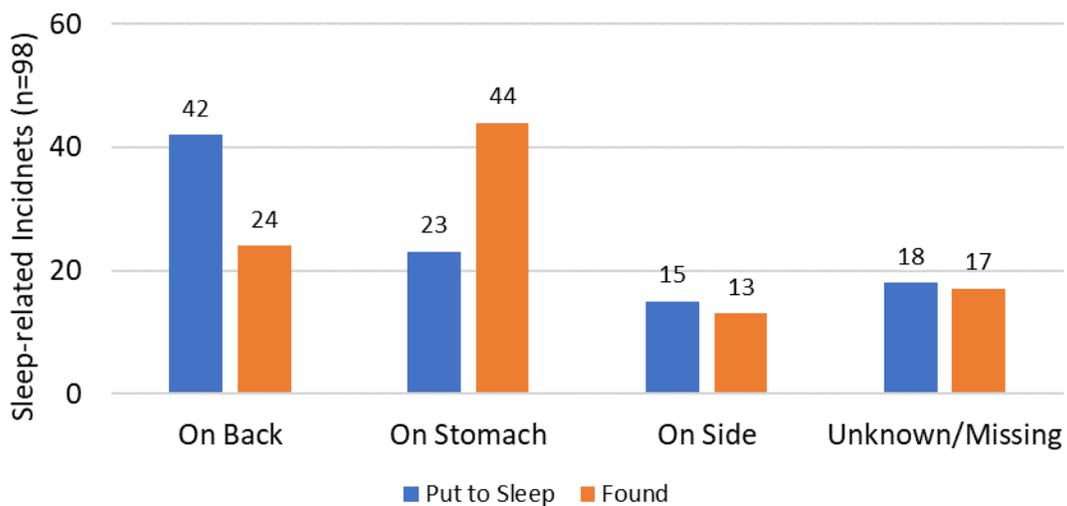
Unexpected Infant Death Investigation (SUIDI) Form and doll reenactment. These narratives can be used in conjunction with ME findings to provide a more encompassing view of the incident.

| Table 5: Death Related to Sleeping or Sleep-related Environment | | | |
|---|----------------------------------|--------------------------|----------------------|
| Death due to Sleeping or Sleep-environment | Child Maltreatment Death n=98 | | |
| | Verified (n=3) | Not Substantiated (n=24) | No Indicators (n=71) |
| Asphyxia | 2 | 13 | 42 |
| Medical | 0 | 0 | 7 |
| Other | 1 | 1 | 2 |
| Undetermined | 0 | 7 | 16 |
| Unknown | 0 | 3 | 4 |

When available, Local CADR Committees collect information on risks and protective factors pertaining to sleep-related deaths. Figures 7 through 9 and Table 6 provide overviews of critical factors regarding sleep placement, environments and age among reviewed cases.

Figure 7 provides information related to sleep placement position among cases that were classified as sleep-related: a child’s usual sleep placement position, the sleep position in which a child was placed prior to death and the sleep position in which a child was found non-responsive or deceased. Please note that findings are only presented on cases where data were reported. Sleep position/sleep placement options are: On Back, On Stomach, On Side and Unknown.

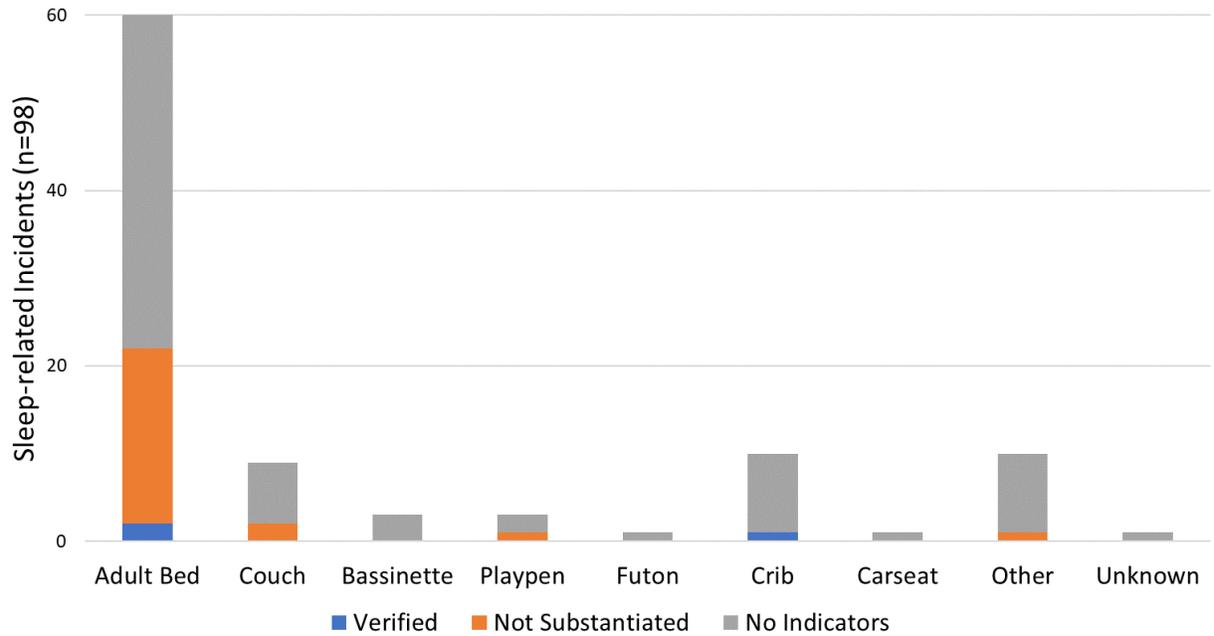
Figure 7: Sleep Position Among Sleep Related Deaths (n=98)



- On Back was the usual reported placement position accounting for 42 of 98 (42.9%) of children who died from sleep-related incidents.
- On Stomach was the most frequently reported sleep position when the child was found non-responsive or deceased, accounting for 44 of 98 (44.9%) child deaths where sleep position at time of death was known.

Figure 8 and Table 6 demonstrate incident sleep place for sleep-related deaths. The majority, 60 of 98 (61.2%) of all sleep-related deaths took place in an adult bed. Of these incidents, 2 of 3 (66.7%) were verified maltreatment deaths, 20 of 24 (83.3%) were not substantiated and 38 of 71 (53.5%) were no indicators for maltreatment.

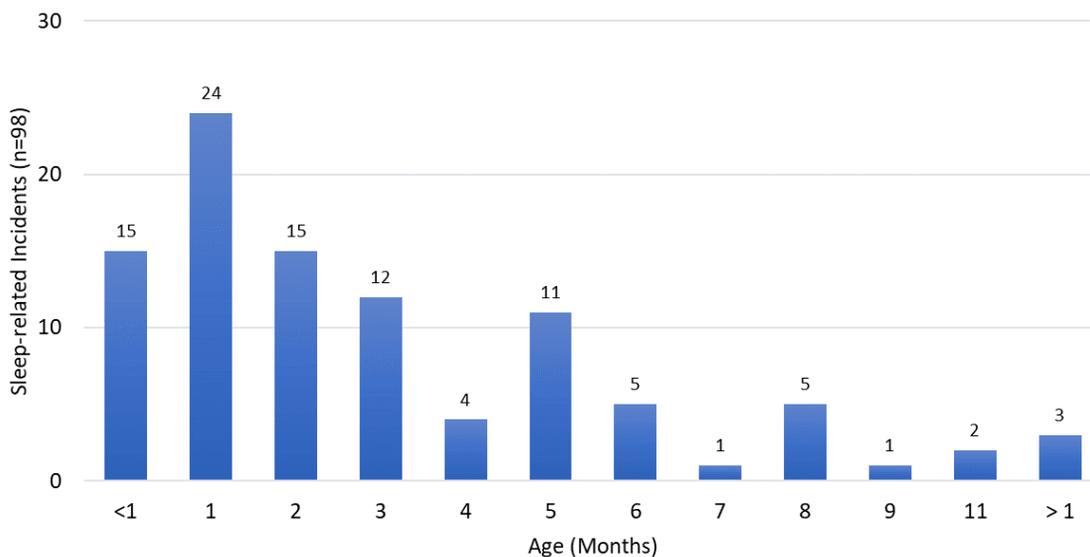
Figure 8: Incident Sleep Place for Sleep-Related (n=98)



| Table 6: Incident Sleep Place for Sleep-Related Deaths | | | |
|--|----------------------------------|------------------------------|-----------------------|
| Incident Sleep Place | Child Maltreatment Death n=98 | | |
| | Verified n=3 | Not Substantiated n=24 | No Indicators n=71 |
| Adult Bed | 2 | 20 | 38 |
| Couch | 0 | 2 | 7 |
| Bassinette | 0 | 0 | 3 |
| Playpen | 0 | 1 | 2 |
| Futon | 0 | 0 | 1 |
| Crib | 1 | 0 | 9 |
| Other | 0 | 1 | 9 |
| Floor | 0 | 0 | 1 |
| Rock n' play | 0 | 0 | 0 |
| Carseat | 0 | 0 | 0 |
| Unknown/Missing | 0 | 0 | 1 |

Figure 9 provides the age breakdown of the child during a sleep-related death incident. In 2019, of the 98 sleep-related death incidents, 66 (67.3%) involved children 3 months of age and younger, while 39 (39.8%) occurred at one month of age.

Figure 9: Age breakdown of sleep-related Deaths



Information analyzed as part of the 2019 child fatality review indicate the following:

- 11 caregivers/supervisors fell asleep while feeding
 - 2 of 11 (18.2%) bottle feeding
 - 9 of 11 (81.8%) breastfeeding

Death scene investigations for sleep-related incidents at the place of the incident were completed for 89 of 98 (90.8%) reported cases. Of the 89 death scene investigations, 39 (43.8%) included completed SUIDI Reporting Forms. Of the 39 SUIDI Reporting Forms, 31 (79.5%) were shared with Local CADR Committees.

Of the 89 cases, only 16 (18.0%) death scene doll reenactments were conducted. Of the 16 doll reenactments conducted, information from seven (43.8%) was shared with Local CADR Committees. These data highlight a heightened need for the integration of doll reenactments during death scene investigations and the importance of sharing this information with Local CADR Committees to support targeted prevention efforts.

Sleep-related Data Summary

- ***61.2% of all sleep-related deaths took place in an adult bed***
- ***Children between 0 and 3 months of age made up 67.3% of all 2019 sleep-related fatalities***
- ***64.3% of all sleep-related deaths involved male children***
- ***42.9% of children were placed on their back prior to the sleep event and 44.9% were found non-responsive on their stomach***

DROWNING DEATH INCIDENT INFORMATION

For drowning related child death cases, Local CADR Committees collect specific information on the details associated with each death including location of the incident and whether a barrier was in place. Figure 10 demonstrates details of the location of drowning deaths with pool/hot tub/spa represented in 33 of 42 (78.6%) of total drowning incidents.

Figure 10: Drowning Location by Child Maltreatment Verification Status (n=42)

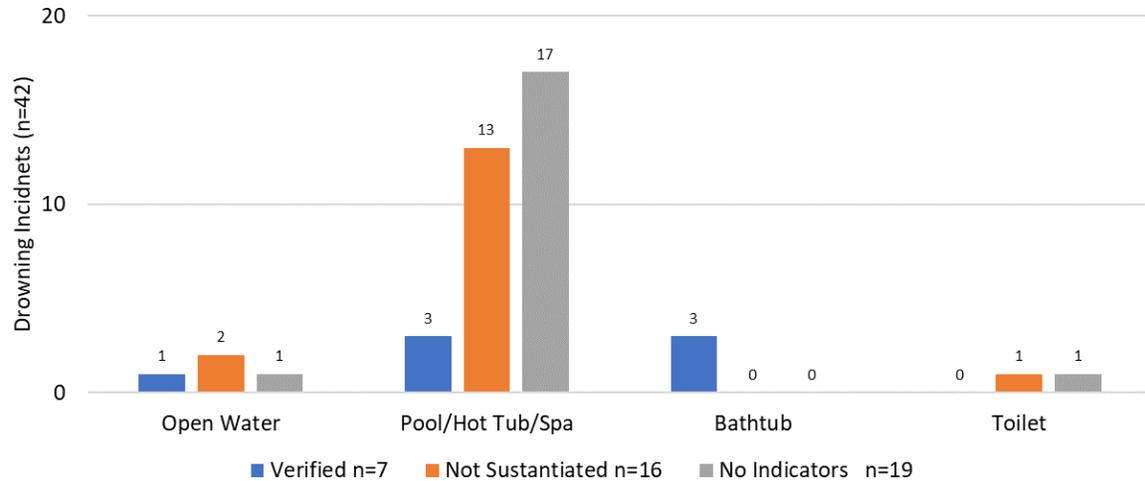


Table 7 details the type of barrier(s) that were in place. Barriers are physical structures, such as a door or a fence that are intended to limit access to potentially hazardous bodies of water. Note that the presence of a barrier does not indicate effectiveness of the barrier.

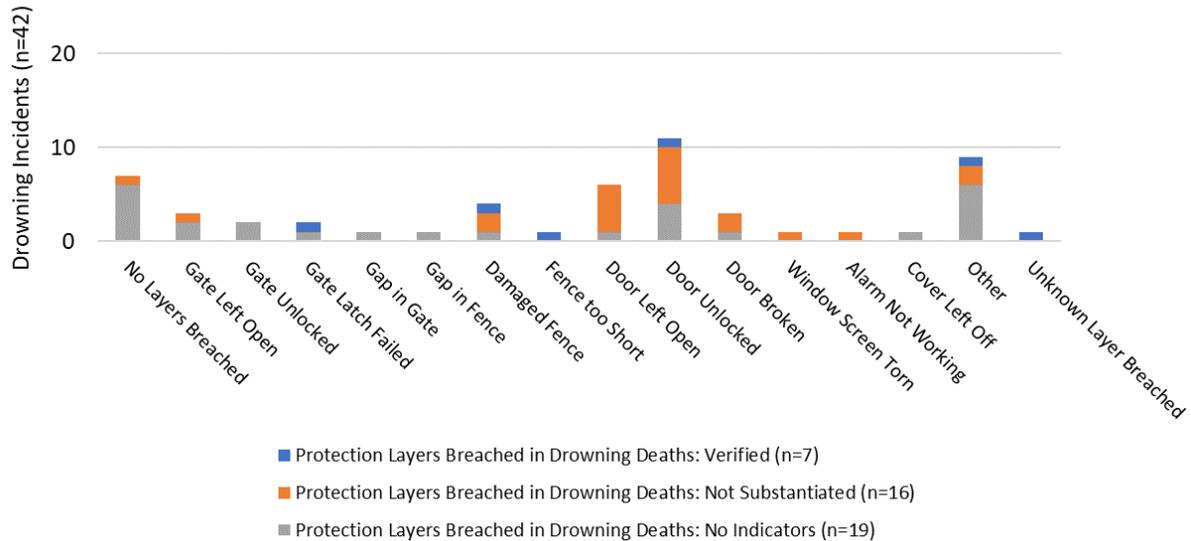
| Table 7: Barriers in Place Where Drowning Took Place by Child Maltreatment Verification Status (Duplicate Counts if Multiple Barriers) | | | |
|--|----------------------------------|------------------------------|-----------------------|
| Barriers in Place | Child Maltreatment Death n=42 | | |
| | Verified n=7 | Not Substantiated n=16 | No Indicators n=19 |
| None | 1 | 4 | 4 |
| Fence | 1 | 3 | 3 |
| Gate | 0 | 1 | 8 |
| Door | 1 | 10 | 9 |
| Alarm | 0 | 0 | 1 |
| Cover | 0 | 0 | 1 |
| Unknown/Missing | 1 | 0 | 0 |

Since protective barriers were in place for most bodies of water (predominately pools, hot tubs, and spas) where children drowned, information was reviewed regarding the protective layers that were breached. Where data were available, the most prevalent breach for verified maltreatment drowning deaths included gate latch failure, damaged fence, fence too short and doors being left unlocked, as seen in Figure 11.

Among not substantiated and no indicator drowning deaths, the most prevalent breaches included unlocked door (6), door left open (5) and damaged fence (2). For additional detail, reference tables F-3, F-4 and Figure F-1 in Appendix F.

In 29 of 42 (69.0%) drowning deaths incidents, at least one physical barrier was in place – demonstrating the explicit need for supervision of young children to effectively prevent drowning deaths.

Figure 11: Protection Layers Breached in Drowning Deaths (N=42)



Of the verified drowning deaths:

- 5 (71.4%) occurred at the age of 3 or under (Figure 12)
- 4 (57.1%) of the children did not know how to swim
- 3 (43.0%) occurred in pools, hot tubs, or spas
- 1 (14.3%) had no barriers to bodies of water

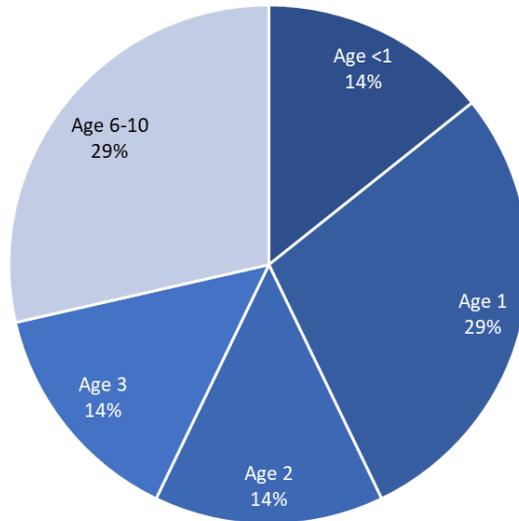
*the above data may overlap and cannot be considered independent

Of the not substantiated or no indicators drowning deaths:

- 31 (88.6%) children were not able to swim
 - 24 of 31 (77.4%) were 4 years of age or younger
- 30 (85.7%) drowning death locations occurred in pools, hot tubs, or spas
- 8 (22.9%) drowning death locations had no barriers to bodies of water

*the above data may overlap and cannot be considered independent

Figure 12: Verified Maltreatment Drowning Deaths by Age of Child (n=7)



Drowning Data Summary

- ***Drowning deaths occurring in a Pool/Hot tub/Spa account for 78.6% of all 2019 drowning related fatalities***
- ***Children 3 years of age and younger make up 71.4% of all 2019 drowning related fatalities***
- ***60.0% of all 2019 drowning related fatalities involved male children***
- ***50.0% of children were located within the home prior to the drowning incident with 54.8% described as playing before the drowning event took place***
- ***47.6% of barriers designed to prevent a child from entering a location where a potential drowning hazard can be located were identified as being a door***
- ***59.1% of barriers breached during the drowning incident were recognized as “Door Left Open”, “Door Unlocked” and “Other”***

INFLECTED TRAUMA DEATH INCIDENT INFORMATION

The intentional bodily infliction of harm is captured in this category and remains a leading cause of preventable child death. Information is assessed regarding weapon-related deaths, including the type of weapon used and the person handling the weapon. The “weapons” category includes firearms, body parts such as fists, hands or feet and any other items that can be used as weapons. At the time data were analyzed for this report, several cases were not yet available for review (61 cases were still open to investigation). Many of these cases remain open due to pending law enforcement investigation or judicial action and may be classified as weapon-related deaths. It is expected figures presented on weapons will increase when all 2019 deaths are reviewed. Table 8 (with Figure 13) demonstrates the type of weapons used across maltreatment verification status. Table 9 presents information specific to firearms used in weapon-related deaths.

Among the verified maltreatment weapon-related deaths (15):

- 4 (26.7%) weapons used were firearms:
 - 4 of 4 firearms (100.0%) were handguns
 - 3 of 4 (75.0%) firearm owners were male
- 6 (40.0%) weapons were body parts (indicating physical abuse)
- 2 (13.3%) weapons were sharp instruments
- 1 (6.7%) weapon was rope
- 2 (13.3%) weapons are unknown

Among the not substantiated and no indicators maltreatment weapon-related deaths combined (5):

- 4 (80.0%) weapons used were firearms
- 1 (20.0%) weapon was rope

For additional information regarding inflicted trauma-related deaths, see Appendix F.

| Table 8: Type of Weapon by Maltreatment Verification Status | | | |
|---|--------------------------|-------------------------|---------------------|
| Type of Weapon | Child Maltreatment Death | | |
| | Weapons: | | |
| | Verified (n=15) | Not Substantiated (n=1) | No Indicators (n=4) |
| Firearm | 4 | 1 | 3 |
| Sharp Instrument | 2 | 0 | 0 |
| Blunt Instrument | 0 | 0 | 0 |
| Persons Body Part | 6 | 0 | 0 |
| Rope | 1 | 0 | 1 |
| Unknown/Missing | 2 | 0 | 0 |

Figure 13: Type of Weapon
by Maltreatment Verification Status (N=20)

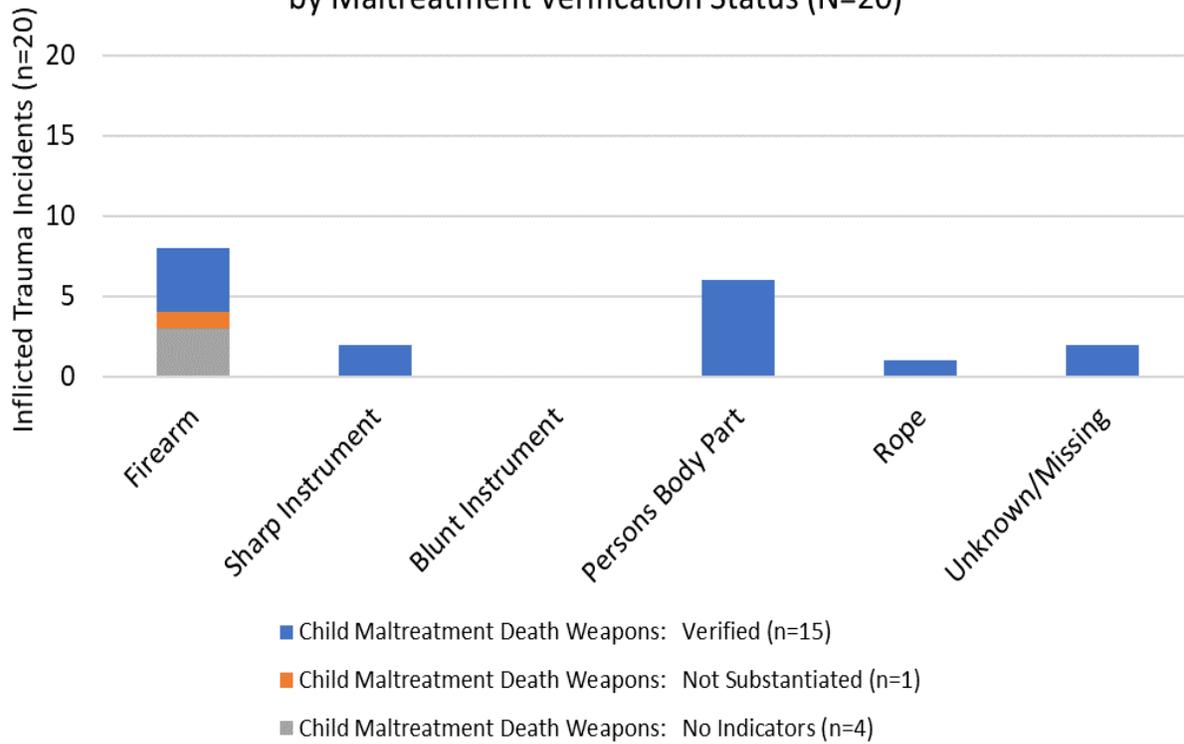


Table 9: Type of Firearm by Maltreatment Verification Status

| Type of Firearm | Child Maltreatment Death n=8 | | |
|-------------------|---------------------------------|-----------------------------|----------------------|
| | Verified n=4 | Not Substantiated n=1 | No Indicators n=3 |
| Handgun | 4 | 1 | 2 |
| Shotgun | 0 | 0 | 0 |
| BB Gun | 0 | 0 | 0 |
| Hunting Rifle | 0 | 0 | 0 |
| Assault Rifle | 0 | 0 | 1 |
| Air Rifle | 0 | 0 | 0 |
| Sawed-Off Shotgun | 0 | 0 | 0 |
| Other | 0 | 0 | 0 |
| Unknown/Missing | 0 | 0 | 0 |

Table 10 data reveal 15 of 18 (83.3%) verified homicides were the cause of inflicted trauma. However, there were 3 of 18 (16.7%) verified maltreatment homicide cases in which the external cause of death is reported as something other than inflicted trauma.

| Table 10: Homicide Breakdown | |
|---------------------------------------|----|
| Homicide (Verified Maltreatment n=18) | |
| Inflicted Trauma | 15 |
| Poisoning/Overdose/Acute Intoxication | 2 |
| Other Cause | 1 |

| <i>Inflicted Trauma Data Summary</i> |
|--|
| <ul style="list-style-type: none"> • 83.3% of homicides were the result of inflicted trauma • 40.0% of weapons utilized during death incidents were firearms • 87.5% of weapons identified as a firearm were handguns • 30.0% of weapons utilized during death incidents were body parts |

CHILD CHARACTERISTICS

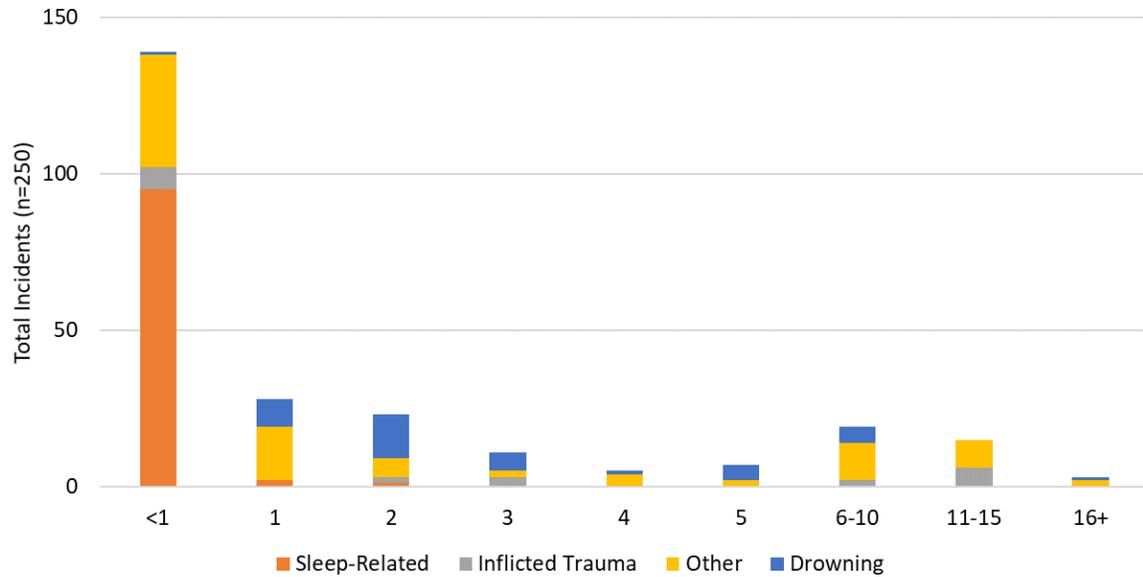
The following section highlights analyses associated with select child characteristics.

Age of Child

Regardless of verification status, children under age five had the highest risk for all forms of death with 213 of 250 (85.2%) of reported cases. As shown in Table 11 and Figure 14:

- Among drowning deaths 30 of 42 (71.4%) were children three years of age and younger.
- Among sleep-related deaths 95 of 98 (96.9%) were children less than one-year-old and most of the incidents, 66 of 98 (67.3%) were 3 months and younger.
- 36 of 90 (40.0%) child deaths attributed to “other” causes were under the age of one.

Figure 14: Age of Children by Primary Cause of Death (n=250)



| Age | All Child Maltreatment Death | | | |
|-------|------------------------------|-----------------------|--------------------------|---------------|
| | Drowning n=42 | Sleep-related n=98 | Inflicted Trauma n=20 | Other n=90 |
| < 1 | 1 | 95 | 7 | 36 |
| 1 | 9 | 2 | 0 | 17 |
| 2 | 14 | 1 | 2 | 6 |
| 3 | 6 | 0 | 3 | 2 |
| 4 | 1 | 0 | 0 | 4 |
| 5 | 5 | 0 | 0 | 2 |
| 6-10 | 5 | 0 | 2 | 12 |
| 11-15 | 0 | 0 | 6 | 9 |
| 16+ | 1 | 0 | 0 | 2 |

RACE OF CHILD AND HISPANIC OR LATINO ORIGIN

Child death case reviews result in the collection of data on race and ethnicity as related to child fatalities. As seen in Table 12 and Figure 15, 98 of 250 (39.2%) children were identified as Black and 146 (58.4%) were identified as White.

Ethnicity of the child could also be identified separate from race. Of all verified maltreatment fatalities, those children identified to be of Hispanic or Latino origin represented:

- 35.7% of drowning deaths
- 16.3% of asphyxia deaths
- 45.0% of weapon deaths
- 20.0% of other deaths

Figure 15: Race of Children by Primary Cause of Death (n=250)

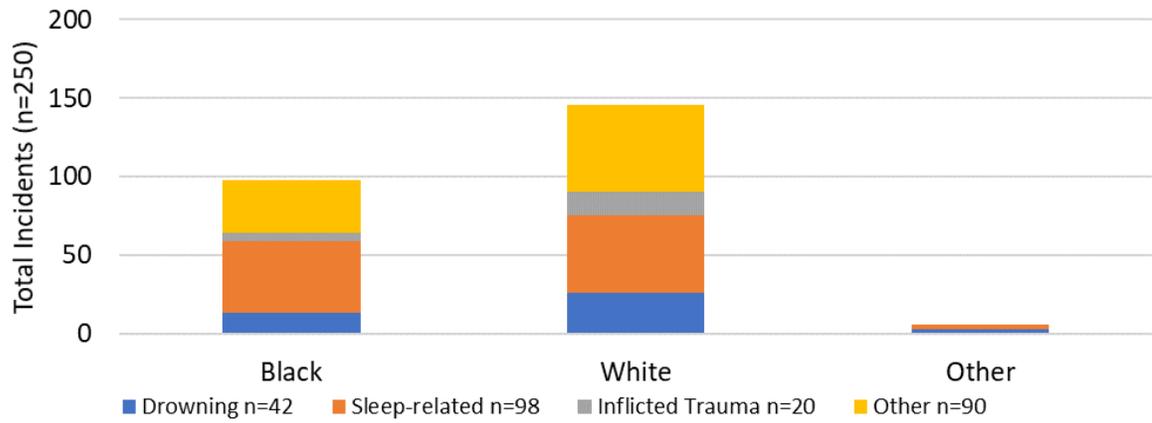


Table 12: Race and Ethnicity of Children by Primary Cause of Death

| Race | Drowning n=42 | Sleep-related n=98 | Inflicted Trauma n=20 | Other n=90 |
|-------|------------------|-----------------------|--------------------------|---------------|
| Black | 13 | 46 | 5 | 34 |
| White | 26 | 49 | 15 | 56 |
| Other | 3 | 3 | 0 | 0 |

| Ethnicity | Drowning n=42 | Sleep-related n=98 | Inflicted Trauma n=20 | Other n=90 |
|------------------------|------------------|-----------------------|--------------------------|---------------|
| Hispanic or Latino | 15 | 16 | 9 | 18 |
| Not Hispanic or Latino | 26 | 80 | 10 | 69 |
| Unknown | 1 | 2 | 1 | 3 |

Please note that column totals may exceed 100% as children can be identified as bi- or multi-racial/ethnic.

SEX OF CHILD

Males were disproportionately represented among child fatalities across all primary causes of death (see Table 13 and Figure 16).

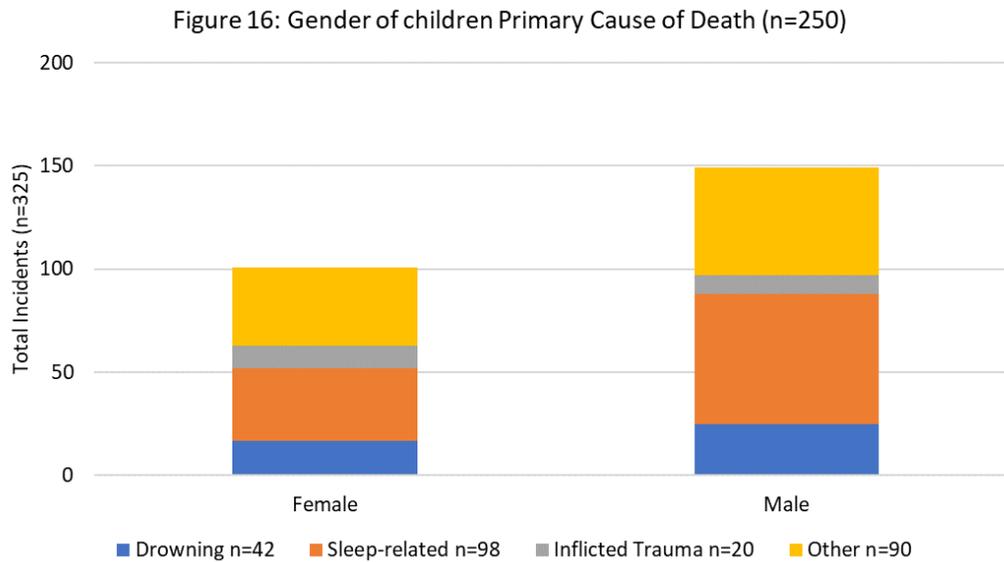


Table 13: Gender of Children by Primary Cause of Death

| Gender | Drowning n=42 | Sleep-related n=98 | Inflicted Trauma n=20 | Other n=90 |
|--------|------------------|-----------------------|--------------------------|---------------|
| Female | 17 | 35 | 11 | 38 |
| Male | 25 | 63 | 9 | 52 |

Child's History as Victim of Child Maltreatment

Information related to the child's history of child maltreatment was solicited from two data sources. Local CADR Committees reported on the child's history based upon a review of case information.

Child maltreatment history was known for 227 of 250 cases (90.8%), and unknown or not reported for 23 (9.2%) cases. Among the 227 cases for which this history was reported, 53 (23.3%) children had a known history of child maltreatment. Of these 53 children with a known history of maltreatment:

- 15 (28.3%) were verified
- 14 (26.4%) were not substantiated
- 24 (45.2%) were no indicators

The distribution of known past maltreatment incidents across maltreatment verification status and primary cause of death is shown in Appendix F.

Child Characteristics Data Summary

- **55.6% of all child fatality incidents reviewed by CADR were < 1-year-old**
- **59.6% of all child fatality incidents reviewed by CADR were classified as male**
- **39.2% of all child fatality incidents reviewed by CADR were identified as black**

CAREGIVER AND SUPERVISOR CHARACTERISTICS

During case reviews, information is collected on the child's caregiver(s) and the supervisor of the child at the time of the incident leading to the child's death. Caregivers are identified as the child's "primary caregiver(s)" regardless of their involvement in the child's death. Opportunities are provided for the Local CADR Committees to collect information on up to two primary caregivers. The supervisor of the child is the person primarily responsible for monitoring the child at the time of the death incident. This person may or may not be one of the primary caregivers.

Substance Abuse History of Caregivers and Supervisors

Local CADR Committees assessed caregiver and supervisor substance abuse history. History of substance abuse does not necessarily indicate that the individual was using substances during the death incident.

For verified child maltreatment cases:

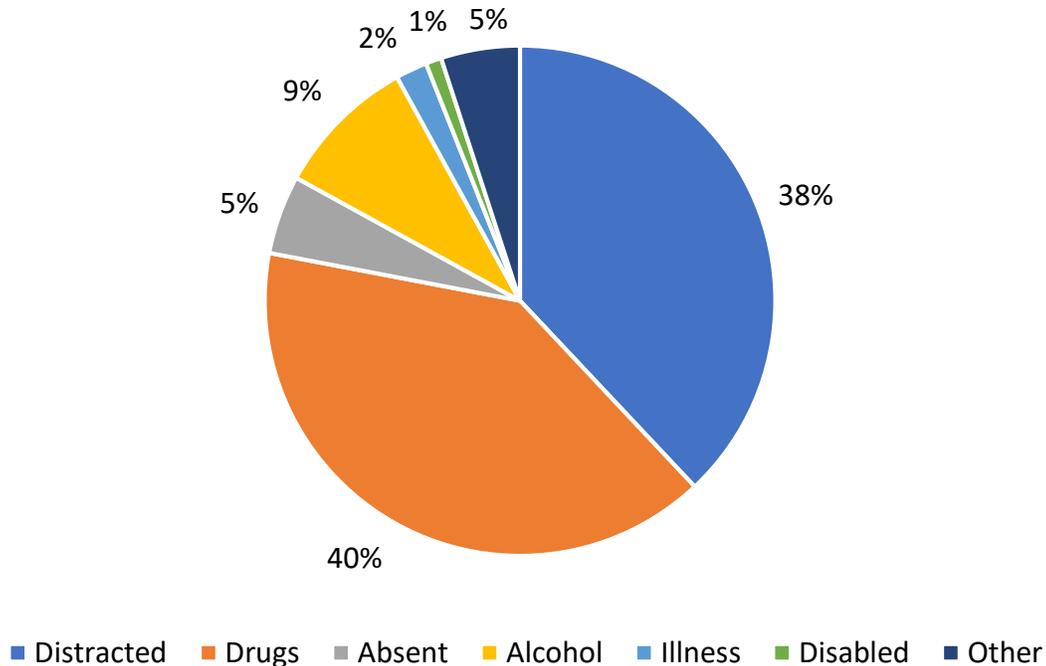
- 53.9% of caregivers were known to have a substance abuse history.
- 56.3% of supervisors were known to have a substance abuse history.

Appendix F includes detailed information related to substance abuse history of all caregivers and supervisors.

Information is collected regarding whether the supervisor of the child at the time of the death incident was impaired. Supervisor impairment was identified for 84 of 250 (33.6%) cases, not identified for 166 of 250 (66.4%) cases and unknown or missing for 43 of 250 (17.2%) cases. Among the 84 cases where the supervisor was impaired, 24 were verified, 23 were not substantiated and 37 had no indicators. Figure 17 provides a breakdown of the distribution of

types of supervisor impairment across all investigated deaths; supervisors can be identified to have more than one impairment.

Figure 17: Supervisor Impairment at Time of Death Incident
(n=100 Impairments for 84 Supervisors)



Mental Health History of Caregivers and Supervisors

Collection of data regarding mental health history can be challenging for several reasons. There are likely differences in how this data element may be interpreted and collected by each committee (i.e., requiring a formal diagnosis versus collateral information). In addition, individuals with mental illness may be reluctant to share this information. Thus, mental health history can be under-reported, leading to case sample sizes that are too small to reach valid conclusions. For example, among all caregivers identified across all child fatality cases reviewed, information on the history of chronic illness (including mental health history) is unknown for 56 caregivers. However, there were an additional 80 caregivers for which data were missing on this question. These figures highlight the need for better collection of information regarding mental health history of family members associated with a child fatality case.

Disability or Chronic Illness Occurrence of Caregivers and Supervisors

The National Fatality Review Case Reporting System collects information on the occurrence of disability or chronic illness among caregivers and supervisors. The presence of such a disability or illness does not mean that the condition was related to the death incident. For more information on disability or chronic illness data element, see Appendix F.

Additional Characteristics of Caregivers and Supervisors

Appendix F includes detailed information on the following:

- Employment of caregivers
- Education level of caregivers
- Language spoken by caregivers and supervisors
- Caregiver receipt of social services

History as Victim of Child Maltreatment among Caregivers and Supervisors

Local CADR Committees collect information regarding caregiver and supervisor history as a victim of child maltreatment. Local CADR Committees reported on 428 caregivers identified (up to two caregivers could be identified per case) for the 250 cases reviewed of which historical information was available.

When history as a victim of child maltreatment is examined for all caregivers associated with maltreatment deaths:

- 10 of 77 (13.0%) caregivers of verified maltreatment had a history as a victim of child maltreatment.
- 15 of 97 (15.5%) caregivers of not substantiated maltreatment had a history as a victim of child maltreatment.
- 66 of 254 (26.0%) caregivers of no indicators maltreatment deaths had a history as a victim of child maltreatment.

When history as a victim of child maltreatment is examined for supervisors associated with maltreatment deaths:

- 8 of 48 (16.7%) supervisors of verified maltreatment had a history as a victim of child maltreatment.
- 10 of 56 (17.9%) supervisors of not substantiated maltreatment had a history as a victim of child maltreatment.
- 42 of 146 (28.8%) supervisors of no indicators maltreatment deaths had a history as a victim of child maltreatment.

History as Perpetrator of Child Maltreatment among Caregivers and Supervisors

Local CADR Committees identified caregivers and supervisors who have a prior history as a perpetrator of child maltreatment. When history as a perpetrator of child maltreatment is examined for all caregivers associated with maltreatment deaths:

- 29 of 96 (30.2%) caregivers in verified maltreatment deaths had a history as a perpetrator of child maltreatment.
- 28 of 112 (25.0%) caregivers in not substantiated maltreatment deaths had a history as a perpetrator of child maltreatment.
- 57 of 292 (19.5%) caregivers in no indicators maltreatment deaths had a history as a perpetrator of child maltreatment.

When history as a perpetrator of child maltreatment is examined for supervisors associated with maltreatment deaths:

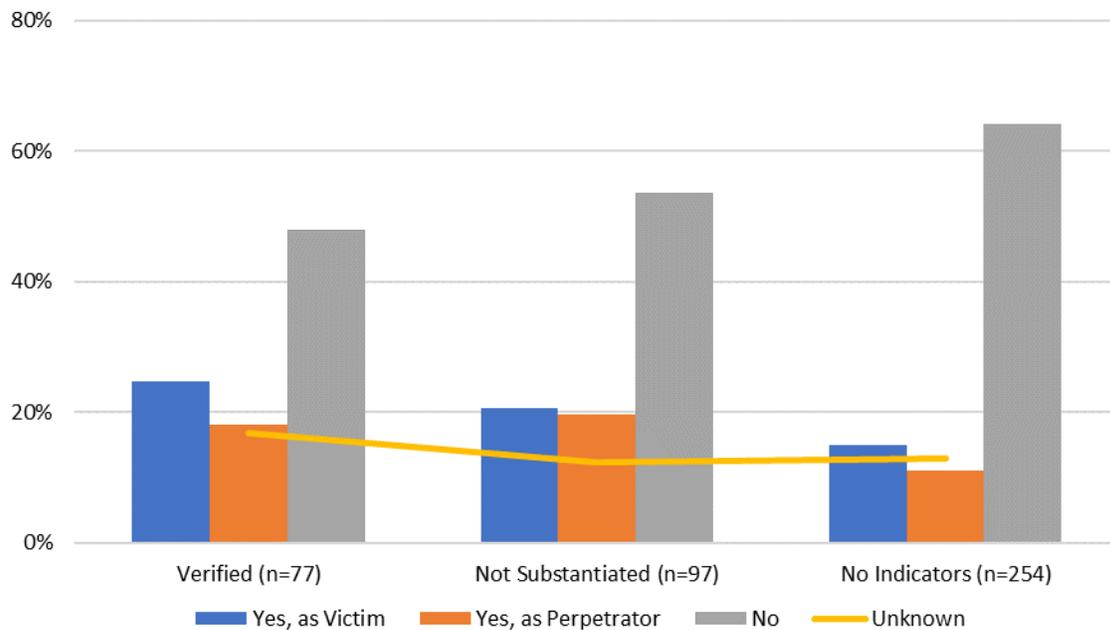
- 19 of 48 (40.0%) supervisors in verified maltreatment deaths had a history as a perpetrator of child maltreatment.
- 14 of 56 (25.0%) supervisors in not substantiated maltreatment deaths had a history as a perpetrator of child maltreatment.
- 35 of 146 (24.0%) supervisors in no indicators maltreatment deaths had a history as a perpetrator of child maltreatment.

History of Intimate Partner Violence (as Victim and Perpetrator) among Caregivers and Supervisors

When available, Local CADR Committees collected information about caregivers' history with intimate partner violence as a victim and/or perpetrator. It is unclear whether the caregivers were victims or perpetrators near the time of the child's death or if caregiver history was determined by historical information gathered by local teams during case reviews. In total, 19 of 77 (24.7%) of caregivers were known to be victims and 14 of 77 (18.2%) were known to be

perpetrators of intimate partner violence among those affiliated with verified maltreatment deaths (Figure 18). With respect to caregivers in not substantiated maltreatment deaths, 20 of 97 (20.6%) were past victims and 19 of 97 (19.6%) were past perpetrators of intimate partner violence (Figure 18). With respect to caregivers in no indicator deaths, 38 of 254 (15.0%) were past victims of intimate partner violence and 28 of 254 (11.0%) were past perpetrators of intimate partner violence (Figure 18).

Figure 18: History of Intimate Partner Violence with All Caregivers by Maltreatment Verification Status (N=428)



When available, Local CADR Committees collected information about supervisors’ history with intimate partner violence as a victim and/or perpetrator. It is unclear whether the supervisors were victims or perpetrators near the time of the child’s death or if supervisor history was determined by historical information gathered by local teams during case reviews. In total, 10 of 48 (20.8%) of supervisors were known to be victims and 9 of 48 (18.8%) were known to be perpetrators of intimate partner violence among those affiliated with verified maltreatment deaths. With respect to supervisors in not substantiated maltreatment deaths, 15 of 56 (26.8%) were past victims and 7 of 56 (12.1%) were past perpetrators of intimate partner violence. With respect to supervisors in no indicator deaths, 23 of 146 (15.4%) were past victims of intimate partner violence and 12 of 146 (8.2%) were past perpetrators of intimate partner violence. Appendix F provides more detailed information regarding the history of intimate partner violence (as victim and perpetrator) among caregivers and supervisors.

Past Criminal History of Caregivers and Supervisors

Among caregivers associated with verified maltreatment deaths, 26 of 77 (33.8%) committed a criminal offense in the past with the most common offenses identified as: “drug offense” representing 17 of 26 (65.4%) and “other criminal act” representing 15 of 26 (57.7%).

Among supervisors associated with verified maltreatment deaths, 18 of 48 (37.5%) committed a criminal offense in the past with the most common offenses identified as: “other criminal act” representing 11 of 18 (61.1%) and “drug offense” representing 11 of 18 (61.1%).

Caregiver and Supervisor Data Summary

- *Relating to verified maltreatment, 53.9% of caregivers and 56.3% of supervisors reported having a substance abuse history*
- *Relating to verified maltreatment, 33.8% of caregivers and 37.5% of supervisors reported having a criminal past*
- *40.0% of supervisors were reported to have had “drugs” indicated as impairment status during the death incident*

SECTION FOUR: SUPPLEMENTAL ANALYSES

The 2020 CADR Annual Report demonstrates in-depth trend analysis regarding child deaths in Florida which has a significant impact on the future development and implementation of prevention strategies. The detailed analyses of child death investigations coupled with a critical appraisal of past and current prevention initiatives will be instrumental in evaluating and distinguishing the effectiveness of select prevention strategies.

In-depth Supplemental Analysis of Florida’s CADR Database (2015-2020 Reporting Years)

CADR data staff will continue to actively perform focused analysis on continuing or emerging trends in child deaths observed in the CADR database. These analyses will be structured to provide in-depth breakdowns of child deaths relating to safe sleep practices, water safety and inflicted trauma. The analyses will also be responsive to questions generated from continued analyses and CADR stakeholders. These focused reports will also highlight data elements that are underreported such as child/adolescent suicide, mental health and substance abuse. The focused reports will be designed with the intent on empowering the local stakeholder with data-driven evidence to shape child fatality prevention efforts at the state, and potentially the national level.

Finalized Focused Reports for the 2020 Reporting Year:

An Analysis of Fatal Child Drownings in Florida: Comparing Deaths from the Child Abuse Death Review (CADR) with Unreviewed Deaths in Vital Statistics, 2014-2018:

Drowning is the second leading cause of preventable child death in Florida, with approximately 100 fatal child drownings occurring in the state every year. While most child drowning fatalities in the state are referred to the CADR Program, roughly 25% are either not reported to the Florida Abuse Hotline or reported and screened out based on criteria of abuse or neglect, thus not reviewed by local CADR committees.

As CADR data only include records for case-reviewed deaths, less is known about the demographic features and incident characteristics of drowning fatalities in Florida that were not reported as cases of suspected abuse or neglect. Leveraging the vital statistics database, this report provides the demographic and incident information of the drowning cases in which a hotline report was not conducted and makes available significant information that can be utilized to design and implement prevention strategies to reduce drowning fatalities among Florida’s children.

The purpose of this analysis is to examine fatal child drownings in Florida and identify similarities and differences in characteristics of those which do and do not undergo DCF investigation and subsequent case review through the CADR Program. The intention is that these data will help inform the efforts of State and Local CADR Committees and other child fatality and drowning prevention stakeholders.

Recent Increases in Suicide Mortality Among Children and Adolescents Aged 10-19 Years in Florida: 2005-2019:

Suicide mortality in children and adolescents has increased in recent years. Following a 15% decline from 1999-2007, the suicide death rate among persons aged 10-19 years in the U.S. increased by over 50% from 3.9 deaths per 100,000 population in 2007 to 6.1 in 2016. In 2017, suicide was the second leading cause of death among persons aged 10-24 years, nationally. This report presents trends for 2005-2019 in suicide rates for children and adolescents aged 10-19 years in Florida and examines the percentage of suicides by method across demographic characteristics.

Proposed Focused Reports for the 2021 Reporting Year:

- Substance abuse history
- Mental Health
- Race/ethnicity distribution/proportions in cases reviewed will be contrasted to rates within the population as a means of determining level of disproportionality across primary causes of death

Emphasis on data access and collaboration

A primary focus of the State CADR Committee is to continue enhancing data infrastructure with an emphasis on accessibility. Permitting CADR stakeholders, at both the state and local levels, to guide data-driven prevention strategies will require significant efforts on understanding the current state of the data. Upon request, CADR staff performs queries regarding individual circuit level data with advanced comparisons to statewide CADR data as well as vital statistics information.

While the CADR Annual Report is an extensive representation of the underlying cause of child deaths called into the Florida Abuse Hotline, the CDR-CRS contains additional data elements which allows for further data analyses. CADR staff welcomes any questions or data queries regarding elements that are found within the reporting form but not represented in the CADR Annual Report. These questions can be instrumental in detecting data elements that are underreported and identifying specific local and regional trends associated with child deaths. A strong data-driven relationship between state and local CADR stakeholders is imperative to the implementation of prevention initiatives.

SECTION FIVE: ISSUES AFFECTING FLORIDA'S CHILDREN AND FAMILIES

The Impacts of the COVID-19 Pandemic on Children

Months into the COVID-19 pandemic, the full impact on Florida's children and families is still unknown. The pandemic has impacted the lives of younger generations, whose development will be marked by this unprecedented event.

In March 2020, schools closed in an effort to curb the spread of COVID-19. With mitigation measures in place, schools reopened in September; however, many families opted for virtual learning, choosing to keep children at home. The extent to which the pandemic has delayed learning and development will not be known for some time. Additional concerns include children experiencing food insecurity and the impact of social isolation.

Initial reports suggest the COVID-19 pandemic has resulted in a decrease of reported cases of child abuse and neglect, as children's interactions with professionals and teachers have been limited. Many caregivers are experiencing increased stress due to isolation at a time of widespread job loss and uncertainty surrounding employment and income; often resulting in anxiety about the future, as well as anger and loss of hope. Subsequently, there are concerns that increased stress may lead to a rise in child abuse and neglect. While the health and wellness benefits of social distancing are recognized, the Centers for Disease Control and Prevention (CDC) indicates social isolation as a family risk factor for child abuse and neglect.

The child welfare system has been significantly impacted due to the COVID-19 pandemic response, requiring multiple changes in protocols as teachers, doctors, and other professionals navigate reporting suspected abuse and neglect with limited in-person interaction. Other components of the child welfare system including home investigations, child-parent visits, mandatory court appearances and home-based parenting programs continue to experience challenges as the system works to ensure the safety and well-being of children.

Family First Prevention Services Act Update

The Family First Prevention Services Act (FFPSA) was passed and signed into law as part of the Bipartisan Budget Act on February 9, 2018. This Act enables Title IV-E child welfare dollars that were previously only available once a child was removed from their home, to now provide evidence-based prevention services to children and their families who are at imminent risk of entering foster care, in an effort to stabilize families and keep children safely at home. It also added new requirements associated with national standards for licensure of foster homes; clinical treatment expectations associated with congregate care; and promising, supported or well-supported levels of evidence for services provided to children and parents. DCF, stakeholders and partners have been engaged with development and planning activities for implementation of FFPSA. The DCF Office of Child Welfare (OCW) has collaborated with the DCF Substance Abuse and Mental Health (SAMH) program to identify evidence-based services as well as other services that meet the standards for the Title IV-E Prevention Services Clearinghouse. Additionally, Florida has initiated a steering committee composed of OCW, DCF regions, community-based care agencies, foster parents, group care providers, Casey Family Programs, SAMH, county providers and others with a goal of focusing on building service capacity throughout the state. Florida has opted for a delayed implementation date for FFPSA of October 1, 2021.

Opioid Epidemic

The opioid crisis continues to have a severe impact on the welfare of Florida's children including an increase in the number of children born addicted to opioids. On May 3, 2017, Florida's Governor signed Executive Order 17-146 declaring a public health emergency due to the state's opioid epidemic. In 2019, Governor Ron DeSantis issued Executive Order 19-97 which created the Office of Drug Control and established a Statewide Task Force on Opioid Abuse to address the public health emergency. The Statewide Task Force on Opioid Abuse researches and assesses the nature of opioid drug abuse in Florida while identifying best practices to address the opioid epidemic through education, treatment, prevention and recovery.

Florida's State Epidemiological Outcomes Workgroup (SEOW) 2018 Annual Report demonstrates a 9% increase in opioid-related deaths between 2016 and 2017 in the state of Florida. While this increase is significant, it is diminished in comparison to the 55% increase of opioid related deaths between 2015 and 2016.

CADR works to develop effective prevention strategies in partnership with agencies including DCF, Agency for Health Care Administration, Florida Department of Law Enforcement and others to collaboratively address this critical issue facing Florida's families.

In 2019 and 2020, DCF requested applications to expand and implement evidence-based home visiting services model for a prevention program serving at-risk pregnant women and infants who are prenatally affected by controlled substances. Funded through Community Based Child Abuse Prevention (CBCAP) and Child Abuse Prevention and Treatment Act (CAPTA) funds, these services connect parents or caregivers with knowledgeable professionals on subjects, such as infant care, substance use treatment and support, child development and knowledge of parenting, concrete supports, family functioning/resiliency, nurturing and attachment, children's social and emotional competence and social supports. Enrolled families receive a plan of safe care along with long-term home visiting services.

The major goal of this program is to ensure that substance-affected infants and their families receive evidence-based early intervention home visiting services. Additional program goals include positive child development, increased positive parent/caregiver child attachment, improved birth outcomes, improved school readiness and increased stability and health of the entire family unit.

Evidence-based home visiting was expanded in the following Florida counties through these grants: Alachua, Brevard, DeSoto, Dixie, Escambia, Flagler, Gilchrist, Hernando, Hillsborough, Levy, Manatee, Marion, Okaloosa, Pasco, Pinellas, Putnam, Santa Rosa, Volusia and Walton. Evidence-based home visiting models being implemented under this program include, but are not limited to, Healthy Families Florida, Nurse Family Partnership and Parents as Teachers.

Co-Occurring Disorders

Co-occurring disorders, involving both mental health issues and substance abuse have a continued prevalence throughout Florida and a significant impact on the well-being of children in our state. Substance Abuse and Mental Health Services Administration (SAMHSA) reports almost all persons struggling with substance abuse are also dually diagnosed with mental health disorders, including Post-Traumatic Stress Disorder (PTSD) and a variety of depressive and anxiety related disorders. Current literature based upon the Adverse Childhood Experiences Study (ACEs) demonstrates that children with caregivers suffering from mental health and

substance abuse disorders are more likely to experience a variety of stressors including exposure to domestic violence, increased risk of poverty and are at an increased risk of child abuse and neglect. Local CADR Committees work together with providers in their communities who are addressing co-occurring substance abuse and mental health in the home, providing critical data and education regarding the needs of this population.

Child and Adolescent Suicide Fatalities

In 2018, the CDC identified suicide as the eighth leading cause of death in Florida, identifying death by suicide as a serious public health issue. In 2019, there were 79 child suicides according to Florida Health CHARTS. As of September 30, 2020, 5 of those child suicide incidents were called into the Florida Abuse Hotline on the suspicion of alleged abuse or neglect and subsequently reviewed by Local CADR Committees. The ACEs Study indicates that a primary contributing factor to suicide is the prevalence of adverse childhood experiences, particularly in early childhood. An increased exposure to adverse childhood experiences has a strong relationship to suicide attempts in childhood, adolescence and adulthood. The Annie E. Casey Foundation, Kids Count Survey, demonstrates that 21% of children living in Florida have an ACEs score of two or higher based on having specific measurable adverse childhood experiences. Through valuable partnership and multi-disciplinary, trauma-informed care; communities can effectively address and treat childhood trauma, reducing incidences of suicide and increasing overall wellness for children and families in Florida. (Appendix G)

State and Local CADR Committees work to thoroughly understand and effectively address these critical issues facing Florida's children and families through continued partnerships with agencies and organizations.

SECTION SIX: IMPLEMENTATION OF PREVENTION INITIATIVES

Local and State CADR Committees collect and analyze data from case reviews. These data are utilized to inform the work in developing and implementing data-driven prevention initiatives in their communities to eliminate child fatalities as a result of abuse and neglect. Some of these prevention initiatives are outlined below.

Sleep Baby Safely, Pinellas County

At the end of 2019, a total of 55 partner agencies in Circuit 6 served as Sleep Baby Safely champions. This includes four local delivery hospitals in Pinellas County: Bayfront, Largo Medical Center, Morton Plant and Morton Plant Mease.

Approximately 8,500 Welcome Baby Bags, including a safe sleep board book and several items printed with safe-sleep messaging, are provided to the four delivery hospitals each year to account for the total number of births in Pinellas County. Distribution of Welcome Baby Bags were postponed beginning March of 2020 due to the COVID-19 pandemic response, which resulted in fewer volunteers available to assemble Welcome Baby Bags, thus interrupting much of the outreach and intentional efforts that were happening prior to the pandemic. So far this year (January 1, 2020 – September 30, 2020), nearly 3,000 individuals have been trained on infant safe sleep practices; a 63% decrease when compared to the same time frame the year prior (January 1, 2019 – September 30, 2019), which accounted for 7,715 individuals.

Circuit 6 Local CADR Committee conducted a Preventable Child Deaths virtual training in September 2020, with more than 50 individuals in attendance. In October 2020, the number of Sleep Baby Safely partnerships grew to include the Community Health Centers of Pinellas which are Federally Qualified Health Centers consisting of twelve locations; five pediatric practices and four OB/GYN offices.

Sleep Baby Safely, Duval County

During 2017-2019, Duval County experienced 67 sleep-related infant deaths. Beginning January 1, 2020, labor and delivery nurses, NICU nurses, lactation specialists and other medical hospital personnel involved in the discharge of infants from nine Duval County birthing hospitals, have provided parents of newborns Sleep Baby Safely Welcome Baby Bags and face to face education regarding safe sleep for their newborn. Participating hospitals include: Ascension St. Vincent's Riverside, Baptist Medical Center Jacksonville, Baptist Medical Center Beaches, Baptist Medical Center South, Memorial Hospital, Naval Hospital Jacksonville, St. Vincent's Medical Center Southside, UF Health Jacksonville, UF Health North. In the first six months of implementation of the Sleep Baby Safely program, Duval County experienced zero reported incidents of sleep-related infant death.

Sleep Baby Safely, Duval County, has been designed and implemented similarly to the Pinellas County project, where the prevention initiative was originally developed. Pinellas County CADR members, Rebecca Albert and April Putzulu provided significant information, encouragement and support to Duval County CADR members in implementing this program.

Sleep Baby Safely, Duval County, includes nine hospitals within Duval County where safe-sleep education is provided to hospital personnel by CADR staff, ensuring consistent and valuable face-to-face education with parents of each baby born in their facility. Duval County CADR members and volunteers fill 1300-1400 Welcome Baby Bags each month and deliver the bags to each hospital.

Safe Sleep Outreach

Sleep Baby Safe and Snug is a baby board book created by pediatrician Dr. John Hutton and Leah Busch, in collaboration with Charlie's Kids Foundation with the primary mission to advocate for safe sleep to prevent infant death. The book is designed for parents to read to their babies with soothing watercolor illustrations and rhyming words while also demonstrating how to safely put a baby to sleep, alone, in an empty crib, on their back, every night and for every nap. In 2019, Children's Medical Services distributed 15,000 Sleep Baby Safe and Snug books to each of the following participating counties: Alachua, Citrus, Columbia, Duval, Gadsden, Marion and Polk. These counties were identified through CADR data analysis to have some of the highest incidence of sleep-related infant death in Florida. Local CADR Committee members worked in partnership with birthing hospitals and through home visiting programs to encourage face-to-face parent education, in addition to the distribution of the Sleep Baby Safe and Snug book to new parents and caregivers.

Vehicle-Related Heatstroke Injury Prevention

In Circuit 20, Safe Kids Southwest Florida partnered with the Florida Highway Patrol to present a heatstroke thermometer display, demonstrating the outside temperature of a car in comparison to the internal temperature. This powerful demonstration shows how dangerous it is to leave a child a vehicle even for just a few minutes. Safe Kids reminds everyone to work to prevent these injuries by taking time to ACT:

- A: Avoid heat stroke related injury and death by never leaving a child alone in a car, not even for a minute.
- C: Create reminders. Put something like a purse, phone or shoes (something you will need when you get out of the car) next to a child placed in the backseat.
- T: Take action. If you ever see a child alone in a car, call 911 immediately.

On July 1, 2020, Safe Kids Southwest Florida also hosted a press conference via Facebook Live to help spread this incredibly important message. Safe Kids Southwest made heatstroke thermometer displays available to other Local CADR Committees to utilize in their community education and outreach.

NARCAN® (Naloxone) Administration and Education

As a result of Local CADR Committee case reviews in Circuit 6, NARCAN® administration and education has been expanded to include new agency-wide protocols at Operation PAR, a community addiction treatment center and mental health service provider. Also, fentanyl test kits are now available to Pasco County Child Protection Investigators.

Education about administering naloxone has been expanded to include discussions with adults about what to do when a child comes into contact with fentanyl (i.e., NARCAN® is safe to use on a child). Education has been incorporated into parenting sessions and outreach efforts to include intentional conversations about administering NARCAN® to children when unintentionally exposed. Previously, fentanyl screenings had only been occurring in the Medicated Assisted Patient Services (MAPS) program at Operation PAR prior to our case reviews. Now, fentanyl screenings are not limited to the MAPS program, but rather a standard screening across all programs at Operation PAR.

During fiscal year 2018-2019, DOH provided 154,905 doses of naloxone to approximately 217 agencies that employ licensed emergency responders across 53 of Florida's 67 counties with a goal of expanding the program into the remaining counties by the end of 2021.

Trauma Informed Care Outreach:

Circuit 1 CADR Committee Co-Chair, Jessica Trimboli, with the Okaloosa County Sheriff's Office was invited by the National Alliance for Drug Endangered Children (DEC) to participate in a Sesame Street webinar on Parental Addiction: Responding With Care To Children With Addicted Parents. The webinar can be found at the following link:

https://www.youtube.com/watch?v=qNyzTN2zWX0&feature=emb_logo

Handle with Care:

Handle With Care (HWC) is a collaborative, child-centered approach aimed at addressing children's exposure to violence and trauma, and readiness to learn and achieve in school. HWC involves partnerships among school districts, law enforcement, and other health, social service and public safety agencies.

When law enforcement and other agencies respond on scene and/or encounter a child(ren) who has been exposed to violence or trauma, the respondent identifies the child's school and sends a HWC notification to the school district before the start of the next school day. The school district will notify the child's school where teachers and personnel will offer trauma sensitive supports as needed, while maintaining the child's confidentiality.

With the support of grant funding through the Substance Abuse Mental Health Services Administration, the Drug Free Coalition of Manatee County is working to offer technical assistance and support to every county in Florida to establish an HWC initiative.

Drowning Prevention:

Over the past five years, drowning has continued to be one of the top three causes of preventable child death in Florida and is the leading cause of injury death among children ages one through four in the state. Florida's drowning death rate in this age group is the highest in the nation. To address this critical issue, drowning prevention efforts have been implemented across the state.

An effort led by the State CADR Committee focuses on seven Florida counties with the highest incidence of child drowning fatalities: Broward, Duval, Hillsborough, Orange, Palm Beach, Polk and Volusia. This effort includes the distribution of 54,650 Water Watcher badges and drowning prevention flyers and posters by Local CADR Committee members partnering with county health departments, DCF, pediatrician offices, schools, apartment complexes, community pools and other community service providers. Water Watcher badges were designed by DOH Violence and Injury Prevention Program and include information to encourage caregivers to ensure that children are safe in and around water. A State CADR Ad-Hoc Committee created drowning prevention messaging in the form of an infographic to be printed as posters and flyers to address drowning prevention, including non-swim time circumstances (Appendix H).

Sudden Unexpected Infant Death Investigations (SUIDI) Training:

The CDC collaborated with subject matter experts to develop training materials and a reporting form for investigators. These SUIDI training materials are available on the CDC.gov website. From 2006-2007 the CDC funded five national SUIDI training academies focused on standardizing the methods used by law enforcement, MEs and coroners, to investigate unexpected infant deaths in the United States.

In 2006 CADR Committee Member, Major Connie Shingledecker, was selected by the Florida Medical Examiners Commission to represent law enforcement on a five-person team that

received training from the CDC in Sudden Unexpected Infant Death Investigations. Since receiving the CDC's SUIDI training, Major Shingledecker has trained over 2,300 law enforcement personnel, MEs, ME Investigators, coroners, hospital nurses, EMS personnel, Fire Rescue, Child Protection Staff, and Local CADR Committee members in Florida and throughout the country.

From 2007-2009, law enforcement in the following Florida counties participated in SUIDI training: Bay, Brevard, Hernando, Lee, Manatee, Marion, Miami-Dade, Okaloosa, Okeechobee, Orange, Sarasota, Seminole, St. Johns and Volusia.

In 2019 and 2020, SUIDI training has been provided to Manatee County Sheriff's Office, Sarasota County Sheriff's Office, Bradenton Police Department, Palmetto Police Department and Manatee County Teenage Pregnancy Program. At the request of the Circuit 8 Local CADR Committee, SUIDI training was made available to personnel involved in death investigations in Gainesville.

While the COVID-19 pandemic has required many additional SUIDI training opportunities to be postponed, there are efforts to consider alternative formats to ensure that this training continues to be widely available.

Child Safety and Wellness Group

Agencies, including DOH, DCF, Department of Education (DOE), Executive Office of the Governor, The Ounce of Prevention Fund of Florida, Prevent Child Abuse Florida, Florida Highway Safety and Motor Vehicles, and the Florida Department of Corrections worked to create infographics addressing the general public, educators, as well as parents and caregivers regarding child safety issues amid the COVID-19 pandemic response (Appendix H).

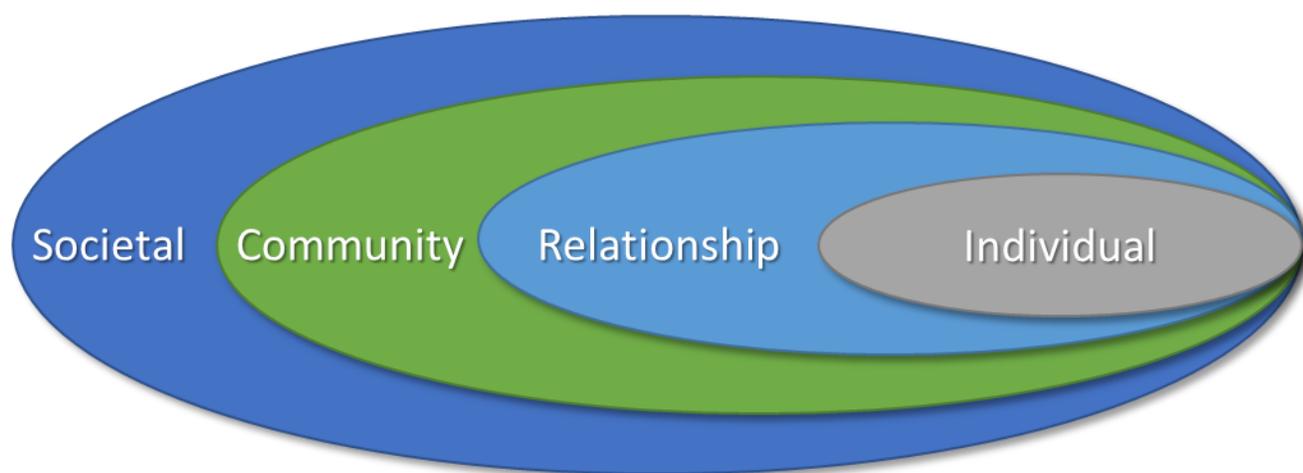
SECTION SEVEN: PREVENTION RECOMMENDATIONS

MOVING FORWARD: A SOCIAL ECOLOGICAL MODEL FOR CHANGE

The top three categories of preventable child fatalities in Florida continue a trend that has persisted over the last several years. These categories include child fatalities that occur as a result of:

- Sleep-Related Infant Death
- Drowning
- Inflicted Trauma

The 2020 State CADR Committee prevention recommendations are based on an analysis of Florida's CADR findings for 2019 cases reviewed, as well as input provided by State and Local CADR Committees, partners and a review of current child welfare literature. In order to adequately address each level of intervention, approaches to prevention have been organized using the following framework known as the Social-Ecological Model for Change.



The four-level Social-Ecological Model for Change is utilized to demonstrate the multifaceted and interactive aspects of personal and environmental factors that determine behavior, impact behavioral change and help inform risk-prevention strategies. This model, as presented by the CDC, demonstrates how behaviors are formed based on characteristics of individuals, relationships, communities and the broader society. The model suggests that in order to develop effective prevention strategies, it is necessary to address each level of the model.

❖ **Continue efforts to relay timely information to caregivers regarding the safety of children**

The State CADR Committee recommends that communities continue providing timely messaging to parents regarding potential risks to children related to the leading causes of preventable child deaths, including sleep-related infant death, drowning and inflicted harm. Bolstering efforts to educate parents and families on the risks associated with the leading causes of preventable child death must remain a priority for the citizens of Florida.

Providers who engage with caregivers in their home environment, such as DCF and Healthy Families Florida, assess for potential risks in the home, provide education and support, link parents to resources and evaluate caregiver and child well-being. Partnership with these programs is an important link to ensuring key messaging reaches caregivers in a timely manner.

❖ **Develop strategies to ensure consistent and coordinated prevention-related messaging across local and state agencies**

Building upon existing efforts, the State CADR Committee recommends the development of a formal plan for interagency collaboration focused on prevention messaging consistent with recommendations of the American Academy of Pediatrics (AAP) regarding safe sleep practices and drowning prevention. Strategies may include:

- Collaborating with stakeholders during quarterly meetings.
- Using research as a foundation for information and messaging priorities.
- Using a positive messaging approach.
- Ensuring coordinated statewide messaging.
- Exploring resources available to support messaging outreach.
- Assessing for the need of an online centralized clearinghouse of prevention resources to be available to providers, families and the general public.
- Creating prevention tool kits.
- Expanding partner networks to include local stakeholders, chambers of commerce, school boards, hospitals, law enforcement, and other community resources.
- Further leveraging social media for sharing prevention-related information.

❖ **Expand efforts to collect data related to co-occurring substance abuse and mental health disorders**

Substance abuse and mental health disorders continue to be identified as risk factors associated with verified maltreatment deaths of children. Enhanced efforts are needed to identify opportunities to engage with community partners who are addressing co-occurring disorders in caregivers. Further efforts are needed to explore evidence-based prevention initiatives that can be utilized in communities where these issues are more prominent.

❖ **Explore efforts to collect data related to near fatalities in cases of near-drowning, near-fatal incidents of inflicted trauma and near-fatal sleep-related asphyxia**

Although near-fatal incidents are not identified as a legislative focus for CADR Committee reviews, the State CADR Committee and Chairpersons of Local CADR Committees have identified that information obtained in the review of near-drowning incidents, near-fatal incidents of inflicted trauma, and near-fatal sleep-related asphyxia would all contribute to a deeper understanding of the circumstances surrounding these leading causes of preventable child death in Florida. Data collection and analysis would provide critical information to better inform effective prevention strategies. Efforts should be made to explore the means and mechanisms by which data could be collected and analyzed.

❖ **Increase messaging around appropriate supervision and barriers of protection as primary factors in drowning prevention, in addition to establishing age appropriate expectations related to young children and swimming capabilities consistent with recommendations of the American Academy of Pediatrics (AAP)**

Inadequate supervision and breached barriers to pools and other bodies of water continue to be the primary factors associated with child drowning deaths. Caregivers require continued education and messaging regarding layers of protection and supervision as the most effective means of drowning prevention related to home swimming pools and nearby ponds. The recommended use of touch-supervision of children in the water entails that a caregiver or supervisor is within reach of a child in or near the water at all times. Further concerns are raised regarding caregiver expectations associated with the swimming capability of children under the age of five and the potential risk such expectations may have for drowning. The State CADR

Committee supports the recommendations of the AAP regarding age appropriate expectations related to young children and swimming capabilities. The State CADR Committee encourages the integration of these recommendations as a part of a comprehensive drowning prevention strategy.

For example, the AAP does not recommend infant swim lessons, but does recommend that children ages one through four may be ready to learn water-survival skills, including how to float and get to an exit. The AAP encourages parents to look for learning opportunities that expand a child's experience beyond learning specific strokes and instead focuses on broader water-survival competency skills. Here, outreach efforts should include working with swim lesson organizations to provide education regarding the AAP recommendations. With encouragement to offer water-survival skills training to children under age five. Efforts should be made to provide education to parents and caregivers regarding avoiding the development of a false sense of security about young children's swimming ability.

❖ **Continue to support programs and practices that enhance parenting skills and coordinate services provided to expectant mothers and their partners**

Engaging families early and often regarding child safety is critically important. Various statewide and local programs engage families early (when pregnant or just after the birth of a baby) and help caregivers build protective factors that can reduce the risk of preventable child death. The State CADR Committee strongly recommends continued support of these programs which range from community education through evidence-based programs and include, but are not limited to, the following: Florida's Women, Infant and Children (WIC) nutrition program, Circle of Parents® parent support groups, Prevent Child Abuse Florida's™ primary prevention work, evidence-based home visiting including Healthy Families Florida and models implemented by the Florida's Maternal Infant and Early Childhood Home Visiting (MIECHV) initiative and Healthy Start.

There is a continued need for effective engagement of expectant mothers and partners; especially as it relates to maternal health, safe sleep practices, and the adverse effects of maternal substance use and abuse on the fetus and on the newborn. Additionally, the State CADR Committee supports the consistent use of maternal depression screening tools at well-child pediatric appointments and for a coordinated response to any identified need. The State CADR Committee recommends the use of home safety checklists which are designed to help parents and child welfare professionals identify hazardous conditions within the home that could pose a risk to children. Healthy Families Florida's home safety checklist comprises questions for a Family Support Worker to ask the parent/caregiver during a home visit when a child reaches developmental milestones or when a family moves to a new home. This checklist was originally developed with assistance from the State CADR Committee and could be easily replicated in other family support programs.

❖ **Train first responders on the consistent use of Sudden Unexpected Infant Death Investigation Reporting Forms and doll reenactments by death scene investigators for all sleep-related infant deaths**

The State CADR Committee continues to recommend the use of the CDC's Sudden Unexpected Infant Death Investigation (SUIDI) model, including the SUIDI Reporting Form and doll reenactments. The use of doll reenactments has the potential to aid in a more thorough understanding of the circumstances surrounding a child's death (especially sleep-related deaths). Training of the use of this model should be provided to all law enforcement agencies, MEs and ME Investigators who respond to the unexpected deaths of infants or children.

❖ **Continue to support and encourage the development and evaluation of pilot projects and initiatives focused on local and regional community-based child fatality prevention.**

The State CADR Committee has acknowledged and identified several innovative and best practice prevention strategies developed and implemented in local communities (see Section Six); especially pertaining to sleep-related deaths of children. There is value in encouraging community prevention initiatives that target unique trends and risks associated with these communities. Local communities with identified trends associated with preventable child fatalities are ideal venues to pilot new, innovative and promising prevention initiatives. The evaluation of these initiatives can help expand the knowledge base and provide a foundation for more rigorous study and potential expansion of prevention practices that have demonstrated efficacy.

❖ **Explore the expansion of the CADR Florida Statute language to permit Local CADR Committees the ability to review child and adolescent suicides to better inform targeted prevention initiatives.**

The State and Local CADR Committees are concerned about child/adolescent suicide in Florida. Within the next year the State CADR Committee and representatives from Local CADR Committees will collaborate with the Florida Suicide Prevention Coordinating Council and any other public health, mental health and child welfare agencies/stakeholders interested in working together to prevent child and adolescent suicide.

The most tragic consequence of child abuse and neglect is the death of a child.

The well-being of our children depends on individuals and communities that are willing to take action.

APPENDICES

ANNUAL REPORT

DECEMBER 2020



APPENDIX A:

Section 383.402, Florida Statutes



383.402 Child abuse death review; State Child Abuse Death Review Committee; local child abuse death review committees.—

(1) INTENT.—It is the intent of the Legislature to establish a statewide multidisciplinary, multiagency, epidemiological child abuse death assessment and prevention system that consists of state and local review committees. The committees shall review the facts and circumstances of all deaths of children from birth to age 18 which occur in this state and are reported to the central abuse hotline of the Department of Children and Families. The state and local review committees shall work cooperatively. The primary function of the state review committee is to provide direction and leadership for the review system and to analyze data and recommendations from local review committees to identify issues and trends and to recommend statewide action. The primary function of the local review committees is to conduct individual case reviews of deaths, generate information, make recommendations, and implement improvements at the local level. The purpose of the state and local review system is to:

(a) Achieve a greater understanding of the causes and contributing factors of deaths resulting from child abuse.

(b) Whenever possible, develop a communitywide approach to address such causes and contributing factors.

(c) Identify any gaps, deficiencies, or problems in the delivery of services to children and their families by public and private agencies which may be related to deaths that are the result of child abuse.

(d) Recommend changes in law, rules, and policies at the state and local levels, as well as develop practice standards that support the safe and healthy development of children and reduce preventable child abuse deaths.

(e) Implement such recommendations, to the extent possible.

(2) STATE CHILD ABUSE DEATH REVIEW COMMITTEE.—

(a) *Membership.*—

1. The State Child Abuse Death Review Committee is established within the Department of Health and shall consist of a representative of the Department of Health, appointed by the State Surgeon General, who shall serve as the state committee coordinator. The head of each of the following agencies or organizations shall also appoint a representative to the state committee:

a. The Department of Legal Affairs.

b. The Department of Children and Families.

c. The Department of Law Enforcement.

d. The Department of Education.

e. The Florida Prosecuting Attorneys Association, Inc.

f. The Florida Medical Examiners Commission, whose representative must be a forensic pathologist.

2. In addition, the State Surgeon General shall appoint the following members to the state committee, based on recommendations from the Department of Health and the agencies listed in subparagraph 1., and ensuring that the committee represents the regional, gender, and ethnic diversity of the state to the greatest extent possible:

- a. The Department of Health Statewide Child Protection Team Medical Director.
- b. A public health nurse.
- c. A mental health professional who treats children or adolescents.
- d. An employee of the Department of Children and Families who supervises family services counselors and who has at least 5 years of experience in child protective investigations.
- e. The medical director of a Child Protection Team.
- f. A member of a child advocacy organization.
- g. A social worker who has experience in working with victims and perpetrators of child abuse.
- h. A person trained as a paraprofessional in patient resources who is employed in a child abuse prevention program.
- i. A law enforcement officer who has at least 5 years of experience in children's issues.
- j. A representative from a domestic violence advocacy group.
- k. A representative from a private provider of programs on preventing child abuse and neglect.
- l. A substance abuse treatment professional.

3. The members of the state committee shall be appointed to staggered terms not to exceed 2 years each, as determined by the State Surgeon General. Members may be appointed to no more than three consecutive terms. The state committee shall elect a chairperson from among its members to serve for a 2-year term, and the chairperson may appoint ad hoc committees as necessary to carry out the duties of the committee.

4. Members of the state committee shall serve without compensation but may receive reimbursement for per diem and travel expenses incurred in the performance of their duties as provided in s. 112.061 and to the extent that funds are available.

(b) *Duties.*—The State Child Abuse Death Review Committee shall:

1. Develop a system for collecting data from local committees on deaths that are reported to the central abuse hotline. The system must include a protocol for the uniform collection of data statewide, which must, at a minimum, use the National Child Death Review Case Reporting System administered by the National Center for the Review and Prevention of Child Deaths.
 2. Provide training to cooperating agencies, individuals, and local child abuse death review committees on the use of the child abuse death data system.
 3. Provide training to local child abuse death review committee members on the dynamics and impact of domestic violence, substance abuse, or mental health disorders when there is a co-occurrence of child abuse. Training must be provided by the Department of Children and Families, the Florida Alcohol and Drug Abuse Association, and the Florida Council for Community Mental Health in each entity's respective area of expertise.
 4. Develop statewide uniform guidelines, standards, and protocols, including a protocol for standardized data collection and reporting, for local child abuse death review committees and provide training and technical assistance to local committees.
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5. Develop statewide uniform guidelines for reviewing deaths that are the result of child abuse, including guidelines to be used by law enforcement agencies, prosecutors, medical examiners, health care practitioners, health care facilities, and social service agencies.
6. Study the adequacy of laws, rules, training, and services to determine what changes are needed to decrease the incidence of child abuse deaths and develop strategies and recruit partners to implement these changes.
7. Provide consultation on individual cases to local committees upon request.
8. Educate the public regarding the provisions of chapter 99-168, Laws of Florida, the incidence and causes of child abuse death, and ways by which such deaths may be prevented.
9. Promote continuing education for professionals who investigate, treat, and prevent child abuse or neglect.
10. Recommend, when appropriate, the review of the death certificate of a child who died as a result of abuse or neglect.

(3) LOCAL CHILD ABUSE DEATH REVIEW COMMITTEES.—At the direction of the State Surgeon General, a county or multicounty child abuse death review committee shall be convened and supported by the county health department directors in accordance with the protocols established by the State Child Abuse Death Review Committee.

(a) *Membership.*—The local death review committees shall include, at a minimum, the following organizations' representatives, appointed by the county health department directors in consultation with those organizations:

1. The state attorney's office.
2. The medical examiner's office.
3. The local Department of Children and Families child protective investigations unit.
4. The Department of Health Child Protection Team.
5. The community-based care lead agency.
6. State, county, or local law enforcement agencies.
7. The school district.
8. A mental health treatment provider.
9. A certified domestic violence center.
10. A substance abuse treatment provider.
11. Any other members that are determined by guidelines developed by the State Child Abuse Death Review Committee.

To the extent possible, individuals from these organizations or entities who, in a professional capacity, dealt with a child whose death is verified as caused by abuse or neglect, or with the family of the child, shall attend any meetings where the child's case is reviewed. The members of a local committee shall be appointed to 2-year terms and may be reappointed. Members shall serve without compensation but may receive reimbursement for per diem and travel expenses incurred in the performance of their duties as provided in s. 112.061 and to the extent that funds are available.

(b) *Duties.*—Each local child abuse death review committee shall:

1. Assist the state committee in collecting data on deaths that are the result of child abuse, in accordance with the protocol established by the state committee. The local committee shall
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complete, to the fullest extent possible, the individual case report in the National Child Death Review Case Reporting System.

2. Submit written reports as required by the state committee. The reports must include:

- a. Nonidentifying information from individual cases.
- b. Identification of any problems with the data system uncovered through the review process and the committee's recommendations for system improvements and needed resources, training, and information dissemination, where gaps or deficiencies may exist.
- c. All steps taken by the local committee and private and public agencies to implement necessary changes and improve the coordination of services and reviews.

3. Submit all records requested by the state committee at the conclusion of its review of a death resulting from child abuse.

4. Abide by the standards and protocols developed by the state committee.

5. On a case-by-case basis, request that the state committee review the data of a particular case.

(4) ANNUAL STATISTICAL REPORT.—The state committee shall prepare and submit a comprehensive statistical report by December 1 of each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives which includes data, trends, analysis, findings, and recommendations for state and local action regarding deaths from child abuse. Data must be presented on an individual calendar year basis and in the context of a multiyear trend. At a minimum, the report must include:

(a) Descriptive statistics, including demographic information regarding victims and caregivers, and the causes and nature of deaths.

(b) A detailed statistical analysis of the incidence and causes of deaths.

(c) Specific issues identified within current policy, procedure, rule, or statute and recommendations to address those issues from both the state and local committees.

(d) Other recommendations to prevent deaths from child abuse based on an analysis of the data presented in the report.

(5) ACCESS TO AND USE OF RECORDS.—

(a) Notwithstanding any other law, the chairperson of the State Child Abuse Death Review Committee, or the chairperson of a local committee, shall be provided with access to any information or records that pertain to a child whose death is being reviewed by the committee and that are necessary for the committee to carry out its duties, including information or records that pertain to the child's family, as follows:

1. Patient records in the possession of a public or private provider of medical, dental, or mental health care, including, but not limited to, a facility licensed under chapter 393, chapter 394, or chapter 395, or a health care practitioner as defined in s. 456.001. Providers may charge a fee for copies not to exceed 50 cents per page for paper records and \$1 per fiche for microfiche records.

2. Information or records of any state agency or political subdivision which might assist a committee in reviewing a child's death, including, but not limited to, information or records of the Department of Children and Families, the Department of Health, the Department of Education, or the Department of Juvenile Justice.

(b) The State Child Abuse Death Review Committee or a local committee shall have access to all information of a law enforcement agency which is not the subject of an active investigation and which pertains to the review of the death of a child. A committee may not disclose any information that is not subject to public disclosure by the law enforcement agency, and active criminal intelligence information or criminal investigative information, as defined in s. 119.011(3), may not be made available for review or access under this section.

(c) The state committee and any local committee may share with each other any relevant information that pertains to the review of the death of a child.

(d) A member of the state committee or a local committee may not contact, interview, or obtain information by request or subpoena directly from a member of a deceased child's family as part of a committee's review of a child abuse death, except that if a committee member is also a public officer or state employee, that member may contact, interview, or obtain information from a member of the deceased child's family, if necessary, as part of the committee's review. A member of the deceased child's family may voluntarily provide records or information to the state committee or a local committee.

(e) The chairperson of the State Child Abuse Death Review Committee may require the production of records by requesting a subpoena, through the Department of Legal Affairs, in any county of the state. Such subpoena is effective throughout the state and may be served by any sheriff. Failure to obey the subpoena is punishable as provided by law.

(f) This section does not authorize the members of the state committee or any local committee to have access to any grand jury proceedings.

(g) A person who has attended a meeting of the state committee or a local committee or who has otherwise participated in activities authorized by this section may not be permitted or required to testify in any civil, criminal, or administrative proceeding as to any records or information produced or presented to a committee during meetings or other activities authorized by this section. However, this paragraph does not prevent any person who testifies before the committee or who is a member of the committee from testifying as to matters otherwise within his or her knowledge. An organization, institution, committee member, or other person who furnishes information, data, reports, or records to the state committee or a local committee is not liable for damages to any person and is not subject to any other civil, criminal, or administrative recourse. This paragraph does not apply to any person who admits to committing a crime.

(6) DEPARTMENT OF HEALTH RESPONSIBILITIES.—

(a) The Department of Health shall administer the funds appropriated to operate the review committees and may apply for grants and accept donations.

(b) To the extent that funds are available, the Department of Health may hire staff or consultants to assist a review committee in performing its duties. Funds may also be used to reimburse reasonable expenses of the staff and consultants for the state committee and the local committees.

(c) For the purpose of carrying out the responsibilities assigned to the State Child Abuse Death Review Committee and the local review committees, the State Surgeon General may substitute an existing entity whose function and organization includes the function and organization of the committees established by this section.

(7) DEPARTMENT OF CHILDREN AND FAMILIES RESPONSIBILITIES.—Each regional managing director of the Department of Children and Families must appoint a child abuse death review coordinator for the region. The coordinator must have knowledge and expertise in the area of child abuse and neglect. The coordinator's general responsibilities include:

(a) Coordinating with the local child abuse death review committee.

(b) Ensuring the appropriate implementation of the child abuse death review process and all regional activities related to the review of child abuse deaths.

(c) Working with the committee to ensure that the reviews are thorough and that all issues are appropriately addressed.

(d) Maintaining a system of logging child abuse deaths covered by this procedure and tracking cases during the child abuse death review process.

(e) Conducting or arranging for a Florida Safe Families Network record check on all child abuse deaths covered by this procedure to determine whether there were any prior reports concerning the child or concerning any siblings, other children, or adults in the home.

(f) Coordinating child abuse death review activities, as needed, with individuals in the community and the Department of Health.

(g) Notifying the regional managing director, the Secretary of Children and Families, the Department of Health Deputy Secretary for Health and Deputy State Health Officer for Children's Medical Services, and the Department of Health Child Abuse Death Review Coordinator of all deaths meeting criteria for review as specified in this section within 1 working day after case closure.

(h) Ensuring that all critical issues identified by the local child abuse death review committee are brought to the attention of the regional managing director and the Secretary of Children and Families.

(i) Providing technical assistance to the local child abuse death review committee during the review of any child abuse death.

History.—s. 13, ch. 99-168; s. 11, ch. 2000-160; s. 8, ch. 2000-217; s. 13, ch. 2001-53; s. 14, ch. 2004-350; s. 41, ch. 2008-6; s. 69, ch. 2014-19; s. 21, ch. 2014-224; s. 4, ch. 2015-79; s. 42, ch. 2016-10; s. 55, ch. 2019-3.

APPENDIX B:

Guidelines for the State Committee

Guidelines for the State Committee



Child Abuse Death Review Committee

Working to eliminate preventable
child abuse and neglect deaths in Florida

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CHAPTER I

PURPOSE OF CHILD ABUSE DEATH REVIEW COMMITTEES

1.1 Background and Description

The Florida Child Abuse Death Review Committee was established by statute in s. 383.402, F.S., in 1999. The committee is established within the Department of Health, and utilizes state and local multi-disciplinary committees to review the facts and circumstances of all child deaths reported as suspected abuse or neglect and accepted by the Florida Abuse Hotline Information System within the Department of Children and Families (DCF). The major purpose of the committees is to make and implement data-driven recommendations for changes to law, rules and policies, as well as develop practice standards that support the safe and healthy development of children and reduce preventable deaths.

1.2 Mission Statement

Through systemic review and analysis of child deaths, identify and implement prevention strategies to eliminate child abuse and neglect deaths.

1.3 Operating Principle

A public health approach to child maltreatment is needed to address the range of conditions that place children at risk of harm. The circumstances involved in most child abuse and neglect deaths are multidimensional and require a data driven systemic review to identify successful prevention and intervention strategies.

The state and local review committees shall work cooperatively.

- The primary function of the state review committee is to provide direction and leadership for the review system and to analyze data and recommendations from local review committees
- To identify issues and trends and to recommend statewide action

1.4 Goal

The goal of Child Abuse Death Review Committee is to improve our understanding of the causes and contributing factors of deaths resulting from child abuse and neglect, to influence policies and programs to improve child health, safety and protection; and to eliminate preventable child deaths.

1.5 Objectives

- Develop a system and protocol for uniform collection of child abuse and neglect death data statewide, utilizing existing data-collection systems to the greatest extent possible
- Identify needed changes in legislation, policy and practices, and expand efforts in child health and safety to prevent child abuse and neglect deaths

- Improve communication and linkages among agencies and enhance coordination of efforts

CHAPTER 2

STATE REVIEW COMMITTEE MEMBERSHIP AND DUTIES

2.1 Introduction

This chapter describes the general standards for the State Child Abuse Death Review Committee membership, and outlines general duties and responsibilities of committee members.

2.2 Statutory Membership

The State Child Abuse Death Review Committee is composed of representatives of the following departments, agencies or organizations:

- Department of Health - The Department of Health representative serves as the state committee coordinator.
- Department of Legal Affairs
- Department of Children and Families
- Department of Law Enforcement
- Department of Education
- Florida Prosecuting Attorneys Association
- Florida Medical Examiners Commission, whose representative must be a Forensic Pathologist

In addition, the State Surgeon General is responsible for appointing the following members based on recommendations from the Department of Health and affiliated agencies, and ensuring that the Committee represents to the greatest possible extent, the regional, gender, and ethnic diversity of the state:

- The Department of Health Statewide Medical Director for Child Protection Team
- A public health nurse
- A mental health professional who treats children or adolescents
- An employee of the Department of Children and Families who supervises family services counselors and who has at least five years of experience in child protective investigations
- A medical director of a Child Protection Team
- A member of a child advocacy organization
- A social worker who has experience in working with victims and perpetrators of child abuse
- A person trained as a paraprofessional in patient resources who is employed in a child abuse prevention program
- A law enforcement officer who has at least five years of experience in children's issues
- A representative of the Florida Coalition Against Domestic Violence
- A representative from a private provider of programs on preventing child abuse and neglect
- A Substance Abuse Treatment Professional

2.3 Term of Membership

The members of the state committee shall be appointed to staggered terms not to exceed 2 years each as determined by the State Surgeon General. Members may be appointed to no more than three consecutive terms. The state committee shall elect a chairperson from among its members to serve for a 2-year term, and the chairperson may appoint ad hoc committees as necessary to carry out the duties of the committee.

Agency representatives who leave their agency during their term must notify the agency head, and the DOH Child Abuse Death Review Committee Coordinator. The agency appointment expires upon the effective date of the member's departure from the agency and the State Surgeon General will request that the agency appoint a new member.

State Surgeon General appointees who resign from their current position must notify the DOH Child Abuse Death Review Committee Coordinator. At the discretion of the Surgeon General, they may remain on the state Committee provided they are still active in their appointed discipline and continue to be employed in the specific job category where indicated. All appointees who leave their employment and otherwise cease to be active in their designated discipline must notify the Chair of the State Committee and the DOH Death Review Committee Coordinator.

All replacements to the state Committee will serve the remainder of the term for the appointee they replace.

2.4 Consultants

The Department of Health may hire staff or consultants to assist the review committee in performing its duties. Consultants must be able to provide important information, experience, and expertise to the Committee. They may not use their participation on the Committee to discover, identify, acquire or use information for any purpose other than the stated purpose of conducting approved child abuse death review activities.

2.5 Election of State Chairperson

The chairperson of the State Child Abuse Death Review Committee is elected for a two (2) year term by a majority vote of the members of the State Child Abuse Death Review Committee. Members of the committee with investigatory responsibilities are not eligible to serve as chairperson. The State Child Abuse Death Review Committee Chairperson may appoint ad hoc committees as necessary to carry out the duties of the Committee.

2.6 Reimbursement

Members of the state Committee serve without compensation but are entitled to reimbursement for per diem and travel expenses incurred in the performance of their duties as provided in s. 112.061, F.S., and to the extent that funds are available. Consultants can be reimbursed reasonable expenses to the extent that funds are available. Requests for funding must be reviewed and approved by the Child Death Review Committee Coordinator.

2.7 Terminating State Committee Membership

A member or a consultant of the State Child Abuse Death Review Committee may resign at any time. A written resignation shall be submitted to the Child Death Review Committee Coordinator. Should action be required, a letter shall be addressed to the State Surgeon General who will either make a new appointment or contact the agency head requesting the designation of a new representative.

2.8 State Review Committee Duties

Chairperson

- Chair Committee meetings
- Ensure that the Committee operates according to guidelines and protocols
- Ensure that all new Committee members and ad hoc members sign a confidentiality agreement

Department of Health Committee Coordinator/Department of Health, Death Review Coordinator for the State CADR or designee

- Send meeting notices to committee members
- Submit child abuse death review data to the State Committee for review and analysis
- Maintain current roster and bibliography of members, attendance records and minutes

All Committee Members

- Develop a system for collecting data from local committees on deaths that are reported to the central abuse hotline. The system must include a protocol for the uniform collection of data statewide, which must, at a minimum, use the National Child Death Review Case Reporting System administered by the National Center for the Review and Prevention of Child Deaths, deaths that are reported to the central abuse hotline
- Provide training to cooperating agencies, individuals and local child abuse death review committees on the use of the child abuse death data system
- ANNUAL STATISTICAL REPORT— prepare and submit a comprehensive statistical report by December 1 of each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives which includes data, trends, analysis, findings, and recommendations for state and local action regarding deaths from child abuse. Data must be presented on an individual calendar year basis and in the context of a multiyear trend. At a minimum, the report must include:
 - (a) Descriptive statistics, including demographic information regarding victims and caregivers, and the causes and nature of deaths.
 - (b) A detailed statistical analysis of the incidence and causes of deaths.
 - (c) Specific issues identified within current policy, procedure, rule, or statute and recommendations to address those issues from both the state and local committees.
 - (d) Other recommendations to prevent deaths from child abuse based on an analysis of the data presented in the report.
- Encourage and assist in developing the local child abuse death review committees and provide consultation on individual cases to local committees upon request

- Develop guidelines, standards and protocols, including a protocol for data collection for local child abuse death review committees and provide training technical assistance to local committees upon request
- Provide training on the dynamics and impact of domestic violence, substance abuse or mental health disorders when there is a co-occurrence of child abuse. Training shall be provided by the Florida Coalition Against Domestic Violence, the Florida Alcohol and Drug Abuse Association, and the Florida Council for Community Mental Health in each entity's respective area of expertise
- Develop guidelines for reviewing deaths that are the result of child abuse, including guidelines to be used by law enforcement agencies, prosecutors, medical examiners, health care practitioners, health care facilities and social service agencies
- Study the adequacy of laws, rules, training and services to determine what changes are needed to decrease the incidence of child abuse deaths and develop strategies and recruit partners to implement these changes
- Educate the public regarding the incidence and causes of child abuse death, and the ways to prevent such deaths
- Provide continuing education for professionals who investigate, treat and prevent child abuse or neglect
- Recommend, when appropriate, the review of the death certificate of a child who is suspected to have died of abuse or neglect

CHAPTER 3

MAINTAINING AN EFFECTIVE COMMITTEE

3.1 Conducting an Effective Meeting

The work of the Committee requires regular attendance and participation by all Committee members. Regularly scheduled meetings allow Committee members to make long-term plans and allow for better attendance. Members should become acquainted with protocol for data collection and analysis and come prepared to present their agencies' information and perspectives.

Each member agrees to keep meeting discussions and information regarding specific child abuse and neglect deaths confidential. Confidentiality is essential for each agency to fully participate in the meetings. Committee members are reminded of the following by the Chairperson.

- The review Committee is not an investigative body
- All participants agree to keep Committee discussions relating to specific child abuse deaths confidential
- Meeting minutes will not indicate any case specific information
- The purpose of the Committee is to improve services and agency practices by identifying issues and trends related to child abuse deaths and provide recommendations to address these issues and prevent other child deaths

Each professional brings to the review Committee a unique perspective, professional knowledge and expertise. Each member must acknowledge and respect the professional role of each participating agency.

This reference provides guidelines for the development, implementation, and management of the State Child Abuse Death Review Committee and will be reviewed bi-annually or more often if necessary. Revisions will be distributed to all committee members and posted to the Child Abuse Death Review website.

3.2 Focus on Prevention

The key to good prevention is implementation at the local level. Review Committee members can provide leadership by serving as catalysts for community action. Prevention efforts can range from simply changing one agency practice or policy or setting up more complex interventions for high-risk parents.

The State Committee should work with local committees and community programs involved in child death, safety and protection. Some communities have child safety coalitions, prevention coalitions or active citizen advocacy groups. Connect state and local Committee findings to

ensure results. Assist these groups in accessing state and national resources in the prevention areas targeted by their communities.

CHAPTER 4

COMMITTEE OPERATING PROCEDURES

4.1 Obtaining Data from Local Committee Reviews

The Chairperson should work closely with the local committees and the state CADR Committee designee to ensure receipt of data from local committees.

Additionally, any meeting notes that directly relate to a specific child must also be secured and separate from general meeting notes.

4.2 Record Keeping and Retention

All records (e.g., completed data forms with attachments, copies of agency department files) must be maintained in a secure area.

All correspondence, public records requests, letters, and communications with the State Chairperson or other Committee members must be copied to Florida Department of Health Child Abuse Death Review Coordinator.

- Pursuant to State of Florida Department of State Record Retention Schedule #34 the State Child Abuse Death Review Committee shall retain a permanent copy of each annual report, either electronically or written.
- State of Florida Department of State Record Retention Schedule #35 addresses copies of documents received from third parties (e.g. individuals, entities, and government agencies) by the State and Local Child Abuse Death Review Committees pursuant to the review of child abuse deaths and for the preparation of the annual incidence and causes of death report required by Section 383.402, F.S. Record copies must be maintained for a period of one year from the date of publication of the annual report. Permission must be obtained from the Florida Department of Health State Child Abuse Death Review Coordinator prior to the destruction of any record
- Documents produced by the State or Local Child Abuse Death Review Committee (e.g., the data form, death summary report, or listing of records reviewed, etc.) must be maintained pursuant to State of Florida Department of State Record Retention Schedule GS1-S, item #338 for a period of five years. Permission must be obtained from the Florida Department of Health State Child Abuse Death Review Coordinator prior to the destruction of any record.
- Committee members must adhere to s. 286.011, F.S. (Florida's Government in the Sunshine Law), and can only communicate with one another about any committee business during a properly noticed meeting

4.3 Child Abuse Death Review Case Reporting System

The State Child Abuse Death Review Committee utilizes the national Child Death Review Case Reporting System to record and track data from child death reviews. The System Guide provides instructions for completing the data form. The Child Death Review Case Reporting System Case Report must be completed on all child abuse deaths reviewed. The committee coordinator should review the data form to ensure that all information is accurate and that the case review is complete.

CHAPTER 5

CONFIDENTIALITY AND ACCESS TO INFORMATION

5.1 Introduction

As provided in section 383.412, Florida Statutes., all information and records that are confidential or exempt under Florida's public records laws shall retain that status throughout the child abuse death review process, including, but not limited to the following:

- Information that reveals the identity of the siblings, surviving family members, or others living in home of a deceased child
- Any information held by the State Child Abuse Death Review Committee or a local committee which reveals the identity of a deceased child whose death has been reported to the central abuse hotline but determined not to be the result of abuse or neglect, or the identity of the surviving siblings, family members, or others living in the home of such deceased child.
- Portions of meetings of the state or local child death review committees at which confidential, exempt information is discussed
- Recordings of closed meetings

Pursuant to Section 383.412, Florida Statutes, , a person who violates the confidentiality provisions of this statute is guilty of a first degree misdemeanor. Violation of confidentiality provisions by committee members should be referred to the representative agency/organization for appropriate action,

Specific questions regarding confidentiality of child abuse death review information should be directed to the Department of Health, Child Abuse Death Review Committee Coordinator. The Coordinator will seek advice on the issue, as needed, from the Department of Health Office of General Counsel

The State Child Abuse Death Review Committee and local committees may share information made confidential and exempt by this section:

(a) With each other;

(b) With a governmental agency in furtherance of its duties; or

(c) With any person or entity authorized by the Department of Health to use such relevant information for bona fide research or statistical purposes. A person or entity who is authorized to obtain such relevant information for research or statistical purposes must enter into a privacy and security

agreement with the Department of Health and comply with all laws and rules governing the use of such records and information for research or statistical purposes. Anything identifying the subjects of such relevant information must be treated as confidential by the person or entity and may

not be released in any form

5.2 Confidentiality Statements

Any person who may have access to any information or records regarding review of a child abuse death is required to sign a statement of confidentiality. Persons who may have access to this information shall include state and local Committee chairpersons, state and local Committee members, administrative and support staff for the state and local Committees who open or handle mail, birth or death certificates, records, or any other components required in the preparation of a child abuse death review case.

Each child abuse and neglect death review Committee shall maintain a file with signed copies of the member's confidentiality statement. Other confidentiality statements must be obtained for non-Committee member participants, as needed, on a case-by-case basis. These should be maintained in the local Committee's file.

5.3 Protecting Family Privacy

A member or consultant of the State Child Abuse Death Review Committee shall not contact, interview, or obtain information by request or subpoena from a member of the deceased child's family. This does not apply to a member or consultant who makes such contact as part of his or her other official duties. Such member or consultant shall make no reference to his/her role or duties with the Child Abuse Death Review Committee.

5.4 Document Storage and Security

All information, records and documents for child abuse death review cases shall be stored in locked files. Persons who have access to the locked files or information contained therein shall be required to sign a confidentiality statement.

Copies of documents provided for Committee meetings shall not be taken from Committee meetings. At the conclusion of the Committee meeting, the copies shall be collected and destroyed.

Data about the circumstances surrounding the death of a child is entered into the Child Abuse Death Review Data System from the Child Abuse Death Review Data Form. This secure database is used to generate summary or management reports and statistical summaries or analyses.

5.5 Media Relations and Public Records Request

Public record requests or other media inquiries should be referred to the Florida Department of Health Child Abuse Death Review Committee Coordinator.

CHAPTER 6

CHILD ABUSE DEATH REVIEW ANNUAL REPORT

6.1 Guidelines for Report

The State Child Abuse Death Review Committee is required to provide an annual report to the Governor, President of the Senate and Speaker of the House of Representatives by December 1st. The report will summarize information gathered by the local committees resulting from their review of specific cases meeting statutory review criteria. The report will contain the following sections.

A) Background

- Program Description
- Statutory Authority
- Program Purpose
- Membership of the State Committee
- Local Child Abuse Death Review Committees

B) Method

- Overview of Child Death Data
- Department of Health Data on all Children Ages 0 through 17 years

C) Findings-Trend Analysis Based on Three Years of Data

- Causes of Death (Abuse & Neglect)
- Age at Death
- Gender and Race
- Age and Relationship of Caregiver(s) Responsible
- Child and Family Risk Factors

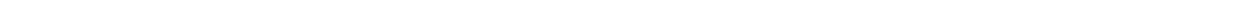
D) Conclusions

E) Prevention Recommendations

F) Summary

APPENDIX C:

State and Local Committee Membership



FLORIDA CHILD ABUSE DEATH REVIEW

State Committee Membership

Social Worker

Robin Perry, PhD, Chairperson

Department of Health

Patricia Boswell, MPH

Department of Legal Affairs

Stephanie Bergen, JD

Department of Children and Families

Vacant

Department of Law Enforcement

Jeremy Gordon, Inspector

Department of Education

Iris Williams, MSW

Florida Prosecuting Attorneys Association

Thomas Bakkedahl, JD

Florida Medical Examiners Commission

Vacant

**Child Protection Team Statewide Medical
Director**

Vacant

Public Health Nurse

Deborah Hogan, RN, MPH

Mental Health Professional

April Lott, LCSW

**Department of Children and Families
Supervisor**

Vacant

Medical Director, Child Protection Team

Carol Lilly, MD, MPH

Child Advocacy Organization

Jennifer Ohlsen, MS

**Paraprofessional in patient resources,
child abuse prevention program**

Maria Lesvia Alaniz

Law Enforcement Officer

Ret. Major Connie Shingledecker

Florida Domestic Violence Representative

Vacant

Child Abuse Prevention Program

Zackary Gibson

Substance Abuse Professional

Linda Mann, LCSW, CAP

Florida Child Abuse Death Review Local Committee Leadership

Committee 1

Claire Kirchharr, MPH, CPH
Kirsten Bucey
Sandra Park-O'Hara, ARNP

Jennifer Clark
Karen Chapman, MD, MPH

Committee 2

Holly Kirsch
Claudia Blackburn, MPH, RN,
CPM

Committee 3

Cheriese Brown
Mr. Kerry Waldron, MPA

Committee 4

Vicki Whitfield
Funmi Borisade, RN, MSM,
MPH, MSN
Kelli Wells, MD

Committee 5

Janine Hammett,
Robin Napier

Committee 6

Rebecca Albert
Rebecca Wilkinson-Shields
Ray Hensley
Mike Napier, MS

Committee 7

Vicki Whitfield
Dawn Allicock, MD

Committee 8

Stephanie Cox
Barbara Locke, RN, BSN,
MPH

Committee 9

Ilvia Ortiz-Paez
Brianna Bell
Anne Johnson, BSN, MN
Vianca McCluskey, MPH
Dr. Raul Pino

Committee 10

David Acevedo
Taylor Freeman
Stephen Nelson, MD
Joy Jackson, MD

Committee 11

Lauren Lazarus-Sabatino,
Esq. CCE
Lauren Villalba, MPA
Vanessa Villamil, MPH
Yesenia Villalta, APRN, DNP,
MSN

Committee 12

Ret. Maj. Connie
Shingledecker
Katie Powers
Jennifer Bencie, MD

Laura McIntyre, MA
Catherine Duff
Jennifer Bencie, MD

Committee 13

Jane Murphy, MPA
Melissa Iturraspe, MS, RHIA
Douglas Holt, MD, FACP

Committee 14

Kelly Byrns-Davis
Stephanie Wood
Christi Bazemore
Karen Johnson, MSN, APRN

Committee 15

Merlene Ramnon, PhD,
MPH, MSN, RN
Alina Alonso, MD

Committee 16

Lauren Lazarus-Sabatino,
Esq., CCE
Lauren Villalba, MPA
Mary Vanden Brook
Bob Eadie, JD

Committee 17

Casey McGovern
Ashley Strum
Barbara Lesh, MPA
Paula Thaqi, MD, MPH

Committee 18

Jeanie Raciti, LCSW
Maria Stahl, DNP, RN

Thelisha Thomas
Lindsey A. Bayer, MS, F-
ABMDI
Donna Walsh, MPA, BSN,
RN

Committee 19

Miranda C. Hawker, MPH

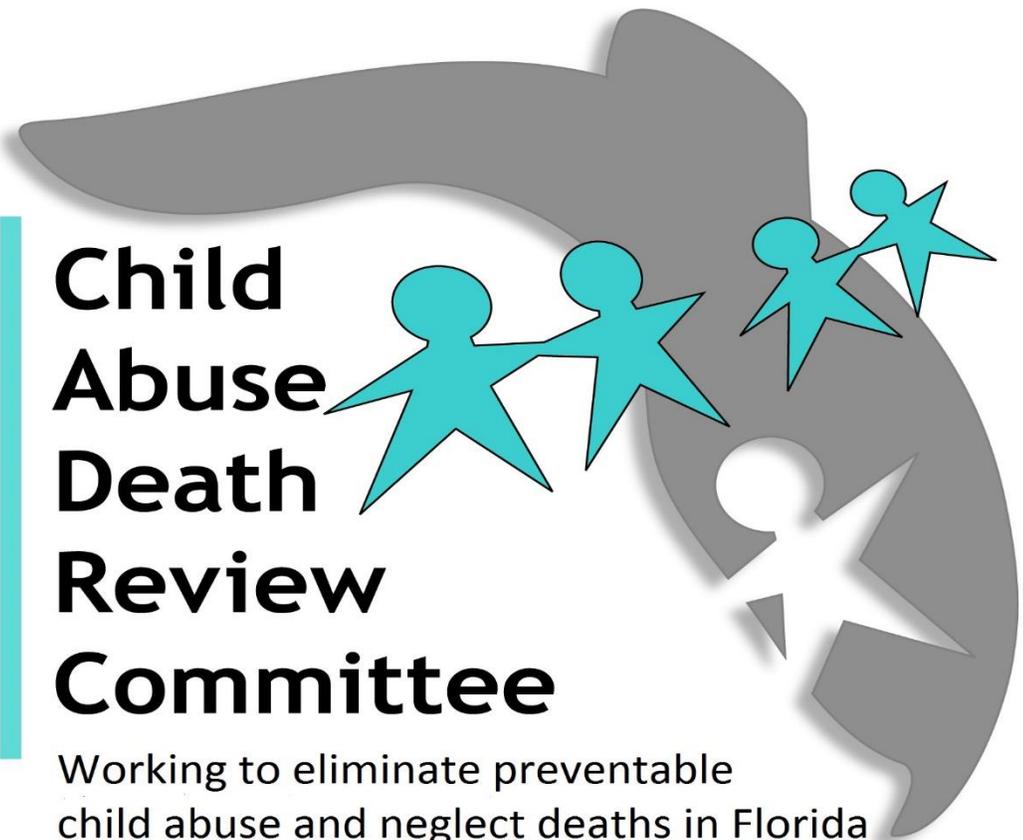
Committee 20

Francine Donnorummo, JD
Sally Kreuzscher
Stephenie Vick, MS, BSN,
RN

APPENDIX D:

Guidelines for Local Committees

Guidelines for Local Committees

A large, light gray silhouette of the state of Florida is positioned in the background. Overlaid on the map are several stylized human figures. Five teal-colored figures are arranged in a line across the top and middle of the state, holding hands. A single white figure is positioned in the lower right portion of the state, also holding hands with the teal figures. A vertical teal bar is located to the left of the main title text.

Child Abuse Death Review Committee

Working to eliminate preventable child abuse and neglect deaths in Florida

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CHAPTER I

PURPOSE OF CHILD ABUSE DEATH REVIEW COMMITTEES

1.1 Background and Description

The Florida Child Abuse Death Review Committee (CADR) was established in 1999, in Section 383.402, *Florida Statutes* (appendix A). The committee is established within the Department of Health (DOH), and utilizes state and local multi-disciplinary committees to review the facts and circumstances of all child deaths reported as suspected abuse or neglect and accepted by the Florida Abuse Hotline Information System (FAHIS) within the Department of Children and Families (DCF). The major purpose of the committees is to recommend changes in law, rules and policies at the state and local levels, as well as develop practice standards that support the safe and healthy development of children and reduce preventable deaths.

1.2 Mission Statement

Through systematic review and analysis of child deaths, identify and implement prevention strategies to eliminate child abuse and neglect deaths.

1.3 Operating Principle

A public health approach to child maltreatment is needed to address the range of conditions that place children at risk of harm. The circumstances involved in most child abuse and neglect deaths are multidimensional and require a data driven systematic review to identify successful prevention and intervention strategies.

The state and local review committees shall work cooperatively. The primary function of the local review committees is to conduct individual case reviews of deaths, generate information, make recommendations, and implement improvements at the local level.

1.4 Goal

The goal of Child Abuse Death Review Committee is to improve our understanding of the causes and contributing factors of deaths resulting from child abuse and neglect, to influence policies and programs to improve child health, safety and protection, and to eliminate preventable child deaths.

1.5 Objectives

- Develop a system and protocol for uniform collection of child abuse and neglect death data statewide, utilizing existing data-collection systems to the greatest extent possible
- Identify needed changes in legislation, policy and practices, and expand efforts in child health and safety to prevent child abuse and neglect deaths
- Improve communication and linkages among agencies and enhance coordination of efforts

CHAPTER 2

LOCAL REVIEW COMMITTEE MEMBERSHIP AND DUTIES

2.1 *Committee Membership*

Local committees enable various disciplines to come together on a regular basis and combine their expertise to gain a better understanding of the causes and contributing factors of child abuse deaths in their jurisdictions.

The directors of county health departments or designee will convene and support a county or multi-county review committees. The local death review committees shall include, at a minimum, the following organizations' representatives, appointed by the county health department directors in consultation with those organizations:

- State Attorney's Office
- County Health Department
- District Medical Examiner's Office
- Local Child Protective Investigations
- Local Child Protection Team
- The Community-based Care lead agency
- State, County, or Local Law Enforcement
- Local School District
- A mental health treatment provider
- A certified domestic violence center
- A substance abuse treatment provider

Other Committee members may include representatives of specific agencies from the community that provide services to children and families. Local child abuse death review core members should identify appropriate representatives from these agencies to participate on the committee. Suggested members include the following:

- A board-certified pediatrician or family practice physician
- A public health nurse
- A member of a child advocacy organization
- A social worker who has experience in working with victims and perpetrators of child abuse
- A person trained as a paraprofessional in patient resources who is employed in a child abuse prevention program
- A representative from a private provider of programs on preventing child abuse and neglect

To the extent possible, individuals from these organizations or entities who, in a professional capacity, dealt with a child whose death is verified as caused by abuse or neglect, or with the family of the child shall attend any meetings where the child's case is reviewed. This participation can be of value in assisting the local committees in their critical appraisal of information that can aid in the evaluation of circumstances surrounding a death (not re-investigation of a case), identification of local trends and specific issues contributing to child abuse and neglect fatalities within their region, and the development

of prevention recommendations in keeping with the mission of the Statewide Child Abuse Death Review Committee.

2.2 Term of Membership

Members of the Local Child Abuse Death Review Committee are appointed for two year terms and may be reappointed. Agency representatives who leave their agency during their term must notify the Chairperson of the local committee, who will notify the County Health Department representative. All replacements to the local committee are appointed for a new two year term.

2.3 Consultants

To the extent that funds are available, the Department of Health may hire staff or consultants to assist the review committee in performing its duties. Funds may also be used to reimburse reasonable expenses of the staff and consultants for the local committee. Consultants must be able to provide important information, experience, and expertise to the Committee. They may not use their participation on the Committee to discover, identify, acquire or use information for any purpose other than the stated purpose of conducting approved child abuse death review activities.

2.4 Ad Hoc Members

Committees may designate ad hoc members. They attend meetings only when they have been directly involved in a case scheduled for review or to provide information on committee related activities. They may be DCF child protective investigators or family services counselors involved in a specific case, law enforcement officers from a police agency that handled the case or a service provider or child advocate who worked with a family.

2.5 Local Review Committee Duties

The duties of the Local Child Abuse Death Review Committee are:

- Assist the state committee in collecting data on deaths that are reported to the child abuse hotline within the Department of Children and Families
- Collect data on applicable child deaths for the State Child Abuse Death Review Committee utilizing the National Child Death Review Case Reporting System
- Maintain a record of attendance, minutes and audio recording of the committee meetings
- Submit written reports to the state committee as directed and in keeping with the intent of the law as denoted in Appendix A. The reports must include:
 - a. Nonidentifying information from individual cases.
 - b. Identification of any problems with the data system uncovered through the review process and the committee's recommendations for system improvements and needed resources, training, and information dissemination, where gaps or deficiencies may exist.
 - c. All steps taken by the local committee and private and public agencies to implement necessary changes and improve the coordination of services and reviews.

2.6 Local Committee Member Responsibilities

The role of local committee members can be flexible to meet the needs of particular communities. Each member should:

- Contribute information from his or her records, in accordance with Section 383.402, *Florida Statutes* (see Appendix A)
- Serve as a liaison to respective professional counterparts

- Provide definitions or professional terminology
- Interpret agency procedures and policies
- Explain the legal responsibilities or limitations of his or her profession

All committee members must have a clear understanding of their own and other professional and agency roles and responsibilities in their community's response to child abuse and neglect fatalities.

2.7 Orientation and Training of Local Committee Members

Orientation and ongoing training of review committees is required to maintain consistency in application of review methods, data review and collection activities. One of the primary goals of this training is to develop consistent, accurate, and thorough application of program standards, and to help ensure that meaningful information can be obtained for identification of prevention strategies for reduction of child abuse and neglect deaths.

Local committees will work in collaboration with the Department of Children and Families Child Fatality Prevention Specialist and the State Child Abuse Death Review Committee for planning and conducting these training activities, especially during the first several meetings of the local committee.

Orientation should include, at a minimum, review of the Child Abuse Death Review Guidelines with an emphasis on confidentiality of records and information, Section 286.011, *Florida Statutes* (Florida Sunshine Law; see Appendix B) and any other training required by Section 383.402, *Florida Statutes*, including:

- Provide training to cooperating agencies, individuals, and local child abuse death review committees on the use of the child abuse death data system.
- Provide training to local child abuse death review committee members on the dynamics and impact of domestic violence, substance abuse, or mental health disorders when there is a co-occurrence of child abuse.
- Develop guidelines for reviewing deaths that are the result of child abuse, including guidelines to be used by law enforcement agencies, prosecutors, medical examiners, health care practitioners, health care facilities, and social service agencies.
- Study the adequacy of laws, rules, training, and services to determine what changes are needed to decrease the incidence of child abuse deaths and develop strategies and recruit partners to implement these changes.

2.8 Support and Technical Assistance for Local Committees

The State Child Abuse Death Review Committee recognizes the importance of consistency and accuracy in the information provided by local child abuse death review Committees. Without this consistency, information collected about the reasons for child abuse and neglect deaths may not be reliable or accurate. To this end, the State Child Abuse Death Review Committee will provide training and technical assistance for local Committee members.

Local Committees may request technical assistance directly from the State Child Abuse Death Review Committee; requests should be directed to the State Committee Chairperson or the DOH State Child Abuse Death Review Coordinator.

CHAPTER 3

MAINTAINING AN EFFECTIVE COMMITTEE

3.1 Conducting an Effective Meeting

The work of the Committee requires regular attendance and participation by all committee members. Regularly scheduled meetings allow committee members to make long-term plans and allow for better attendance. Members should become acquainted with protocol for data collection and analysis and come prepared to present their agencies' information and perspectives.

Each member agrees to keep meeting discussions and information regarding specific child abuse and neglect deaths confidential. Confidentiality is essential for each agency to fully participate in the meetings. Committee members are reminded of the following by the Chairperson:

- The review Committee is not an investigative body
- All participants agree to keep Committee discussions relating to specific child abuse deaths confidential
- Meeting minutes will not indicate any case specific information
- The purpose of the Committee is to improve services and agency practices by identifying issues and trends related to child abuse deaths and provide recommendations to address these issues and prevent other child deaths

Each professional brings to the review Committee a unique perspective, professional knowledge and expertise. Each member must acknowledge and respect the professional role of each participating agency.

Committee members must adhere to Section 286.011, *Florida Statutes* (Florida's Government in the Sunshine Law; see Appendix B), and can only communicate with one another about any committee business during a properly noticed meeting.

3.2 Beginning the Meeting

Members and ad hoc members sign the Child Abuse Death Review Signature Sheet outlining confidentiality policies prior to the start of their participation in review meetings. A confidentiality agreement (see Appendix D) signed by committee members and required for other meeting attendees should be kept at each meeting by the Committee Coordinator.

3.3 Sharing Information

Reviews are conducted by discussing each child abuse death individually. It can be helpful to establish the order in which information will be presented. This will help the meetings and reviews to run more smoothly and make completing the data form easier. Each participant provides information from their agency's records. If any information is distributed, it must be collected before the end of the meeting.

Often committee members may be unable to share information due to confidentiality restrictions or lack of information. If there is insufficient information available at the time of the review, the Committee may postpone the review of that case until additional information is available.

3.4 Community Education and Prevention

The state and local Child Abuse Death Review Committees review and analyze information on the nature of child abuse deaths in Florida. The key to good prevention is leadership at the local level. Local committees identify trends in child abuse death statistics for their own communities, and develop and implement

community education and prevention plans that are data-driven. Prevention efforts can range from simply changing one agency practice or policy or setting up more complex interventions for high-risk parents.

Review committees should work with local community programs involved in child death, safety and protection. Some communities have child safety coalitions, prevention coalitions or active citizen advocacy groups. Connect review findings to these groups to ensure results. Also, assist these groups in accessing state and national resources in the prevention areas targeted by the community.

CHAPTER 4

COMMITTEE OPERATING PROCEDURES

4.1 *Information Sharing*

Background and current information from Committee members' records and other sources is necessary for case reviews. Committees can request information and records as needed to carry out their duties in accordance with state statutes. Such requests should be addressed to the "custodians of the records" or agency director and should include the review Committee authorizing statute, information regarding the Committee's operation and purpose, and a copy of the Committee's interagency agreement.

4.2 *Committee Chairperson*

A Committee chairperson should be selected biennially at the organizational meeting. The chairperson, who can be one of the committee members, serves at the discretion of the committee.

Chairperson duties:

- Call and chair committee meetings. At least one regular monthly meeting (e.g., every 1st Friday of each month) will be scheduled. Regularly scheduled monthly meetings can be cancelled if there are no cases to review. At least quarterly meetings must be held to discuss community prevention initiatives (even when there are no case files for review). Case reviews should be scheduled for review within 30 days of receipt of a case file.
- Send meeting notices to committee members.
- Chairperson is to ensure that meetings are conducted according to Section 286.011, *Florida Statutes* (Florida's Government in the Sunshine Law).
- Work with DOH staff to obtain names and compile the summary sheet of child abuse deaths to be reviewed for distribution to committee members two weeks prior to each meeting.
- Obtain all records needed for the local reviews in accordance Section 383.402, *Florida Statutes*.
- Submit completed child abuse death review data forms with attached materials to the Department of Health, Death Review Coordinator for the State CADR or designee and/or enter data collected from the case review/CDR Report Form into the National Fatality Review Case Reporting System within 15 calendar days of the fatality review.
- Ensure that the Committee operates according to protocols as adapted by the Committee.
- Ensure that all new Committee members and ad hoc members sign a confidentiality agreement.
- Maintain attendance records, current roster, and resumes or CVs detailing qualifications and experience of members.
- Ensure secure transfer of all records to new Chairperson upon transfer of duties.

4.3 *Meeting Attendance*

Committee members must recognize the importance of regular attendance as a means of sharing the expertise and knowledge for which they were recruited. Attendance at meetings must be in person to ensure maximum participation in the death review process. For confidentiality reasons, phone conferencing is not acceptable. Local committees should develop a policy to address non-attendance of committee members.

4.4 Obtaining Names for Committee Reviews

The Chairperson should work closely with the DCF Child Fatality Prevention Specialist to ensure notification of deaths that meet criteria for review.

4.5 Record Keeping and Retention

All records (e.g., completed data forms with attachments, copies of agency department files) must be maintained in a secure area within locked files and may not be destroyed without permission from the Department of Health Death Review Coordinator or designee.

All correspondence, public records requests, letters, and communications with the State Chairperson or other Committee members must be copied to Florida Department of Health Child Abuse Death Review Coordinator or designee.

- Pursuant to State of Florida Department of State Record Retention Schedule #34 the State Child Abuse Death Review Committee shall retain a permanent copy of each annual report, either electronically or written.
- State of Florida Department of State Record Retention Schedule #35 addresses copies of documents received from third parties (e.g. individuals, entities, and government agencies) by the State and Local Child Abuse Death Review Committees pursuant to the review of child abuse deaths and for the preparation of the annual incidence and causes of death report required by Section 383.402, *Florida Statutes*. Record copies must be maintained for a period of one year from the date of publication of the annual report. Permission must be obtained from the Florida Department of Health State Child Abuse Death Review Coordinator or designee prior to the destruction of any record.
- Documents produced by the State or Local Child Abuse Death Review Committee (e.g., the data form, death summary report, or listing of records reviewed, etc.) must be maintained pursuant to State of Florida Department of State Record Retention Schedule GS1-S, item #338 for a period of five years. Permission must be obtained from the Florida Department of Health State Child Abuse Death Review Coordinator or designee prior to the destruction of any record.
- Committee members must adhere to Section 286.011, *Florida Statutes* (Florida's Government in the Sunshine Law), and can only communicate with one another about any committee business during a properly noticed meeting.

4.6 Child Abuse Death Review Case Reporting System

The Child Abuse Death Review Committees utilize the Child Death Review (CDR) Report Form within the National Fatality Review Case Reporting System to record and track data from child death reviews. The System Guide provides instructions for completing the data form. The CDR Report Form must be completed on all child abuse deaths reviewed. The committee chair should review the data form to ensure that all information is accurate, that the case review is complete, and ensure that data entry takes place within 15 calendar days of the fatality case review.

CHAPTER 5

CONFIDENTIALITY AND ACCESS TO INFORMATION

5.1 Introduction

As provided in Section 383.412, *Florida Statutes* (Appendix C) all information and records that are confidential or exempt under Florida's public records laws shall retain that status throughout the child abuse death review process, including, but not limited to the following:

- Any Information that reveals the identity of the surviving siblings of a deceased child whose death occurred as the result of a verified report of abuse or neglect
- Any information that reveals the identity of a deceased child whose death has been reported to the central abuse hotline but determined not to be the result of abuse or neglect, or the identity of the surviving siblings, family members, or others living in the home of such deceased child
- Portions of meetings of the state or local child death review committees at which confidential, exempt information is discussed
- Recordings of closed meetings

Pursuant to Section 383.412, *Florida Statutes*, a person who violates the confidentiality provisions of this statute is guilty of a first-degree misdemeanor. Violation of confidentiality provisions by committee members should be referred to the representative agency/organization for appropriate action.

Specific questions regarding confidentiality of child abuse death review information should be directed to the Department of Health, Child Abuse Death Review Committee Coordinator or designee. The Coordinator will seek advice on the issue, as needed, from the Department of Health, Office of the General Counsel.

5.2 Confidentiality Statements

Any person who may have access to any information or records regarding review of a child abuse death is required to sign a statement of confidentiality (Appendix D). Persons who may have access to this information shall include state and local committee chairpersons, state and local committee members, administrative and support staff for the state and local committees who open or handle mail, birth or death certificates, records, or any other components required in the preparation of a child abuse death review case.

Each child abuse and neglect death review Committee shall maintain a file with signed copies of the member's confidentiality statement. Other confidentiality statements must be obtained for non-committee member participants, as needed, on a case-by-case basis. These should be maintained in the local Committee's file.

5.3 Protecting Family Privacy

A member or consultant of the local review committee shall not contact, interview, or obtain information by request or subpoena from a member of the deceased child's family. This does not apply to a member or consultant who makes such contact as part of his or her other official duties. Such member or consultant shall make no reference to his/her role or duties with the Child Abuse Death Review Committee.

5.4 Document Storage and Security

All information, records and documents for child abuse death review cases must be maintained in a secure area within locked files. Persons who have access to the locked files or information contained therein shall be required to sign a confidentiality statement.

Copies of documents provided for Committee meetings shall not be taken from Committee meetings. At the conclusion of the Committee meeting, the copies provided to members for the review purposes shall be collected and destroyed.

Data about the circumstances surrounding the death of a child is entered into the Child Abuse Death Review Data System from the Child Abuse Death Review Data Form. This secure database is used to generate summary or management reports and statistical summaries or analyses.

5.5 *Media Relations and Public Records Request*

Public record requests or other media inquiries should be referred to the Florida Department of Health Child Abuse Death Review Committee Coordinator or designee.

383.402 Child abuse death review; State Child Abuse Death Review Committee; local child abuse death review committees.—

(1) INTENT.—It is the intent of the Legislature to establish a statewide multidisciplinary, multiagency, epidemiological child abuse death assessment and prevention system that consists of state and local review committees. The committees shall review the facts and circumstances of all deaths of children from birth to age 18 which occur in this state and are reported to the central abuse hotline of the Department of Children and Families. The state and local review committees shall work cooperatively. The primary function of the state review committee is to provide direction and leadership for the review system and to analyze data and recommendations from local review committees to identify issues and trends and to recommend statewide action. The primary function of the local review committees is to conduct individual case reviews of deaths, generate information, make recommendations, and implement improvements at the local level. The purpose of the state and local review system is to:

- (a) Achieve a greater understanding of the causes and contributing factors of deaths resulting from child abuse.
- (b) Whenever possible, develop a communitywide approach to address such causes and contributing factors.
- (c) Identify any gaps, deficiencies, or problems in the delivery of services to children and their families by public and private agencies which may be related to deaths that are the result of child abuse.
- (d) Recommend changes in law, rules, and policies at the state and local levels, as well as develop practice standards that support the safe and healthy development of children and reduce preventable child abuse deaths.
- (e) Implement such recommendations, to the extent possible.

(2) STATE CHILD ABUSE DEATH REVIEW COMMITTEE.—

(a) Membership.—

1. The State Child Abuse Death Review Committee is established within the Department of Health and shall consist of a representative of the Department of Health, appointed by the State Surgeon General, who shall serve as the state committee coordinator. The head of each of the following agencies or organizations shall also appoint a representative to the state committee:

- a. The Department of Legal Affairs.
- b. The Department of Children and Families.
- c. The Department of Law Enforcement.
- d. The Department of Education.
- e. The Florida Prosecuting Attorneys Association, Inc.
- f. The Florida Medical Examiners Commission, whose representative must be a forensic pathologist.

2. In addition, the State Surgeon General shall appoint the following members to the state committee, based on recommendations from the Department of Health and the agencies listed in subparagraph 1., and ensuring that the committee represents the regional, gender, and ethnic diversity of the state to the greatest extent possible:

- a. The Department of Health Statewide Child Protection Team Medical Director.
- b. A public health nurse.
- c. A mental health professional who treats children or adolescents.
- d. An employee of the Department of Children and Families who supervises family services counselors and who has at least 5 years of experience in child protective investigations.
- e. The medical director of a child protection team.
- f. A member of a child advocacy organization.
- g. A social worker who has experience in working with victims and perpetrators of child abuse.
- h. A person trained as a paraprofessional in patient resources who is employed in a child abuse prevention program.
- i. A law enforcement officer who has at least 5 years of experience in children's issues.

- j. A representative of a domestic violence advocacy group.
 - k. A representative from a private provider of programs on preventing child abuse and neglect.
 - l. A substance abuse treatment professional.
3. The members of the state committee shall be appointed to staggered terms not to exceed 2 years each, as determined by the State Surgeon General. Members may be appointed to no more than three consecutive terms. The state committee shall elect a chairperson from among its members to serve for a 2-year term, and the chairperson may appoint ad hoc committees as necessary to carry out the duties of the committee.
 4. Members of the state committee shall serve without compensation but may receive reimbursement for per diem and travel expenses incurred in the performance of their duties as provided in s. 112.061 and to the extent that funds are available.

(b) Duties.—The State Child Abuse Death Review Committee shall:

1. Develop a system for collecting data from local committees on deaths that are reported to the central abuse hotline. The system must include a protocol for the uniform collection of data statewide, which must, at a minimum, use the National Child Death Review Case Reporting System administered by the National Center for the Review and Prevention of Child Deaths.
2. Provide training to cooperating agencies, individuals, and local child abuse death review committees on the use of the child abuse death data system.
3. Provide training to local child abuse death review committee members on the dynamics and impact of domestic violence, substance abuse, or mental health disorders when there is a co-occurrence of child abuse. Training must be provided by the Department of Children and Families, the Florida Alcohol and Drug Abuse Association, and the Florida Council for Community Mental Health in each entity's respective area of expertise.
4. Develop statewide uniform guidelines, standards, and protocols, including a protocol for standardized data collection and reporting, for local child abuse death review committees and provide training and technical assistance to local committees.
5. Develop statewide uniform guidelines for reviewing deaths that are the result of child abuse, including guidelines to be used by law enforcement agencies, prosecutors, medical examiners, health care practitioners, health care facilities, and social service agencies.
6. Study the adequacy of laws, rules, training, and services to determine what changes are needed to decrease the incidence of child abuse deaths and develop strategies and recruit partners to implement these changes.
7. Provide consultation on individual cases to local committees upon request.
8. Educate the public regarding the provisions of Chapter 99-168, Laws of Florida, the incidence and causes of child abuse death, and ways by which such deaths may be prevented.
9. Promote continuing education for professionals who investigate, treat, and prevent child abuse or neglect.
10. Recommend, when appropriate, the review of the death certificate of a child who died as a result of abuse or neglect.

(3) LOCAL CHILD ABUSE DEATH REVIEW COMMITTEES.—At the direction of the State Surgeon General, a county or multicounty child abuse death review committee shall be convened and supported by the county health department directors in accordance with the protocols established by the State Child Abuse Death Review Committee.

(a) Membership.—The local death review committees shall include, at a minimum, the following organizations' representatives, appointed by the county health department directors in consultation with those organizations:

1. The state attorney's office.
2. The medical examiner's office.
3. The local Department of Children and Families child protective investigations unit.
4. The Department of Health child protection team.
5. The community-based care lead agency.

6. State, county, or local law enforcement agencies.
7. The school district.
8. A mental health treatment provider.
9. A certified domestic violence center.
10. A substance abuse treatment provider.
11. Any other members that are determined by guidelines developed by the State Child Abuse Death Review Committee.

To the extent possible, individuals from these organizations or entities who, in a professional capacity, dealt with a child whose death is verified as caused by abuse or neglect, or with the family of the child, shall attend any meetings where the child's case is reviewed. The members of a local committee shall be appointed to 2-year terms and may be reappointed. Members shall serve without compensation but may receive reimbursement for per diem and travel expenses incurred in the performance of their duties as provided in s. 112.061 and to the extent that funds are available.

(b) Duties.—Each local child abuse death review committee shall:

1. Assist the state committee in collecting data on deaths that are the result of child abuse, in accordance with the protocol established by the state committee. The local committee shall complete, to the fullest extent possible, the individual case report in the National Child Death Review Case Reporting System.
2. Submit written reports as required by the state committee. The reports must include:
 - a. Nonidentifying information from individual cases.
 - b. Identification of any problems with the data system uncovered through the review process and the committee's recommendations for system improvements and needed resources, training, and information dissemination, where gaps or deficiencies may exist.
 - c. All steps taken by the local committee and private and public agencies to implement necessary changes and improve the coordination of services and reviews.
3. Submit all records requested by the state committee at the conclusion of its review of a death resulting from child abuse.
4. Abide by the standards and protocols developed by the state committee.
5. On a case-by-case basis, request that the state committee review the data of a particular case.

(4) ANNUAL STATISTICAL REPORT.—The state committee shall prepare and submit a comprehensive statistical report by December 1 of each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives which includes data, trends, analysis, findings, and recommendations for state and local action regarding deaths from child abuse. Data must be presented on an individual calendar year basis and in the context of a multiyear trend. At a minimum, the report must include:

- (a) Descriptive statistics, including demographic information regarding victims and caregivers, and the causes and nature of deaths.
- (b) A detailed statistical analysis of the incidence and causes of deaths.
- (c) Specific issues identified within current policy, procedure, rule, or statute and recommendations to address those issues from both the state and local committees.
- (d) Other recommendations to prevent deaths from child abuse based on an analysis of the data presented in the report.

(5) ACCESS TO AND USE OF RECORDS.—

(a) Notwithstanding any other law, the chairperson of the State Child Abuse Death Review Committee, or the chairperson of a local committee, shall be provided with access to any information or records that pertain to a child whose death is being reviewed by the committee and that are necessary for the committee to carry out its duties, including information or records that pertain to the child's family, as follows:

1. Patient records in the possession of a public or private provider of medical, dental, or mental health care, including, but not limited to, a facility licensed under Chapter 393, Chapter 394, or Chapter 395, or a health care practitioner as defined in s. 456.001. Providers may charge a fee for copies not to exceed 50 cents per page for paper records and \$1 per fiche for microfiche records.

2. Information or records of any state agency or political subdivision which might assist a committee in reviewing a child's death, including, but not limited to, information or records of the Department of Children and Families, the Department of Health, the Department of Education, or the Department of Juvenile Justice.

(b) The State Child Abuse Death Review Committee or a local committee shall have access to all information of a law enforcement agency which is not the subject of an active investigation and which pertains to the review of the death of a child. A committee may not disclose any information that is not subject to public disclosure by the law enforcement agency, and active criminal intelligence information or criminal investigative information, as defined in s. 119.011(3), may not be made available for review or access under this section.

(c) The state committee and any local committee may share with each other any relevant information that pertains to the review of the death of a child.

(d) A member of the state committee or a local committee may not contact, interview, or obtain information by request or subpoena directly from a member of a deceased child's family as part of a committee's review of a child abuse death, except that if a committee member is also a public officer or state employee, that member may contact, interview, or obtain information from a member of the deceased child's family, if necessary, as part of the committee's review. A member of the deceased child's family may voluntarily provide records or information to the state committee or a local committee.

(e) The chairperson of the State Child Abuse Death Review Committee may require the production of records by requesting a subpoena, through the Department of Legal Affairs, in any county of the state. Such subpoena is effective throughout the state and may be served by any sheriff. Failure to obey the subpoena is punishable as provided by law.

(f) This section does not authorize the members of the state committee or any local committee to have access to any grand jury proceedings.

(g) A person who has attended a meeting of the state committee or a local committee or who has otherwise participated in activities authorized by this section may not be permitted or required to testify in any civil, criminal, or administrative proceeding as to any records or information produced or presented to a committee during meetings or other activities authorized by this section. However, this ¹paragraph does not prevent any person who testifies before the committee or who is a member of the committee from testifying as to matters otherwise within his or her knowledge. An organization, institution, committee member, or other person who furnishes information, data, reports, or records to the state committee or a local committee is not liable for damages to any person and is not subject to any other civil, criminal, or administrative recourse. This ²paragraph does not apply to any person who admits to committing a crime.

(6) DEPARTMENT OF HEALTH RESPONSIBILITIES.—

(a) The Department of Health shall administer the funds appropriated to operate the review committees and may apply for grants and accept donations.

(b) To the extent that funds are available, the Department of Health may hire staff or consultants to assist a review committee in performing its duties. Funds may also be used to reimburse reasonable expenses of the staff and consultants for the state committee and the local committees.

(c) For the purpose of carrying out the responsibilities assigned to the State Child Abuse Death Review Committee and the local review committees, the State Surgeon General may substitute an existing entity whose function and organization includes the function and organization of the committees established by this section.

(7) DEPARTMENT OF CHILDREN AND FAMILIES RESPONSIBILITIES.—Each regional managing director of the Department of Children and Families must appoint a child abuse death review coordinator for the region. The coordinator must have knowledge and expertise in the area of child abuse and neglect. The coordinator's general responsibilities include:

- (a) Coordinating with the local child abuse death review committee.
- (b) Ensuring the appropriate implementation of the child abuse death review process and all regional activities related to the review of child abuse deaths.
- (c) Working with the committee to ensure that the reviews are thorough and that all issues are appropriately addressed.
- (d) Maintaining a system of logging child abuse deaths covered by this procedure and tracking cases during the child abuse death review process.
- (e) Conducting or arranging for a Florida Safe Families Network record check on all child abuse deaths covered by this procedure to determine whether there were any prior reports concerning the child or concerning any siblings, other children, or adults in the home.
- (f) Coordinating child abuse death review activities, as needed, with individuals in the community and the Department of Health.
- (g) Notifying the regional managing director, the Secretary of Children and Families, the Department of Health Deputy Secretary for Health and Deputy State Health Officer for Children's Medical Services, and the Department of Health Child Abuse Death Review Coordinator of all deaths meeting criteria for review as specified in this section within 1 working day after case closure.
- (h) Ensuring that all critical issues identified by the local child abuse death review committee are brought to the attention of the regional managing director and the Secretary of Children and Families.
- (i) Providing technical assistance to the local child abuse death review committee during the review of any child abuse death.

History.—s. 13, ch. 99-168; s. 11, ch. 2000-160; s. 8, ch. 2000-217; s. 13, ch. 2001-53; s. 14, ch. 2004-350; s. 41, ch. 2008-6; s. 69, ch. 2014-19; s. 21, ch. 2014-224; s. 4, ch. 2015-79.

¹Note.—The word “paragraph” was substituted for the word “subsection” by the editors to conform to the redesignation of subsection (14) as paragraph (5)(g) by s. 4, ch. 2015-79.

Appendix B

286.011 Public meetings and records; public inspection; criminal and civil penalties —

(1) All meetings of any board or commission of any state agency or authority or of any agency or authority of any county, municipal corporation, or political subdivision, except as otherwise provided in the Constitution, including meetings with or attended by any person elected to such board or commission, but who has not yet taken office, at which official acts are to be taken are declared to be public meetings open to the public at all times, and no resolution, rule, or formal action shall be considered binding except as taken or made at such meeting. The board or commission must provide reasonable notice of all such meetings.

(2) The minutes of a meeting of any such board or commission of any such state agency or authority shall be promptly recorded, and such records shall be open to public inspection. The circuit courts of this state shall have jurisdiction to issue injunctions to enforce the purposes of this section upon application by any citizen of this state.

(3)(a) Any public officer who violates any provision of this section is guilty of a noncriminal infraction, punishable by fine not exceeding \$500.

(b) Any person who is a member of a board or commission or of any state agency or authority of any county, municipal corporation, or political subdivision who knowingly violates the provisions of this section by attending a meeting not held in accordance with the provisions hereof is guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

(c) Conduct which occurs outside the state which would constitute a knowing violation of this section is a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

(4) Whenever an action has been filed against any board or commission of any state agency or authority or any agency or authority of any county, municipal corporation, or political subdivision to enforce the provisions of this section or to invalidate the actions of any such board, commission, agency, or authority, which action was taken in violation of this section, and the court determines that the defendant or defendants to such action acted in violation of this section, the court shall assess a reasonable attorney's fee against such agency, and may assess a reasonable attorney's fee against the individual filing such an action if the court finds it was filed in bad faith or was frivolous. Any fees so assessed may be assessed against the individual member or members of such board or commission; provided, that in any case where the board or commission seeks the advice of its attorney and such advice is followed, no such fees shall be assessed against the individual member or members of the board or commission. However, this subsection shall not apply to a state attorney or his or her duly authorized assistants or any officer charged with enforcing the provisions of this section.

(5) Whenever any board or commission of any state agency or authority or any agency or authority of any county, municipal corporation, or political subdivision appeals any court order which has found said board, commission, agency, or authority to have violated this section, and such order is affirmed, the court shall assess a reasonable attorney's fee for the appeal against such board, commission, agency, or authority. Any fees so assessed may be assessed against the individual member or members of such board or commission; provided, that in any case where the board or commission seeks the advice of its attorney and such advice is followed, no such fees shall be assessed against the individual member or members of the board or commission.

(6) All persons subject to subsection (1) are prohibited from holding meetings at any facility or location which discriminates on the basis of sex, age, race, creed, color, origin, or economic status or which operates in such a manner as to unreasonably restrict public access to such a facility.

(7) Whenever any member of any board or commission of any state agency or authority or any agency or authority of any county, municipal corporation, or political subdivision is charged with a violation of this section and is subsequently acquitted, the board or commission is authorized to reimburse said member for any portion of his or her reasonable attorney's fees.

(8) Notwithstanding the provisions of subsection (1), any board or commission of any state agency or authority or any agency or authority of any county, municipal corporation, or political subdivision, and the chief administrative or executive officer of the governmental entity, may meet in private with the entity's attorney to discuss pending litigation to which the entity is presently a party before a court or administrative agency, provided that the following conditions are met:

(a) The entity's attorney shall advise the entity at a public meeting that he or she desires advice concerning the litigation.

(b) The subject matter of the meeting shall be confined to settlement negotiations or strategy sessions related to litigation expenditures.

(c) The entire session shall be recorded by a certified court reporter. The reporter shall record the times of commencement and termination of the session, all discussion and proceedings, the names of all persons present at any time, and the names of all persons speaking. No portion of the session shall be off the record. The court reporter's notes shall be fully transcribed and filed with the entity's clerk within a reasonable time after the meeting.

(d) The entity shall give reasonable public notice of the time and date of the attorney-client session and the names of persons who will be attending the session. The session shall commence at an open meeting at which the persons chairing the meeting shall announce the commencement and estimated length of the attorney-client session and the names of the persons attending. At the conclusion of the attorney-client session, the meeting shall be reopened, and the person chairing the meeting shall announce the termination of the session.

(e) The transcript shall be made part of the public record upon conclusion of the litigation.

History.—s. 1, ch. 67-356; s. 159, ch. 71-136; s. 1, ch. 78-365; s. 6, ch. 85-301; s. 33, ch. 91-224; s. 1, ch. 93-232; s. 210, ch. 95-148; s. 1, ch. 95-353; s. 2, ch. 2012-25.

Appendix C –

See Ch. 2015-77, Laws of Fla. @ www.leg.state.fl.us

383.412 Public records and public meetings exemptions.—

(1) For purposes of this section, the term “local committee” means a local child abuse death review committee or a panel or committee assembled by the State Child Abuse Death Review Committee or a local child abuse death review committee pursuant to s. 383.402.

(2)(a) Any information held by the State Child Abuse Death Review Committee or a local committee which reveals the identity of the surviving siblings of a deceased child whose death occurred as the result of a verified report of abuse or neglect is confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

(b) Any information held by the State Child Abuse Death Review Committee or a local committee which reveals the identity of a deceased child whose death has been reported to the central abuse hotline but determined not to be the result of abuse or neglect, or the identity of the surviving siblings, family members, or others living in the home of such deceased child, is confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

(c) Information made confidential or exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution which is obtained by the State Child Abuse Death Review Committee or a local committee shall retain its confidential or exempt status.

(3)(a) Portions of meetings of the State Child Abuse Death Review Committee or a local committee at which information made confidential and exempt pursuant to subsection (2) is discussed are exempt from s. 286.011 and s. 24(b), Art. I of the State Constitution. The closed portion of a meeting must be recorded, and no portion of the closed meeting may be off the record. The recording shall be maintained by the State Child Abuse Death Review Committee or a local committee.

(b) The recording of a closed portion of a meeting is exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

(4) The State Child Abuse Death Review Committee and local committees may share information made confidential and exempt by this section:

(a) With each other;

(b) With a governmental agency in furtherance of its duties; or

(c) With any person or entity authorized by the Department of Health to use such relevant information for bona fide research or statistical purposes. A person or entity who is authorized to obtain such relevant information for research or statistical purposes must enter into a privacy and security agreement with the Department of Health and comply with all laws and rules governing the use of such records and information for research or statistical purposes. Anything identifying the subjects of such relevant information must be treated as confidential by the person or entity and may not be released in any form.

(5) Any person who knowingly or willfully makes public or discloses to any unauthorized person any information made confidential and exempt under this section commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

(6) This section is subject to the Open Government Sunset Review Act in accordance with s. 119.15, and shall stand repealed on October 2, 2020, unless reviewed and saved from repeal through reenactment by the Legislature.

History.—s. 1, ch. 2005-190; s. 95, ch. 2008-4; s. 1, ch. 2010-40; s. 1, ch. 2015-77.

STATEMENT OF CONFIDENTIALITY

Name:

Date:

I understand the following:

The purpose of the Child Abuse Death Review Team is to conduct a full examination of the death incident.

No material will be taken from the meeting with case identifying information.

The confidentiality of the information and records is governed by applicable Florida law.

(Signature)

(Agency)

APPENDIX E:

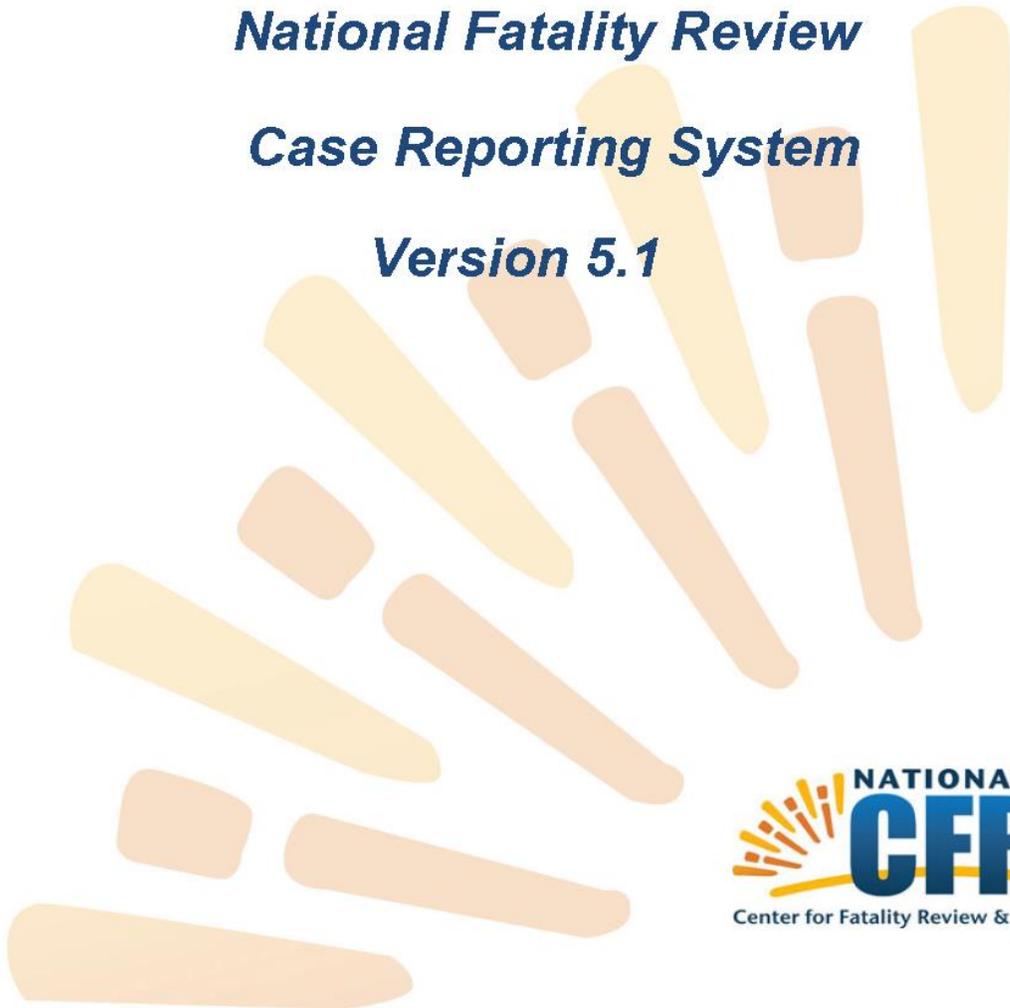
CASE REPORTING FORM VERSION 5.0

CDR Report Form

National Fatality Review

Case Reporting System

Version 5.1



Data entry website: <https://data.ncfrp.org>

1-800-656-2434 info@ncfrp.org www.ncfrp.org

SAVING LIVES TOGETHER

Instructions:

This case report is used by Child Death Review (CDR) teams to enter data into the National Fatality Review Case Reporting System (NFR-CRS). The NFR-CRS is available to states and local sites from the National Center for Fatality Review & Prevention (NCFRP) and requires a data use agreement for data entry. The purpose is to collect comprehensive information from multiple agencies participating in a review. The NFR-CRS documents demographics, the circumstances involved in the death, investigative actions, services provided or needed, key risk factors and actions recommended and/or taken by the team to prevent other deaths.

While this data collection form is an important part of the CDR process, it 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.

It is not expected that teams will have answers to all of the questions related to a death. However, over time teams begin to understand the importance of data collection and bring the necessary information to the meeting. The percentage of cases marked "unknown" and unanswered questions decreases as the team becomes more familiar with the form. **The NFR-CRS Data Dictionary is available.** It contains definitions for each data element and should be referred to when the team is unsure how to answer a question. Use of the data dictionary helps teams improve consistency of data entry.

The form contains three types of questions: (1) select one response as represented by a circle; (2) select multiple responses as represented by a square; and (3) free text responses. This last type is indicated by the words "specify" or "describe."

Many teams ask what is the difference between leaving a question blank and selecting the response "unknown." A question should be marked "unknown" if an attempt was made to find the answer but no clear or satisfactory response was obtained. A question 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 does not apply.

Reminder:

Enter identifiable information (**names, dates, addresses, counties**) into the NFR-CRS if your state/local policy allows. Follow your state laws in regards to reporting psychological, substance abuse and HIV/AIDS status. Please check with your fatality review coordinator if you are unsure. For other text fields, such as the **Narrative section or any "specify" or "describe" fields**, do not include specific names, dates of birth, dates of death, references to specific counties, practitioners, or facility names in these text fields. Examples: "Evans County EMS" should be "EMS"; "Evans County Children's Hospital" should be "the children's hospital." **Why this reminder?** Text fields may be shared with approved researchers as noted in the Data Use Agreement in your state or jurisdiction. Therefore, entering identified data into those fields would compromise your responsibility under HIPAA.

Additional paper forms can be ordered from the NCFRP at no charge. Users interested in participating in the NFR-CRS for data entry and reporting should contact the NCFRP. This version includes the Sudden and Unexpected Infant Death (SUID) Case Registry and the Sudden Death in the Young (SDY) Case Registry questions.

Copyright: National Center for Fatality Review & Prevention, April 2020

| CASE NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|---|----------------|---|---------------------------|--------------------------|--------------------------|-----------------------------------|---------------------------|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|---------------------------|--------------------------|--------------------------|--|--|--|--|--------------------------|------------------------------|--|---|
| _____ State / County or Team Number / Year of Review / Sequence of Review | | Case Type: <input type="radio"/> Death <input type="radio"/> Near death/serious injury <input type="radio"/> Not born alive (fetal/stillborn) <input type="checkbox"/> Child never left hospital following birth | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Death Certificate Number: Birth Certificate Number: ME/Coroner Number: Date Team Notified of Death: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. CHILD INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A1. CHILD INFORMATION (COMPLETE FOR ALL AGES) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Child's name: First: _____ Middle: _____ Last: _____ | | <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Date of birth: <input type="checkbox"/> U/K mm / dd / yyyy | 3. Date of death: <input type="checkbox"/> U/K mm / dd / yyyy | 4. Age: <input type="radio"/> Years <input type="radio"/> Months <input type="radio"/> Days <input type="radio"/> Hours <input type="radio"/> Minutes <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Race, check all that apply: <input type="checkbox"/> U/K <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander, specify: <input type="checkbox"/> Asian, specify: <input type="checkbox"/> American Indian, Tribe: <input type="checkbox"/> Alaska Native, Tribe: | | 6. Hispanic or Latino origin? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Sex: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Residence address: <input type="checkbox"/> U/K Street: _____ Apt. _____ City: _____ State: _____ Zip: _____ County: _____ | | 9. Child's weight at death: <input type="checkbox"/> U/K <input type="radio"/> Pounds/ounces _____ <input type="radio"/> Grams/kilograms _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Child's height at death: <input type="checkbox"/> U/K <input type="radio"/> Feet/inches _____ <input type="radio"/> Cm _____ | | 11. State of death: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. County of death: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Child had disability or chronic illness? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Physical/orthopedic, specify: _____ <input type="checkbox"/> Mental health/substance abuse, specify: _____ <input type="checkbox"/> Cognitive/intellectual, 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"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | 15. Child's health insurance, check all that apply: <input type="checkbox"/> None <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Private <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Medicaid <input type="checkbox"/> U/K <input type="checkbox"/> State plan | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Were any siblings placed outside of the home prior to this child's death? <input type="radio"/> N/A <input type="radio"/> Yes, # _____ <input type="radio"/> No <input type="radio"/> U/K | | 16. Was the child up to date with the Centers for Disease Control and Prevention (CDC) immunization schedule? <input type="radio"/> NA <input type="radio"/> Yes <input type="radio"/> No, specify: _____ <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the child never left the hospital following birth, go to A2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. 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 | | 18. New residence in past 30 days? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. Residence overcrowded? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | 20. Child ever homeless? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. Number of other children living with child: _____ <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. Child had history of child maltreatment? If yes, check all that apply: <table border="0"> <tr> <td>As Victim</td> <td>As Perpetrator</td> <td>As Victim</td> <td>As Perpetrator</td> <td rowspan="4">If yes, how was history identified: <input type="radio"/> Through CPS <input type="radio"/> Other sources If through CPS: As Victim _____ # CPS referrals As Perpetrator _____ # Substantiations </td> </tr> <tr> <td><input type="radio"/> N/A</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Physical</td> </tr> <tr> <td><input type="radio"/> Yes</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Neglect</td> </tr> <tr> <td><input type="radio"/> No</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Sexual</td> </tr> <tr> <td><input type="radio"/> U/K</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Emotional/psychological</td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> U/K</td> <td></td> </tr> </table> | | As Victim | As Perpetrator | As Victim | As Perpetrator | If yes, how was history identified: <input type="radio"/> Through CPS <input type="radio"/> Other sources If through CPS: As Victim _____ # CPS referrals As Perpetrator _____ # Substantiations | <input type="radio"/> N/A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Physical | <input type="radio"/> Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Neglect | <input type="radio"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Sexual | <input type="radio"/> U/K | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Emotional/psychological | | | | <input type="checkbox"/> | <input type="checkbox"/> U/K | | 23. Was there an open CPS case with child at time of death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K |
| As Victim | As Perpetrator | As Victim | As Perpetrator | If yes, how was history identified: <input type="radio"/> Through CPS <input type="radio"/> Other sources If through CPS: As Victim _____ # CPS referrals As Perpetrator _____ # Substantiations | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> N/A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Physical | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Neglect | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Sexual | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> U/K | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Emotional/psychological | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24. Was child ever placed outside of the home prior to the death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | 25. How many months prior to death did child last have contact with a health care provider? _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A2. COMPLETE FOR CHILDREN OVER ONE YEAR OLD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26. Child's highest education level: <input type="radio"/> N/A <input type="radio"/> Drop out <input type="radio"/> None <input type="radio"/> HS graduate/GED <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 | | 27. 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28. Did child have problems in school? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <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"/> Other, specify: _____ <input type="checkbox"/> U/K | | 29. Child had history of intimate partner violence? Check all that apply: <input type="checkbox"/> N/A <input type="checkbox"/> Yes, as victim <input type="checkbox"/> Yes, as perpetrator <input type="checkbox"/> No <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|--|---|---|--|---|---|---|---|---|---|--|---|--|--|--|---|---|---|---|--|---|--|---|------------------------------|---|---|--|-----------------------------------|-----------------------------------|--|---|--|--------------------------------------|--|--|-----------------------------------|---|---|-------------------------------------|--|--|---|---|---|------------------------------------|---------------------------------|---|---|---------------------------------|---|--|---|--|--|--|--|--|--|--|---|--|
| <p>30. Child had received prior mental health services? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Outpatient <input type="checkbox"/> Day treatment/partial hospitalization <input type="checkbox"/> Residential</p> | <p>32. Child on medications for mental health illness? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> | <p>34. Child was hospitalized for mental health care within the previous 12 months? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, did the child have a follow-up MH appointment within 30 days of discharge from the hospital? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>31. Child was receiving mental health services? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Outpatient <input type="checkbox"/> Day treatment/partial hospitalization <input type="checkbox"/> Residential</p> | <p>33. Child had emergency department visit for mental health care within the previous 12 months? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, did the child have a follow-up mental health appointment within 30 days of emergency department visit? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> | <p>35. Issues prevented child from receiving mental health services? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, specify:</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>36. Child had history of substance use or abuse? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Alcohol <input type="checkbox"/> Prescription drugs, specify: <input type="checkbox"/> Cocaine <input type="checkbox"/> Over-the-counter drugs, specify: <input type="checkbox"/> Marijuana <input type="checkbox"/> Tobacco/nicotine, specify type: <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Other, specify: <input type="checkbox"/> Opioids <input type="checkbox"/> U/K If yes, did the child receive treatment? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, type? Check all that apply: <input type="checkbox"/> Outpatient <input type="checkbox"/> Day treatment/partial hospitalization <input type="checkbox"/> Inpatient/detox <input type="checkbox"/> Residential</p> | <p>37. Child had delinquent or criminal history? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <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</p> | <p>40. What was child's gender identity? <input type="radio"/> No identity expressed <input type="radio"/> Non-binary <input type="radio"/> Male, not transgender <input type="radio"/> Other, specify: <input type="radio"/> Female, not transgender <input type="radio"/> Transgender male <input type="radio"/> U/K <input type="radio"/> Transgender female</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>38. Child spent time in juvenile detention? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> | <p>41. What was child's sexual orientation? <input type="radio"/> No orientation expressed <input type="radio"/> Other, specify: <input type="radio"/> Straight/heterosexual <input type="radio"/> Gay/lesbian <input type="radio"/> U/K <input type="radio"/> Bisexual <input type="radio"/> Questioning</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>39. Child acutely ill in the two weeks before death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> | <p>A3. COMPLETE FOR ALL FETAL/INFANTS UNDER ONE YEAR</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>42. Was this case reviewed by both a Fetal/Infant Mortality Review (FIMR) and Child Death Review (CDR/CFR) team? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>43. Gestational age: <input type="checkbox"/> U/K _____ # weeks</p> | <p>44. Birth weight: <input type="checkbox"/> U/K <input type="radio"/> Grams/kilograms _____ <input type="radio"/> Pounds/ounces _____</p> | <p>45. Multiple gestation? <input type="radio"/> Yes, # _____ <input type="radio"/> No <input type="radio"/> U/K</p> | <p>46. Including the deceased infant, how many pregnancies did the birth mother have? # _____ <input type="checkbox"/> U/K</p> | <p>47. Including the deceased infant, how many live births did the birth mother have? # _____ <input type="checkbox"/> U/K</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>48. Not including the deceased infant, number of children birth mother still has living? # _____ <input type="checkbox"/> U/K</p> | <p>49. Prenatal care provided during pregnancy of deceased infant? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, number of prenatal visits kept: # _____ <input type="checkbox"/> U/K If yes, month of first prenatal visit. Specify 1-9: _____ <input type="checkbox"/> U/K</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>50. Were there access or compliance issues related to prenatal care? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Lack of money for care</td> <td><input type="checkbox"/> Language barriers</td> <td><input type="checkbox"/> Lack of family/social support</td> <td><input type="checkbox"/> Didn't think she was pregnant</td> </tr> <tr> <td><input type="checkbox"/> Limitations of health insurance coverage</td> <td><input type="checkbox"/> Couldn't get provider to take as patient</td> <td><input type="checkbox"/> Services not available</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Lack of transportation</td> <td><input type="checkbox"/> Multiple providers, not coordinated</td> <td><input type="checkbox"/> Distrust of health care system</td> <td></td> </tr> <tr> <td><input type="checkbox"/> No phone</td> <td><input type="checkbox"/> Couldn't get an earlier appointment</td> <td><input type="checkbox"/> Unwilling to obtain care</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Cultural differences</td> <td><input type="checkbox"/> Lack of child care</td> <td><input type="checkbox"/> Didn't know where to go</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> Lack of money for care | <input type="checkbox"/> Language barriers | <input type="checkbox"/> Lack of family/social support | <input type="checkbox"/> Didn't think she was pregnant | <input type="checkbox"/> Limitations of health insurance coverage | <input type="checkbox"/> Couldn't get provider to take as patient | <input type="checkbox"/> Services not available | <input type="checkbox"/> Other, specify: | <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Multiple providers, not coordinated | <input type="checkbox"/> Distrust of health care system | | <input type="checkbox"/> No phone | <input type="checkbox"/> Couldn't get an earlier appointment | <input type="checkbox"/> Unwilling to obtain care | <input type="checkbox"/> U/K | <input type="checkbox"/> Cultural differences | <input type="checkbox"/> Lack of child care | <input type="checkbox"/> Didn't know where to go | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Lack of money for care | <input type="checkbox"/> Language barriers | <input type="checkbox"/> Lack of family/social support | <input type="checkbox"/> Didn't think she was pregnant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Limitations of health insurance coverage | <input type="checkbox"/> Couldn't get provider to take as patient | <input type="checkbox"/> Services not available | <input type="checkbox"/> Other, specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Multiple providers, not coordinated | <input type="checkbox"/> Distrust of health care system | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> No phone | <input type="checkbox"/> Couldn't get an earlier appointment | <input type="checkbox"/> Unwilling to obtain care | <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Cultural differences | <input type="checkbox"/> Lack of child care | <input type="checkbox"/> Didn't know where to go | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>51. During pregnancy, did mother have any medical conditions/complications? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Cardiovascular</td> <td><input type="checkbox"/> Endocrine/Metabolic</td> <td><input type="checkbox"/> Sexually Transmitted Infection (STI)</td> <td><input type="checkbox"/> Gynecologic (continued)</td> </tr> <tr> <td><input type="checkbox"/> Hypertension - gestational</td> <td><input type="checkbox"/> Diabetes, type 1 chronic</td> <td><input type="checkbox"/> Bacterial vaginosis (BV)</td> <td><input type="checkbox"/> Intrauterine growth restriction (IUGR)</td> </tr> <tr> <td><input type="checkbox"/> Hypertension - chronic</td> <td><input type="checkbox"/> Diabetes, type 2 chronic</td> <td><input type="checkbox"/> Chlamydia</td> <td><input type="checkbox"/> Premature rupture of membranes (PROM)</td> </tr> <tr> <td><input type="checkbox"/> Pre-eclampsia</td> <td><input type="checkbox"/> Diabetes, gestational</td> <td><input type="checkbox"/> Gonorrhea</td> <td><input type="checkbox"/> Preterm premature rupture of membranes (PPROM)</td> </tr> <tr> <td><input type="checkbox"/> Eclampsia</td> <td><input type="checkbox"/> Thyroid</td> <td><input type="checkbox"/> Herpes</td> <td><input type="checkbox"/> Incompetent cervix</td> </tr> <tr> <td><input type="checkbox"/> Clotting disorder</td> <td><input type="checkbox"/> Polycystic ovarian disease</td> <td><input type="checkbox"/> HPV</td> <td><input type="checkbox"/> Umbilical cord complications</td> </tr> <tr> <td><input type="checkbox"/> Hematologic</td> <td><input type="checkbox"/> Neurologic/Psychiatric</td> <td><input type="checkbox"/> Syphilis</td> <td><input type="checkbox"/> Prolapse</td> </tr> <tr> <td><input type="checkbox"/> Folic acid deficiency</td> <td><input type="checkbox"/> Addiction disorder</td> <td><input type="checkbox"/> Group B strep</td> <td><input type="checkbox"/> Nuchal cord</td> </tr> <tr> <td><input type="checkbox"/> Sickle cell disease</td> <td><input type="checkbox"/> Eating disorder</td> <td><input type="checkbox"/> HIV/AIDS</td> <td><input type="checkbox"/> Other cord, specify:</td> </tr> <tr> <td><input type="checkbox"/> Anemia (iron deficiency)</td> <td><input type="checkbox"/> Depression</td> <td><input type="checkbox"/> Other STI, specify:</td> <td><input type="checkbox"/> Placental problems</td> </tr> <tr> <td><input type="checkbox"/> Respiratory</td> <td><input type="checkbox"/> Anxiety disorder</td> <td><input type="checkbox"/> Gynecologic</td> <td><input type="checkbox"/> Abruption</td> </tr> <tr> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> Seizure disorder</td> <td><input type="checkbox"/> Uterine/vaginal bleeding</td> <td><input type="checkbox"/> Previa</td> </tr> <tr> <td><input type="checkbox"/> Pulmonary embolism</td> <td></td> <td><input type="checkbox"/> Chorioamnionitis</td> <td><input type="checkbox"/> Other placental, specify:</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Oligohydramnios</td> <td></td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Polyhydramnios</td> <td></td> </tr> </table> | | | | | <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Endocrine/Metabolic | <input type="checkbox"/> Sexually Transmitted Infection (STI) | <input type="checkbox"/> Gynecologic (continued) | <input type="checkbox"/> Hypertension - gestational | <input type="checkbox"/> Diabetes, type 1 chronic | <input type="checkbox"/> Bacterial vaginosis (BV) | <input type="checkbox"/> Intrauterine growth restriction (IUGR) | <input type="checkbox"/> Hypertension - chronic | <input type="checkbox"/> Diabetes, type 2 chronic | <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Premature rupture of membranes (PROM) | <input type="checkbox"/> Pre-eclampsia | <input type="checkbox"/> Diabetes, gestational | <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Preterm premature rupture of membranes (PPROM) | <input type="checkbox"/> Eclampsia | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Herpes | <input type="checkbox"/> Incompetent cervix | <input type="checkbox"/> Clotting disorder | <input type="checkbox"/> Polycystic ovarian disease | <input type="checkbox"/> HPV | <input type="checkbox"/> Umbilical cord complications | <input type="checkbox"/> Hematologic | <input type="checkbox"/> Neurologic/Psychiatric | <input type="checkbox"/> Syphilis | <input type="checkbox"/> Prolapse | <input type="checkbox"/> Folic acid deficiency | <input type="checkbox"/> Addiction disorder | <input type="checkbox"/> Group B strep | <input type="checkbox"/> Nuchal cord | <input type="checkbox"/> Sickle cell disease | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Other cord, specify: | <input type="checkbox"/> Anemia (iron deficiency) | <input type="checkbox"/> Depression | <input type="checkbox"/> Other STI, specify: | <input type="checkbox"/> Placental problems | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Anxiety disorder | <input type="checkbox"/> Gynecologic | <input type="checkbox"/> Abruption | <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Uterine/vaginal bleeding | <input type="checkbox"/> Previa | <input type="checkbox"/> Pulmonary embolism | | <input type="checkbox"/> Chorioamnionitis | <input type="checkbox"/> Other placental, specify: | | | <input type="checkbox"/> Oligohydramnios | | | | <input type="checkbox"/> Polyhydramnios | |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Endocrine/Metabolic | <input type="checkbox"/> Sexually Transmitted Infection (STI) | <input type="checkbox"/> Gynecologic (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Hypertension - gestational | <input type="checkbox"/> Diabetes, type 1 chronic | <input type="checkbox"/> Bacterial vaginosis (BV) | <input type="checkbox"/> Intrauterine growth restriction (IUGR) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Hypertension - chronic | <input type="checkbox"/> Diabetes, type 2 chronic | <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Premature rupture of membranes (PROM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Pre-eclampsia | <input type="checkbox"/> Diabetes, gestational | <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Preterm premature rupture of membranes (PPROM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Eclampsia | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Herpes | <input type="checkbox"/> Incompetent cervix | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Clotting disorder | <input type="checkbox"/> Polycystic ovarian disease | <input type="checkbox"/> HPV | <input type="checkbox"/> Umbilical cord complications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Hematologic | <input type="checkbox"/> Neurologic/Psychiatric | <input type="checkbox"/> Syphilis | <input type="checkbox"/> Prolapse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Folic acid deficiency | <input type="checkbox"/> Addiction disorder | <input type="checkbox"/> Group B strep | <input type="checkbox"/> Nuchal cord | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Sickle cell disease | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Other cord, specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Anemia (iron deficiency) | <input type="checkbox"/> Depression | <input type="checkbox"/> Other STI, specify: | <input type="checkbox"/> Placental problems | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Respiratory | <input type="checkbox"/> Anxiety disorder | <input type="checkbox"/> Gynecologic | <input type="checkbox"/> Abruption | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Uterine/vaginal bleeding | <input type="checkbox"/> Previa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Pulmonary embolism | | <input type="checkbox"/> Chorioamnionitis | <input type="checkbox"/> Other placental, specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Oligohydramnios | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Polyhydramnios | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|--------------------------|---------------------------------------|-------------|--|-------------|-------------|-------------|----------------------|--------------------------|--------------------------|--------------------------|-------------------------|--|--|--|---------------------------------------|
| 51. Mother's medical conditions (continued) <input type="checkbox"/> Other Condition/Complication <input type="checkbox"/> UTI <input type="checkbox"/> HELLP syndrome <input type="checkbox"/> Oral health/dental or gum infection <input type="checkbox"/> Maternal genetic disorder <input type="checkbox"/> Preterm labor <input type="checkbox"/> Decreased fetal movement <input type="checkbox"/> Maternal developmental delay <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Abnormal MSAFP <input type="checkbox"/> Other, specify: | | | | | | | | | | | | | | | | | |
| 52. Did the mother experience any medical complications in previous pregnancies? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Previous preterm birth <input type="checkbox"/> Previous small for gestational age <input type="checkbox"/> Previous low birth weight birth <input type="checkbox"/> Previous large for gestational age (greater than 4000 grams) | | | | | | | | | | | | | | | | | |
| 53. Did the mother use any medications, drugs or other substances during pregnancy? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Over-the-counter meds <input type="checkbox"/> Anti-epileptic <input type="checkbox"/> Nausea/vomiting medications <input type="checkbox"/> Cocaine <input type="checkbox"/> Meds to treat drug addiction <input type="checkbox"/> Allergy medications <input type="checkbox"/> Anti-hypertensives <input type="checkbox"/> Cholesterol medications <input type="checkbox"/> Heroin <input type="checkbox"/> Opioids <input type="checkbox"/> Antibiotics <input type="checkbox"/> Anti-hypothyroidism <input type="checkbox"/> Sleeping pills <input type="checkbox"/> Marijuana <input type="checkbox"/> Other pain meds <input type="checkbox"/> Anti-flu/antivirals <input type="checkbox"/> Arthritis medications <input type="checkbox"/> Meds to treat preterm labor <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Other, specify: <input type="checkbox"/> Anti-depressants/anti-anxiety/anti-psychotics <input type="checkbox"/> Diabetes medications <input type="checkbox"/> Meds used during delivery <input type="checkbox"/> Alcohol <input type="checkbox"/> U/K <input type="checkbox"/> Asthma medications <input type="checkbox"/> Progesterone/P17 <input type="checkbox"/> If alcohol, infant born with fetal effects or syndrome? | | | | | | | | | | | | | | | | | |
| If any item is checked, please indicate the generic or brand name of the medications or drugs: | | | | | | | | | | | | | | | | | |
| 54. Was the infant born drug exposed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | | | | | | | | | | | | | | | |
| 55. Did the infant have neonatal abstinence syndrome (NAS)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | | | | | | | | | | | | | | | |
| 56. Level of birth hospital: <input type="radio"/> 1* <input type="radio"/> 2* <input type="radio"/> 3* <input type="radio"/> Free-standing birth hospital <input type="radio"/> Home birth <input type="radio"/> Other, specify: <input type="radio"/> U/K | 57. At discharge from the birth hospital, was a case manager assigned to the mother? <input type="radio"/> N/A, mother did not go to a birth hospital <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K 58. Did the mother attend a postpartum visit? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K 59. Did the infant have a NICU stay of more than one day? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, for what reason(s)? Check all that apply: <input type="checkbox"/> Prematurity <input type="checkbox"/> Apnea <input type="checkbox"/> Hypothermia <input type="checkbox"/> Meconium aspiration <input type="checkbox"/> Low birth weight <input type="checkbox"/> Sepsis <input type="checkbox"/> Jaundice <input type="checkbox"/> Congenital anomalies <input type="checkbox"/> Tachypnea <input type="checkbox"/> Feeding difficulties <input type="checkbox"/> Anemia <input type="checkbox"/> Other, specify: <input type="checkbox"/> Drug/alcohol exposure <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | |
| 60. Did mother smoke in the 3 months before pregnancy? <input type="radio"/> Yes If yes, ___ Avg # cigarettes/day <input type="radio"/> No (20 cigarettes in pack) <input type="radio"/> U/K <input type="checkbox"/> U/K quantity | 61. Did the mother smoke at any time during pregnancy? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <table border="0"> <tr> <td style="text-align: center;">Trimester 1</td> <td style="text-align: center;">Trimester 2</td> <td style="text-align: center;">Trimester 3</td> <td></td> </tr> <tr> <td style="text-align: center;">If yes, ___</td> <td style="text-align: center;">If yes, ___</td> <td style="text-align: center;">If yes, ___</td> <td style="text-align: center;">Avg # cigarettes/day</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">(20 cigarettes in pack)</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> U/K quantity</td> </tr> </table> | Trimester 1 | Trimester 2 | Trimester 3 | | If yes, ___ | If yes, ___ | If yes, ___ | Avg # cigarettes/day | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (20 cigarettes in pack) | | | | <input type="checkbox"/> U/K quantity |
| Trimester 1 | Trimester 2 | Trimester 3 | | | | | | | | | | | | | | | |
| If yes, ___ | If yes, ___ | If yes, ___ | Avg # cigarettes/day | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (20 cigarettes in pack) | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> U/K quantity | | | | | | | | | | | | | | |
| 62. Did the mother use e-cigarettes or other electronic nicotine products at any time during pregnancy? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, on average how often? <input type="radio"/> More than once a day <input type="radio"/> Once a day <input type="radio"/> 2-6 days a week <input type="radio"/> 1 day a week or less <input type="radio"/> U/K | | | | | | | | | | | | | | | | | |
| 63. Was mother injured during pregnancy? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, describe: | 64. Did the mother have postpartum depression? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | | | | | | | | | | | | | | |
| If this was a fetal death, go to Section B. | | | | | | | | | | | | | | | | | |
| 65. Infant ever breastfed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, any breast milk at 3 months? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, exclusively? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, any breast milk at 6 months? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, exclusively? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If ever, was infant receiving breast milk at time of death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | 66. Did infant have abnormal metabolic newborn screening results? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, describe any abnormality such as a fatty acid oxidation error: | | | | | | | | | | | | | | | | |
| If the infant never left the hospital following birth, go to Section B. | | | | | | | | | | | | | | | | | |
| 67. At any time prior to the infant's last 72 hours, did the infant have a history of (check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Cyanosis <input type="checkbox"/> Infection <input type="checkbox"/> Seizures or convulsions <input type="checkbox"/> Allergies <input type="checkbox"/> Cardiac abnormalities <input type="checkbox"/> Abnormal growth, weight gain/loss <input type="checkbox"/> Other, specify: <input type="checkbox"/> Apnea <input type="checkbox"/> U/K | 68. In the 72 hours prior to death, did the infant have any of the following? Check all that apply: <input type="checkbox"/> None <input type="checkbox"/> Vomiting <input type="checkbox"/> Cyanosis <input type="checkbox"/> Fever <input type="checkbox"/> Choking <input type="checkbox"/> Seizures or convulsions <input type="checkbox"/> Excessive sweating <input type="checkbox"/> Diarrhea <input type="checkbox"/> Other, specify: <input type="checkbox"/> Lethargy/sleeping more than usual <input type="checkbox"/> Stool changes <input type="checkbox"/> Fussiness/excessive crying <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> U/K <input type="checkbox"/> Decrease in appetite <input type="checkbox"/> Apnea | | | | | | | | | | | | | | | | |
| 69. In the 72 hours prior to death, was the infant injured? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, describe cause and injuries: | 70. In the 72 hours prior to death, was the infant given any vaccines? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, list name(s) of vaccines: | | | | | | | | | | | | | | | | |
| 71. In the 72 hours prior to death, was the infant given any medications or remedies? Include herbal, prescription, over-the-counter medications and home remedies. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, list name and last dose given: | 72. What did the infant have for his/her last meal? Check all that apply: <input type="checkbox"/> Breast milk <input type="checkbox"/> Formula, type: <input type="checkbox"/> Baby food, type: <input type="checkbox"/> Cereal, type: <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | |

| B. BIOLOGICAL PARENT INFORMATION | | | | | | No information available, go to Section C | | | | | |
|---|--|---|--|--|--|---|--|---|--|--|--|
| 1. Parents alive on date of child's death? Even if parent(s) are deceased at time of child's death, please fill out the remaining questions. | | | | | | Female <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K Male <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | | | |
| 2. Parents' race, check all that apply: | | 3. Parents' Hispanic or Latino origin? | | 5. Parents' employment status: | | 6. Parents' income: | | | | | |
| Female Male <input type="checkbox"/> <input type="checkbox"/> White <input type="checkbox"/> <input type="checkbox"/> Black <input type="checkbox"/> <input type="checkbox"/> Asian, specify: <input type="checkbox"/> <input type="checkbox"/> American Indian, Tribe: <input type="checkbox"/> <input type="checkbox"/> Alaska Native, Tribe: | | Female Male <input type="checkbox"/> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> <input type="checkbox"/> Pacific Islander, specify: <input type="checkbox"/> <input type="checkbox"/> U/K | | Female Male <input type="radio"/> <input type="radio"/> Yes, specify origin: <input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> U/K | | Female Male <input type="radio"/> <input type="radio"/> Employed <input type="radio"/> <input type="radio"/> Unemployed <input type="radio"/> <input type="radio"/> On disability <input type="radio"/> <input type="radio"/> Stay-at-home <input type="radio"/> <input type="radio"/> Retired <input type="radio"/> <input type="radio"/> U/K | | Female Male <input type="radio"/> <input type="radio"/> High <input type="radio"/> <input type="radio"/> Medium <input type="radio"/> <input type="radio"/> Low <input type="radio"/> <input type="radio"/> U/K | | | |
| 7. Parents' education: | | 8. Parents speak and understand English? | | 9. Parents first generation immigrant? | | 11. Parents receive social services in the past twelve months? | | | | | |
| Female Male <input type="radio"/> <input type="radio"/> < High school <input type="radio"/> <input type="radio"/> High school <input type="radio"/> <input type="radio"/> GED <input type="radio"/> <input type="radio"/> College <input type="radio"/> <input type="radio"/> Post graduate <input type="radio"/> <input type="radio"/> U/K | | Female Male <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> U/K If no, language spoken: | | Female Male <input type="radio"/> <input type="radio"/> Yes, country of origin: <input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> U/K | | Female Male <input type="radio"/> <input type="radio"/> Yes If yes, check all that apply below: <input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> U/K | | | | | |
| | | | | 10. Parents on active military duty? | | 11. Parents receive social services in the past twelve months? | | | | | |
| | | | | Female Male <input type="radio"/> <input type="radio"/> Yes, specify branch: <input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> U/K | | Female Male <input type="checkbox"/> <input type="checkbox"/> WIC <input type="checkbox"/> <input type="checkbox"/> Home visiting, specify: <input type="checkbox"/> <input type="checkbox"/> TANF <input type="checkbox"/> <input type="checkbox"/> Medicaid <input type="checkbox"/> <input type="checkbox"/> Food stamps/SNAP/EBT | | Female Male <input type="checkbox"/> <input type="checkbox"/> Section 8/housing <input type="checkbox"/> <input type="checkbox"/> Social Security Disability Insurance (SSI/SSDI) <input type="checkbox"/> <input type="checkbox"/> Other, specify: <input type="checkbox"/> <input type="checkbox"/> U/K | | | |
| 12. Parents have substance abuse history? | | 13. Parents ever victim of child maltreatment? | | 14. Parents ever perpetrator of maltreatment? | | 15. Parents have disability or chronic illness? | | | | | |
| Female Male <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> U/K If yes, check all that apply: <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"/> Opioids <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 | | Female Male <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> U/K If yes, check all that apply: <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 _____ # CPS referrals _____ # Substantiations <input type="checkbox"/> <input type="checkbox"/> Ever in foster care or adopted | | Female Male <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> U/K If yes, check all that apply: <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="radio"/> U/K _____ # CPS referrals _____ # Substantiations <input type="checkbox"/> <input type="checkbox"/> CPS prevention services <input type="checkbox"/> <input type="checkbox"/> Family preservation services <input type="checkbox"/> <input type="checkbox"/> Children ever removed | | Female Male <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> <input type="checkbox"/> Physical/orthopedic, specify: <input type="checkbox"/> <input type="checkbox"/> Mental health/substance abuse, specify: <input type="checkbox"/> <input type="checkbox"/> Cognitive/intellectual, specify: <input type="checkbox"/> <input type="checkbox"/> Sensory, specify: <input type="checkbox"/> <input type="checkbox"/> U/K If mental health/substance abuse, was parent receiving mental health services? <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> U/K | | | | | |
| 16. Parents have prior child deaths? | | | | | | Female Male <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> U/K If yes, cause(s): Check all that apply: Female Male <input type="checkbox"/> <input type="checkbox"/> Child abuse # _____ <input type="checkbox"/> <input type="checkbox"/> Child neglect # _____ <input type="checkbox"/> <input type="checkbox"/> Accident # _____ Female Male <input type="checkbox"/> <input type="checkbox"/> Suicide # _____ <input type="checkbox"/> <input type="checkbox"/> SIDS # _____ <input type="checkbox"/> <input type="checkbox"/> Undetermined cause # _____ Female Male <input type="checkbox"/> <input type="checkbox"/> Other # _____ <input type="checkbox"/> <input type="checkbox"/> Other, specify: <input type="checkbox"/> <input type="checkbox"/> U/K | | | | | |
| 17. Parents have history of intimate partner violence? | | | | 18. Parents have delinquent/criminal history? | | | | If yes, check all that apply: | | | |
| Female Male <input type="checkbox"/> <input type="checkbox"/> Yes, as victim <input type="checkbox"/> <input type="checkbox"/> Yes, as perpetrator <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> U/K | | | | Female Male <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> U/K | | | | Female Male <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 | | | |

| C. PRIMARY CAREGIVER(S) INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|---|---------------------------------------|---|--------------------------------|---|--|------------------------------|--|---|--|--|--|--|--|--|--|---|---------------------------------------|-----------------------------------|---------------------------------------|----------------------------------|-------------------------------|---------------------------|--|--|--|--|--|
| 1. Primary caregiver(s): Select only one each in columns one and two. <table border="0"> <tr> <td><u>One</u> <u>Two</u></td> <td><u>One</u> <u>Two</u></td> <td><u>One</u> <u>Two</u></td> <td><u>One</u> <u>Two</u></td> <td><u>One</u> <u>Two</u></td> <td><u>One</u> <u>Two</u></td> </tr> <tr> <td><input type="radio"/> Self, go to Section D</td> <td><input type="radio"/> Foster parent</td> <td><input type="radio"/> Other relative</td> <td><input type="radio"/> Biological mother, go to Section D</td> <td><input type="radio"/> Mother's partner</td> <td><input type="radio"/> Friend</td> </tr> <tr> <td><input type="radio"/> Biological father, go to Section D</td> <td><input type="radio"/> Father's partner</td> <td><input type="radio"/> Institutional staff</td> <td><input type="radio"/> Adoptive parent</td> <td><input type="radio"/> Grandparent</td> <td><input type="radio"/> Other, specify:</td> </tr> <tr> <td><input type="radio"/> Stepparent</td> <td><input type="radio"/> Sibling</td> <td><input type="radio"/> U/K</td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | <u>One</u> <u>Two</u> | <u>One</u> <u>Two</u> | <u>One</u> <u>Two</u> | <u>One</u> <u>Two</u> | <u>One</u> <u>Two</u> | <u>One</u> <u>Two</u> | <input type="radio"/> Self, go to Section D | <input type="radio"/> Foster parent | <input type="radio"/> Other relative | <input type="radio"/> Biological mother, go to Section D | <input type="radio"/> Mother's partner | <input type="radio"/> Friend | <input type="radio"/> Biological father, go to Section D | <input type="radio"/> Father's partner | <input type="radio"/> Institutional staff | <input type="radio"/> Adoptive parent | <input type="radio"/> Grandparent | <input type="radio"/> Other, specify: | <input type="radio"/> Stepparent | <input type="radio"/> Sibling | <input type="radio"/> U/K | | | | 2. Caregiver(s) age in years: <u>One</u> <u>Two</u> # Years <input type="checkbox"/> <input type="checkbox"/> U/K | |
| <u>One</u> <u>Two</u> | <u>One</u> <u>Two</u> | <u>One</u> <u>Two</u> | <u>One</u> <u>Two</u> | <u>One</u> <u>Two</u> | <u>One</u> <u>Two</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Self, go to Section D | <input type="radio"/> Foster parent | <input type="radio"/> Other relative | <input type="radio"/> Biological mother, go to Section D | <input type="radio"/> Mother's partner | <input type="radio"/> Friend | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Biological father, go to Section D | <input type="radio"/> Father's partner | <input type="radio"/> Institutional staff | <input type="radio"/> Adoptive parent | <input type="radio"/> Grandparent | <input type="radio"/> Other, specify: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Stepparent | <input type="radio"/> Sibling | <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Caregiver(s) race, check all that apply: <table border="0"> <tr> <td><u>One</u> <u>Two</u></td> <td><u>One</u> <u>Two</u></td> </tr> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Native Hawaiian</td> </tr> <tr> <td><input type="checkbox"/> Black</td> <td><input type="checkbox"/> Pacific Islander, specify:</td> </tr> <tr> <td><input type="checkbox"/> Asian, specify:</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> American Indian, Tribe:</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Alaska Native, Tribe:</td> <td></td> </tr> </table> | | | <u>One</u> <u>Two</u> | <u>One</u> <u>Two</u> | <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Black | <input type="checkbox"/> Pacific Islander, specify: | <input type="checkbox"/> Asian, specify: | <input type="checkbox"/> U/K | <input type="checkbox"/> American Indian, Tribe: | | <input type="checkbox"/> Alaska Native, Tribe: | | 5. Caregiver(s) Hispanic or Latino origin? <u>One</u> <u>Two</u> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, specify origin: | | 6. 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 | | 7. 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 | | | | | | | | | | | | |
| <u>One</u> <u>Two</u> | <u>One</u> <u>Two</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Pacific Islander, specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Asian, specify: | <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> American Indian, Tribe: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Alaska Native, Tribe: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Caregiver(s) education: <u>One</u> <u>Two</u> <input type="radio"/> < High school <input type="radio"/> High school/GED <input type="radio"/> College <input type="radio"/> Post graduate <input type="radio"/> U/K | | 9. Do caregiver(s) speak and understand English? <u>One</u> <u>Two</u> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If no, language spoken: | | 10. Caregiver(s) first generation immigrant? <u>One</u> <u>Two</u> <input type="radio"/> Yes, country of origin: <input type="radio"/> No <input type="radio"/> U/K | | 11. Caregiver(s) on active military duty? <u>One</u> <u>Two</u> <input type="radio"/> Yes, specify branch: <input type="radio"/> No <input type="radio"/> U/K | | 12. Caregiver(s) receive social services in the past twelve months? <u>One</u> <u>Two</u> <input type="radio"/> Yes If yes, check all that apply below: <input type="radio"/> No <input type="radio"/> U/K <table border="0"> <tr> <td><u>One</u> <u>Two</u></td> <td><u>One</u> <u>Two</u></td> </tr> <tr> <td><input type="checkbox"/> WIC</td> <td><input type="checkbox"/> Food stamps/SNAP/EBT</td> </tr> <tr> <td><input type="checkbox"/> Home visiting</td> <td><input type="checkbox"/> Section 8/housing</td> </tr> <tr> <td><input type="checkbox"/> specify:</td> <td><input type="checkbox"/> Soc Sec Disability (SSI/SSDI)</td> </tr> <tr> <td><input type="checkbox"/> TANF</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Medicaid</td> <td><input type="checkbox"/> U/K</td> </tr> </table> | | <u>One</u> <u>Two</u> | <u>One</u> <u>Two</u> | <input type="checkbox"/> WIC | <input type="checkbox"/> Food stamps/SNAP/EBT | <input type="checkbox"/> Home visiting | <input type="checkbox"/> Section 8/housing | <input type="checkbox"/> specify: | <input type="checkbox"/> Soc Sec Disability (SSI/SSDI) | <input type="checkbox"/> TANF | <input type="checkbox"/> Other, specify: | <input type="checkbox"/> Medicaid | <input type="checkbox"/> U/K | | | | | | | | | | |
| <u>One</u> <u>Two</u> | <u>One</u> <u>Two</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Food stamps/SNAP/EBT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Home visiting | <input type="checkbox"/> Section 8/housing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> specify: | <input type="checkbox"/> Soc Sec Disability (SSI/SSDI) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Other, specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Caregiver(s) have substance abuse history? <u>One</u> <u>Two</u> <input type="radio"/> Yes <input type="radio"/> No <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"/> Opioids <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Over-the-counter <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K | | 14. Caregiver(s) ever victim of child maltreatment? <u>One</u> <u>Two</u> <input type="radio"/> Yes <input type="radio"/> No <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 | | 15. Caregiver(s) ever perpetrator of maltreatment? <u>One</u> <u>Two</u> <input type="radio"/> Yes <input type="radio"/> No <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 | | 16. Caregiver(s) have disability or chronic illness? <u>One</u> <u>Two</u> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Physical/orthopedic, specify: <input type="checkbox"/> Mental health/substance abuse, specify: <input type="checkbox"/> Cognitive/intellectual, specify: <input type="checkbox"/> Sensory, specify: <input type="checkbox"/> U/K If mental health/substance abuse, was caregiver receiving MH services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. Caregiver(s) have prior child deaths? <u>One</u> <u>Two</u> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | If yes, cause(s): Check all that apply: <u>One</u> <u>Two</u> <input type="checkbox"/> Child abuse # _____ <input type="checkbox"/> Child neglect # _____ <input type="checkbox"/> Accident # _____ <input type="checkbox"/> Suicide # _____ <input type="checkbox"/> SIDS # _____ <input type="checkbox"/> Undetermined cause # _____ <input type="checkbox"/> Other # _____ Other, specify: <input type="checkbox"/> U/K | | 18. Caregiver(s) have history of intimate partner violence? <u>One</u> <u>Two</u> <input type="checkbox"/> Yes, as victim <input type="checkbox"/> Yes, as perpetrator <input type="checkbox"/> No <input type="checkbox"/> U/K | | 19. Caregiver(s) have delinquent/criminal history? <u>One</u> <u>Two</u> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Assaults <input type="checkbox"/> Robbery <input type="checkbox"/> Drugs <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | |

| D. SUPERVISOR INFORMATION | | | | Answer this section only if the child ever left the hospital following birth | | | |
|---|--|---|--|---|--|--|--|
| 1. Did child have supervision at time of incident leading to death? <input type="radio"/> Yes, answer D2-16 <input type="radio"/> No, not needed given developmental age or circumstances, go to Sec. E <input type="radio"/> No, but needed, answer D3-16 <input type="radio"/> Unable to determine, try to answer D3-16 | | 2. How long before incident did supervisor last see child? Select one: <input type="radio"/> Child in sight of supervisor <input type="radio"/> Minutes ____ <input type="radio"/> Days ____ <input type="radio"/> Hours ____ <input type="radio"/> U/K | | 3. Is supervisor listed in a previous section? <input type="radio"/> Yes, biological mother, go to D15 <input type="radio"/> Yes, biological father, go to D15 <input type="radio"/> Yes, caregiver one, go to D15 <input type="radio"/> Yes, caregiver two, go to D15 <input type="radio"/> No | | 4. Primary person responsible for supervision at the time of incident? Select only one: <input type="radio"/> Adoptive parent <input type="radio"/> Grandparent <input type="radio"/> Institutional staff, go to D15 <input type="radio"/> Stepparent <input type="radio"/> Sibling <input type="radio"/> Babysitter <input type="radio"/> Foster parent <input type="radio"/> Other relative <input type="radio"/> Licensed child care worker <input type="radio"/> Mother's partner <input type="radio"/> Friend <input type="radio"/> Other, specify: <input type="radio"/> Father's partner <input type="radio"/> Acquaintance <input type="radio"/> U/K <input type="radio"/> Hospital staff, go to D15 | |
| 5. Supervisor's age in years: _____ <input type="checkbox"/> U/K | | 6. Supervisor's sex: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K | | 7. Supervisor speaks and understands English? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If no, language spoken: _____ | | 8. Supervisor on active military duty? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, specify branch: _____ | |
| 9. Supervisor has substance abuse history? <input type="radio"/> Yes <input type="radio"/> No <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"/> Opioids <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Over-the-counter <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K | | 10. Supervisor has history of child maltreatment? <u>As Victim</u> <u>As Perpetrator</u> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <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/adopted <input type="checkbox"/> CPS prevention services <input type="checkbox"/> Family preservation services <input type="checkbox"/> Children ever removed | | 11. Supervisor has disability or chronic illness? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Physical/orthopedic, specify: <input type="checkbox"/> Mental health/substance abuse, specify: <input type="checkbox"/> Cognitive/intellectual, specify: <input type="checkbox"/> Sensory, specify: <input type="checkbox"/> U/K If mental health/substance abuse, was supervisor receiving mental health services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | 12. Supervisor has prior child deaths? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Child abuse # _____ <input type="checkbox"/> Child neglect # _____ <input type="checkbox"/> Accident # _____ <input type="checkbox"/> Suicide # _____ <input type="checkbox"/> SIDS # _____ <input type="checkbox"/> Undetermined cause # _____ <input type="checkbox"/> Other # _____ Other, specify: <input type="checkbox"/> U/K | |
| 13. Supervisor has history of intimate partner violence? <input type="checkbox"/> Yes, as victim <input type="checkbox"/> Yes, as perpetrator <input type="checkbox"/> No <input type="checkbox"/> U/K | | 14. Supervisor has delinquent or criminal history? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Assault <input type="checkbox"/> Robbery <input type="checkbox"/> Drugs <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K | | 15. At the time of the incident, was the supervisor asleep? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, select the most appropriate description of the supervisor's sleeping period at incident: <input type="radio"/> Night time sleep <input type="radio"/> Day time nap, describe: <input type="radio"/> Day time sleep (for example, supervisor is night shift worker), describe: <input type="radio"/> Other, describe: | | 16. At time of incident was supervisor impaired? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Drug impaired, specify: <input type="checkbox"/> Alcohol impaired <input type="checkbox"/> Distracted <input type="checkbox"/> Absent <input type="checkbox"/> Impaired by illness, specify: <input type="checkbox"/> Impaired by disability, specify: <input type="checkbox"/> Other, specify: | |
| E. INCIDENT INFORMATION | | | | Answer this section only if the child ever left the hospital following birth | | | |
| 1. Was the date of the incident the same as the date of death? <input type="radio"/> Yes, same as date of death <input type="radio"/> No, different than date of death. Enter date of incident: ____ / ____ / ____ <input type="radio"/> U/K | | 2. Approximate time of day that incident occurred? <input type="radio"/> AM <input type="radio"/> PM <input type="radio"/> U/K | | 3. Place of incident, check all that apply: <input type="checkbox"/> Child's home <input type="checkbox"/> Licensed child care center <input type="checkbox"/> Indian reservation/trust lands <input type="checkbox"/> Relative's home <input type="checkbox"/> Licensed child care home <input type="checkbox"/> Military installation <input type="checkbox"/> Friend's home <input type="checkbox"/> Unlicensed child care home <input type="checkbox"/> Jail/detention facility <input type="checkbox"/> Licensed foster care home <input type="checkbox"/> Farm/ranch <input type="checkbox"/> Sidewalk <input type="checkbox"/> Relative foster care home <input type="checkbox"/> School <input type="checkbox"/> Roadway <input type="checkbox"/> Licensed group home <input type="checkbox"/> Place of work <input type="checkbox"/> Driveway <input type="checkbox"/> Other parking area <input type="checkbox"/> State or county park <input type="checkbox"/> Sports area <input type="checkbox"/> Other recreation area <input type="checkbox"/> Hospital | | 4. Type of area: <input type="radio"/> Urban <input type="radio"/> Suburban <input type="radio"/> Rural <input type="radio"/> Frontier <input type="radio"/> U/K | |

| 5. Incident state: | 6. Incident county: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------------------|---|-----|-----------------------|-----------------------|-----------------------|---|---------------------------------|-----------------------|-----------------------|--|-----------------------------|-----------------------|-----------------------|----------------------------------|-----------------------------|-----------------------|-----------------------|---|---|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|--------------------|----------------------------------|--|--|--|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|-----------------------------------|
| 7. Was the death attributed (either directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, specify the type of event (e.g., tornado, heat wave, flood, medical crisis, etc.) and general circumstances surrounding the death: If yes, specify the name of the event if applicable (e.g., Paradise Wild Fire, Hurricane Irma, COVID-19, etc.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Was the incident witnessed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, by whom? | <input type="checkbox"/> Parent/relative <input type="checkbox"/> Health care professional, if death occurred in a hospital setting <input type="checkbox"/> Other caretaker/babysitter <input type="checkbox"/> Teacher/coach/athletic trainer <input type="checkbox"/> Stranger <input type="checkbox"/> Other acquaintance <input type="checkbox"/> Other, specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Was 911 or local emergency called? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Was resuscitation attempted? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, by whom? <input type="checkbox"/> EMS <input type="checkbox"/> Parent/relative <input type="checkbox"/> Other caretaker/babysitter <input type="checkbox"/> Teacher/coach/athletic trainer <input type="checkbox"/> Other acquaintance <input type="checkbox"/> Health care professional, if death occurred in a hospital setting <input type="checkbox"/> Stranger <input type="checkbox"/> Other, specify: | If yes, type of resuscitation: <input type="checkbox"/> CPR <input type="checkbox"/> Automated External Defibrillator (AED) If no AED, was AED available/accessible? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If AED, was shock administered? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, how many shocks were administered? _____ <input type="checkbox"/> Rescue medications, specify type: <input type="checkbox"/> Other, specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, was a rhythm recorded? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, what was the rhythm? _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. At time of incident leading to death, had child used drugs or alcohol? If yes, check all that apply: <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <input type="checkbox"/> Alcohol <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Opioids <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Over-the-counter drugs <input type="checkbox"/> Other, specify: | 12. Child's activity at time of incident, check all that apply: <input type="checkbox"/> Sleeping <input type="checkbox"/> Working <input type="checkbox"/> Driving/vehicle occupant <input type="checkbox"/> U/K <input type="checkbox"/> Playing <input type="checkbox"/> Eating <input type="checkbox"/> Other, specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Total number of deaths at incident event, including child: _____ Children, ages 0-18 <input type="radio"/> U/K _____ Adults | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F. INVESTIGATION INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Was a death investigation conducted? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, check all that apply: <input type="checkbox"/> Medical examiner <input type="checkbox"/> ME investigator <input type="checkbox"/> Law enforcement <input type="checkbox"/> EMS <input type="checkbox"/> Other, specify: <input type="checkbox"/> Coroner <input type="checkbox"/> Coroner investigator <input type="checkbox"/> Fire investigator <input type="checkbox"/> Child Protective Services <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, which of the following death investigation components were completed? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">U/K</th> <th></th> </tr> </thead> <tbody> <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>CDC's SUIDI Reporting Form or jurisdictional equivalent</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>Narrative description of circumstances</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>Scene photos</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>Scene recreation with doll</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>Scene recreation without doll</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>Witness interviews</td> </tr> </tbody> </table> | Yes | No | U/K | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | CDC's SUIDI Reporting Form or jurisdictional equivalent | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Narrative description of circumstances | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Scene photos | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Scene recreation with doll | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Scene recreation without doll | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Witness interviews | If yes, shared with review team? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No | | | | | | | | | | | | | | | | |
| Yes | No | U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | CDC's SUIDI Reporting Form or jurisdictional equivalent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Narrative description of circumstances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Scene photos | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Scene recreation with doll | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Scene recreation without doll | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Witness interviews | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, was a death scene investigation conducted at the place of incident? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. What additional information would the team like to have known about the death scene investigation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Death referred to: <input type="radio"/> Medical examiner <input type="radio"/> Not referred <input type="radio"/> Coroner <input type="radio"/> U/K | 4. Person declaring official cause and manner of death: <input type="radio"/> Medical examiner <input type="radio"/> Hospital physician <input type="radio"/> Mortician <input type="radio"/> U/K <input type="radio"/> Coroner <input type="radio"/> Other physician <input type="radio"/> Other, specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Autopsy performed? <input type="radio"/> Yes <input type="radio"/> No <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 type pathologist <input type="radio"/> Other physician <input type="radio"/> Other, specify: <input type="radio"/> U/K | If yes, was a specialist consulted during autopsy (cardiac, neurology, etc.)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, specify specialist: _____ If no, why not (e.g. parent or caregiver objected)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Were the following assessed either through the autopsy or through information collected prior to the autopsy? Please list any abnormalities/significant findings in F10. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Yes | No | U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | X-ray - single | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | X-ray - multiple views | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | X-ray - complete skeletal series | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Other imaging, specify (includes MRI, CT scan, photos of the brain, etc): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Exam of general appearance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Head circumference | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Autopsy Procedures: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Was a gross examination of organs done? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Were weights of any organs taken? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Were any of these additional tests performed at or prior to the autopsy? Please list any abnormalities/significant findings in F10. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Yes | No | U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Cultures for infectious disease | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Microscopic/histologic exam | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Postmortem metabolic screen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Vitreous testing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Genetic testing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|---|---|--|
| 8. Was any toxicology testing performed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, what were the results? <input type="checkbox"/> Negative <input type="checkbox"/> Cocaine <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Too high Rx drug, specify: <input type="checkbox"/> Other, specify: Check all that apply: <input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Opioids <input type="checkbox"/> Too high OTC drug, specify: <input type="checkbox"/> U/K | | |
| 9. Was the child's medical history reviewed as part of the autopsy? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, did this include: Review of the newborn metabolic screen results? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <input type="radio"/> Not performed Review of neonatal CCHD screen results? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <input type="radio"/> Not performed | | 10. Describe any abnormalities or other significant findings noted in the autopsy: |
| 11. What additional information would the team like to have known about the autopsy? | 12. Was there agreement between the cause of death listed on the autopsy report and on the death certificate? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If no, describe the differences: | |
| 13. Was a CPS record check conducted as a result of death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | |
| 14. Did any investigation find evidence of prior abuse? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, from what source? Check all that apply: <input type="checkbox"/> X-rays <input type="checkbox"/> U/K <input type="checkbox"/> Autopsy <input type="checkbox"/> CPS review <input type="checkbox"/> Law enforcement | 15. CPS action taken because of death? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <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 | 16. If death occurred in licensed setting (see E3), indicate action taken: <input type="radio"/> No action <input type="radio"/> License suspended <input type="radio"/> License revoked <input type="radio"/> Investigation ongoing <input type="radio"/> Other, specify: <input type="radio"/> U/K |
| G. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH | | |
| 1. Enter the cause of death code (ICD-10) assigned to this case by Vital Records using a capital letter and corresponding number (e.g., W75 or V94.4) and include up to one decimal place if applicable: _____ <input type="checkbox"/> U/K | | |
| 2. Enter the following information exactly as written on the death certificate: <input type="checkbox"/> U/K Immediate cause (final disease or condition resulting in death): a. Sequentially list any conditions leading to immediate cause of death. In other words, list underlying disease or injury that initiated events resulting in death: b. c. d. | | |
| 3. Enter other significant conditions contributing to death but not the underlying cause(s) listed in G2 exactly as written on the death certificate: <input type="checkbox"/> U/K | | |
| 4. If injury, describe how injury occurred exactly as written on the death certificate: <input type="checkbox"/> U/K | | |
| 5. 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 <input type="checkbox"/> If manner of death was not Natural or Suicide, check this box if it is possible that the child intended to hurt him/herself. If checked, complete the Suicide Section (I6) to note other risk factors in the child's life. | 6. 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 and answer G4: <input type="radio"/> Motor vehicle and other transport, go to H1 <input type="radio"/> Fire, burn, or electrocution, go to H2 <input type="radio"/> Drowning, go to H3 <input type="radio"/> Unintentional asphyxia, go to H4 <input type="radio"/> Assault, weapon or person's body part, go to H5 <input type="radio"/> Fall or crush, go to H6 <input type="radio"/> Poisoning, overdose or acute intoxication, go to H7 <input type="radio"/> Undetermined injury, go to H11 <input type="radio"/> Other cause, go to H9 <input type="radio"/> U/K, go to I1 | |
| <input type="radio"/> From a medical cause. Select one: <input type="radio"/> Asthma/respiratory, specify and go to H8 <input type="radio"/> Cancer, specify and go to H8 <input type="radio"/> Cardiovascular, specify and go to H8 <input type="radio"/> Congenital anomaly, specify and go to H8 <input type="radio"/> COVID-19, go to H8 <input type="radio"/> Diabetes, go to H8 <input type="radio"/> HIV/AIDS, go to H8 <input type="radio"/> Influenza, go to H8 <input type="radio"/> Low birth weight, go to H8 <input type="radio"/> Malnutrition/dehydration, go to H8 <input type="radio"/> Neurological/seizure disorder, go to H8 <input type="radio"/> Pneumonia, specify and go to H8 <input type="radio"/> Prematurity, go to H8 <input type="radio"/> SIDS, go to H8 <input type="radio"/> Other infection, specify and go to H8 <input type="radio"/> Other perinatal condition, specify and go to H8 <input type="radio"/> Other medical condition, specify and go to H8 <input type="radio"/> Undetermined medical cause, go to H8 <input type="radio"/> U/K, go to H8 | | |
| <input type="radio"/> Undetermined if injury or medical cause, go to I1 <input type="radio"/> U/K | | |

H. DETAILED INFORMATION BY CAUSE OF DEATH: CHOOSE THE ONE SECTION THAT IS SAME AS THE CAUSE SELECTED ABOVE

H1. MOTOR VEHICLE AND OTHER TRANSPORT

| <p>a. Vehicles involved in incident: Total number of vehicles: _____</p> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Child's</th> <th style="text-align: left; border-bottom: 1px solid black;">Other primary vehicle</th> <th></th> </tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>None</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Car</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Van</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Sport utility vehicle</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Truck</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Semi/tractor trailer</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>RV</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>School bus</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Other bus</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Motorcycle</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Tractor</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Other farm vehicle</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>All terrain vehicle</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Snowmobile</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Bicycle</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Train</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Subway</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Trolley</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>Other, specify: _____</td></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td>U/K</td></tr> </table> | | Child's | Other primary vehicle | | <input type="radio"/> | <input type="radio"/> | None | <input type="radio"/> | <input type="radio"/> | Car | <input type="radio"/> | <input type="radio"/> | Van | <input type="radio"/> | <input type="radio"/> | Sport utility vehicle | <input type="radio"/> | <input type="radio"/> | Truck | <input type="radio"/> | <input type="radio"/> | Semi/tractor trailer | <input type="radio"/> | <input type="radio"/> | RV | <input type="radio"/> | <input type="radio"/> | School bus | <input type="radio"/> | <input type="radio"/> | Other bus | <input type="radio"/> | <input type="radio"/> | Motorcycle | <input type="radio"/> | <input type="radio"/> | Tractor | <input type="radio"/> | <input type="radio"/> | Other farm vehicle | <input type="radio"/> | <input type="radio"/> | All terrain vehicle | <input type="radio"/> | <input type="radio"/> | Snowmobile | <input type="radio"/> | <input type="radio"/> | Bicycle | <input type="radio"/> | <input type="radio"/> | Train | <input type="radio"/> | <input type="radio"/> | Subway | <input type="radio"/> | <input type="radio"/> | Trolley | <input type="radio"/> | <input type="radio"/> | Other, specify: _____ | <input type="radio"/> | <input type="radio"/> | U/K | <p>b. Position of child:</p> <p><input type="radio"/> Driver</p> <p><input type="radio"/> Passenger If passenger, relationship of driver to child:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="radio"/> Front seat <input type="radio"/> Back seat <input type="radio"/> Truck bed <input type="radio"/> Other, specify: _____ <input type="radio"/> U/K </td> <td style="width:50%; vertical-align: top;"> <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"/> Other, specify: _____ <input type="radio"/> U/K </td> </tr> </table> <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> | | <input type="radio"/> Front seat <input type="radio"/> Back seat <input type="radio"/> Truck bed <input type="radio"/> Other, specify: _____ <input type="radio"/> U/K | <input type="radio"/> 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"/> Other, specify: _____ <input type="radio"/> U/K | <p>c. Causes of incident, check all that apply:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Speeding over limit <input type="checkbox"/> Unsafe speed for conditions <input type="checkbox"/> Recklessness <input type="checkbox"/> Ran stop sign or red light <input type="checkbox"/> Driver distraction <input type="checkbox"/> Driver inexperience <input type="checkbox"/> Mechanical failure <input type="checkbox"/> Poor tires <input type="checkbox"/> Poor weather <input type="checkbox"/> Poor visibility <input type="checkbox"/> Drugs or alcohol use <input type="checkbox"/> Fatigue/sleeping <input type="checkbox"/> Medical event, specify: _____ </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Back/front over <input type="checkbox"/> Flipover <input type="checkbox"/> Poor sight line <input type="checkbox"/> Car changing lanes <input type="checkbox"/> Road hazard <input type="checkbox"/> Animal in road <input type="checkbox"/> Cell phone use while driving <input type="checkbox"/> Racing, not authorized <input type="checkbox"/> Other driver error, specify: _____ <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> U/K </td> </tr> </table> | | <input type="checkbox"/> Speeding over limit <input type="checkbox"/> Unsafe speed for conditions <input type="checkbox"/> Recklessness <input type="checkbox"/> Ran stop sign or red light <input type="checkbox"/> Driver distraction <input type="checkbox"/> Driver inexperience <input type="checkbox"/> Mechanical failure <input type="checkbox"/> Poor tires <input type="checkbox"/> Poor weather <input type="checkbox"/> Poor visibility <input type="checkbox"/> Drugs or alcohol use <input type="checkbox"/> Fatigue/sleeping <input type="checkbox"/> Medical event, specify: _____ | <input type="checkbox"/> Back/front over <input type="checkbox"/> Flipover <input type="checkbox"/> Poor sight line <input type="checkbox"/> Car changing lanes <input type="checkbox"/> Road hazard <input type="checkbox"/> Animal in road <input type="checkbox"/> Cell phone use while driving <input type="checkbox"/> Racing, not authorized <input type="checkbox"/> Other driver error, specify: _____ <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------------|---|--|----------------------------|---------------------------------|-----------------------|-------------------------|---------------------------|-----------------------|-----------------------|--------|-----------------------|-----------------------|---------------------------------|--------------------------|--------------------------|--|-----------------------|-----------------------|--|--------------------------|--------------------------|---|-----------------------|-----------------------|--|--------------------------|--------------------------|--|-----------------------|-----------------------|--|--------------------------|--------------------------|--|-----------------------|-----------------------|--|-------------------------------|--------------------------|---|-----------------------|-----------------------|-------------------------------------|--------------------------|--------------------------|--|-----------------------|-----------------------|-------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|---|--------------------------|--------------------------|---|--|--------------------------|--|--|--------------------------|--|---|--|---|--|--|---|--------------------------|--------------------------|---|--------------------------|--------------------------|---|--|--|--|--------------------------|--------------------------|------------------------------|---|--|---|--|
| Child's | Other primary vehicle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | Car | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | Van | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | Sport utility vehicle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | Truck | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | Semi/tractor trailer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | RV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | School bus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | Other bus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | Motorcycle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | Tractor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | Other farm vehicle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | All terrain vehicle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | Snowmobile | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | Bicycle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | Train | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | Subway | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | Trolley | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | Other, specify: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Front seat <input type="radio"/> Back seat <input type="radio"/> Truck bed <input type="radio"/> Other, specify: _____ <input type="radio"/> U/K | <input type="radio"/> 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"/> Other, specify: _____ <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Speeding over limit <input type="checkbox"/> Unsafe speed for conditions <input type="checkbox"/> Recklessness <input type="checkbox"/> Ran stop sign or red light <input type="checkbox"/> Driver distraction <input type="checkbox"/> Driver inexperience <input type="checkbox"/> Mechanical failure <input type="checkbox"/> Poor tires <input type="checkbox"/> Poor weather <input type="checkbox"/> Poor visibility <input type="checkbox"/> Drugs or alcohol use <input type="checkbox"/> Fatigue/sleeping <input type="checkbox"/> Medical event, specify: _____ | <input type="checkbox"/> Back/front over <input type="checkbox"/> Flipover <input type="checkbox"/> Poor sight line <input type="checkbox"/> Car changing lanes <input type="checkbox"/> Road hazard <input type="checkbox"/> Animal in road <input type="checkbox"/> Cell phone use while driving <input type="checkbox"/> Racing, not authorized <input type="checkbox"/> Other driver error, specify: _____ <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Normal <input type="checkbox"/> Loose gravel <input type="checkbox"/> Muddy <input type="checkbox"/> Ice/snow <input type="checkbox"/> Fog <input type="checkbox"/> Wet <input type="checkbox"/> Construction zone </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Inadequate lighting <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> U/K </td> </tr> </table> | | <input type="checkbox"/> Normal <input type="checkbox"/> Loose gravel <input type="checkbox"/> Muddy <input type="checkbox"/> Ice/snow <input type="checkbox"/> Fog <input type="checkbox"/> Wet <input type="checkbox"/> Construction zone | <input type="checkbox"/> Inadequate lighting <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Normal <input type="checkbox"/> Loose gravel <input type="checkbox"/> Muddy <input type="checkbox"/> Ice/snow <input type="checkbox"/> Fog <input type="checkbox"/> Wet <input type="checkbox"/> Construction zone | <input type="checkbox"/> Inadequate lighting <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>g. Drivers involved in incident, check all that apply:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Child as driver</th> <th style="text-align: left; border-bottom: 1px solid black;">Child's driver</th> <th style="text-align: left; border-bottom: 1px solid black;">Driver of other primary vehicle</th> <th style="text-align: left; border-bottom: 1px solid black;">Child as driver</th> <th style="text-align: left; border-bottom: 1px solid black;">Child's driver</th> <th style="text-align: left; border-bottom: 1px solid black;">Driver of other primary vehicle</th> </tr> <tr> <td style="width:16.6%;"></td> <td style="width:16.6%; text-align: center;">Age of Driver</td> <td style="width:16.6%; text-align: center;">Age of Driver</td> <td style="width:16.6%;"></td> <td style="width:16.6%;"></td> <td style="width:16.6%;"></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/> <16 years</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Has a graduated license</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/> 16 to 18 years old</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Has a full license</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/> 19 to 21 years old</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Has a full license that has been restricted</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/> 22 to 29 years old</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Has a suspended license</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/> 30 to 65 years old</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> If recreational vehicle, has driver safety certificate</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/> >65 years old</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Other, specify: _____</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/> U/K age</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Was violating graduated licensing rules:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Responsible for causing incident</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Nighttime driving curfew</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Was alcohol/drug impaired</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Passenger restrictions</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Has no license</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Driving without required supervision</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Has a learner's permit</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Other violations, specify: _____</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> U/K</td> </tr> </table> | | Child as driver | Child's driver | Driver of other primary vehicle | Child as driver | Child's driver | Driver of other primary vehicle | | Age of Driver | Age of Driver | | | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> <16 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has a graduated license | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 16 to 18 years old | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has a full license | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 19 to 21 years old | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has a full license that has been restricted | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 22 to 29 years old | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has a suspended license | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 30 to 65 years old | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> If recreational vehicle, has driver safety certificate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> >65 years old | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Other, specify: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> U/K age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Was violating graduated licensing rules: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Responsible for causing incident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Nighttime driving curfew | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Was alcohol/drug impaired | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Passenger restrictions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has no license | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Driving without required supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has a learner's permit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Other violations, specify: _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> U/K | <p>f. Location of incident, check all that apply:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> City street <input type="checkbox"/> Residential street <input type="checkbox"/> Rural road <input type="checkbox"/> Highway <input type="checkbox"/> Intersection <input type="checkbox"/> Shoulder <input type="checkbox"/> Sidewalk </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Driveway <input type="checkbox"/> Parking area <input type="checkbox"/> Off road <input type="checkbox"/> RR xing/tracks <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> U/K </td> </tr> </table> | | <input type="checkbox"/> City street <input type="checkbox"/> Residential street <input type="checkbox"/> Rural road <input type="checkbox"/> Highway <input type="checkbox"/> Intersection <input type="checkbox"/> Shoulder <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Driveway <input type="checkbox"/> Parking area <input type="checkbox"/> Off road <input type="checkbox"/> RR xing/tracks <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> U/K |
| Child as driver | Child's driver | Driver of other primary vehicle | Child as driver | Child's driver | Driver of other primary vehicle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Age of Driver | Age of Driver | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> <16 years | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has a graduated license | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 16 to 18 years old | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has a full license | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 19 to 21 years old | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has a full license that has been restricted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 22 to 29 years old | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has a suspended license | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> 30 to 65 years old | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> If recreational vehicle, has driver safety certificate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> >65 years old | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Other, specify: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> U/K age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Was violating graduated licensing rules: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Responsible for causing incident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Nighttime driving curfew | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Was alcohol/drug impaired | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Passenger restrictions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has no license | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Driving without required supervision | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has a learner's permit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Other violations, specify: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> City street <input type="checkbox"/> Residential street <input type="checkbox"/> Rural road <input type="checkbox"/> Highway <input type="checkbox"/> Intersection <input type="checkbox"/> Shoulder <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Driveway <input type="checkbox"/> Parking area <input type="checkbox"/> Off road <input type="checkbox"/> RR xing/tracks <input type="checkbox"/> Other, specify: _____ <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 of occupants: _____ <input type="checkbox"/> U/K</p> <p>Number of teens, ages 14-21: _____ <input type="checkbox"/> U/K</p> <p>Total number of deaths: _____ <input type="checkbox"/> U/K</p> <p>Total number of teen deaths: _____ <input type="checkbox"/> 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 of occupants: _____ <input type="checkbox"/> U/K</p> <p>Number of teens, ages 14-21: _____ <input type="checkbox"/> U/K</p> <p>Total number of deaths: _____ <input type="checkbox"/> U/K</p> <p>Total number of teen deaths: _____ <input type="checkbox"/> U/K</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>i. Protective measures for child,</p> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Select one option per row:</th> <th style="text-align: center; border-bottom: 1px solid black;">Not Needed</th> <th style="text-align: center; border-bottom: 1px solid black;">Needed, none present</th> <th style="text-align: center; border-bottom: 1px solid black;">Present, used correctly</th> <th style="text-align: center; border-bottom: 1px solid black;">Present, used incorrectly</th> <th style="text-align: center; border-bottom: 1px solid black;">Present, not used</th> <th style="text-align: center; border-bottom: 1px solid black;">U/K</th> </tr> <tr> <td style="border-right: 1px solid black;">Airbag</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="border-right: 1px solid black;">Lap belt</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="border-right: 1px solid black;">Shoulder belt</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="border-right: 1px solid black;">Child seat*</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="border-right: 1px solid black;">Belt positioning booster seat</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="border-right: 1px solid black;">Helmet</td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="border-right: 1px solid black;">Other, specify: _____</td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table> | | | | | | Select one option per row: | Not Needed | Needed, none present | Present, used correctly | Present, used incorrectly | Present, not used | U/K | Airbag | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Lap belt | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Shoulder belt | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Child seat* | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Belt positioning booster seat | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Helmet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Other, specify: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <p>*If child seat, type:</p> <p><input type="radio"/> Rear facing</p> <p><input type="radio"/> Front facing</p> <p><input type="radio"/> U/K</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Select one option per row: | Not Needed | Needed, none present | Present, used correctly | Present, used incorrectly | Present, not used | U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Airbag | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lap belt | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shoulder belt | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child seat* | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Belt positioning booster seat | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Helmet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other, specify: _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| H2. FIRE, BURN, OR ELECTROCUTION | | | |
|---|---|---|---|
| <p>a. Ignition, heat or electrocution source:</p> <input type="radio"/> Matches <input type="radio"/> Heating stove <input type="radio"/> Lightning <input type="radio"/> Other explosives <input type="radio"/> Cigarette lighter <input type="radio"/> Space heater <input type="radio"/> Oxygen tank <input type="radio"/> Appliance in water <input type="radio"/> Utility lighter <input type="radio"/> Furnace <input type="radio"/> Hot cooking water <input type="radio"/> Other, specify: <input type="radio"/> Cigarette or cigar <input type="radio"/> Power line <input type="radio"/> Hot bath water <input type="radio"/> 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 <input type="radio"/> U/K | | <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"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, person's age _____ Does person have a history of setting fires? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K |
| <p>h. Did anyone attempt to put out fire?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | <p>i. Did escape or rescue efforts worsen fire?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | <p>j. Did any factors delay fire department arrival?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, specify: | |
| <p>k. Were barriers preventing safe exit?</p> <input type="radio"/> Yes <input type="radio"/> No <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"/> Yes <input type="radio"/> No <input type="radio"/> U/K | <p>m. Were building/rental codes violated?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, describe in narrative. | <p>n. Were proper working fire extinguishers present?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K |
| | <p>o. Was sprinkler system present?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, was it working? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | <p>p. Were smoke alarms present?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, what type? If yes, functioning properly? If not functioning properly, reason: <input type="checkbox"/> Removable batteries <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K Missing batteries Other U/K <input type="checkbox"/> Non-removable batteries <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hardwired <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> U/K <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other, specify: _____ If yes, was there an adequate number present? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | |
| <p>q. Suspected arson?</p> <input type="radio"/> Yes <input type="radio"/> No <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"/> Yes, temp. setting: _____ <input type="radio"/> No <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> |
| H3. 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"/> Waterskiing <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"/> Yes <input type="radio"/> No <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"/> Yes <input type="radio"/> No <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> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | <p>If yes, check all that apply:</p> <input type="checkbox"/> Coast Guard approved <input type="checkbox"/> Jacket <input type="checkbox"/> Cushion <input type="checkbox"/> Lifesaving ring <input type="checkbox"/> Not Coast Guard approved <input type="checkbox"/> U/K | | <p>n. What barriers/layers of protection existed to prevent access to water?</p> <p>Check all that apply:</p> <input type="checkbox"/> None <input type="checkbox"/> Alarm, go to r <input type="checkbox"/> Fence, go to o <input type="checkbox"/> Cover, go to s <input type="checkbox"/> Gate, go to p <input type="checkbox"/> U/K <input type="checkbox"/> Door, go to q | | | | | |
| <p>o. Fence:</p> <p>Describe type: Fence height in ft ____ Fence surrounds water on: <input type="radio"/> Four sides <input type="radio"/> Three sides <input type="radio"/> Two or less sides <input type="radio"/> U/K </p> | | <p>p. Gate, check all that apply:</p> <input type="checkbox"/> Has self-closing latch <input type="checkbox"/> Has lock <input type="checkbox"/> Is a double gate <input type="checkbox"/> Opens to water <input type="checkbox"/> U/K | | <p>q. Door, check all that apply:</p> <input type="checkbox"/> Patio door <input type="checkbox"/> Screen door <input type="checkbox"/> Steel door <input type="checkbox"/> Self-closing <input type="checkbox"/> Has lock <input type="checkbox"/> Opens to water <input type="checkbox"/> Barrier between door and water <input type="checkbox"/> U/K | | <p>r. Alarm, check all that apply:</p> <input type="checkbox"/> Door <input type="checkbox"/> Window <input type="checkbox"/> Pool <input type="checkbox"/> Laser <input type="checkbox"/> U/K | | <p>s. Type of cover:</p> <input type="radio"/> Hard <input type="radio"/> Soft <input type="radio"/> U/K | |
| <p>t. Local ordinance(s) regulating access to water?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | <p>u. How were layers of protection breached? Check all that apply:</p> <input type="checkbox"/> No layers breached <input type="checkbox"/> Gate left open <input type="checkbox"/> Gate unlocked <input type="checkbox"/> Gate latch failed <input type="checkbox"/> Gap in gate <input type="checkbox"/> Climbed fence <input type="checkbox"/> Gap in fence <input type="checkbox"/> Damaged fence <input type="checkbox"/> Fence too short <input type="checkbox"/> Door left open <input type="checkbox"/> Door unlocked <input type="checkbox"/> Door broken <input type="checkbox"/> Door screen torn <input type="checkbox"/> Door self-closer failed <input type="checkbox"/> Window left open <input type="checkbox"/> Window screen torn <input type="checkbox"/> Alarm not working <input type="checkbox"/> Alarm not answered <input type="checkbox"/> Cover left off <input type="checkbox"/> Cover not locked <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K | | | | | | | |
| <p>v. Child able to swim?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | <p>w. For bathtub, child in a bathing aid?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | <p>x. Warning sign or label posted?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | <p>y. Lifeguard present?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | |
| <p>z. Rescue attempt made?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | <p>If yes, who? Check all that apply:</p> <input type="checkbox"/> Parent <input type="checkbox"/> Other child <input type="checkbox"/> Lifeguard <input type="checkbox"/> Bystander <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K | | <p>aa. Did rescuer(s) also drown?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | <p>bb. Appropriate rescue equipment present?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | |
| H4. UNINTENTIONAL ASPHYXIA | | | | | | | | | |
| <p>a. Type of event:</p> <input type="radio"/> Suffocation, go to b <input type="radio"/> Strangulation, go to c <input type="radio"/> Choking, go to d <input type="radio"/> Other, specify and go to e <input type="radio"/> U/K, go to e | | <p>b. If suffocation/asphyxia, action causing event:</p> <input type="radio"/> Sleep-related (e.g. bedding, overlay, wedged) <input type="radio"/> Covered in or fell into object, but not sleep-related <input type="radio"/> Confined in tight space <input type="radio"/> Refrigerator/freezer <input type="radio"/> Toy chest <input type="radio"/> Automobile <input type="radio"/> Trunk <input type="radio"/> Other, specify: <input type="radio"/> U/K <input type="radio"/> Swaddled in tight blanket, but not sleep-related <input type="radio"/> Wedged into tight space, but not sleep-related, specify: <input type="radio"/> Asphyxia by gas, go to H7g <input type="radio"/> Other, specify: <input type="radio"/> U/K | | | | | | | |
| <p>c. If strangulation, object causing event:</p> <input type="radio"/> Clothing <input type="radio"/> Blind cord <input type="radio"/> Car seat <input type="radio"/> Stroller <input type="radio"/> High chair <input type="radio"/> Belt <input type="radio"/> Rope/string <input type="radio"/> Leash <input type="radio"/> Electrical cord <input type="radio"/> Person, go to H5q <input type="radio"/> Automobile power window or sunroof <input type="radio"/> Other, specify: <input type="radio"/> U/K | | <p>d. If choking, object causing choking:</p> <input type="radio"/> Food, specify: <input type="radio"/> Toy, specify: <input type="radio"/> Balloon <input type="radio"/> Other, specify: <input type="radio"/> U/K | | <p>e. Was asphyxia an autoerotic event?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | <p>g. History of seizures?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, witnessed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, # ____ | | | |
| | | | | <p>f. Was child participating in 'choking game' or 'pass out game'?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | <p>h. History of apnea?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, witnessed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, # ____ | | | |
| | | | | | | <p>i. Was Heimlich Maneuver attempted?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | |

| H5. ASSAULT, WEAPON OR PERSON'S BODY PART | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|---|---|--|--------------------------------------|--|------------------------------------|--|--|--|--|--|---|---|---|--|---|--|---|--|--|--|---------------------------------------|-----------------------------------|--|--|--|--|---|--|
| a. Type of weapon: <input type="radio"/> Firearm, go to b <input type="radio"/> Sharp instrument, go to j <input type="radio"/> Blunt instrument, go to k <input type="radio"/> Person's body part, go to l <input type="radio"/> Explosive, go to m <input type="radio"/> Rope, go to m <input type="radio"/> Pipe, go to m <input type="radio"/> Biological, go to m <input type="radio"/> Other, specify and go to m <input type="radio"/> U/K, go to m | | b. For firearms, type: <input type="radio"/> Handgun <input type="radio"/> Shotgun <input type="radio"/> BB gun <input type="radio"/> Hunting rifle <input type="radio"/> Assault rifle <input type="radio"/> Air rifle <input type="radio"/> Sawed off shotgun <input type="radio"/> Other, specify: <input type="radio"/> U/K | | c. Firearm licensed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | d. Firearm safety features, check all that apply: <input type="checkbox"/> Trigger lock <input type="checkbox"/> Magazine disconnect <input type="checkbox"/> Personalization device <input type="checkbox"/> Minimum trigger pull <input type="checkbox"/> External safety/drop safety <input type="checkbox"/> Other, specify: <input type="checkbox"/> Loaded chamber indicator <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | e. Where was firearm stored? <input type="radio"/> Not stored <input type="radio"/> Under mattress/pillow <input type="radio"/> Locked cabinet <input type="radio"/> Other, specify: <input type="radio"/> Unlocked cabinet <input type="radio"/> U/K <input type="radio"/> Glove compartment <input type="radio"/> U/K | | | f. Firearm stored with ammunition? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | g. Firearm stored loaded? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Owner of fatal firearm: <input type="radio"/> U/K, weapon stolen <input type="radio"/> Grand parent <input type="radio"/> Co-worker <input type="radio"/> U/K, weapon found <input type="radio"/> Sibling <input type="radio"/> Institutional staff <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Neighbor <input type="radio"/> Biological parent <input type="radio"/> Other relative <input type="radio"/> Rival gang member <input type="radio"/> Adoptive parent <input type="radio"/> Friend <input type="radio"/> Stranger <input type="radio"/> Stepparent <input type="radio"/> Acquaintance <input type="radio"/> Law enforcement <input type="radio"/> Foster parent <input type="radio"/> Child's boyfriend or girlfriend <input type="radio"/> Other, specify: <input type="radio"/> Mother's partner <input type="radio"/> Classmate <input type="radio"/> U/K <input type="radio"/> Father's partner | | | i. Sex of fatal firearm owner: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K | j. Type of sharp object: <input type="radio"/> Kitchen knife <input type="radio"/> Switchblade <input type="radio"/> Pocketknife <input type="radio"/> Razor <input type="radio"/> Hunting knife <input type="radio"/> Scissors <input type="radio"/> Other, specify: <input type="radio"/> U/K | | k. Type of blunt object: <input type="radio"/> Bat <input type="radio"/> Club <input type="radio"/> Stick <input type="radio"/> Hammer <input type="radio"/> Rock <input type="radio"/> Household item <input type="radio"/> Other, specify: <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | |
| l. What did person's body part do? Check all that apply: <input type="checkbox"/> Beat, kick or punch <input type="checkbox"/> Drop <input type="checkbox"/> Push <input type="checkbox"/> Bite <input type="checkbox"/> Shake <input type="checkbox"/> Strangle/choke <input type="checkbox"/> Throw <input type="checkbox"/> Drown <input type="checkbox"/> Burn <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K | | m. Did person using weapon have history of weapon-related offenses? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K n. Does anyone in child's family have a history of weapon offenses or die of weapons-related causes? <input type="radio"/> Yes, describe circumstances: <input type="radio"/> No <input type="radio"/> U/K | | o. Persons handling weapons at time of incident, check all that apply: <table border="0"> <tr> <td><u>Fatal and/or Other weapon</u></td> <td><u>Fatal and/or Other weapon</u></td> </tr> <tr> <td><input type="checkbox"/> Self</td> <td><input type="checkbox"/> Friend</td> </tr> <tr> <td><input type="checkbox"/> Biological parent</td> <td><input type="checkbox"/> Acquaintance</td> </tr> <tr> <td><input type="checkbox"/> Adoptive parent</td> <td><input type="checkbox"/> Child's boyfriend or girlfriend</td> </tr> <tr> <td><input type="checkbox"/> Stepparent</td> <td><input type="checkbox"/> Classmate</td> </tr> <tr> <td><input type="checkbox"/> Foster parent</td> <td><input type="checkbox"/> Co-worker</td> </tr> <tr> <td><input type="checkbox"/> Mother's partner</td> <td><input type="checkbox"/> Institutional staff</td> </tr> <tr> <td><input type="checkbox"/> Father's partner</td> <td><input type="checkbox"/> Neighbor</td> </tr> <tr> <td><input type="checkbox"/> Grandparent</td> <td><input type="checkbox"/> Rival gang member</td> </tr> <tr> <td><input type="checkbox"/> Sibling</td> <td><input type="checkbox"/> Stranger</td> </tr> <tr> <td><input type="checkbox"/> Spouse</td> <td><input type="checkbox"/> Law enforcement officer</td> </tr> <tr> <td><input type="checkbox"/> Other relative</td> <td><input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K</td> </tr> </table> | | | <u>Fatal and/or Other weapon</u> | <u>Fatal and/or Other weapon</u> | <input type="checkbox"/> Self | <input type="checkbox"/> Friend | <input type="checkbox"/> Biological parent | <input type="checkbox"/> Acquaintance | <input type="checkbox"/> Adoptive parent | <input type="checkbox"/> Child's boyfriend or girlfriend | <input type="checkbox"/> Stepparent | <input type="checkbox"/> Classmate | <input type="checkbox"/> Foster parent | <input type="checkbox"/> Co-worker | <input type="checkbox"/> Mother's partner | <input type="checkbox"/> Institutional staff | <input type="checkbox"/> Father's partner | <input type="checkbox"/> Neighbor | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Rival gang member | <input type="checkbox"/> Sibling | <input type="checkbox"/> Stranger | <input type="checkbox"/> Spouse | <input type="checkbox"/> Law enforcement officer | <input type="checkbox"/> Other relative | <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K | p. Sex of person(s) handling weapon: Fatal weapon: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K Other weapon: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K | |
| <u>Fatal and/or Other weapon</u> | <u>Fatal and/or Other weapon</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Self | <input type="checkbox"/> Friend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Biological parent | <input type="checkbox"/> Acquaintance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adoptive parent | <input type="checkbox"/> Child's boyfriend or girlfriend | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Stepparent | <input type="checkbox"/> Classmate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Foster parent | <input type="checkbox"/> Co-worker | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Mother's partner | <input type="checkbox"/> Institutional staff | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Father's partner | <input type="checkbox"/> Neighbor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Rival gang member | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Stranger | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Law enforcement officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other relative | <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| q. Use of weapon at time, check all that apply: <table border="0"> <tr> <td><input type="checkbox"/> Self injury</td> <td><input type="checkbox"/> Child was a bystander</td> <td><input type="checkbox"/> Bullying</td> <td><input type="checkbox"/> Showing gun to others</td> <td><input type="checkbox"/> Loading weapon</td> </tr> <tr> <td><input type="checkbox"/> Commission of crime</td> <td><input type="checkbox"/> Argument</td> <td><input type="checkbox"/> Hunting</td> <td><input type="checkbox"/> Russian roulette</td> <td><input type="checkbox"/> Intervener assisting crime victim (Good Samaritan)</td> </tr> <tr> <td><input type="checkbox"/> Drug dealing/trading</td> <td><input type="checkbox"/> Jealousy</td> <td><input type="checkbox"/> Target shooting</td> <td><input type="checkbox"/> Gang-related activity</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Drive-by shooting</td> <td><input type="checkbox"/> Intimate partner violence</td> <td><input type="checkbox"/> Playing with weapon</td> <td><input type="checkbox"/> Self-defense</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Random violence</td> <td><input type="checkbox"/> Hate crime</td> <td><input type="checkbox"/> Weapon mistaken for toy</td> <td><input type="checkbox"/> Cleaning weapon</td> <td></td> </tr> </table> | | | | | | | <input type="checkbox"/> Self injury | <input type="checkbox"/> Child was a bystander | <input type="checkbox"/> Bullying | <input type="checkbox"/> Showing gun to others | <input type="checkbox"/> Loading weapon | <input type="checkbox"/> Commission of crime | <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"/> Drug dealing/trading | <input type="checkbox"/> Jealousy | <input type="checkbox"/> Target shooting | <input type="checkbox"/> Gang-related activity | <input type="checkbox"/> Other, specify: | <input type="checkbox"/> Drive-by shooting | <input type="checkbox"/> Intimate partner violence | <input type="checkbox"/> Playing with weapon | <input type="checkbox"/> Self-defense | <input type="checkbox"/> U/K | <input type="checkbox"/> Random violence | <input type="checkbox"/> Hate crime | <input type="checkbox"/> Weapon mistaken for toy | <input type="checkbox"/> Cleaning weapon | | |
| <input type="checkbox"/> Self injury | <input type="checkbox"/> Child was a bystander | <input type="checkbox"/> Bullying | <input type="checkbox"/> Showing gun to others | <input type="checkbox"/> Loading weapon | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Commission of crime | <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"/> Drug dealing/trading | <input type="checkbox"/> Jealousy | <input type="checkbox"/> Target shooting | <input type="checkbox"/> Gang-related activity | <input type="checkbox"/> Other, specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Drive-by shooting | <input type="checkbox"/> Intimate partner violence | <input type="checkbox"/> Playing with weapon | <input type="checkbox"/> Self-defense | <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Random violence | <input type="checkbox"/> Hate crime | <input type="checkbox"/> Weapon mistaken for toy | <input type="checkbox"/> Cleaning weapon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H6. FALL OR CRUSH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Type: <input type="radio"/> Fall, go to b <input type="radio"/> Crush, go to h | | b. Height of fall: _____ feet _____ inches <input type="checkbox"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | c. Child fell from: <table border="0"> <tr> <td><input type="radio"/> Open window</td> <td><input type="radio"/> Natural elevation</td> <td><input type="radio"/> Stairs/steps</td> <td><input type="radio"/> Moving object, specify:</td> <td><input type="radio"/> Animal, specify:</td> </tr> <tr> <td><input type="radio"/> Screen</td> <td><input type="radio"/> Man-made elevation</td> <td><input type="radio"/> Furniture</td> <td><input type="radio"/> Bridge</td> <td><input type="radio"/> Other, specify:</td> </tr> <tr> <td><input type="radio"/> No screen</td> <td><input type="radio"/> Playground equipment</td> <td><input type="radio"/> Bed</td> <td><input type="radio"/> Overpass</td> <td></td> </tr> <tr> <td><input type="radio"/> U/K if screen</td> <td><input type="radio"/> Tree</td> <td><input type="radio"/> Roof</td> <td><input type="radio"/> Balcony</td> <td><input type="radio"/> U/K</td> </tr> </table> | | | | | <input type="radio"/> Open window | <input type="radio"/> Natural elevation | <input type="radio"/> Stairs/steps | <input type="radio"/> Moving object, specify: | <input type="radio"/> Animal, specify: | <input type="radio"/> Screen | <input type="radio"/> Man-made elevation | <input type="radio"/> Furniture | <input type="radio"/> Bridge | <input type="radio"/> Other, specify: | <input type="radio"/> No screen | <input type="radio"/> Playground equipment | <input type="radio"/> Bed | <input type="radio"/> Overpass | | <input type="radio"/> U/K if screen | <input type="radio"/> Tree | <input type="radio"/> Roof | <input type="radio"/> Balcony | <input type="radio"/> U/K | | | | | | |
| <input type="radio"/> Open window | <input type="radio"/> Natural elevation | <input type="radio"/> Stairs/steps | <input type="radio"/> Moving object, specify: | <input type="radio"/> Animal, specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Screen | <input type="radio"/> Man-made elevation | <input type="radio"/> Furniture | <input type="radio"/> Bridge | <input type="radio"/> Other, specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> No screen | <input type="radio"/> Playground equipment | <input type="radio"/> Bed | <input type="radio"/> Overpass | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> U/K if screen | <input type="radio"/> Tree | <input type="radio"/> Roof | <input type="radio"/> Balcony | <input type="radio"/> U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|--|---|--|--|
| <p>d. Surface child fell onto:</p> <input type="radio"/> Cement/concrete <input type="radio"/> Linoleum/vinyl <input type="radio"/> Grass <input type="radio"/> Marble/tile <input type="radio"/> Gravel <input type="radio"/> Other, specify: <input type="radio"/> Wood floor <input type="radio"/> Carpeted floor <input type="radio"/> U/K | <p>e. Barrier in place, check all that apply:</p> <input type="checkbox"/> None <input type="checkbox"/> Stairway <input type="checkbox"/> Screen <input type="checkbox"/> Gate <input type="checkbox"/> Other window guard <input type="checkbox"/> Other, specify: <input type="checkbox"/> Fence <input type="checkbox"/> U/K <input type="checkbox"/> Railing | <p>g. 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>h. For crush, object causing crush:</p> <input type="radio"/> Appliance <input type="radio"/> Boulders/rocks <input type="radio"/> Television <input type="radio"/> Dirt/sand <input type="radio"/> Furniture <input type="radio"/> Person, go to H5q <input type="radio"/> Walls <input type="radio"/> Commercial <input type="radio"/> Playground equipment <input type="radio"/> Farm equipment <input type="radio"/> Animal <input type="radio"/> Other, specify: <input type="radio"/> Tree branch <input type="radio"/> U/K |
| <p>f. Was child pushed, dropped or thrown? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, go to H5q</p> | | | |

H7. POISONING, OVERDOSE OR ACUTE INTOXICATION

a. Type of substance involved, check all that apply and note source of substance: U/K

Source codes: 1 = Bought from dealer or stranger (Prescription or illicit only) 4 = Took from friend or relative without asking 7 = Other
 2 = Bought from friend or relative 5 = Own prescription (Prescription only) 9 = U/K
 3 = From friend or relative for free 6 = Bought from store/pharmacy (OTC or other substances only)

| Prescription drug/source | Over-the-counter drug/source | Illicit drugs/source | Other substances/source |
|--|--|--|---|
| <input type="checkbox"/> Antidepressant | <input type="checkbox"/> Pain medication | <input type="checkbox"/> Pain medication (opioids) | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Pain medication (opioids) | <input type="checkbox"/> Cold medicine | <input type="checkbox"/> Pain medication (non-opioids) | <input type="checkbox"/> Carbon monoxide, go to e |
| <input type="checkbox"/> Pain medication (non-opioids) | <input type="checkbox"/> Other OTC, specify: | <input type="checkbox"/> Methadone | <input type="checkbox"/> Other fu me/gas/vapor |
| <input type="checkbox"/> Methadone | | <input type="checkbox"/> Cocaine | <input type="checkbox"/> Other, specify: |
| <input type="checkbox"/> Other Rx, specify: | | <input type="checkbox"/> Heroin | |
| | | <input type="checkbox"/> Other illicit drug, specify: | |

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

| | | | | |
|---|--|---|---|---|
| <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"/> No <input type="radio"/> Yes <input type="radio"/> U/K | <p>e. 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>f. Was Poison Control called?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, who called: <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>g. For CO poisoning, was a CO alarm present?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, how many? _____ Functioning properly? <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"/> No <input type="radio"/> Yes <input type="radio"/> U/K | | | | |

H8. MEDICAL CONDITION

| | | | |
|--|---|--|---|
| <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 the medical condition?</p> <input type="radio"/> N/A, not previously diagnosed <input type="radio"/> Yes <input type="checkbox"/> But at a later date <input type="radio"/> No <input type="radio"/> U/K | <p>c. Was child receiving health care for the medical condition?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, within 48 hours of the death? <input type="radio"/> Yes <input type="radio"/> No <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"/> Yes <input type="radio"/> No, specify: <input type="radio"/> U/K |
|--|---|--|---|

| | | |
|--|---|---|
| <p>e. Was child/family compliant with the prescribed care plans?</p> <input type="radio"/> N/A <input type="checkbox"/> If no, what wasn't compliant? <input type="radio"/> Yes <input type="checkbox"/> Check all that apply: <input type="radio"/> No <input type="checkbox"/> Appointments <input type="checkbox"/> Medications, specify: <input type="radio"/> U/K <input type="checkbox"/> Medical equipment use, specify: | <p>f. Was the medical condition associated with an outbreak?</p> <input type="radio"/> Yes, specify: <input type="radio"/> No <input type="radio"/> U/K | <p>g. Was environmental tobacco exposure a contributing factor in death?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K |
|--|---|---|

| | | |
|--|---|--|
| <p>h. Were there access or compliance issues related to the death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <input type="checkbox"/> Lack of money for care <input type="checkbox"/> Couldn't get provider to take as patient <input type="checkbox"/> Limitations of health insurance coverage <input type="checkbox"/> Multiple providers, not coordinated <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Couldn't get an earlier appointment <input type="checkbox"/> No phone <input type="checkbox"/> Lack of child care <input type="checkbox"/> Cultural differences <input type="checkbox"/> Lack of family/social support <input type="checkbox"/> Language barriers <input type="checkbox"/> Services not available | <input type="checkbox"/> Caregiver distrust of health care system <input type="checkbox"/> U/K <input type="checkbox"/> Caregiver unskilled in providing care <input type="checkbox"/> Caregiver unwilling to provide care <input type="checkbox"/> Didn't know where to go <input type="checkbox"/> Mother didn't think she was pregnant <input type="checkbox"/> Other, specify: | <p>i. Was death caused by a medical misadventure?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K |
|--|---|--|

H9. OTHER KNOWN INJURY CAUSE

Specify cause, describe in detail:

I. OTHER CIRCUMSTANCES OF INCIDENT - ANSWER RELEVANT SECTIONS

I1. SUDDEN AND UNEXPECTED DEATH IN THE YOUNG (SDY) This section displays online based on your state's settings.

Section 11: OMB No. 0920-1092, Exp. Date: 4/30/2022
 Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1092)

a. Was this death:

- A homicide?
- A suicide?
- An overdose?
- A result of an external cause that was the obvious and only reason for the fatal injury?
- Expected within 6 months due to terminal illness?
- None of the above, go to 11b THIS IS AN SDY CASE
- U/K, go to 11b

} If any of these apply, go to Section 12, THIS IS NOT AN SDY CASE.

b. Did the child have a history of any of the following acute conditions or symptoms within 72 hours prior to death? U/K for all

| Symptom | Present w/in 72 hours of death | | | Symptom | Present w/in 72 hours of death | | |
|---------------------------|--------------------------------|-----------------------|-----------------------|-----------------------------|--------------------------------|-----------------------|-----------------------|
| | Yes | No | U/K | | Yes | No | U/K |
| Cardiac | | | | Other Acute Symptoms | | | |
| Chest pain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Fever | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dizziness/lightheadedness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Heat exhaustion/heat stroke | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fainting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Muscle aches/cramping | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Palpitations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Slurred speech | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Neurologic | | | | Vomiting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Concussion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Other, specify: | <input type="radio"/> | | |
| Confusion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | |
| Convulsions/seizure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | |
| Headache | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | |
| Head injury | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | |
| Psychiatric symptoms | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | |
| Paralysis (acute) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | |
| Respiratory | | | | | | | |
| Asthma | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | |
| Pneumonia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | |
| Difficulty breathing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | |

c. At any time more than 72 hours preceding death did the child have a personal history of any of the following chronic conditions or symptoms? U/K for all

| Symptom | Present more than 72 hours of death | | |
|---------------------------|-------------------------------------|-----------------------|-----------------------|
| | Yes | No | U/K |
| Cardiac | | | |
| Chest pain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dizziness/lightheadedness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fainting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Palpitations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Neurologic | | | |
| Concussion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Confusion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Convulsions/seizure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Headache | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Head injury | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Respiratory | | | |
| Difficulty breathing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other | | | |
| Slurred speech | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other, specify: | <input type="radio"/> | | |

d. Did the child have any prior serious injuries (e.g. near drowning, car accident, brain injury)?
 Yes No U/K If yes, describe:

e. Had the child ever been diagnosed by a medical professional for the following? U/K for all

| Condition | Diagnosed | | | Condition | Diagnosed | | | Condition | Diagnosed | | |
|--|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|
| | Yes | No | U/K | | Yes | No | U/K | | Yes | No | U/K |
| Blood disease | | | | Neurologic | | | | Other | | | |
| Sickle cell disease | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Anoxic brain Injury | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Connective tissue disease | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sickle cell trait | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Traumatic brain injury/ head injury/concussion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Diabetes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Thrombophilia (clotting disorder) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Brain tumor | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Endocrine disorder, other: thyroid, adrenal, pituitary | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cardiac | | | | Brain aneurysm | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Hearing problems or deafness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Abnormal electrocardiogram (EKG or ECG) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Brain hemorrhage | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Kidney disease | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Aneurysm or aortic dilatation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Developmental brain disorder | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Mental illness/psychiatric disease | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Arrhythmia/arrhythmia syndrome | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Epilepsy/seizure disorder | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Metabolic disease | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cardiomyopathy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Febrile seizure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Muscle disorder or muscular dystrophy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Commotio cordis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Mesial temporal sclerosis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Oncologic disease treated by chemotherapy or radiation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Congenital heart disease | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Neurodegenerative disease | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Prematurity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Coronary artery abnormality | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Stroke/mini stroke/ TIA-Transient Ischemic Attack | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Congenital disorder/ genetic syndrome | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Coronary artery disease (atherosclerosis) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Central nervous system infection (meningitis or encephalitis) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Other, specify: | <input type="radio"/> | | |
| Endocarditis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Respiratory | | | | | | | |
| Heart failure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Apnea | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | |
| Heart murmur | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Asthma | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | |
| High cholesterol | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pulmonary embolism | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | |
| Hypertension | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pulmonary hemorrhage | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | |
| Myocarditis (heart infection) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Respiratory arrest | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | |
| Pulmonary hypertension | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| Sudden cardiac arrest | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |

If a more specific diagnosis is known, provide any additional information:

If any cardiac conditions above are selected, what cardiac treatments did the child have? Check all that apply: None

Cardiac ablation Heart surgery Heart transplant
 Cardiac device placement (implanted cardioverter defibrillator (ICD) or pacemaker or Ventricular Assist Device (VAD)) Interventional cardiac catheterization Other, specify: U/K

f. Did the child have any blood relatives (brothers, sisters, parents, aunts, uncles, cousins, grandparents or other more distant relatives) with the following diseases, conditions or symptoms? U/K for all

Y N U/K Deaths
 Sudden unexpected death before age 50
If yes, describe the type of event, which relative, and relative's age at death (for example, brother at age 30 who died in an unexplained motor vehicle accident (driver of car)):

Heart Disease Y N U/K Symptoms
 Heart condition/heart attack or stroke before age 50 Febrile seizures
 Aortic aneurysm or aortic rupture Unexplained fainting
 Arrhythmia (fast or irregular heart rhythm) Other Diagnoses
 Cardiomyopathy Congenital deafness
 Congenital heart disease Connective tissue disease
 Neurologic Disease Mitochondrial disease
 Epilepsy or convulsions/seizure Muscle disorder or muscular dystrophy
 Other neurologic disease Thrombophilia (clotting disorder)
 Other diseases that are genetic or run in families, specify:

g. Has any blood relative (siblings, parents, aunts, uncles, cousins, grandparents) had genetic testing?
 Yes No U/K

If yes, describe the test/gene tested, reason for testing, family member tested, and results:

Was a gene mutation found?
 Yes No U/K

h. In the 72 hours prior to death was the child taking any prescribed medication(s)?
 Yes No U/K
If yes, describe:

i. Within 2 weeks prior to death had the child:

| | N/A | Yes | No | U/K |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Taken extra doses of prescribed medications | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Missed doses of prescribed medications | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Changed prescribed medications, describe: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

j. Was the child compliant with their prescribed medications?
 N/A Yes No U/K
If not compliant, describe why and how often:

k. Was the child taking any of the following substance(s) within 24 hours of death?
Check all that apply:
 Over-the-counter medicine Supplements
 Recent/short term prescriptions Tobacco
 Energy drinks Alcohol
 Caffeine Illegal drugs
 Performance enhancers Legalized marijuana
 Diet assisting medications Other, specify: U/K
If yes to any items above, describe:

l. Did the child experience any of the following stimuli at time of incident or within 24 hours of the incident? U/K for all at time of incident
 U/K for all within 24 hours of incident

| Stimuli | At incident | | | Within 24 hrs of incident | | |
|--------------------------|-----------------------|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|
| | Yes | No | U/K | Yes | No | U/K |
| Physical activity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sleep deprivation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Driving | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Visual stimuli | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Video game stimuli | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Emotional stimuli | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Auditory stimuli/startle | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physical trauma | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other, specify: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If yes to physical activity, describe type of activity:
At incident: _____ Within 24 hours of incident: _____
Other specify:
At incident: _____ Within 24 hours of incident: _____

m. Was the child an athlete? N/A Yes No U/K
If yes, type of sport: Competitive Recreational U/K
If competitive, did the child participate in the 6 months prior to death? Yes No U/K

n. Did the child ever have any of the following uncharacteristic symptoms during or within 24 hours after physical activity? Check all that apply:
 Chest pain Headache
 Confusion Palpitations
 Convulsions/seizure Shortness of breath/difficulty breathing
 Dizziness/lightheadedness Other, specify:
 Fainting U/K
If yes to any item, describe type of physical activity and extent of symptoms:

o. For child age 12 or older, did the child receive a pre-participation exam for a sport?
 N/A Yes No U/K
If yes:
Was it done within a year prior to death? Yes No U/K
Did the exam lead to restrictions for sports or otherwise? Yes No U/K
If yes, specify restrictions:

| Questions p through v: Answer if "Epilepsy/Seizure Disorder" is answered Yes in question e above (Diagnosed for a medical condition) | | | |
|---|---|--|--|
| <p>p. How old was the child when diagnosed with epilepsy/seizure disorder? Age 0 (infant) through 20 years: _____ <input type="checkbox"/> U/K</p> | | <p>r. What type(s) of seizures did the child have? Check all that apply:</p> <p><input type="checkbox"/> Non-convulsive <input type="checkbox"/> Convulsive (grand mal seizure or generalized tonic-clonic seizure) <input type="checkbox"/> Occur when exposure to strobe lights, video game, or flickering light (reflex seizure) <input type="checkbox"/> U/K</p> | |
| <p>q. What were the underlying cause(s) of the child's seizures? Check all that apply:</p> <p><input type="checkbox"/> Brain injury/trauma, specify: <input type="checkbox"/> Genetic/chromosomal <input type="checkbox"/> Brain tumor <input type="checkbox"/> Mesial temporal sclerosis <input type="checkbox"/> Cerebrovascular <input type="checkbox"/> Idiopathic or cryptogenic <input type="checkbox"/> Central nervous system infection <input type="checkbox"/> Other acute illness or injury other than epilepsy <input type="checkbox"/> Degenerative process <input type="checkbox"/> Other, specify: <input type="checkbox"/> Developmental brain disorder <input type="checkbox"/> U/K <input type="checkbox"/> Inborn error of metabolism</p> | | <p>s. Describe the child's epilepsy/seizures (not including the seizure at time of death). Check all that apply:</p> <p><input type="checkbox"/> Last less than 30 minutes <input type="checkbox"/> Last more than 30 minutes (status epilepticus) <input type="checkbox"/> Occur in the presence of fever (febrile seizure) <input type="checkbox"/> Occur in the absence of fever <input type="checkbox"/> Occur when exposed to strobe lights, video game, or flickering light (reflex seizure)</p> | |
| | | <p>t. How many seizures did the child have in the year preceding death? <input type="radio"/> 0/never <input type="radio"/> 2 <input type="radio"/> More than 3 <input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> U/K</p> | |
| | | <p>u. Did treatment for seizures include anti-epileptic drugs? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, how many different types of anti-epileptic drugs did the child take? <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> More than 6 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> U/K <input type="radio"/> 3 <input type="radio"/> 6</p> | |
| | | <p>v. Was night surveillance used? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> | |
| 12. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE: WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT? <input type="radio"/> Yes, go to 12a <input type="radio"/> No, go to 12s <input type="radio"/> U/K, go to 12a | | | |
| <p>a. Incident sleep place:</p> <p><input type="radio"/> Crib <input type="radio"/> Adult bed <input type="radio"/> Car seat If crib, type: <input type="radio"/> Waterbed <input type="radio"/> Rock 'n Play <input type="radio"/> Not portable <input type="radio"/> Futon <input type="radio"/> Stroller <input type="radio"/> Portable, e.g. Pack 'n Play <input type="radio"/> Playpen/other play structure, not a portable crib <input type="radio"/> Swing <input type="radio"/> Unknown crib type <input type="radio"/> Bassinet <input type="radio"/> Bouncy chair <input type="radio"/> Bed side sleeper <input type="radio"/> Couch <input type="radio"/> Other, specify: <input type="radio"/> Baby box <input type="radio"/> Chair <input type="radio"/> U/K If adult bed, what type? <input type="radio"/> Twin <input type="radio"/> Bed position <input type="radio"/> Full <input type="radio"/> Couch position <input type="radio"/> Queen <input type="radio"/> U/K <input type="radio"/> King <input type="radio"/> If car seat, was car seat secured in seat of car? <input type="radio"/> U/K <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> | | | |
| <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> | <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 any type of crib, Pack 'n Play, bassinet, bed side sleeper or baby box in home for child? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> |
| <p>d. Usual sleep place:</p> <p><input type="radio"/> Crib <input type="radio"/> Baby box <input type="radio"/> Floor If crib, type: <input type="radio"/> Adult bed <input type="radio"/> Car seat <input type="radio"/> Not portable <input type="radio"/> Waterbed <input type="radio"/> Rock 'n Play <input type="radio"/> Portable, e.g. Pack 'n Play <input type="radio"/> Futon <input type="radio"/> Stroller <input type="radio"/> Unknown crib type <input type="radio"/> Playpen/other play structure, not a portable crib <input type="radio"/> Swing <input type="radio"/> Bassinet <input type="radio"/> Bouncy chair <input type="radio"/> Bed side sleeper <input type="radio"/> Couch <input type="radio"/> Other, specify: <input type="radio"/> Chair <input type="radio"/> U/K If adult bed, what type? <input type="radio"/> Twin <input type="radio"/> King <input type="radio"/> Full <input type="radio"/> Other, specify: <input type="radio"/> Queen <input type="radio"/> U/K If futon, <input type="radio"/> Bed position <input type="radio"/> Couch position <input type="radio"/> U/K</p> | | | |
| <p>g. Child in a new or different environment than usual? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, describe why:</p> | <p>h. Child last placed to sleep with a pacifier? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> | <p>i. Child wrapped or swaddled in blanket? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, describe:</p> | |
| <p>j. Child overheated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, outside temp ____ degrees F Check all that apply: <input type="checkbox"/> Room too hot, temp ____ degrees F <input type="checkbox"/> Too much bedding <input type="checkbox"/> Too much clothing</p> | | <p>k. Child exposed to second hand smoke? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, how often: <input type="radio"/> Frequently <input type="radio"/> U/K <input type="radio"/> Occasionally</p> | |
| <p>l. Child's face when found: <input type="radio"/> Down <input type="radio"/> Up <input type="radio"/> To left or right side <input type="radio"/> U/K</p> | <p>m. Child's neck when found: <input type="radio"/> Hyperextended (head back) <input type="radio"/> Hypoextended (chin to chest) <input type="radio"/> Neutral <input type="radio"/> Turned <input type="radio"/> U/K</p> | <p>n. Child's airway when found (includes nose, mouth, neck and/or chest): <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>If fully or partially obstructed, what was obstructed? <input type="checkbox"/> Nose <input type="checkbox"/> Chest compressed <input type="checkbox"/> Mouth <input type="checkbox"/> U/K <input type="checkbox"/> Neck compressed If fully or partially obstructed, describe obstruction in detail:</p> |

c. Objects in child's sleep environment and relation to airway obstruction:

| Objects: | If present, describe position of object: | | | | | | | | | If present, did object obstruct airway? | | |
|----------------------------|--|-----------------------|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|---|-----------------------|--|
| | Present? | | | On top | Under | Next | Tangled | U/K | Yes | No | U/K | |
| | Yes | No | U/K | of child | child | to child | around child | | | | | |
| Adult(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Other child(ren) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Animal(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Mattress | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Comforter, quilt, or other | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Fitted sheet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Thin blanket/flat sheet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Pillow(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Cushion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Boppy or U shaped pillow | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Sleep positioner (wedge) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Bum per pads | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Clothing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Crib railing/side | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Wall | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Toy(s) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| Other(s), specify: | | | | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | <input type="radio"/> | | | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| | <input type="radio"/> | | | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

If adult(s) obstructed airway, describe relationship of adult to child (for example, biological mother):

p. Was there a reliable, non-conflicting witness account of how the child was found? Yes No U/K

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

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

s. Child sleeping on same surface with person(s) or animal(s)? Yes No U/K

If yes, reasons stated for sleeping on same surface, check all that apply:

- To feed
- To soothe
- Usual sleep pattern
- No infant bed available
- Home/living space overcrowded
- Other, specify: _____
- U/K

If yes, check all that apply:

- With adult(s): # _____ # U/K
- Adult obese: Yes No U/K
- With other children: # _____ # U/K Children's ages: _____
- With animal(s): # _____ # U/K Type(s) of animal: _____

t. Is there a scene re-creation photo available for upload? Yes No If yes, upload here. Only one photo allowed.
Select photo that demonstrates position and location of child's body and airway (nose, mouth, neck, and chest). Size must be less than 6 mb and in .jpg or .gif format.

13. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT? Yes No, go to I4 U/K, go to I4

a. Describe product and circumstances:

b. Was product used properly? Yes No U/K

c. Is a recall in place? Yes No U/K

d. Did product have safety label? Yes No U/K

e. Was Consumer Product Safety Commission (CPSC) notified? Yes No, go to www.saferproducts.gov to report U/K

14. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME? Yes No, go to I5 U/K, go to I5

a. Type of crime, check all that apply:

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

| 15. CHILD ABUSE, NEGLECT, POOR SUPERVISION AND EXPOSURE TO HAZARDS | | | |
|---|--|---|---|
| <p>a. Did child abuse, neglect, poor or absent supervision or exposure to hazards cause or contribute to the child's death?</p> <p><input type="radio"/> Yes/probable <input type="radio"/> No, go to next section <input type="radio"/> U/K, go to next section</p> <p>If yes/probable, choose primary reason:</p> <p><input type="radio"/> Child abuse, go to 15b <input type="radio"/> Child neglect, go to 15f <input type="radio"/> Poor/absent supervision, go to 15h <input type="radio"/> Exposure to hazards, go to 15g</p> | <p>b. Type of child abuse, check all that apply:</p> <p><input type="checkbox"/> Abusive head trauma, go to 15c <input type="checkbox"/> Chronic Battered Child Syndrome, go to 15e <input type="checkbox"/> Beating/kicking, go to 15e <input type="checkbox"/> Scalding or burning, go to 15e <input type="checkbox"/> Munchausen Syndrome by Proxy, go to 15e <input type="checkbox"/> Sexual assault, go to 15h <input type="checkbox"/> Other, specify and go to 15h <input type="checkbox"/> U/K, go to 15e</p> | <p>c. For abusive head trauma, were there retinal hemorrhages?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> | <p>e. Events(s) triggering child abuse, check all that apply:</p> <p><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</p> |
| <p>f. Child neglect, check all that apply:</p> <p><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 provide supervision <input type="checkbox"/> Emotional neglect, specify: <input type="checkbox"/> Abandonment, specify: <input type="checkbox"/> Failure to seek/follow treatment, specify: If yes, was this due to religious or cultural practices? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> | <p><input type="checkbox"/> Exposure to hazards: Do not include child's own behavior. <input type="radio"/> Hazard(s) in sleep environment (including sleep position and surface sharing) <input type="radio"/> Fire hazard <input type="radio"/> Unsecured medication/poison <input type="radio"/> Firearm hazard <input type="radio"/> Water hazard <input type="radio"/> Motor vehicle hazard <input type="radio"/> Other hazard, specify:</p> | <p>g. Exposure to hazards: Do not include child's own behavior. <input type="radio"/> Hazard(s) in sleep environment (including sleep position and surface sharing) <input type="radio"/> Fire hazard <input type="radio"/> Unsecured medication/poison <input type="radio"/> Firearm hazard <input type="radio"/> Water hazard <input type="radio"/> Motor vehicle hazard <input type="radio"/> Maternal substance use during pregnancy <input type="radio"/> Other hazard, specify:</p> | <p>h. Was poverty a factor? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, explain in Narrative</p> |
| 16. SUICIDE | | | |
| <p>a. Child's history. Check all that have <u>ever</u> applied:</p> <p><input type="checkbox"/> None listed below <input type="checkbox"/> Involved in sports <input type="checkbox"/> Involved in activities (not sports) <input type="checkbox"/> Viewed, posted or interacted on social media If yes, specify platform(s): <input type="checkbox"/> History of running away <input type="checkbox"/> History of fearfulness, withdrawal or anxiety <input type="checkbox"/> History of explosive anger, yelling or disobeying <input type="checkbox"/> History of head injury If yes, when was the last head injury? _____ <input type="checkbox"/> Death of a peer, friend or family member If yes, specify relationship to child: _____ When did death occur: _____ Was death a suicide? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> | <p>b. Was the child ever diagnosed with any of the following? Check all that apply:</p> <p><input type="checkbox"/> None listed below <input type="checkbox"/> Anxiety spectrum disorder <input type="checkbox"/> Depressive spectrum disorder <input type="checkbox"/> Bipolar spectrum disorder <input type="checkbox"/> Disruptive, impulse control or conduct disorder <input type="checkbox"/> Eating disorder <input type="checkbox"/> Substance-related or addictive disorders <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K</p> <p>c. Check all suicidal behaviors/attempts that ever applied:</p> <p><input type="checkbox"/> None listed below <input type="checkbox"/> Interrupted attempt #__ <input type="checkbox"/> Preparatory behavior #__ <input type="checkbox"/> Non-fatal attempt #__ <input type="checkbox"/> Aborted attempt #__ <input type="checkbox"/> U/K</p> | <p>d. Did the child <u>ever</u> communicate any suicidal thoughts, actions or intent? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, with whom? _____</p> <p>e. Was there evidence the death was planned or premeditated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>f. Did the death occur under circumstances where it would likely be observed and intervened by others? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>g. Did the child ever have a history of non-suicidal self-harm, such as cutting or burning oneself? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, <input type="checkbox"/> Reported to others <input type="checkbox"/> Other, specify: <input type="checkbox"/> Noted on autopsy</p> | |
| <p>h. Warning signs (https://youthsuicidewarningsigns.org) w/in 30 days of death. Check all that apply:</p> <p><input type="checkbox"/> None listed below <input type="checkbox"/> Expressed perceived burden on others <input type="checkbox"/> Talked about or made plans for suicide <input type="checkbox"/> Showed worrisome behavioral cues or marked changes in behavior <input type="checkbox"/> Expressed hopelessness about the future <input type="checkbox"/> Displayed severe/overwhelming emotional pain or distress <input type="checkbox"/> U/K</p> | <p>i. Child experienced a known crisis within 30 days of the death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, explain:</p> | <p>j. Suicide was part of: Check all that apply.</p> <p><input type="checkbox"/> None listed below <input type="checkbox"/> A suicide pact <input type="checkbox"/> A cluster <input type="checkbox"/> A murder-suicide <input type="checkbox"/> A contagion, copy-cat or imitation</p> | |
| 17. LIFE STRESSORS Please indicate all stressors that were present for this child around the time of death. | | | |
| <p>a. Life stressors - Socioeconomic</p> <p><input type="checkbox"/> None listed below <input type="checkbox"/> Housing instability <input type="checkbox"/> Racism <input type="checkbox"/> Witnessed violence <input type="checkbox"/> Discrimination <input type="checkbox"/> Pregnancy <input type="checkbox"/> Poverty <input type="checkbox"/> Pregnancy <input type="checkbox"/> Neighborhood discord <input type="checkbox"/> Pregnancy <input type="checkbox"/> Job problems <input type="checkbox"/> Job problems <input type="checkbox"/> Money problems <input type="checkbox"/> Food insecurity</p> | <p>b. Life stressors - Relationships (age 5 and over)</p> <p><input type="checkbox"/> None listed below <input type="checkbox"/> Argument with friends <input type="checkbox"/> Family discord <input type="checkbox"/> Bullying as a victim <input type="checkbox"/> Argument with parents/caregivers <input type="checkbox"/> Bullying as a perpetrator <input type="checkbox"/> Parents' divorce/separation <input type="checkbox"/> Cyberbullying as a victim <input type="checkbox"/> Parents' incarceration <input type="checkbox"/> Cyberbullying as a perpetrator <input type="checkbox"/> Argument with significant other <input type="checkbox"/> Peer violence as a victim <input type="checkbox"/> Breakup with significant other <input type="checkbox"/> Peer violence as a perpetrator <input type="checkbox"/> Social discord <input type="checkbox"/> Isolation</p> | <p>c. Life stressors - School (age 5 and over)</p> <p><input type="checkbox"/> None listed below <input type="checkbox"/> School failure <input type="checkbox"/> Pressure to succeed <input type="checkbox"/> Extracurricular activities <input type="checkbox"/> New school <input type="checkbox"/> Other school problems</p> | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|--|-----------------------|--------------------------|--------------------------|--|-----------------------|--------------------------|--------------------------|-----------------------|-----------------------|--------------------------|--|-----------------------|-----------------------|--------------------------|---|-----------------------|-----------------------|--------------------------|--------------------------|-----------------------|-----------------------|--------------------------|--------------------------|----------------------------|-----------------------|---|--------------------------|-----------------------|-----------------------|--|-----------------------|--------------------------|--------------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----|--|
| <p>d. Life stressors - Technology (age 5+)</p> <p>Stress/negative consequences due to:</p> <input type="checkbox"/> None listed below <input type="checkbox"/> Electronic gaming <input type="checkbox"/> Texting <input type="checkbox"/> Restriction of technology <input type="checkbox"/> Social media | <p>e. Life stressors - Transitions (age 5 and over)</p> <input type="checkbox"/> None listed below <input type="checkbox"/> Release from hospital <input type="checkbox"/> Transition from any level of mental health care to another (e.g. inpatient to outpatient, inpatient to residential, outpatient to inpatient, etc.) <input type="checkbox"/> Release from juvenile justice facility <input type="checkbox"/> End of school year/school break <input type="checkbox"/> Transition to/from child welfare system <input type="checkbox"/> Release from immigrant detention center | <p>f. Life stressors - Trauma (age 5 and over)</p> <input type="checkbox"/> None listed below <input type="checkbox"/> Rape/sexual assault <input type="checkbox"/> Previous abuse (emotional/physical) <input type="checkbox"/> Family/domestic violence <p>g. Life stressors - Describe any other life stressors: (age 5 and over)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| J. PERSON RESPONSIBLE (OTHER THAN DECEDENT) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. Did a person or persons other than the child do something or fail to do something that caused or contributed to the death?</p> <input type="radio"/> Yes/probable <input type="radio"/> No, go to Section K <input type="radio"/> U/K, go to Section K | <p>2. What act(s)? Enter information for the first person under 'One' and if there is a second person, use column 'Two.' Describe acts in narrative.</p> <table border="0"> <tr> <td><u>One</u></td> <td><u>Two</u></td> <td><u>One</u></td> <td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table> | <u>One</u> | <u>Two</u> | <u>One</u> | <u>Two</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <p>3. Did the team have information about the person(s)?</p> <input type="radio"/> Yes <input type="radio"/> No, go to Section K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>One</u> | <u>Two</u> | <u>One</u> | <u>Two</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>4. Is person listed in a previous section?</p> <table border="0"> <tr> <td><u>One</u></td> <td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table> | <u>One</u> | <u>Two</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <p>5. Primary person(s) responsible for action(s): Select one for each person responsible.</p> <table border="0"> <tr> <td><u>One</u></td> <td><u>Two</u></td> <td><u>One</u></td> <td><u>Two</u></td> <td><u>One</u></td> <td><u>Two</u></td> </tr> <tr> <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><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><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><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><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><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><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><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><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table> | | <u>One</u> | <u>Two</u> | <u>One</u> | <u>Two</u> | <u>One</u> | <u>Two</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | |
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| <p>6. Person's age in years:</p> <table border="0"> <tr> <td><u>One</u></td> <td><u>Two</u></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td># Years</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>U/K</td> <td></td> </tr> </table> | <u>One</u> | <u>Two</u> | _____ | _____ | # Years | | <input type="checkbox"/> | <input type="checkbox"/> | U/K | | <p>7. Person's sex:</p> <table border="0"> <tr> <td><u>One</u></td> <td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Male</td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Female</td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>U/K</td> <td></td> </tr> </table> | <u>One</u> | <u>Two</u> | <input type="radio"/> | <input type="radio"/> | Male | | <input type="radio"/> | <input type="radio"/> | Female | | <input type="radio"/> | <input type="radio"/> | U/K | | <p>8. Person speaks and understands English?</p> <table border="0"> <tr> <td><u>One</u></td> <td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Yes</td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>No</td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>U/K</td> <td></td> </tr> </table> <p>If no, language spoken:</p> | <u>One</u> | <u>Two</u> | <input type="radio"/> | <input type="radio"/> | Yes | | <input type="radio"/> | <input type="radio"/> | No | | <input type="radio"/> | <input type="radio"/> | U/K | | <p>9. Person on active military duty?</p> <table border="0"> <tr> <td><u>One</u></td> <td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Yes</td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>No</td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>U/K</td> <td></td> </tr> </table> <p>If yes, specify branch:</p> | <u>One</u> | <u>Two</u> | <input type="radio"/> | <input type="radio"/> | Yes | | <input type="radio"/> | <input type="radio"/> | No | | <input type="radio"/> | <input type="radio"/> | U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>10. Person(s) have history of substance abuse?</p> <table border="0"> <tr> <td><u>One</u></td> <td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Yes</td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>No</td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>U/K</td> <td></td> </tr> </table> <p>If yes, check all that apply:</p> <input type="checkbox"/> Alcohol <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Opioids <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Over-the-counter <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K | <u>One</u> | <u>Two</u> | <input type="radio"/> | <input type="radio"/> | Yes | | <input type="radio"/> | <input type="radio"/> | No | | <input type="radio"/> | <input type="radio"/> | U/K | | <p>11. Person(s) have history of child maltreatment as victim?</p> <table border="0"> <tr> <td><u>One</u></td> <td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Yes</td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>No</td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>U/K</td> <td></td> </tr> </table> <p>If yes, check all that apply:</p> <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 | <u>One</u> | <u>Two</u> | <input type="radio"/> | <input type="radio"/> | Yes | | <input type="radio"/> | <input type="radio"/> | No | | <input type="radio"/> | <input type="radio"/> | U/K | | <p>12. Person(s) have history of child maltreatment as a perpetrator?</p> <table border="0"> <tr> <td><u>One</u></td> <td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Yes</td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>No</td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>U/K</td> <td></td> </tr> </table> <p>If yes, check all that apply:</p> <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 | <u>One</u> | <u>Two</u> | <input type="radio"/> | <input type="radio"/> | Yes | | <input type="radio"/> | <input type="radio"/> | No | | <input type="radio"/> | <input type="radio"/> | U/K | | <p>13. Person(s) have disability or chronic illness?</p> <table border="0"> <tr> <td><u>One</u></td> <td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Yes</td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>No</td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>U/K</td> <td></td> </tr> </table> <p>If yes, check all that apply:</p> <input type="checkbox"/> Physical/orthopedic, specify: <input type="checkbox"/> Mental health/substance abuse, specify: <input type="checkbox"/> Cognitive/intellectual, specify: <input type="checkbox"/> Sensory, specify: <input type="checkbox"/> U/K If mental health/substance abuse, was person receiving mental health services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | <u>One</u> | <u>Two</u> | <input type="radio"/> | <input type="radio"/> | Yes | | <input type="radio"/> | <input type="radio"/> | No | | <input type="radio"/> | <input type="radio"/> | U/K | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>14. Person(s) have prior child deaths?</p> <table border="0"> <tr> <td><u>One</u></td> <td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Yes</td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>No</td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>U/K</td> <td></td> </tr> </table> <p>If yes, check all that apply:</p> <table border="0"> <tr> <td><u>One</u></td> <td><u>Two</u></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Child abuse # _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Child neglect # _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Accident # _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Suicide # _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>SIDS # _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Undetermined cause # _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other # _____</td> <td></td> </tr> <tr> <td>Other, specify:</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>U/K</td> <td></td> </tr> </table> | <u>One</u> | <u>Two</u> | <input type="radio"/> | <input type="radio"/> | Yes | | <input type="radio"/> | <input type="radio"/> | No | | <input type="radio"/> | <input type="radio"/> | U/K | | <u>One</u> | <u>Two</u> | <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"/> | Undetermined cause # _____ | | <input type="checkbox"/> | <input type="checkbox"/> | Other # _____ | | Other, specify: | | <input type="checkbox"/> | <input type="checkbox"/> | U/K | | <p>15. Person(s) have history of intimate partner violence?</p> <table border="0"> <tr> <td><u>One</u></td> <td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Yes, as victim</td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Yes, as perpetrator</td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>No</td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>U/K</td> <td></td> </tr> </table> | <u>One</u> | <u>Two</u> | <input type="radio"/> | <input type="radio"/> | Yes, as victim | | <input type="radio"/> | <input type="radio"/> | Yes, as perpetrator | | <input type="radio"/> | <input type="radio"/> | No | | <input type="radio"/> | <input type="radio"/> | U/K | | <p>16. Person(s) have delinquent/criminal history?</p> <table border="0"> <tr> <td><u>One</u></td> <td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Yes</td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>No</td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>U/K</td> <td></td> </tr> </table> <p>If yes, check all that apply:</p> <input type="checkbox"/> Assaults <input type="checkbox"/> Robbery <input type="checkbox"/> Drugs <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K | <u>One</u> | <u>Two</u> | <input type="radio"/> | <input type="radio"/> | Yes | | <input type="radio"/> | <input type="radio"/> | No | | <input type="radio"/> | <input type="radio"/> | U/K | |
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| Child abuse # _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Child neglect # _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Accident # _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Suicide # _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SIDS # _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Undetermined cause # _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other # _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other, specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>One</u> | <u>Two</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes, as victim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Yes, as perpetrator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>One</u> | <u>Two</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| U/K | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

17. At the time of the incident, was the person asleep? One Two

One Two If yes, select the most appropriate

Yes description of the person's sleeping

No period at incident:

U/K

One Two

Night time sleep

Day time nap, describe:

Day time sleep (for example, person is night shift worker), describe:

Other, describe:

18. At time of incident was person impaired? One Two

One Two One Two

Yes No U/K Yes No U/K

If yes, check all that apply:

One Two One Two

Drug impaired, specify: Impaired by illness,

Alcohol impaired specify:

Distracted Impaired by disability,

Absent specify:

Other, specify:

19. Person(s) have, check all that apply:

One Two

Prior history of similar acts

Prior arrests

Prior convictions

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

One Two

No charges filed

Charges pending

Charges filed, specify:

Charges dismissed

Confession

Plead, specify:

Not guilty verdict

Guilty verdict, specify:

Tort charges, specify:

U/K

K. SERVICES TO FAMILY AND COMMUNITY AS A RESULT OF THE DEATH

1. Were new or revised services recommended or implemented as a result of the death? Yes No U/K

If yes, select one option per row:

| | Referred for service <u>before review</u> | Review led to <u>referral</u> | Referral needed, <u>not available</u> | N/A | U/K |
|------------------------------|--|----------------------------------|--|-----------------------|-----------------------|
| Bereavement counseling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Debriefing for professionals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Economic support | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Funeral arrangements | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Emergency shelter | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental health services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Foster care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Health services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Legal services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Genetic counseling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Home visiting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance abuse | <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"/> |

L. FINDINGS IDENTIFIED DURING THE REVIEW Mark this case to edit/add findings at a later date

1. Describe any significant challenges faced by the child, the family, the systems with which they interacted, or the response to the incident. These could be related to demographics, overt or inadvertent actions, the way systems functioned, or other environmental characteristics. (See Data Dictionary for examples.)

2. Describe any notable positive elements in this case. They could be demographic, behavioral, or environmental characteristics that may have promoted resiliency in the child or family, the systems with which they interacted or the response to the incident. (See Data Dictionary for examples.)

3. List any recommendations and/or initiatives that could be implemented to prevent deaths from similar causes or circumstances in the future:

4. Were new or revised agency services, policies or practices recommended or implemented as a result of the review? Yes No U/K

If yes, select all that apply and describe:

| | | | |
|---|-----------|--|-----------|
| <input type="checkbox"/> Child welfare | Describe: | <input type="checkbox"/> Education | Describe: |
| <input type="checkbox"/> Law enforcement | Describe: | <input type="checkbox"/> Mental health | Describe: |
| <input type="checkbox"/> Public health | Describe: | <input type="checkbox"/> EMS | Describe: |
| <input type="checkbox"/> Coroner/medical examiner | Describe: | <input type="checkbox"/> Substance abuse | Describe: |
| <input type="checkbox"/> Courts | Describe: | <input type="checkbox"/> Other, specify: | Describe: |
| <input type="checkbox"/> Health care systems | Describe: | | |

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

| M 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"/> N/A <input type="radio"/> Yes <input type="radio"/> No |
| 4. Agencies and individuals at review meeting, check all that apply: | | |
| <input type="checkbox"/> Medical examiner/coroner/pathologist | <input type="checkbox"/> CPS | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Death investigator | <input type="checkbox"/> Other social services | <input type="checkbox"/> EMS |
| <input type="checkbox"/> Law enforcement | <input type="checkbox"/> Physician | <input type="checkbox"/> Faith based organization |
| <input type="checkbox"/> Prosecutor/district attorney | <input type="checkbox"/> Nurse | <input type="checkbox"/> Education |
| <input type="checkbox"/> Public health | <input type="checkbox"/> Hospital | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> HMO/managed care | <input type="checkbox"/> Other health care | <input type="checkbox"/> Substance abuse |
| | | <input type="checkbox"/> Indian Health Services/ Tribal Health |
| | | <input type="checkbox"/> Home visiting |
| | | <input type="checkbox"/> Healthy Start |
| | | <input type="checkbox"/> Court |
| | | <input type="checkbox"/> Child advocate |
| 5. Were the following data sources available at the review meeting? | 6. Did any of the following factors reduce meeting effectiveness, check all that apply: | |
| Check all that apply: | <input type="checkbox"/> None | |
| <input type="checkbox"/> CDC's SUIDI Reporting Form | <input type="checkbox"/> Confidentiality issues among members prevented full exchange of information | |
| <input type="checkbox"/> Jurisdictional equivalent of the CDC SUIDI Reporting Form | <input type="checkbox"/> HIPAA regulations prevented access to or exchange of information | |
| <input type="checkbox"/> Birth certificate - full form | <input type="checkbox"/> Inadequate investigation precluded having enough information for review | |
| <input type="checkbox"/> Death certificate | <input type="checkbox"/> Team members did not bring adequate information to the meeting | |
| <input type="checkbox"/> Child's medical records or clinical history, including vaccinations | <input type="checkbox"/> Necessary team members were absent | |
| <input type="checkbox"/> Biological mother's obstetric and prenatal information | <input type="checkbox"/> Meeting was held too soon after death | |
| <input type="checkbox"/> Newborn screening results | <input type="checkbox"/> Meeting was held too long after death | |
| <input type="checkbox"/> Law enforcement records | <input type="checkbox"/> Records or information were needed from another locality in-state | |
| <input type="checkbox"/> Social service records | <input type="checkbox"/> Records or information were needed from another state | |
| <input type="checkbox"/> Child protection agency records | <input type="checkbox"/> Team disagreement on circumstances | |
| <input type="checkbox"/> EMS run sheet | <input type="checkbox"/> Other factors, specify: | |
| <input type="checkbox"/> Hospital records | | |
| <input type="checkbox"/> Autopsy/pathology reports | | |
| <input type="checkbox"/> Home visiting | | |
| <input type="checkbox"/> Mental health records | | |
| <input type="checkbox"/> School records | | |
| <input type="checkbox"/> Substance abuse treatment records | | |
| 7. Review meeting outcomes, check all that apply: | | |
| <input type="checkbox"/> Review led to additional investigation | <input type="checkbox"/> Review led to the delivery of services | |
| <input type="checkbox"/> Team disagreed with official manner of death. What did team believe manner should be? | <input type="checkbox"/> Review led to changes in agency policies or practices | |
| <input type="checkbox"/> Team disagreed with official cause of death. What did team believe cause should be? | <input type="checkbox"/> Review led to prevention initiatives being implemented | |
| <input type="checkbox"/> Because of the review, the official cause or manner of death was changed | <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> National | |
| N. SUID AND SDY CASE REGISTRY | | |
| This section displays online based on your state's settings. | | |
| Section N: OMB No. 0920-1092, Exp. Date: 4/30/2022 | | |
| Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1092) | | |
| 1. Is this an SDY or SUID case? <input type="radio"/> Yes <input type="radio"/> No If no, go to Section O | | |
| 2. Did this case go to Advanced Review for the SDY Case Registry? | 3. Notes from Advanced Review meeting (include case details that helped determine SDY categorization and any ways to improve the review) or reason why case did not go to Advanced Review: | |
| <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No | | |
| If yes, date of first Advanced Review meeting: _____ | | |
| 4. Professionals at the Advanced Review meeting, check all that apply: | | |
| <input type="checkbox"/> Cardiologist | <input type="checkbox"/> Death investigator | <input type="checkbox"/> Geneticist or genetic counselor |
| <input type="checkbox"/> CDR representative | <input type="checkbox"/> Epileptologist | <input type="checkbox"/> Pediatrician |
| <input type="checkbox"/> Coroner | <input type="checkbox"/> Forensic pathologist/medical examiner | <input type="checkbox"/> Mental health professional |
| | | <input type="checkbox"/> Neonatologist |
| | | <input type="checkbox"/> Public health representative |
| | | <input type="checkbox"/> Others, specify: |
| 5. Did the Advanced Review team believe the autopsy was comprehensive? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | 6. If autopsy performed, did the ME/coroner/pathologist use the SDY Autopsy Guidance or Summary? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K | |

APPENDIX F:

ADDITIONAL CHILD ABUSE DEATH REVIEW DATA

APPENDIX F

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CHILD DEATH INCIDENT INFORMATION

Location of Child Deaths

Tables F-1 and F-2 provide information related to the number of child fatalities that occurred in each county in Florida. Please note that the county refers to the county where the incident took place, not necessarily the county where the death occurred (although they may be the same). By way of explanation, there are occasions where the incident causing a child's death may happen in one county; however, the child's death (for example, because he/she was transported to a medical facility in another county) may be documented in another county. From a prevention standpoint, for this report, any county reference refers to the county where the incident contributing to the death (i.e., "death county") took place. Table F-1 highlights every child death across individual counties stratified by maltreatment verification status and primary cause of death (i.e., drowning, asphyxia, weapon, and other). Table F-2 aggregates information denoted in Table F-1 for all primary causes of death for each county. No information in a table cell in either Table F-1 or Table F-2 indicates a zero count for that county category.

When information from Table F-1 is examined, there are five counties that account for more than half (28 of 48 or 58.3%) of the verified child maltreatment deaths (across all primary causes of death) in Florida. These include Duval (n=6), Orange (n=4), Polk (n=3), Broward (n=3), Suwanee (n=3), Okaloosa (n=3), Escambia (n=3) and Marion (n=3).

When primary cause of death among verified maltreatment cases are examined, all drowning deaths (thus far reviewed) took place in 6 counties (n=7) with 2 of 7 (28.6%) taken place in Broward. Among verified maltreatment deaths involving sleep-related incidents, all took place in three counties; namely, Duval (n=1), Manatee (n=1) and Palm Beach (n=2). The 15 verified maltreatment deaths by inflicted trauma are found across 13 different counties in Florida with the greatest number occurring in Orange county (n=2) and Polk (n=2).

When the total number of child fatalities (regardless of verification status and primary cause of death) investigated for each county is examined (see Table F-2), there are 9 counties with more than ten investigated deaths that collectively account for 141 of 250 (56.4%) of all fatalities. These include: Duval (n=32), Orange (n=19), Polk (n=18), Pinellas (n=14), Pasco (n=13), Hillsborough (n=12), Palm Beach (n=11), Escambia (n=11) and Broward (n=11).

Table F-1: Distribution of Maltreatment Finding Status Across Florida Counties by Primary Cause of Death

| County | Verified for Maltreatment n=48 | | | | Not Substantiated as Maltreatment n=56 | | | | No Indicators of Maltreatment n=146 | | | | Total |
|--------------|-----------------------------------|---------------|------------------|----------------------------|---|---------------|------------------|----------------------------|--|---------------|------------------|----------------------------|-------|
| | Drowning | Sleep-related | Inflicted Trauma | Other Undetermined Unknown | Drowning | Sleep-related | Inflicted Trauma | Other Undetermined Unknown | Drowning | Sleep-related | Inflicted Trauma | Other Undetermined Unknown | |
| Alachua | | | | | | | | | | 1 | | | 1 |
| Baker | | | | | 1 | | | | | 1 | | | 2 |
| Bay | | | | | | 1 | | | | | | 2 | 3 |
| Bradford | | | | | | | | | | | | | |
| Brevard | 1 | | | 1 | | | | | | 3 | | 1 | 6 |
| Broward | 2 | | 1 | | | 5 | | | | | | 3 | 11 |
| Calhoun | | | | | | | | 1 | | | | | 1 |
| Charlotte | | | | 1 | | 1 | | | 2 | | | | 4 |
| Citrus | | | 1 | | | | 1 | | | | | | 2 |
| Clay | | | | | | | | | | 2 | | | 2 |
| Collier | | | | | 1 | | | | 1 | | | 2 | 4 |
| Columbia | | | | | | 1 | | | | | | 1 | 2 |
| DeSoto | | | | | | | | | | | | | |
| Dixie | | | | | | | | | | | | | |
| Duval | | 1 | 1 | 4 | 4 | 3 | | 2 | 1 | 9 | | 7 | 32 |
| Escambia | 1 | | 1 | 1 | | | | | | 7 | | 1 | 11 |
| Flagler | | | | | | | | | | | | | |
| Franklin | | | | | | | | | | | | | |
| Gadsden | | | | | | | | | | | | | |
| Gilchrist | | | | | | | | | | | | | |
| Glades | | | | | | | | | | | | | |
| Gulf | | | | | | | | | | | | | |
| Hamilton | | | | | | | | | | | | | |
| Hardee | | | | | | | | | | | | | |
| Hendry | | | | | | | | | | | | 1 | 1 |
| Hernando | | | | | | | | | 1 | 3 | | | 4 |
| Highlands | | | | 2 | | | | | | | | | 2 |
| Hillsborough | | | 1 | | | | | 3 | 1 | 3 | | 4 | 12 |
| Holmes | | | | | | | | | | | | | |
| Indian River | | | | | | 1 | | | | | | | 1 |
| Jackson | | | | | | | | | | | | | |
| Jefferson | | | | | | | | | | | | | |
| Lafayette | | | | | | | | | | | | | |
| Lake | | | | | 2 | 1 | | | | 1 | | 1 | 5 |
| Lee | | | 1 | | | | | | 1 | 1 | | 4 | 7 |
| Leon | | | | | | | | | | 3 | | 1 | 4 |
| Levy | | | | | | | | | | | | | |
| Liberty | | | | | | | | | | | | | |
| Madison | | | | | | | | | | | | | |
| Manatee | | 1 | | | 1 | | | | 1 | 1 | | | 4 |
| Marion | | | 1 | 2 | | | | | | 3 | | 2 | 8 |
| Martin | | | | | | | | | | | | | |
| Miami-Dade | | | | | 1 | 2 | | 3 | | | 1 | 1 | 8 |
| Monroe | | | | | | | | | | | | | |
| Nassau | | | | | | | | | | | | 2 | 2 |
| Okaloosa | 1 | | 1 | 1 | | | | | | 1 | | | 4 |
| Okeechobee | | | | | | | | | | | | | |
| Orange | | | 2 | 2 | 2 | 1 | | | 1 | 7 | | 4 | 19 |
| Osceola | | | | | | | | | 1 | 1 | | 1 | 3 |
| Palm Beach | | 1 | | | | 5 | | | 2 | 1 | | 2 | 11 |
| Pasco | | | 1 | 1 | | 1 | | 1 | 1 | 6 | 2 | | 13 |
| Pinellas | 1 | | 1 | | | 1 | | | 2 | 5 | | 4 | 14 |
| Polk | | | 2 | 1 | 3 | | | 3 | 1 | 5 | 1 | 2 | 18 |
| Putnam | | | | 1 | | | | | 1 | 1 | | 2 | 5 |
| St Johns | | | | 1 | | | | 1 | | 3 | | 1 | 6 |
| St Lucie | | | | | | | | | | | | 1 | 1 |
| Santa Rosa | 1 | | | | | | | | 1 | | | | 2 |
| Sarasota | | | 1 | | | | | | | | | 1 | 2 |
| Seminole | | | | | | | | | | | | | |
| Sumter | | | | | | | | | | | | | |
| Suwanee | | | | 3 | | | | | | | | | 3 |
| Taylor | | | | | 1 | | | | | | | | 1 |
| Union | | | | | | | | | | | | | |
| Volusia | | | | 1 | | 1 | | 1 | 1 | 2 | | 1 | 7 |
| Wakulla | | | | | | | | | | 1 | | | 1 |
| Walton | | | | | | | | | | | | | |
| Washington | | | | 1 | | | | | | | | | 1 |
| Total | 7 | 3 | 15 | 23 | 16 | 24 | 1 | 15 | 19 | 71 | 4 | 52 | 250 |

Table F-2: Distribution of All Child Death Cases Reviewed Across Florida Counties by Primary Cause of Death

| County | Primary Cause of Death | | | | Total (N=250) |
|--------------|------------------------|----------------------|-------------------------|-----------------------------------|---------------|
| | Drowning (N=42) | Sleep-related (N=98) | Inflicted Trauma (N=20) | Other/Undetermined/Unknown (N=90) | |
| Alachua | | 1 | | | 1 |
| Baker | 1 | 1 | | | 2 |
| Bay | | 1 | | 2 | 3 |
| Bradford | | | | | |
| Brevard | 1 | 3 | | 2 | 6 |
| Broward | 2 | 5 | 1 | 3 | 11 |
| Calhoun | | | | 1 | 1 |
| Charlotte | 2 | 1 | | 1 | 4 |
| Citrus | | | 2 | | 2 |
| Clay | | 2 | | | 2 |
| Collier | 2 | | | 2 | 4 |
| Columbia | | 1 | | 1 | 2 |
| DeSoto | | | | | |
| Dixie | | | | | |
| Duval | 5 | 13 | 1 | 13 | 32 |
| Escambia | 1 | 7 | 1 | 2 | 11 |
| Flagler | | | | | |
| Franklin | | | | | |
| Gadsden | | | | | |
| Gilchrist | | | | | |
| Glades | | | | | |
| Gulf | | | | | |
| Hamilton | | | | | |
| Hardee | | | | | |
| Hendry | | | | 1 | 1 |
| Hernando | 1 | 3 | | | 4 |
| Highlands | | | | 2 | 2 |
| Hillsborough | 1 | 3 | 1 | 7 | 12 |
| Holmes | | | | | |
| Indian River | | 1 | | | 1 |
| Jackson | | | | | |
| Jefferson | | | | | |
| Lafayette | | | | | |
| Lake | 2 | 2 | | 1 | 5 |
| Lee | 1 | 1 | 1 | 4 | 7 |
| Leon | | 3 | | 1 | 4 |
| Levy | | | | | |
| Liberty | | | | | |
| Madison | | | | | |
| Manatee | 2 | 2 | | | 4 |
| Marion | | 3 | 1 | 4 | 8 |
| Martin | | | | | |
| Miami-Dade | 1 | 2 | 1 | 4 | 8 |
| Monroe | | | | | |
| Nassau | | | | 2 | 2 |
| Okaloosa | 1 | 1 | 1 | 1 | 4 |
| Okeechobee | | | | | |
| Orange | 3 | 8 | 2 | 6 | 19 |
| Osceola | 1 | 1 | | 1 | 3 |
| Palm Beach | 2 | 7 | | 2 | 11 |
| Pasco | 1 | 7 | 3 | 2 | 13 |
| Pinellas | 3 | 6 | 1 | 4 | 14 |
| Polk | 4 | 5 | 3 | 6 | 18 |
| Putnam | 1 | 1 | | 3 | 5 |
| St Johns | | 3 | | 3 | 6 |
| St Lucie | | | | 1 | 1 |
| Santa Rosa | 2 | | | | 2 |
| Sarasota | | | 1 | 1 | 2 |
| Seminole | | | | | |
| Sumter | | | | | |
| Suwanee | | | | 3 | 3 |
| Taylor | 1 | | | | 1 |
| Union | | | | | |
| Volusia | 1 | 3 | | 3 | 7 |
| Wakulla | | 1 | | | 1 |
| Walton | | | | | |
| Washington | | | | 1 | 1 |
| Total | 42 | 98 | 20 | 90 | 250 |

Drowning Death Incident Information

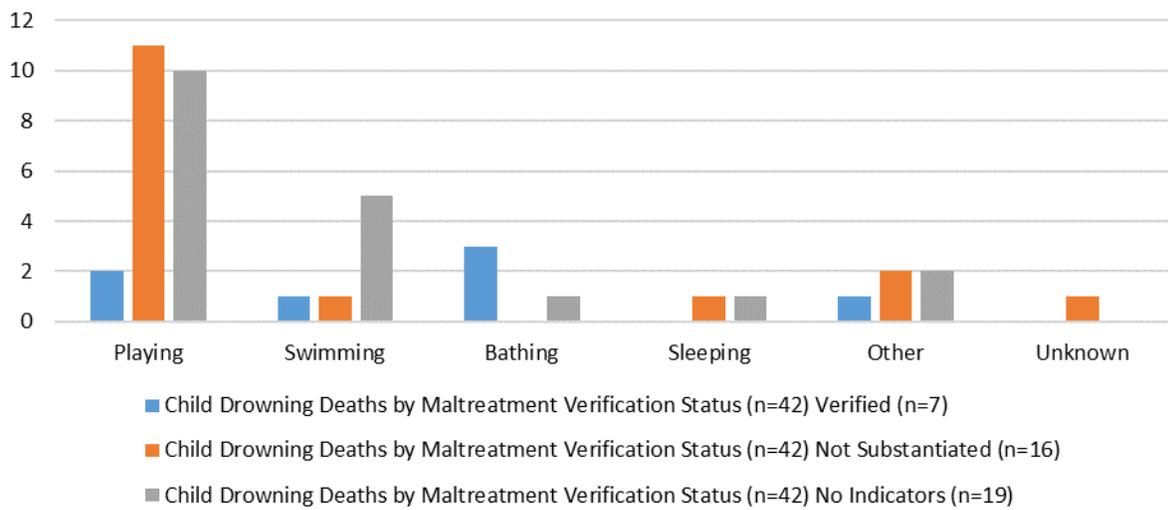
Where information was available, Tables F-3 and F-4 with Figure F-1 represent findings on the location and activity of child before drowning. As findings suggest in Table F-3, children (regardless of verification status) were most likely to be last documented in their house 21 of 42 (50.0%) or in the water 10 of 42 (23.8%) of deaths investigated prior to drowning. The majority 23 of 42 (54.8%) of all children (across all verification status categories) were playing before drowning; there were 7 of 42 (16.7%) children that were swimming prior to drowning.

| Table F-3: Location of Child Before Drowning by Child Maltreatment Verification Status | | | |
|---|---|-------------------------------------|---------------------------------|
| Location of Child Before Drowning | Child Drowning Deaths by Maltreatment Verification Status n=42 | | |
| | Verified (n=7) | Not Substantiated (n=16) | No Indicators (n=19) |
| In Water | 2 | 2 | 6 |
| On Shore | 0 | 0 | 0 |
| On Dock | 0 | 0 | 0 |
| Pool Side | 0 | 4 | 3 |
| In Yard | 1 | 0 | 2 |
| In Bathroom | 3 | 0 | 0 |
| In House | 1 | 12 | 8 |
| Other | 0 | 0 | 2 |
| Unknown/Missing | 0 | 0 | 0 |

Aggregate totals across locations may exceed total number of cases as multiple locations were reported for select cases.

| Table F-4: Activity of Child Before Drowning by Child Maltreatment Verification Status | | | |
|--|--|--------------------------|----------------------|
| Activity Before Drowning | Child Drowning Deaths by Maltreatment Verification Status (n=42) | | |
| | Verified (n=7) | Not Substantiated (n=16) | No Indicators (n=19) |
| Playing | 2 | 11 | 10 |
| Boating | 0 | 0 | 0 |
| Swimming | 1 | 1 | 5 |
| Bathing | 3 | 0 | 1 |
| Fishing | 0 | 0 | 0 |
| Surfing | 0 | 0 | 0 |
| Tubing | 0 | 0 | 0 |
| Water Skiing | 0 | 0 | 0 |
| Sleeping | 0 | 1 | 1 |
| Other | 1 | 2 | 2 |
| Unknown/Missing | 0 | 1 | 0 |

Figure F-1: Activity of Child Before Drowning by Maltreatment Verification Status (N=42)



Sleep-Related Asphyxia Death Incident Information

Table F-5 provides a listing and associated counts of specific objects (including persons) that were reported in a child's sleep environment and for objects identified to have blocked/obstructed a child's airway among the reviewed sleep-related cases (N=98) regardless of verification status. Please note that there may be more than one identified object present in the sleeping environment as well as more than one object(s) blocking the child's airway contributing to death. Also, the data applies to sleep-related deaths pertaining to children under the age of five. There was a total of 95 objects blocking the airways of the 98 children that died from sleep-related causes. Among these objects, 69 of 95 (72.6%) objects were associated with bedding-related objects (i.e., pillows, mattresses, comforters/quilts, sheets/thin blankets, bumper pads, etc.). A total of 20 of 57 (35.1%) adults reportedly blocked the airways of children that died; however, 57 adults were sleeping/present with the child at the time of the death incident.

Table F-5: Objects in Sleep Environment Among Sleep-Related Deaths (N=98)

| | Objects Present in Sleeping Environment | Objects Obstructing Child's Airway |
|--------------------------|---|------------------------------------|
| Adult(s) | 57 | 20 |
| Other Children | 16 | 4 |
| Animal(s) | 0 | 0 |
| Mattress | 64 | 15 |
| Comforter | 30 | 7 |
| Sheet | 44 | 12 |
| Blanket | 39 | 14 |
| Pillow(s) | 50 | 18 |
| Cushion | 6 | 2 |
| Boppy or U-Shaped Pillow | 5 | 1 |
| Sleep Positioner | 1 | 0 |
| Bumper Pads | 0 | 0 |
| Clothing | 3 | 0 |
| Crib Railing/Side | 0 | 0 |
| Wall | 4 | 0 |
| Toy(s) | 4 | 0 |
| Other | 10 | 2 |

The above data apply to sleep-related deaths if the child was under the age of five. Column totals may exceed number of children as multiple objects could be present or a source of obstruction.

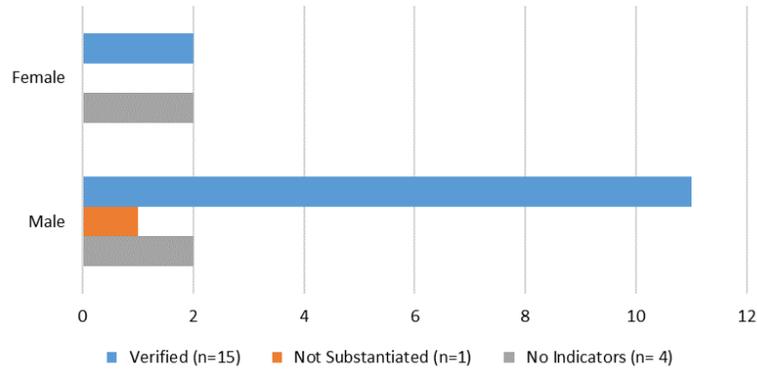
Inflicted Trauma-Related Death Incident Information

Tables F-6 through F-8 summarize information related to the sex of the firearm owner (in firearm deaths only), and the sex and relationship of the person handling the weapon related to the child fatality at the time of the incident. Most of the owners (6 of 8 or 75.0%) of firearms used in the fatality were owned by males. When all weapons used in verified maltreatment deaths are considered, 14 of 20 (70.0%) were males who handled the weapon that was used in the child's fatality.

| Table F-6: Sex of Fatal Firearm Owner by Maltreatment Verification Status | | | |
|---|--|-------------------------|---------------------|
| Sex of Fatal Firearm Owner | Child Firearm Deaths by Maltreatment Verification Status (n=8) | | |
| | Verified (n= 4) | Not Substantiated (n=1) | No Indicators (n=3) |
| Male | 3 | 1 | 2 |
| Female | 1 | 0 | 1 |
| Unknown/Missing | 0 | 0 | 0 |

| Table F-7: Sex of Person Handling Weapon by Maltreatment Verification Status | | | |
|--|--|-------------------------|----------------------|
| Sex of Person Handling Weapon | Child Weapon Deaths by Maltreatment Verification Status (n=20) | | |
| | Verified (n=15) | Not Substantiated (n=1) | No Indicators (n= 4) |
| Male | 11 | 1 | 2 |
| Female | 2 | 0 | 2 |
| Unknown/Missing | 2 | 0 | 0 |

Figure F-2: Sex of Person Handling Weapon by Maltreatment Verification Status (N=20)



As highlighted in Table F-8 and Figure F-3 and F-4 the biological parent was most likely 9 of 21 (42.9%) to be the person handling the weapon at the time of death, followed by the mother’s partner (n=6) and the child’s friend (n=2). In 1 of the 1 (100.0%) no indicators of maltreatment deaths, the child who died was handling the fatal weapon at the time of death incident.

Table F-8: Person Handling Fatal Weapon at Time of Death Incident

| Person Handling Fatal Weapon | Child Weapon Deaths by Maltreatment Verification Status (n=20) | | |
|------------------------------|--|-------------------------------|-------------------------|
| | Verified (n=15) | Not Substantiated (n=1) | No Indicators (n= 4) |
| Self/Child | 0 | 0 | 3 |
| Biological Parent | 13 | 0 | 1 |
| Adoptive Parent | 0 | 0 | 0 |
| Stepparent | 0 | 0 | 0 |
| Foster parent | 0 | 0 | 0 |
| Mother's Partner | 1 | 0 | 0 |
| Father's Partner | 0 | 0 | 0 |
| Grandparent | 0 | 0 | 0 |
| Friend | 0 | 0 | 0 |
| Neighbor | 0 | 0 | 0 |
| Other relative | 0 | 1 | 0 |
| Other Non-relative | 0 | 0 | 0 |
| Unknown/Missing | 1 | 0 | 0 |

Figure F-4: Person Handling Fatal Weapon at Time of Fatal Death Incident Across All Investigated Cases (N=20)

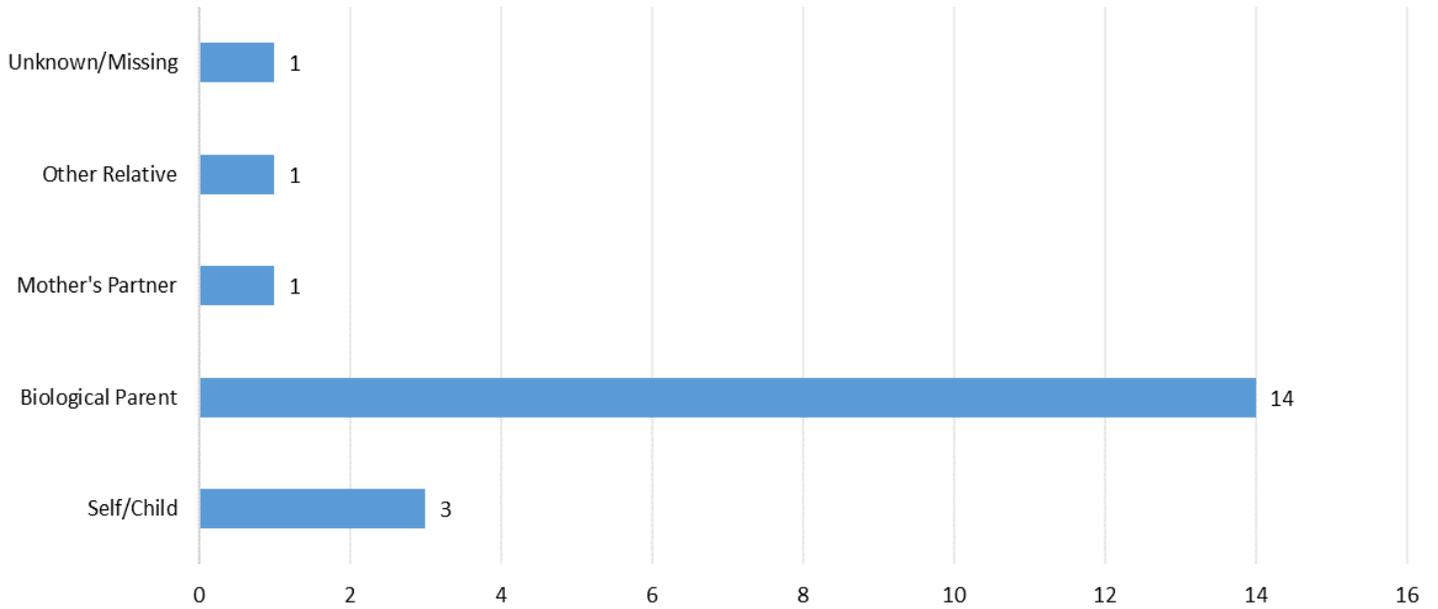
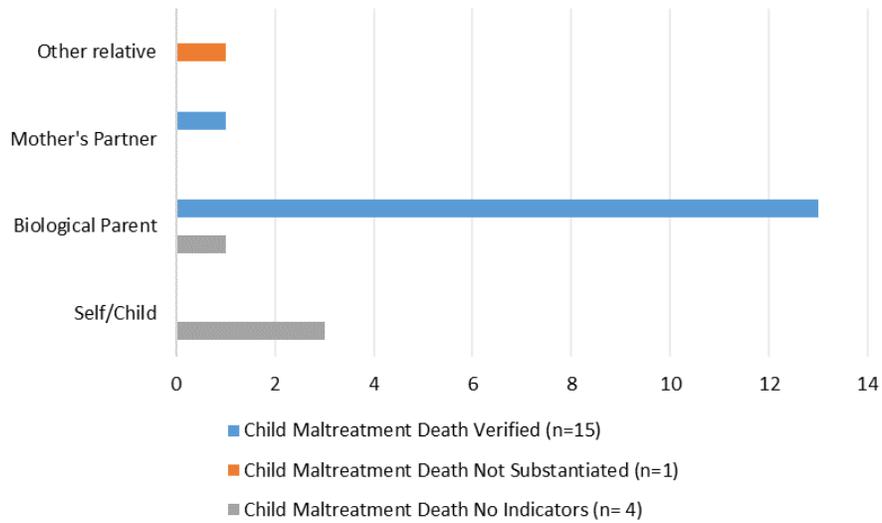


Figure F-3: Person Handling Fatal Weapon at Time of Death (N=20)



CHILD CHARACTERISTICS

Age of Child

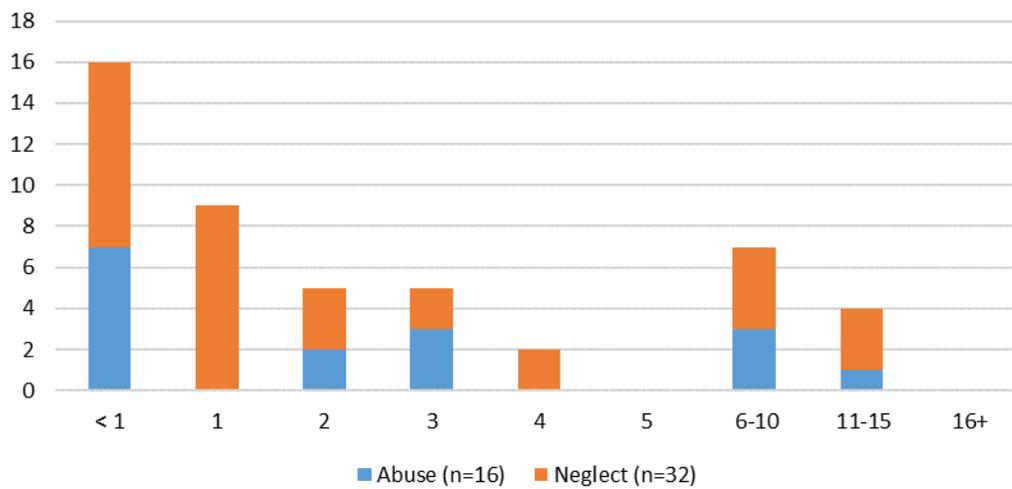
Table F-9 provides a count of children by age group for which their death was verified as maltreatment by primary cause of death. Table F-10 and Figure F-5 itemize the number of children by age group whose death was classified as abuse or neglect.

Table F-9: Age of Children with Verified Maltreatment by Primary Cause of Death and if Death Classified as Abuse or Neglect

| Age | Verified Child Maltreatment Death n=48 | | | | | | | |
|-------|---|---------|----------------------|---------|--------------------------|---------|--|---------|
| | Drowning n=7 | | Sleep-related n=3 | | Inflicted Trauma n=15 | | Other Undetermined Unknown n=23 | |
| | Abuse | Neglect | Abuse | Neglect | Abuse | Neglect | Abuse | Neglect |
| < 1 | 0 | 1 | 0 | 2 | 7 | 0 | 0 | 6 |
| 1 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 6 |
| 2 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 2 |
| 3 | 0 | 1 | 0 | 0 | 3 | 0 | 0 | 1 |
| 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6-10 | 0 | 2 | 0 | 0 | 2 | 0 | 1 | 3 |
| 11-15 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 3 |
| 16+ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Table F-10: Age of Children with Verified Maltreatment Death Classified as Abuse or Neglect | | |
|---|---|-----------------|
| Age | Verified Child Maltreatment Death n=48 | |
| | Abuse n=16 | Neglect n=32 |
| < 1 | 7 | 9 |
| 1 | 0 | 9 |
| 2 | 2 | 3 |
| 3 | 3 | 2 |
| 4 | 0 | 2 |
| 5 | 0 | 0 |
| 6-10 | 3 | 4 |
| 11-15 | 1 | 3 |
| 16+ | 0 | 0 |

Figure F-5: Verified Maltreatment Deaths Classified as Abuse or Neglect by Age Group (N=48)

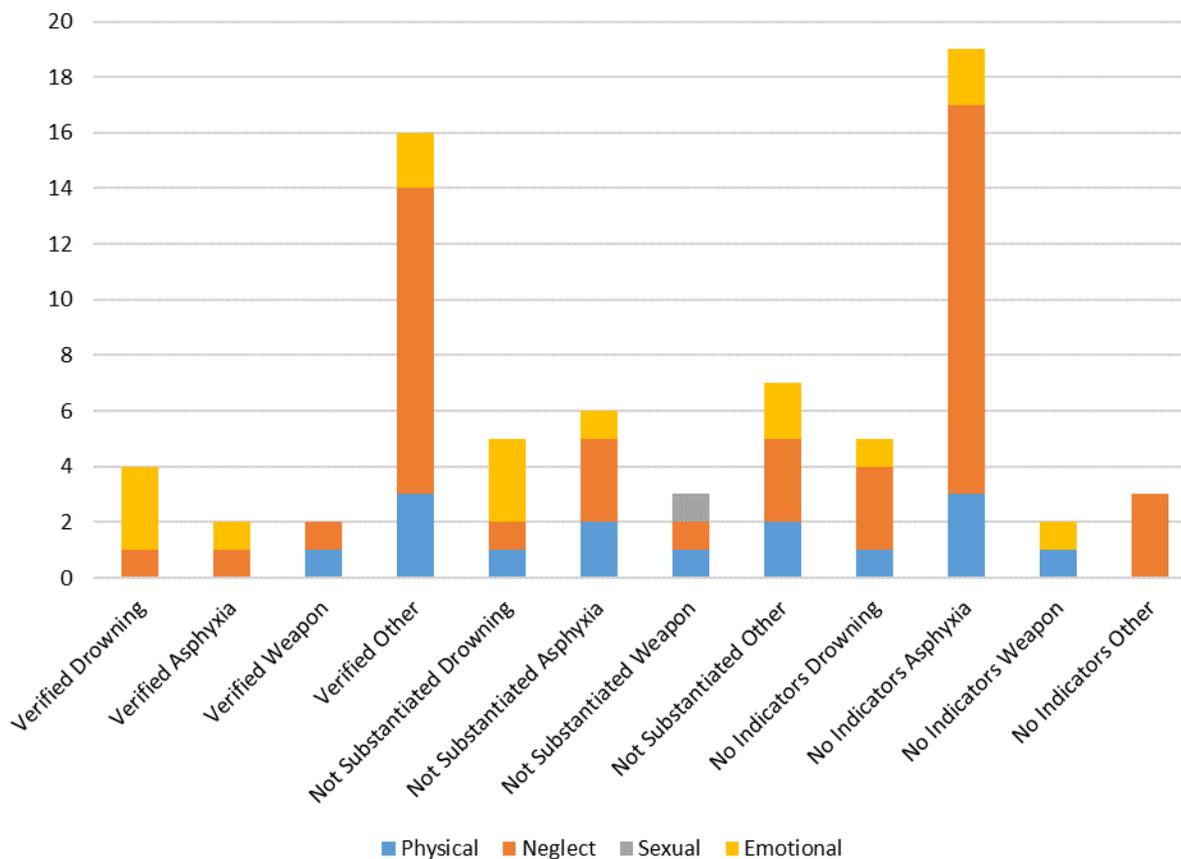


Child's History as Victim of Maltreatment

If known and applicable, the distribution of past maltreatment incidents across maltreatment verification status and primary cause of death are denoted in Table F-11 and Figure 6. Please note that for each child identified as a past victim of maltreatment, there may be multiple past maltreatment incidents and/or multiple forms of maltreatment during a single incident.

| Table F-11: Child's History as a Victim of Maltreatment for Child Fatality Cases | | | | | | | | | | | | |
|--|--------------------------|----------------------|--------------------------|------------------------------------|---------------------------|-----------------------|-------------------------|------------------------------------|------------------------|-----------------------|-------------------------|------------------------------------|
| Type of Past Maltreatment | Child Maltreatment Death | | | | | | | | | | | |
| | Verified n=48 | | | | Not Substantiated n=56 | | | | No Indicators n=146 | | | |
| | Drowning n=7 | Sleep-related n=3 | Inflicted Trauma n=15 | Other Undetermined Unknown n=23 | Drowning n=16 | Sleep-related n=24 | Inflicted Trauma n=1 | Other Undetermined Unknown n=15 | Drowning n=19 | Sleep-related n=71 | Inflicted Trauma n=4 | Other Undetermined Unknown n=52 |
| Physical | 0.0% | 0.0% | 6.7% | 13.0% | 6.3% | 8.3% | 100.0% | 13.3% | 5.3% | 4.2% | 25.0% | 0.0% |
| Neglect | 14.3% | 33.3% | 6.7% | 47.8% | 6.3% | 12.5% | 100.0% | 20.0% | 15.8% | 19.7% | 0.0% | 5.8% |
| Sexual | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Emotional | 42.9% | 33.3% | 0.0% | 8.7% | 18.8% | 4.2% | 0.0% | 13.3% | 5.3% | 2.8% | 25.0% | 0.0% |

Figure F-6: Child's History as Victim of Maltreatment (n=250)



CAREGIVER AND SUPERVISOR CHARACTERISTICS

Table F-12 summarizes the percentage of child fatality cases where one or two caregivers were identified. At least one primary caregiver was identified for all child fatality cases. Among verified maltreatment deaths, between 58.6% (other deaths) and 85.7% (weapon deaths) of the children had a second caregiver present in the home. Most of the not substantiated and no indicators of maltreatment deaths had a second caregiver present in the home.

Table F-12: Percentage of Cases with One and Two Caregivers Identified as Present by Child Maltreatment Verification Status and Primary Cause of Death

| Caregiver Present | Child Maltreatment Death | | | | | | | | | | | |
|-------------------|--------------------------|----------------------|--------------------------|------------------------------------|---------------------------|-----------------------|-------------------------|------------------------------------|------------------------|-----------------------|-------------------------|------------------------------------|
| | Verified n=48 | | | | Not Substantiated n=56 | | | | No Indicators n=146 | | | |
| | Drowning n=7 | Sleep-related n=3 | Inflicted Trauma n=15 | Other Undetermined Unknown n=23 | Drowning n=16 | Sleep-related n=24 | Inflicted Trauma n=1 | Other Undetermined Unknown n=15 | Drowning n=19 | Sleep-related n=71 | Inflicted Trauma n=4 | Other Undetermined Unknown n=52 |
| One | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Two | 42.9% | 100.0% | 73.3% | 52.2% | 87.5% | 70.8% | 100.0% | 66.7% | 68.4% | 77.5% | 75.0% | 71.2% |

Relationship to Child of Caregivers and Supervisors

Tables F-13 through F-15 and Figure F-7 demonstrate that the most likely caregiver(s) present across all causes of death were the biological parents of the child. Of the 428 caregivers identified for the 250 children, 360 (84.1%) were the child's biological parents.

Among verified child maltreatment deaths, the proportion of aggregate caregivers who are biological parent was 50.0% for drowning deaths, 100.0% for sleep-related deaths, 80.0% for inflicted trauma deaths and 60.9% for other deaths.

Table F-13: Relationship to Child of All Identified Caregivers (Aggregate) by Maltreatment Verification Status and Primary Cause of Death

| Caregiver Relationship To Child (All Caregivers) | Child Maltreatment Death | | | | | | | | | | | |
|--|--------------------------|----------------------|--------------------------|------------------------------------|----------------------------|-----------------------|-------------------------|------------------------------------|------------------------|------------------------|-------------------------|-------------------------------------|
| | Verified n=96 | | | | Not Substantiated n=112 | | | | No Indicators n=252 | | | |
| | Drowning n=14 | Sleep-related n=6 | Inflicted Trauma n=30 | Other Undetermined Unknown n=46 | Drowning n=32 | Sleep-related n=48 | Inflicted Trauma n=2 | Other Undetermined Unknown n=30 | Drowning n=38 | Sleep-related n=142 | Inflicted Trauma n=8 | Other Undetermined Unknown n=104 |
| Biological Parent | 50.0% | 100.0% | 80.0% | 60.9% | 71.9% | 68.8% | 50.0% | 63.3% | 68.4% | 81.7% | 75.0% | 68.3% |
| Other | 21.4% | 0.0% | 6.7% | 15.2% | 21.9% | 16.7% | 50.0% | 16.7% | 15.8% | 7.0% | 12.5% | 17.3% |
| Unknown/Missing | 28.6% | 0.0% | 13.3% | 23.9% | 6.3% | 14.6% | 0.0% | 20.0% | 15.8% | 11.3% | 12.5% | 14.4% |

Table F-14: Relationship to Child of Primary (First) Caregiver Identified by Maltreatment Verification Status and Primary Cause of Death

| Caregiver Relationship To Child (Caregiver 1 Only) | Child Maltreatment Death | | | | | | | | | | | |
|--|--------------------------|----------------------|--------------------------|------------------------------------|---------------------------|-----------------------|-------------------------|------------------------------------|------------------------|-----------------------|-------------------------|------------------------------------|
| | Verified n=48 | | | | Not Substantiated n=56 | | | | No Indicators n=146 | | | |
| | Drowning n=7 | Sleep-related n=3 | Inflicted Trauma n=15 | Other Undetermined Unknown n=23 | Drowning n=16 | Sleep-related n=24 | Inflicted Trauma n=1 | Other Undetermined Unknown n=15 | Drowning n=19 | Sleep-related n=71 | Inflicted Trauma n=4 | Other Undetermined Unknown n=52 |
| Biological Parent | 25.0% | 23.1% | 71.4% | 65.5% | 52.0% | 95.2% | 100.0% | 118.2% | 57.7% | 68.0% | 80.0% | 76.8% |
| Other | 10.0% | 0.0% | 0.0% | 13.8% | 12.0% | 19.0% | 0.0% | 18.2% | 15.4% | 5.2% | 0.0% | 16.1% |

Table F-15: Relationship to Child of Second Caregiver Identified by Maltreatment Verification Status and Primary Cause of Death

| Caregiver Relationship To Child (Caregiver 2 only) | Child Maltreatment Death | | | | | | | | | | | |
|--|--------------------------|----------------------|--------------------------|------------------------------------|---------------------------|-----------------------|-------------------------|------------------------------------|------------------------|-----------------------|-------------------------|------------------------------------|
| | Verified n=48 | | | | Not Substantiated n=56 | | | | No Indicators n=146 | | | |
| | Drowning n=7 | Sleep-related n=3 | Inflicted Trauma n=15 | Other Undetermined Unknown n=23 | Drowning n=16 | Sleep-related n=24 | Inflicted Trauma n=1 | Other Undetermined Unknown n=15 | Drowning n=19 | Sleep-related n=71 | Inflicted Trauma n=4 | Other Undetermined Unknown n=52 |
| Biological Parent | 28.6% | 100.0% | 60.0% | 39.1% | 62.5% | 54.2% | 0.0% | 40.0% | 57.9% | 70.4% | 50.0% | 53.8% |
| Other | 71.4% | 0.0% | 40.0% | 60.9% | 37.5% | 45.8% | 100.0% | 60.0% | 42.1% | 29.6% | 50.0% | 46.2% |

Figure F-7: Caregiver (Aggregate) Relationship to Child by Child Maltreatment Verification Status (N=250)

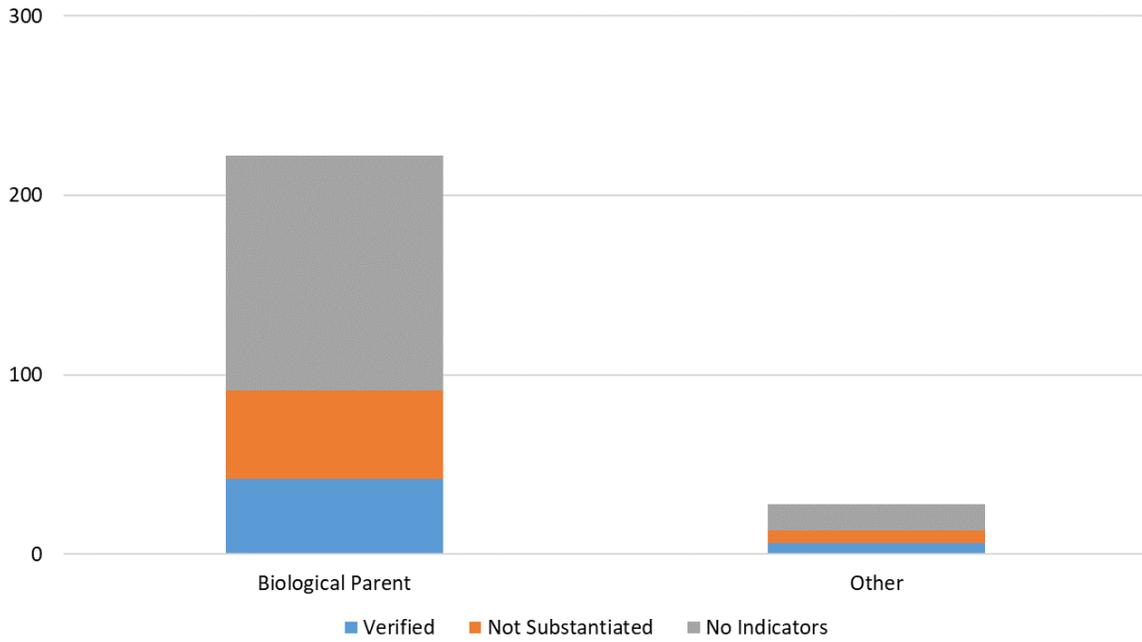
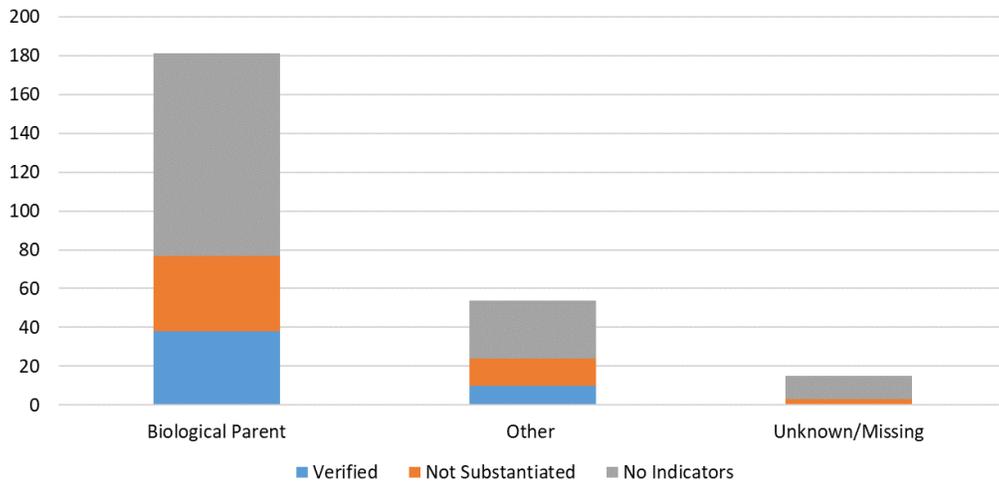


Table F-16 and Figure F-8 focus on the relationship of the supervisor of the child at the time of the incident leading to the child’s death. Here, some parallels exist with data associated with caregivers (see Table F-13). Among verified maltreatment deaths, the percentage of supervisors (across primary causes of death) who were biological parents ranges from 58.6% (for other deaths) to 76.9% (for sleep-related deaths); a large majority for each cause of death. Among verified maltreatment weapon deaths, 9.5% of the supervisors were the grandparent. Among verified maltreatment drownings, 70.0% were the child’s biological parent, 10.0% grandparent and another 5.0% being unknown.

| Table F-16: Relationship to Child of All Identified Supervisors by Maltreatment Verification Status and Primary Cause of Death | | | | | | | | | | | | |
|--|--------------------------|----------------------|--------------------------|------------------------------------|---------------------------|-----------------------|-------------------------|------------------------------------|------------------------|-----------------------|-------------------------|------------------------------------|
| Supervisor Relationship to Child | Child Maltreatment Death | | | | | | | | | | | |
| | Verified n=48 | | | | Not Substantiated n=56 | | | | No Indicators n=146 | | | |
| | Drowning n=7 | Sleep-related n=3 | Inflicted Trauma n=15 | Other Undetermined Unknown n=23 | Drowning n=16 | Sleep-related n=24 | Inflicted Trauma n=1 | Other Undetermined Unknown n=15 | Drowning n=19 | Sleep-related n=71 | Inflicted Trauma n=4 | Other Undetermined Unknown n=52 |
| Biological Parent | 42.9% | 100.0% | 100.0% | 73.9% | 68.8% | 83.3% | 0.0% | 53.3% | 63.2% | 78.9% | 25.0% | 67.3% |
| Other | 57.1% | 0.0% | 0.0% | 26.1% | 31.3% | 12.5% | 100.0% | 33.3% | 36.8% | 14.1% | 0.0% | 25.0% |
| Unknown/Missing | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 4.2% | 0.0% | 13.3% | 0.0% | 7.0% | 75.0% | 7.7% |

Figure F-8: Supervisor Relationship to Child by Maltreatment Verification Status (N=250)



Average Age of Caregivers and Supervisors

Table F-17 provides the average ages of caregivers and supervisors.

| Average Age (years) | Child Maltreatment Status | | | | | | | | | | | |
|---------------------|---------------------------|----------------------|--------------------------|------------------------------------|---------------------------|-----------------------|-------------------------|------------------------------------|------------------------|-----------------------|-------------------------|------------------------------------|
| | Verified n=48 | | | | Not Substantiated n=56 | | | | No Indicators n=146 | | | |
| | Drowning n=7 | Sleep-related n=3 | Inflicted Trauma n=15 | Other Undetermined Unknown n=23 | Drowning n=16 | Sleep-related n=24 | Inflicted Trauma n=1 | Other Undetermined Unknown n=15 | Drowning n=19 | Sleep-related n=71 | Inflicted Trauma n=4 | Other Undetermined Unknown n=52 |
| Caregiver1 | 37.9 | 36.9 | 22.7 | 28.7 | 32.4 | 27.3 | 29.2 | 36.0 | 30.4 | 28.8 | 27.4 | 41.8 |
| Caregiver2 | 34.7 | 32.0 | 27.7 | 31.9 | 36.0 | 35.6 | 32.3 | 0.0 | 34.7 | 37.4 | 29.0 | 43.3 |
| All Caregivers | 36.3 | 34.4 | 25.2 | 30.3 | 34.2 | 31.4 | 30.7 | 18.0 | 32.6 | 33.1 | 28.2 | 42.5 |
| Supervisors | 36.3 | 45.0 | 26.3 | 30.7 | 42.1 | 26.2 | 0.0 | 16.0 | 33.5 | 31.5 | 0.0 | 49.0 |

Gender of Caregivers and Supervisors

Observation of information summarized in Table F-18 reveals that most caregivers for children (across all primary cause of death categories) were female. Among verified maltreatment deaths, between 50.0% (for other deaths) and 50.0% (for drowning deaths) of caregivers were female. Among supervisors of verified child maltreatment deaths, 35.0% of drowning cases, 19.0% of weapon cases and 7.7% sleep-related cases were females (Table F-19).

| Caregiver Gender | Child Maltreatment Death | | | | | | | | | | | |
|------------------|--------------------------|----------------------|--------------------------|------------------------------------|----------------------------|-----------------------|-------------------------|------------------------------------|------------------------|------------------------|-------------------------|-------------------------------------|
| | Verified n=96 | | | | Not Substantiated n=112 | | | | No Indicators n=292 | | | |
| | Drowning n=14 | Sleep-related n=6 | Inflicted Trauma n=30 | Other Undetermined Unknown n=46 | Drowning n=32 | Sleep-related n=48 | Inflicted Trauma n=2 | Other Undetermined Unknown n=30 | Drowning n=38 | Sleep-related n=142 | Inflicted Trauma n=8 | Other Undetermined Unknown n=104 |
| Male | 21.4% | 50.0% | 40.0% | 26.1% | 40.6% | 33.3% | 0.0% | 23.3% | 34.2% | 35.9% | 37.5% | 29.8% |
| Female | 50.0% | 50.0% | 46.7% | 50.0% | 53.1% | 50.0% | 50.0% | 60.0% | 50.0% | 52.8% | 50.0% | 55.8% |
| Unknown/Missing | 28.6% | 0.0% | 13.3% | 23.9% | 6.3% | 16.7% | 50.0% | 16.7% | 15.8% | 11.3% | 12.5% | 14.4% |

| Supervisor Gender | Child Maltreatment Death | | | | | | | | | | | |
|-------------------|--------------------------|----------------------|--------------------------|------------------------------------|---------------------------|-----------------------|-------------------------|------------------------------------|------------------------|-----------------------|-------------------------|------------------------------------|
| | Verified n=48 | | | | Not Substantiated n=56 | | | | No Indicators n=146 | | | |
| | Drowning n=7 | Sleep-related n=3 | Inflicted Trauma n=15 | Other Undetermined Unknown n=23 | Drowning n=16 | Sleep-related n=24 | Inflicted Trauma n=1 | Other Undetermined Unknown n=15 | Drowning n=19 | Sleep-related n=71 | Inflicted Trauma n=4 | Other Undetermined Unknown n=52 |
| Male | 0.0% | 15.4% | 52.4% | 31.0% | 28.0% | 14.3% | 100.0% | 18.2% | 19.2% | 23.7% | 20.0% | 23.2% |
| Female | 35.0% | 7.7% | 19.0% | 48.3% | 36.0% | 95.2% | 0.0% | 100.0% | 53.8% | 44.3% | 0.0% | 62.5% |
| Unknown/Missing | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 4.8% | 0.0% | 18.2% | 0.0% | 5.2% | 60.0% | 7.1% |

Substance Abuse History of Caregivers and Supervisors

Tables F-20 through F-21 (with accompanying Figures F-9 through F-12) summarize information related to substance abuse history of all caregivers, supervisors and person(s) responsible. Findings from Table F-20 reveal that among the caregivers of children whose deaths were verified as child maltreatment, 41 of 96 (42.7%) are known to have a substance abuse history. The percentage of caregivers with a substance abuse history among verified maltreatment deaths are significantly larger than both the 26 of 112 (23.2%) of caregivers associated with not substantiated 88 of 292 (30.1%) of caregivers associated with no indicators of maltreatment deaths.¹

When types of substances are examined (see Table F-20 and Figure F-9,10) for those with a substance abuse history, most of all caregivers of children whose deaths were verified as maltreatment had a history of marijuana use (from a low of 52.0% for other causes to high of 100.0% for sleep-related deaths). Similarly, high percentages of caregiver use of marijuana are observed for all primary causes of death for not substantiated and no indicators of maltreatment deaths; from a low of 0.0% for not substantiated inflicted trauma deaths to a high of 83.3% for not substantiated drowning deaths. When the substance abuse history of supervisors of children at the time of the child's death is examined (see Table F-21), 27 of 48 (56.3%), 17 of 56 (30.4%) and 49 of 146 (33.6%) of supervisors in verified, not substantiated, and no indicators of maltreatment deaths (respectively) were known to have a substance abuse history.

¹ A series of tests of significance between two independent proportions (Z-Scores) were done to determine if the observed total proportion of caregivers with a substance abuse history for verified, not substantiated, and no indicators for maltreatment cases differed significantly (at $p < .05$, two-tailed test). The observed proportion differences between verified and not substantiated (Z-Score=2.9994, $p < .05$) and verified and no indicators for maltreatment (Z-Score=2.2682, $p < .05$) deaths were statistically significant.

Table F-20: Substance Abuse History of All Identified Caregivers of Children by Maltreatment Verification Status and Primary Cause of Death

| Substance Abuse History | Child Maltreatment Death | | | | | | | | | | | |
|-------------------------|---|----------------------|--------------------------|------------------------------------|--|-----------------------|-------------------------|------------------------------------|--|------------------------|-------------------------|-------------------------------------|
| | Verified n=96 | | | | Not Substantiated n=112 | | | | No Indicators n=292 | | | |
| | Drowning n=14 | Sleep-related n=6 | Inflicted Trauma n=30 | Other Undetermined Unknown n=46 | Drowning n=32 | Sleep-related n=48 | Inflicted Trauma n=2 | Other Undetermined Unknown n=30 | Drowning n=38 | Sleep-related n=142 | Inflicted Trauma n=8 | Other Undetermined Unknown n=104 |
| Yes | 0.0% | 83.3% | 36.7% | 54.3% | 18.8% | 27.1% | 0.0% | 23.3% | 18.4% | 40.8% | 12.5% | 21.2% |
| No | 71.4% | 0.0% | 33.3% | 13.0% | 65.6% | 33.3% | 50.0% | 40.0% | 55.3% | 35.9% | 62.5% | 47.1% |
| Unknown/Missing | 28.6% | 16.7% | 30.0% | 32.6% | 15.6% | 39.6% | 50.0% | 36.7% | 26.3% | 23.2% | 25.0% | 31.7% |
| Type of Substance | If Yes, Verified Child Maltreatment (n= 41) | | | | If Yes, Not Substantiated as Child Maltreatment (n=26) | | | | If Yes, No Indicators that Child Maltreatment (n=88) | | | |
| | Drowning n=0 | Sleep-related n=5 | Inflicted Trauma n=11 | Other Undetermined Unknown n=25 | Drowning n=6 | Sleep-related n=13 | Inflicted Trauma n=0 | Other Undetermined Unknown n=7 | Drowning n=7 | Sleep-related n=58 | Inflicted Trauma n=1 | Other Undetermined Unknown n=22 |
| Alcohol | 0.0% | 0.0% | 45.5% | 12.0% | 16.7% | 30.8% | 0.0% | 42.9% | 28.6% | 13.8% | 100.0% | 13.6% |
| Cocaine | 0.0% | 0.0% | 0.0% | 40.0% | 0.0% | 23.1% | 0.0% | 14.3% | 0.0% | 6.9% | 0.0% | 22.7% |
| Marijuana | 0.0% | 100.0% | 54.5% | 52.0% | 83.3% | 92.3% | 0.0% | 57.1% | 100.0% | 87.9% | 0.0% | 72.7% |
| Methamphetamine | 0.0% | 0.0% | 0.0% | 20.0% | 16.7% | 0.0% | 0.0% | 14.3% | 14.3% | 10.3% | 0.0% | 22.7% |
| Opiates | 0.0% | 0.0% | 0.0% | 24.0% | 0.0% | 0.0% | 0.0% | 14.3% | 28.6% | 8.6% | 0.0% | 13.6% |
| Prescription | 0.0% | 20.0% | 9.1% | 8.0% | 0.0% | 0.0% | 0.0% | 28.6% | 28.6% | 3.4% | 0.0% | 9.1% |
| Over-the-Counter Drugs | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Other | 0.0% | 20.0% | 27.3% | 40.0% | 33.3% | 15.4% | 0.0% | 14.3% | 14.3% | 17.2% | 0.0% | 31.8% |
| Unknown/Missing | 0.0% | 0.0% | 9.1% | 8.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Figure F-9: Substance Abuse History of All Caregivers by Maltreatment Verification Status (N=500)

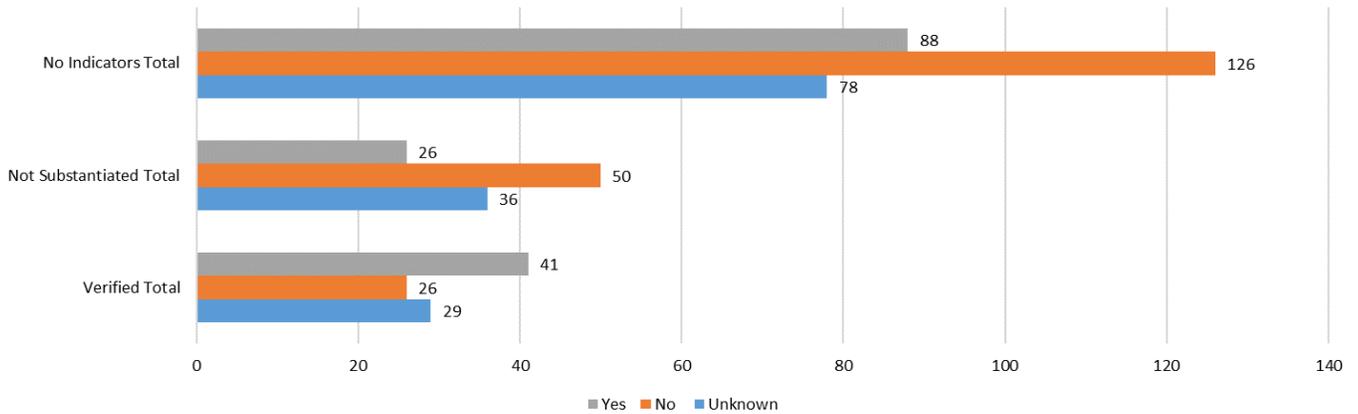


Figure F-10: Type of Substance Used by All Caregivers (with Substance Abuse History) by Maltreatment Verification Status (N=155)

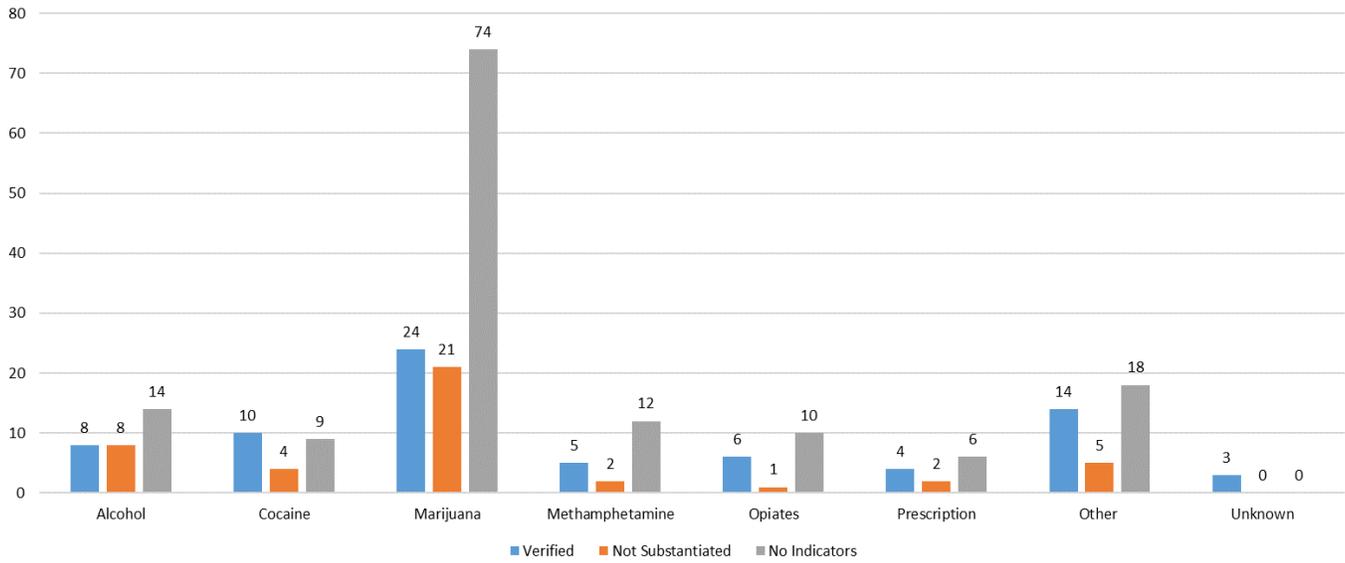


Table F-21: Substance Abuse History of All Identified Supervisors of Children at Time of Death by Maltreatment Verification Status and Primary Cause of Death

| Drug Abuse Supervisor | Child Maltreatment Death | | | | | | | | | | | |
|------------------------|---|----------------------|--------------------------|------------------------------------|---|-----------------------|-------------------------|------------------------------------|---|-----------------------|-------------------------|------------------------------------|
| | Verified n=48 | | | | Not Substantiated n=56 | | | | No Indicators n=146 | | | |
| | Drowning n=7 | Sleep-related n=3 | Inflicted Trauma n=15 | Other Undetermined Unknown n=23 | Drowning n=16 | Sleep-related n=24 | Inflicted Trauma n=1 | Other Undetermined Unknown n=15 | Drowning n=19 | Sleep-related n=71 | Inflicted Trauma n=4 | Other Undetermined Unknown n=52 |
| Yes | 0.0% | 66.7% | 53.3% | 73.9% | 25.0% | 41.7% | 100.0% | 13.3% | 26.3% | 45.1% | 0.0% | 23.1% |
| No | 85.7% | 0.0% | 26.7% | 13.0% | 68.8% | 33.3% | 0.0% | 46.7% | 68.4% | 36.6% | 25.0% | 46.2% |
| Unknown/Missing | 14.3% | 33.3% | 20.0% | 13.0% | 6.3% | 25.0% | 0.0% | 40.0% | 5.3% | 18.3% | 75.0% | 30.8% |
| Type of Substance | If Yes, Verified Child Maltreatment Deaths (n=27) | | | | If Yes, Not Substantiated as Child Maltreatment Deaths (n=17) | | | | If Yes, No Indicators that Child Maltreatment Deaths (n=49) | | | |
| | Drowning n=0 | Sleep-related n=2 | Inflicted Trauma n=8 | Other Undetermined Unknown n=17 | Drowning n=4 | Sleep-related n=10 | Inflicted Trauma n=1 | Other Undetermined Unknown n=2 | Drowning n=5 | Sleep-related n=32 | Inflicted Trauma n=0 | Other Undetermined Unknown n=12 |
| Alcohol | 0.0% | 0.0% | 50.0% | 11.8% | 25.0% | 30.0% | 0.0% | 100.0% | 20.0% | 18.8% | 0.0% | 16.7% |
| Cocaine | 0.0% | 0.0% | 0.0% | 29.4% | 0.0% | 20.0% | 0.0% | 0.0% | 0.0% | 12.5% | 0.0% | 8.3% |
| Marijuana | 0.0% | 100.0% | 62.5% | 58.8% | 75.0% | 90.0% | 100.0% | 50.0% | 100.0% | 87.5% | 0.0% | 58.3% |
| Methamphetamine | 0.0% | 0.0% | 0.0% | 29.4% | 0.0% | 10.0% | 0.0% | 0.0% | 20.0% | 12.5% | 0.0% | 8.3% |
| Opiates | 0.0% | 0.0% | 0.0% | 29.4% | 0.0% | 10.0% | 0.0% | 0.0% | 20.0% | 12.5% | 0.0% | 16.7% |
| Prescription | 0.0% | 0.0% | 12.5% | 5.9% | 0.0% | 0.0% | 0.0% | 50.0% | 0.0% | 3.1% | 0.0% | 8.3% |
| Over-the-Counter Drugs | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Other | 0.0% | 0.0% | 12.5% | 35.3% | 50.0% | 10.0% | 0.0% | 0.0% | 0.0% | 25.0% | 0.0% | 41.7% |
| Unknown/Missing | 0.0% | 0.0% | 12.5% | 11.8% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

As with caregivers, similarly high percentages of supervisor use of marijuana are observed for all primary causes of death for not substantiated and no indicators of maltreatment deaths; from a low of 0 of 0 (0.0%) for verified drowning deaths to a high of 1 of 1 (100.0%) for not substantiated inflicted trauma deaths. A note is made of other substances supervisors of verified maltreatment

deaths used. Among those supervisors with a substance abuse history, 2 of 2 (100.0%) of supervisors associated with sleep-related deaths used marijuana. Supervisors of verified inflicted trauma deaths with a substance abuse history used alcohol 4 of 8 (50.0%) and marijuana 5 of 8 (62.5%). Supervisors of other verified deaths (with a substance abuse history) used alcohol (11.8%), cocaine (29.4%) and opiates (29.4%).

Disability or Chronic Illness Occurrence among Caregivers and Supervisors

Tables F-22 through F-23 highlight the distribution of caregivers and supervisors known to have an identified disability or chronic illness. Among all caregivers in deaths verified to have resulted from maltreatment, 8 of 96 (8.3%) were known to have an identified disability or chronic illness of which the predominant disability was associated with mental illness. Caregivers identified with mental illness ranged from a low of 1 of 2 (50.0%) associated with verified inflicted trauma deaths to a high of 100.0% of caregivers associated with other deaths (4 of 4). The percentage of caregivers of verified maltreatment deaths with an identified disability or chronic illness mirrors the observed rate of caregivers among not substantiated maltreatment deaths 10 of 112 (8.9%); 34 of 292 (11.6%) of caregivers associated with no indicators of maltreatment deaths.

| Table F-22: Presence of Disability or Chronic Illness for All Identified Caregivers by Maltreatment Verification Status and Primary Cause of Death | | | | | | | | | | | | |
|--|--|-------------------|-----------------------|---------------------------------|---|--------------------|----------------------|---------------------------------|---|---------------------|----------------------|----------------------------------|
| Disability All Caregivers | Child Maltreatment Death | | | | | | | | | | | |
| | Verified n=96 | | | | Not Substantiated n=112 | | | | No Indicators n=292 | | | |
| | Drowning n=14 | Sleep-related n=6 | Inflicted Trauma n=30 | Other Undetermined Unknown n=46 | Drowning n=32 | Sleep-related n=48 | Inflicted Trauma n=2 | Other Undetermined Unknown n=30 | Drowning n=38 | Sleep-related n=142 | Inflicted Trauma n=8 | Other Undetermined Unknown n=104 |
| Yes | 14.3% | 0.0% | 6.7% | 8.7% | 6.3% | 12.5% | 50.0% | 3.3% | 5.3% | 13.4% | 25.0% | 10.6% |
| No | 57.1% | 50.0% | 53.3% | 54.3% | 81.3% | 54.2% | 0.0% | 73.3% | 68.4% | 66.2% | 37.5% | 60.6% |
| Unknown/Missing | 28.6% | 50.0% | 40.0% | 37.0% | 12.5% | 33.3% | 50.0% | 23.3% | 26.3% | 20.4% | 37.5% | 28.8% |
| Type of Disability | If Yes, Verified Child Maltreatment Deaths (n=8) | | | | If Yes, Not Substantiated as Child Maltreatment Deaths (n=10) | | | | If Yes, No Indicators that Child Maltreatment Deaths (n=34) | | | |
| | Drowning n=2 | Sleep-related n=0 | Inflicted Trauma n=2 | Other Undetermined Unknown n=4 | Drowning n=2 | Sleep-related n=6 | Inflicted Trauma n=1 | Other Undetermined Unknown n=1 | Drowning n=2 | Sleep-related n=19 | Inflicted Trauma n=2 | Other Undetermined Unknown n=11 |
| Physical | 50.0% | 0.0% | 100.0% | 25.0% | 0.0% | 33.3% | 0.0% | 0.0% | 0.0% | 31.6% | 50.0% | 27.3% |
| Mental | 50.0% | 0.0% | 50.0% | 100.0% | 100.0% | 66.7% | 100.0% | 100.0% | 100.0% | 73.7% | 100.0% | 72.7% |
| Sensory | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 9.1% |
| Unknown/Missing | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 9.1% |

When findings from Table F-23 are examined, 6 of 48 (12.5%) supervisors of children whose death was verified to result from maltreatment were identified as having a disability or chronic illness. This rate was like that observed with supervisors of not substantiated maltreatment deaths 9 of 56 (16.1%) and no indicators 18 of 146 (12.3%) of supervisors whose child related deaths showed no indicators of maltreatment.

Table F-23: Presence of Disability or Chronic Illness for All Identified Supervisors by Maltreatment Verification Status and Primary Cause of Death

| Disability or Chronic Illness | Child Maltreatment Death | | | | | | | | | | | |
|-------------------------------|--|----------------------|--------------------------|------------------------------------|--|-----------------------|-------------------------|------------------------------------|---|-----------------------|-------------------------|------------------------------------|
| | Verified n=48 | | | | Not Substantiated n=56 | | | | No Indicators n=146 | | | |
| | Drowning n=7 | Sleep-related n=3 | Inflicted Trauma n=15 | Other Undetermined Unknown n=23 | Drowning n=16 | Sleep-related n=24 | Inflicted Trauma n=1 | Other Undetermined Unknown n=15 | Drowning n=19 | Sleep-related n=71 | Inflicted Trauma n=4 | Other Undetermined Unknown n=52 |
| Yes | 14.3% | 0.0% | 6.7% | 17.4% | 6.3% | 25.0% | 100.0% | 6.7% | 10.5% | 15.5% | 0.0% | 9.6% |
| No | 71.4% | 66.7% | 60.0% | 65.2% | 87.5% | 54.2% | 0.0% | 60.0% | 78.9% | 70.4% | 25.0% | 63.5% |
| Unknown/Missing | 14.3% | 33.3% | 33.3% | 17.4% | 6.3% | 20.8% | 0.0% | 33.3% | 10.5% | 14.1% | 75.0% | 26.9% |
| Type of Disability | If Yes, Verified Child Maltreatment Deaths (n=6) | | | | If Yes, Not Substantiated as Child Maltreatment Deaths (n=9) | | | | If Yes, No Indicators that Child Maltreatment Deaths (n=18) | | | |
| | Drowning n=1 | Sleep-related n=0 | Inflicted Trauma n=1 | Other Undetermined Unknown n=4 | Drowning n=1 | Sleep-related n=6 | Inflicted Trauma n=1 | Other Undetermined Unknown n=1 | Drowning n=2 | Sleep-related n=11 | Inflicted Trauma n=0 | Other Undetermined Unknown n=5 |
| Physical | 0.0% | 0.0% | 100.0% | 25.0% | 0.0% | 33.3% | 0.0% | 0.0% | 50.0% | 36.4% | 0.0% | 20.0% |
| Mental | 100.0% | 0.0% | 100.0% | 100.0% | 100.0% | 66.7% | 100.0% | 100.0% | 50.0% | 72.7% | 0.0% | 100.0% |
| Sensory | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 20.0% |
| Unknown/Missing | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Employment Status of Caregivers

Employment status was examined for all identified caregivers. Tables F-24 through F-26 provide information on the distribution of the caregiver employment status. Table F-24 aggregates all caregivers (whether identified as the first or second primary caregiver), whereas Tables F-25 and F-26 breakdown the distribution of caregiver employment status as the first or second listed primary caregiver.

Table F-24: Employment Status of All Identified Caregivers by Maltreatment Verification Status and Primary Cause of Death

| Employment All Caregivers | Child Maltreatment Death | | | | | | | | | | | |
|---------------------------|--------------------------|----------------------|--------------------------|------------------------------------|----------------------------|-----------------------|-------------------------|------------------------------------|------------------------|------------------------|-------------------------|-------------------------------------|
| | Verified n=96 | | | | Not Substantiated n=112 | | | | No Indicators n=292 | | | |
| | Drowning n=14 | Sleep-related n=6 | Inflicted Trauma n=30 | Other Undetermined Unknown n=46 | Drowning n=32 | Sleep-related n=48 | Inflicted Trauma n=2 | Other Undetermined Unknown n=30 | Drowning n=38 | Sleep-related n=142 | Inflicted Trauma n=8 | Other Undetermined Unknown n=104 |
| Employed | 57.1% | 50.0% | 53.3% | 32.6% | 46.9% | 41.7% | 50.0% | 36.7% | 47.4% | 48.6% | 37.5% | 49.0% |
| Unemployed | 0.0% | 16.7% | 16.7% | 28.3% | 18.8% | 27.1% | 0.0% | 13.3% | 13.2% | 16.9% | 0.0% | 15.4% |
| On Disability | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 4.2% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 1.0% |
| Stay-at-Home Caregiver | 0.0% | 16.7% | 3.3% | 4.3% | 12.5% | 2.1% | 0.0% | 10.0% | 13.2% | 12.0% | 12.5% | 4.8% |
| Retired | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 6.7% | 2.6% | 0.7% | 12.5% | 1.9% |
| Unknown/Missing | 42.9% | 16.7% | 26.7% | 34.8% | 21.9% | 25.0% | 50.0% | 33.3% | 23.7% | 21.8% | 37.5% | 27.9% |

Table F-25: Employment Status of Primary (First) Caregiver Identified by Maltreatment Verification Status and Primary Cause of Death

| Employment (Caregiver 1) | Child Maltreatment Death | | | | | | | | | | | |
|--------------------------|--------------------------|----------------------|--------------------------|------------------------------------|---------------------------|-----------------------|-------------------------|------------------------------------|------------------------|-----------------------|-------------------------|------------------------------------|
| | Verified n=48 | | | | Not Substantiated n=56 | | | | No Indicators n=146 | | | |
| | Drowning n=7 | Sleep-related n=3 | Inflicted Trauma n=15 | Other Undetermined Unknown n=23 | Drowning n=16 | Sleep-related n=24 | Inflicted Trauma n=1 | Other Undetermined Unknown n=15 | Drowning n=19 | Sleep-related n=71 | Inflicted Trauma n=4 | Other Undetermined Unknown n=52 |
| Employed | 71.4% | 33.3% | 60.0% | 34.8% | 43.8% | 37.5% | 100.0% | 46.7% | 47.4% | 42.3% | 50.0% | 46.2% |
| Unemployed | 0.0% | 33.3% | 13.3% | 47.8% | 31.3% | 45.8% | 0.0% | 20.0% | 21.1% | 26.8% | 0.0% | 25.0% |
| On Disability | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 4.2% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 1.9% |
| Stay-at-Home Caregiver | 0.0% | 33.3% | 6.7% | 8.7% | 18.8% | 4.2% | 0.0% | 20.0% | 21.1% | 21.1% | 0.0% | 9.6% |
| Retired | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 6.7% | 0.0% | 1.4% | 25.0% | 0.0% |
| Unknown/Missing | 28.6% | 0.0% | 20.0% | 8.7% | 37.5% | 4.2% | 0.0% | 6.7% | 31.6% | 7.0% | 25.0% | 15.4% |

| Employment (Caregiver2) | Child Maltreatment Death | | | | | | | | | | | |
|-------------------------|--------------------------|----------------------|--------------------------|------------------------------------|---------------------------|-----------------------|-------------------------|------------------------------------|------------------------|-----------------------|-------------------------|------------------------------------|
| | Verified n=48 | | | | Not Substantiated n=56 | | | | No Indicators n=146 | | | |
| | Drowning n=7 | Sleep-related n=3 | Inflicted Trauma n=15 | Other Undetermined Unknown n=23 | Drowning n=16 | Sleep-related n=24 | Inflicted Trauma n=1 | Other Undetermined Unknown n=15 | Drowning n=19 | Sleep-related n=71 | Inflicted Trauma n=4 | Other Undetermined Unknown n=52 |
| Employed | 42.9% | 66.7% | 46.7% | 30.4% | 50.0% | 45.8% | 0.0% | 26.7% | 47.4% | 54.9% | 25.0% | 51.9% |
| Unemployed | 0.0% | 0.0% | 20.0% | 8.7% | 6.3% | 8.3% | 0.0% | 6.7% | 5.3% | 7.0% | 0.0% | 5.8% |
| On Disability | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 4.2% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Stay-at-Home Caregiver | 0.0% | 0.0% | 0.0% | 0.0% | 6.3% | 0.0% | 0.0% | 0.0% | 5.3% | 2.8% | 25.0% | 0.0% |
| Retired | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 6.7% | 5.3% | 0.0% | 0.0% | 3.8% |
| Unknown/Missing | 57.1% | 33.3% | 33.3% | 60.9% | 37.5% | 41.7% | 100.0% | 60.0% | 36.8% | 35.2% | 50.0% | 38.5% |

Education Level of Caregivers

Information on the education level of the caregivers was either unknown or not available for many, if not all, of the caregivers across maltreatment verification and primary cause of death categories (Table F-27). Where caregiver education level was documented, high school or less than high school education was the most frequently reported. Given these findings, it is suggested that continued efforts be made in future reviews to explore data sources that can provide this information so that more representative conclusions can be made.

| Education - All Caregivers | Child Maltreatment Death | | | | | | | | | | | |
|----------------------------|--------------------------|----------------------|--------------------------|------------------------------------|----------------------------|-----------------------|-------------------------|------------------------------------|------------------------|------------------------|-------------------------|-------------------------------------|
| | Verified n=96 | | | | Not Substantiated n=112 | | | | No Indicators n=292 | | | |
| | Drowning n=14 | Sleep-related n=6 | Inflicted Trauma n=30 | Other Undetermined Unknown n=46 | Drowning n=32 | Sleep-related n=48 | Inflicted Trauma n=2 | Other Undetermined Unknown n=30 | Drowning n=38 | Sleep-related n=142 | Inflicted Trauma n=8 | Other Undetermined Unknown n=104 |
| Less than High School | 0.0% | 0.0% | 6.7% | 6.5% | 6.3% | 18.8% | 0.0% | 6.7% | 7.9% | 10.6% | 0.0% | 7.7% |
| High School | 21.4% | 33.3% | 33.3% | 34.8% | 25.0% | 18.8% | 50.0% | 33.3% | 36.8% | 36.6% | 25.0% | 25.0% |
| College | 14.3% | 0.0% | 6.7% | 6.5% | 31.3% | 14.6% | 0.0% | 3.3% | 15.8% | 17.6% | 12.5% | 13.5% |
| Post Graduate | 0.0% | 0.0% | 3.3% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 2.8% | 0.0% | 2.9% |
| Unknown/Missing | 64.3% | 66.7% | 50.0% | 52.2% | 37.5% | 47.9% | 50.0% | 56.7% | 39.5% | 32.4% | 62.5% | 51.0% |

English Spoken by Caregivers and Supervisor

As can be observed from information detailed in Tables F-28 through F-29, most caregivers and supervisors speak English.

| Can Caregiver Speak English- All Caregivers | Child Maltreatment Death | | | | | | | | | | | |
|---|--------------------------|----------------------|--------------------------|------------------------------------|----------------------------|-----------------------|-------------------------|------------------------------------|------------------------|------------------------|-------------------------|-------------------------------------|
| | Verified n=96 | | | | Not Substantiated n=112 | | | | No Indicators n=292 | | | |
| | Drowning n=14 | Sleep-related n=6 | Inflicted Trauma n=30 | Other Undetermined Unknown n=46 | Drowning n=32 | Sleep-related n=48 | Inflicted Trauma n=2 | Other Undetermined Unknown n=30 | Drowning n=38 | Sleep-related n=142 | Inflicted Trauma n=8 | Other Undetermined Unknown n=104 |
| Yes | 64.3% | 100.0% | 80.0% | 67.4% | 84.4% | 79.2% | 50.0% | 63.3% | 71.1% | 86.6% | 75.0% | 81.7% |
| No | 7.1% | 0.0% | 6.7% | 6.5% | 9.4% | 0.0% | 0.0% | 0.0% | 10.5% | 0.7% | 0.0% | 1.9% |
| Unknown/Missing | 28.6% | 0.0% | 13.3% | 26.1% | 6.3% | 20.8% | 50.0% | 36.7% | 18.4% | 12.7% | 25.0% | 16.3% |

Table F-29: English Speaking Ability All Identified Supervisors by Maltreatment Verification Status and Primary Cause of Death

| Can Supervisor Speak English | Child Maltreatment Death | | | | | | | | | | | |
|------------------------------|--------------------------|----------------------|--------------------------|------------------------------------|---------------------------|-----------------------|-------------------------|------------------------------------|------------------------|-----------------------|-------------------------|------------------------------------|
| | Verified n=48 | | | | Not Substantiated n=56 | | | | No Indicators n=146 | | | |
| | Drowning n=7 | Sleep-related n=3 | Inflicted Trauma n=15 | Other Undetermined Unknown n=23 | Drowning n=16 | Sleep-related n=24 | Inflicted Trauma n=1 | Other Undetermined Unknown n=15 | Drowning n=19 | Sleep-related n=71 | Inflicted Trauma n=4 | Other Undetermined Unknown n=52 |
| Yes | 71.4% | 100.0% | 93.3% | 87.0% | 93.8% | 95.8% | 100.0% | 66.7% | 84.2% | 91.5% | 25.0% | 86.5% |
| No | 14.3% | 0.0% | 6.7% | 8.7% | 6.3% | 0.0% | 0.0% | 0.0% | 15.8% | 1.4% | 0.0% | 1.9% |
| Unknown/Missing | 14.3% | 0.0% | 0.0% | 4.3% | 0.0% | 4.2% | 0.0% | 33.3% | 0.0% | 7.0% | 75.0% | 11.5% |

Caregiver Receipt of Social Services in the Past Twelve Months

Local committees were asked to identify from available sources of information the extent to which caregivers had received social services in the twelve months prior to the child’s death. Examination of this information is not meant to stigmatize anyone receiving social services. Rather, it can be a potential indicator of environmental stressors and may help identify possible venues for outreach involving future prevention initiatives. Table F-30 summarizes information related to social services received among all caregivers (aggregate) identified and reported on for this data element. Please note (as with all measures of combined/aggregate caregivers) that the number of caregivers denoted in Table F-30 exceeds the number of child fatalities as many children had two identified caregivers. Table F-30 first identifies the number of caregivers (associated with verified maltreatment deaths and non-verified) that received social services and then further identifies the specific type of support services received. Please note that with respect to the type of support received, the column percentages (which relate to the total caregivers associated with each primary cause of death) may exceed 100% as caregivers may receive more than one type of service/support over the course of twelve months.

Table F-30: Receipt of Social Services by All Identified Caregivers of Children by Maltreatment Verification Status and Primary Cause of Death

| Receipt of Social Services | Child Maltreatment Death | | | | | | | | | | | |
|----------------------------|---|----------------------|--------------------------|------------------------------------|---|-----------------------|-------------------------|------------------------------------|---|------------------------|-------------------------|-------------------------------------|
| | Verified n=96 | | | | Not Substantiated n=112 | | | | No Indicators n=292 | | | |
| | Drowning n=14 | Sleep-related n=6 | Inflicted Trauma n=30 | Other Undetermined Unknown n=46 | Drowning n=32 | Sleep-related n=48 | Inflicted Trauma n=2 | Other Undetermined Unknown n=30 | Drowning n=38 | Sleep-related n=142 | Inflicted Trauma n=8 | Other Undetermined Unknown n=104 |
| Yes | 7.1% | 50.0% | 13.3% | 26.1% | 9.4% | 41.7% | 0.0% | 16.7% | 7.9% | 35.2% | 12.5% | 16.3% |
| No | 7.1% | 16.7% | 46.7% | 23.9% | 59.4% | 16.7% | 50.0% | 23.3% | 26.3% | 22.5% | 50.0% | 30.8% |
| Unknown | 85.7% | 33.3% | 40.0% | 50.0% | 31.3% | 41.7% | 50.0% | 60.0% | 65.8% | 42.3% | 37.5% | 52.9% |
| Type of Support | If Yes, Verified Child Maltreatment Deaths (n=20) | | | | If Yes, Not Substantiated as Child Maltreatment Deaths (n=28) | | | | If Yes, No Indicators that Child Maltreatment Deaths (n=71) | | | |
| | Drowning n=1 | Sleep-related n=3 | Inflicted Trauma n=4 | Other Undetermined Unknown n=12 | Drowning n=3 | Sleep-related n=20 | Inflicted Trauma n=0 | Other Undetermined Unknown n=5 | Drowning n=3 | Sleep-related n=50 | Inflicted Trauma n=1 | Other Undetermined Unknown n=17 |
| WIC | 100.0% | 100.0% | 25.0% | 16.7% | 0.0% | 50.0% | 0.0% | 40.0% | 66.7% | 64.0% | 0.0% | 52.9% |
| TANF | 0.0% | 0.0% | 0.0% | 16.7% | 66.7% | 15.0% | 0.0% | 0.0% | 0.0% | 10.0% | 0.0% | 17.6% |
| Medicaid | 100.0% | 33.3% | 75.0% | 66.7% | 100.0% | 80.0% | 0.0% | 100.0% | 66.7% | 76.0% | 100.0% | 88.2% |
| Food Stamps | 0.0% | 66.7% | 50.0% | 25.0% | 66.7% | 70.0% | 0.0% | 0.0% | 33.3% | 26.0% | 100.0% | 58.8% |
| Other | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 25.0% | 0.0% | 0.0% | 0.0% | 18.0% | 0.0% | 17.6% |
| Unknown | 0.0% | 0.0% | 0.0% | 33.3% | 0.0% | 5.0% | 0.0% | 0.0% | 0.0% | 2.0% | 0.0% | 0.0% |

It is important to note that there were several caregivers across each primary cause of death for which receipt status of social services could not be identified (see first listed “unknown” row category in Table F-30). Regardless, findings from Table F-30 reveal that among the caregivers of children whose death was verified as child maltreatment, 20 of 96 (29.0%) are known to have received some form of social service support in the twelve months prior to the child’s death. This rate was not significantly higher than the 28 of 112 (25.0%) of caregivers of children whose death was not substantiated and the 71 of 292 (24.3%) whose death showed no indicators of child maltreatment.

When types of services received are examined across primary cause of the child’s death, most caregivers (that received some type of support) of children whose deaths were verified as maltreatment received Medicaid (from a low of 33.3% for sleep-related causes to high of 100.0% for drowning deaths).

History as Victim of Child Maltreatment among Caregivers and Supervisors

Local committees were asked to identify from available sources of information whether caregivers, supervisors responsible for the death of a child were past victims of child maltreatment. Collectively, it was known that 10 of 96 (10.4%) of caregivers (Table F-31) of children of verified maltreatment deaths were past child victims of maltreatment. This figure may underestimate the true proportion of caregivers with a history of maltreatment as a child victim as this status was unknown or missing for 41 of 96 (42.7%) of the total number of caregivers for children where the child’s death was verified as maltreatment. The greatest proportion of caregivers (across cause of death categories) for which this history is unknown for those children who died by other cause (39.7%).

The percentage of caregivers associated with verified 10 of 96 (10.4%) and not substantiated 15 of 112 (13.4%) were significantly different that the no indicators 66 of 292 (22.6%) maltreatment deaths in terms of their history as a victim of child maltreatment.²

² A series of tests of significance between two independent proportions (Z-Scores) were done to determine if the observed total proportion of caregivers with a substance abuse history for verified, not substantiated, and no indicators for maltreatment cases differed significantly (at $p < .05$, two-tailed test). The observed proportion differences between verified and no indicators (Z-Score=2.6099, $p < .05$) and not substantiated and no indicators for maltreatment (Z-Score=2.0697, $p < .05$) deaths were statistically significant.

Table F-31: Past History as Victim of Child Maltreatment for All Identified Caregivers by Maltreatment Verification Status and Primary Cause of Death

| Caregiver Past Victim of Child Maltreatment | Child Maltreatment Death | | | | | | | | | | | |
|---|---|----------------------|--------------------------|------------------------------------|---|-----------------------|-------------------------|------------------------------------|---|------------------------|-------------------------|-------------------------------------|
| | Verified n=96 | | | | Not Substantiated n=112 | | | | No Indicators n=292 | | | |
| | Drowning n=14 | Sleep-related n=6 | Inflicted Trauma n=30 | Other Undetermined Unknown n=46 | Drowning n=32 | Sleep-related n=48 | Inflicted Trauma n=2 | Other Undetermined Unknown n=30 | Drowning n=38 | Sleep-related n=142 | Inflicted Trauma n=8 | Other Undetermined Unknown n=104 |
| Yes | 0.0% | 7.7% | 11.9% | 5.2% | 8.0% | 21.4% | 0.0% | 9.1% | 5.8% | 25.8% | 0.0% | 11.6% |
| No | 22.5% | 15.4% | 28.6% | 34.5% | 42.0% | 50.0% | 0.0% | 81.8% | 51.9% | 28.4% | 70.0% | 52.7% |
| Unknown/Missing | 12.5% | 0.0% | 31.0% | 39.7% | 14.0% | 42.9% | 100.0% | 45.5% | 15.4% | 19.1% | 10.0% | 28.6% |
| Type of Maltreatment | If Yes, Verified Child Maltreatment Deaths (n=10) | | | | If Yes, Not Substantiated as Child Maltreatment Deaths (n=15) | | | | If Yes, No Indicators that Child Maltreatment Deaths (n=66) | | | |
| | Drowning n=0 | Sleep-related n=2 | Inflicted Trauma n=5 | Other Undetermined Unknown n=3 | Drowning n=4 | Sleep-related n=9 | Inflicted Trauma n=0 | Other Undetermined Unknown n=2 | Drowning n=3 | Sleep-related n=50 | Inflicted Trauma n=0 | Other Undetermined Unknown n=13 |
| Physical | 0.0% | 0.0% | 100.0% | 33.3% | 50.0% | 44.4% | 0.0% | 0.0% | 0.0% | 50.0% | 0.0% | 30.8% |
| Neglect | 0.0% | 50.0% | 20.0% | 66.7% | 100.0% | 77.8% | 0.0% | 50.0% | 33.3% | 62.0% | 0.0% | 69.2% |
| Sexual | 0.0% | 0.0% | 40.0% | 0.0% | 0.0% | 22.2% | 0.0% | 50.0% | 33.3% | 20.0% | 0.0% | 15.4% |
| Emotional/ Psychological | 0.0% | 0.0% | 0.0% | 33.3% | 0.0% | 22.2% | 0.0% | 0.0% | 0.0% | 22.0% | 0.0% | 38.5% |
| Unknown/Missing | 0.0% | 50.0% | 0.0% | 0.0% | 0.0% | 11.1% | 0.0% | 0.0% | 33.3% | 4.0% | 0.0% | 7.7% |

When history as a victim of child maltreatment is examined for supervisors (Table F-32) associated with verified maltreatment deaths, it was known that 8 of 48 (16.7%) were past child victims of maltreatment, whereas 10 of 56 (17.9%) and 42 of 146 (28.8%) of supervisors of not substantiated and no indicators of maltreatment deaths had a history as a victim of child maltreatment.

Table F-32: Past History as Victim of Child Maltreatment for All Identified Supervisors by Maltreatment Verification Status and Primary Cause of Death

| Caregiver Past Victim of Child Maltreatment | Child Maltreatment Death | | | | | | | | | | | |
|---|--|----------------------|--------------------------|------------------------------------|---|-----------------------|-------------------------|------------------------------------|---|-----------------------|-------------------------|------------------------------------|
| | Verified n=48 | | | | Not Substantiated n=56 | | | | No Indicators n=146 | | | |
| | Drowning n=7 | Sleep-related n=3 | Inflicted Trauma n=15 | Other Undetermined Unknown n=23 | Drowning n=16 | Sleep-related n=24 | Inflicted Trauma n=1 | Other Undetermined Unknown n=15 | Drowning n=19 | Sleep-related n=71 | Inflicted Trauma n=4 | Other Undetermined Unknown n=52 |
| Yes | 0.0% | 66.7% | 20.0% | 13.0% | 18.8% | 20.8% | 100.0% | 6.7% | 5.3% | 46.5% | 0.0% | 15.4% |
| No | 71.4% | 33.3% | 46.7% | 47.8% | 62.5% | 50.0% | 0.0% | 60.0% | 84.2% | 36.6% | 25.0% | 57.7% |
| Unknown/Missing | 28.6% | 0.0% | 33.3% | 39.1% | 18.8% | 29.2% | 0.0% | 33.3% | 10.5% | 16.9% | 75.0% | 26.9% |
| Type of Maltreatment | If Yes, Verified Child Maltreatment Deaths (n=8) | | | | If Yes, Not Substantiated as Child Maltreatment Deaths (n=10) | | | | If Yes, No Indicators that Child Maltreatment Deaths (n=42) | | | |
| | Drowning n=0 | Sleep-related n=2 | Inflicted Trauma n=3 | Other Undetermined Unknown n=3 | Drowning n=3 | Sleep-related n=5 | Inflicted Trauma n=1 | Other Undetermined Unknown n=1 | Drowning n=1 | Sleep-related n=33 | Inflicted Trauma n=0 | Other Undetermined Unknown n=8 |
| Physical | 0.0% | 0.0% | 100.0% | 33.3% | 66.7% | 40.0% | 100.0% | 0.0% | 0.0% | 54.5% | 0.0% | 25.0% |
| Neglect | 0.0% | 50.0% | 33.3% | 66.7% | 100.0% | 80.0% | 100.0% | 0.0% | 0.0% | 57.6% | 0.0% | 62.5% |
| Sexual | 0.0% | 0.0% | 33.3% | 0.0% | 0.0% | 40.0% | 0.0% | 100.0% | 100.0% | 21.2% | 0.0% | 12.5% |
| Emotional/ Psychological | 0.0% | 0.0% | 0.0% | 33.3% | 0.0% | 20.0% | 0.0% | 0.0% | 0.0% | 18.2% | 0.0% | 25.0% |
| Unknown/Missing | 0.0% | 50.0% | 0.0% | 0.0% | 0.0% | 20.0% | 0.0% | 0.0% | 0.0% | 6.1% | 0.0% | 25.0% |

History as Perpetrator of Child Maltreatment among Caregivers and Supervisors

Local committees were asked to identify from available sources and reports whether caregivers and supervisors for a child’s death have a history as a perpetrator of child maltreatment. When the aggregate of caregivers is examined (Table F-33), 29 of 96 (30.2%) of caregivers of children whose death was verified to result from child maltreatment were identified as past perpetrators of child maltreatment. This rate is not significantly higher than the 28 of 112 (25.0%) of caregivers of not substantiated child maltreatment deaths with a perpetrator past. However, the percentage of caregivers of no indicator child maltreatment deaths with a perpetrator past 57 of 292 (19.5%) is significantly lower than the rates observed within the verified maltreatment deaths category.³

Table F-33: Past History as Perpetrator of Child Maltreatment for All Identified Caregivers by Maltreatment Verification Status and Primary Cause of Death

| Caregiver Has History as Perpetrator | Child Maltreatment Death | | | | | | | | | | | |
|--------------------------------------|---|----------------------|--------------------------|------------------------------------|---|-----------------------|-------------------------|------------------------------------|---|------------------------|-------------------------|-------------------------------------|
| | Verified n=96 | | | | Not Substantiated n=112 | | | | No Indicators n=292 | | | |
| | Drowning n=14 | Sleep-related n=6 | Inflicted Trauma n=30 | Other Undetermined Unknown n=46 | Drowning n=32 | Sleep-related n=48 | Inflicted Trauma n=2 | Other Undetermined Unknown n=30 | Drowning n=38 | Sleep-related n=142 | Inflicted Trauma n=8 | Other Undetermined Unknown n=104 |
| Yes | 0.0% | 50.0% | 26.7% | 39.1% | 9.4% | 35.4% | 50.0% | 23.3% | 10.5% | 21.8% | 50.0% | 17.3% |
| No | 64.3% | 33.3% | 50.0% | 30.4% | 84.4% | 43.8% | 0.0% | 43.3% | 68.4% | 61.3% | 37.5% | 60.6% |
| Unknown/Missing | 35.7% | 16.7% | 23.3% | 30.4% | 6.3% | 20.8% | 50.0% | 33.3% | 21.1% | 16.9% | 12.5% | 22.1% |
| Type of Maltreatment | If Yes, Verified Child Maltreatment Deaths (n=29) | | | | If Yes, Not Substantiated as Child Maltreatment Deaths (n=28) | | | | If Yes, No Indicators that Child Maltreatment Deaths (n=57) | | | |
| | Drowning n=0 | Sleep-related n=6 | Inflicted Trauma n=8 | Other Undetermined Unknown n=18 | Drowning n=3 | Sleep-related n=17 | Inflicted Trauma n=1 | Other Undetermined Unknown n=7 | Drowning n=4 | Sleep-related n=31 | Inflicted Trauma n=4 | Other Undetermined Unknown n=18 |
| Physical | 0.0% | 0.0% | 62.5% | 55.6% | 66.7% | 35.3% | 100.0% | 42.9% | 25.0% | 32.3% | 0.0% | 55.6% |
| Neglect | 0.0% | 33.3% | 37.5% | 88.9% | 66.7% | 58.8% | 100.0% | 71.4% | 100.0% | 87.1% | 50.0% | 55.6% |
| Sexual | 0.0% | 0.0% | 0.0% | 5.6% | 0.0% | 5.9% | 0.0% | 0.0% | 0.0% | 0.0% | 25.0% | 11.1% |
| Emotional/ Psychological | 0.0% | 0.0% | 25.0% | 27.8% | 66.7% | 17.6% | 0.0% | 42.9% | 25.0% | 6.5% | 25.0% | 16.7% |
| Unknown/Missing | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 25.0% | 5.6% |

Among identified verified maltreatment cases, the type of maltreatment the perpetrator inflicted on children in the past was most likely to be neglect, from a low of 0.0% of caregivers associated with drowning deaths to a high 16 of 18 (88.9%) of caregivers associated with Other deaths. Neglect was the most prevalent form of maltreatment observed among those caregivers with a perpetrator history associated with not substantiated and no indicator of maltreatment deaths.

When the history of supervisors as a perpetrator is examined (see Table F-34), 19 of 48 (39.6%) of supervisors of children whose death was verified to result from child maltreatment were identified as past perpetrators of child maltreatment (with neglect being most prominent). This observed rate is significantly higher than the 14 of 96 (14.6%) of supervisors of not substantiated child maltreatment deaths and the 35 of 146 (24.0%) of supervisors of no indicator child maltreatment deaths.⁴

³ A series of tests of significance between independent proportions (Z-Scores) were done to determine if the observed total proportion of caregivers with a history as a perpetrator for verified, not substantiated, and no indicators for maltreatment cases differed significantly (at $p < .05$, two-tailed test). The observed proportion differences between verified and no indicators (Z-Score=2.1871, $p < .05$) was statistically significant.

⁴ A series of tests of significance between independent proportions (Z-Scores) were done to determine if the observed total proportion of supervisors with a history as a perpetrator for verified, not substantiated, and no indicators for maltreatment cases differed significantly (at $p < .05$, two-tailed test). The observed proportion

differences between verified and not substantiated (Z-Score=3.3648, p<.05) and verified and no indicators for maltreatment (Z-Score=2.0934, p<.05) deaths were statistically significant.

Table F-34: Past History as Perpetrator of Child Maltreatment for All Identified Supervisors by Maltreatment Verification Status and Primary Cause of Death

| Supervisor Has History as Perpetrator | Child Maltreatment Death | | | | | | | | | | | |
|---------------------------------------|---|----------------------|--------------------------|------------------------------------|---|-----------------------|-------------------------|------------------------------------|---|-----------------------|-------------------------|------------------------------------|
| | Verified n=48 | | | | Not Substantiated n=56 | | | | No Indicators n=146 | | | |
| | Drowning n=7 | Sleep-related n=3 | Inflicted Trauma n=15 | Other Undetermined Unknown n=23 | Drowning n=16 | Sleep-related n=24 | Inflicted Trauma n=1 | Other Undetermined Unknown n=15 | Drowning n=19 | Sleep-related n=71 | Inflicted Trauma n=4 | Other Undetermined Unknown n=52 |
| Yes | 0.0% | 33.3% | 26.7% | 60.9% | 6.3% | 41.7% | 100.0% | 13.3% | 10.5% | 31.0% | 25.0% | 19.2% |
| No | 85.7% | 33.3% | 60.0% | 26.1% | 93.8% | 50.0% | 0.0% | 60.0% | 78.9% | 54.9% | 0.0% | 65.4% |
| Unknown/Missing | 14.3% | 33.3% | 13.3% | 13.0% | 0.0% | 8.3% | 0.0% | 26.7% | 10.5% | 14.1% | 75.0% | 15.4% |
| Type of Maltreatment | If Yes, Verified Child Maltreatment Deaths (n=19) | | | | If Yes, Not Substantiated as Child Maltreatment Deaths (n=14) | | | | If Yes, No Indicators that Child Maltreatment Deaths (n=35) | | | |
| | Drowning n=0 | Sleep-related n=1 | Inflicted Trauma n=4 | Other Undetermined Unknown n=14 | Drowning n=16 | Sleep-related n=10 | Inflicted Trauma n=1 | Other Undetermined Unknown n=2 | Drowning n=2 | Sleep-related n=22 | Inflicted Trauma n=1 | Other Undetermined Unknown n=10 |
| Physical | 0.0% | 0.0% | 75.0% | 50.0% | 6.3% | 40.0% | 0.0% | 50.0% | 50.0% | 40.9% | 0.0% | 50.0% |
| Neglect | 0.0% | 100.0% | 50.0% | 85.7% | 6.3% | 70.0% | 0.0% | 100.0% | 100.0% | 86.4% | 100.0% | 60.0% |
| Sexual | 0.0% | 0.0% | 0.0% | 7.1% | 0.0% | 10.0% | 100.0% | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% |
| Emotional/ Psychological | 0.0% | 0.0% | 25.0% | 21.4% | 6.3% | 20.0% | 0.0% | 50.0% | 50.0% | 9.1% | 0.0% | 20.0% |
| Unknown/Missing | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 10.0% |

History of Intimate Partner Violence (as Victim and Perpetrator) among Caregivers and Supervisors

Table F-35 highlights the distribution of caregivers' history with intimate partner violence as a victim and/or perpetrator. In total, 19 of 96 (19.8%) of caregivers were known to be victims and 14 of 96 (14.6%) were known to be perpetrators of intimate violence among those affiliated with verified maltreatment deaths. With respect to caregivers in not substantiated maltreatment deaths, 20 of 112 (17.9%) were past victims and 19 of 112 (17.0%) were past perpetrators of intimate partner violence. In contrast, 38 of 292 (13.0%) and 28 of 292 (9.6%) of caregivers in no indicators of maltreatment deaths have histories as victims and perpetrators (respectively) of intimate partner violence.

Table F-35: History of Intimate Partner Violence with All Identified Caregivers by Maltreatment Verification Status and Primary Cause of Death

| History of Intimate Partner Violence | Child Maltreatment Death | | | | | | | | | | | |
|--------------------------------------|--------------------------|----------------------|--------------------------|------------------------------------|----------------------------|-----------------------|-------------------------|------------------------------------|------------------------|------------------------|-------------------------|-------------------------------------|
| | Verified n=96 | | | | Not Substantiated n=112 | | | | No Indicators n=292 | | | |
| | Drowning n=14 | Sleep-related n=6 | Inflicted Trauma n=30 | Other Undetermined Unknown n=46 | Drowning n=32 | Sleep-related n=48 | Inflicted Trauma n=2 | Other Undetermined Unknown n=30 | Drowning n=38 | Sleep-related n=142 | Inflicted Trauma n=8 | Other Undetermined Unknown n=104 |
| Yes, as Victim | 0.0% | 33.3% | 23.3% | 21.7% | 9.4% | 25.0% | 0.0% | 16.7% | 7.9% | 16.2% | 12.5% | 10.6% |
| Yes, as Perpetrator | 0.0% | 33.3% | 20.0% | 13.0% | 12.5% | 22.9% | 0.0% | 13.3% | 7.9% | 14.1% | 12.5% | 3.8% |
| No | 64.3% | 66.7% | 33.3% | 30.4% | 71.9% | 33.3% | 50.0% | 40.0% | 68.4% | 53.5% | 75.0% | 52.9% |
| Unknown/Missing | 35.7% | 0.0% | 23.3% | 34.8% | 6.3% | 18.8% | 50.0% | 30.0% | 15.8% | 16.2% | 0.0% | 32.7% |

Figure F-11: History of Intimate Partner Violence with All Caregivers by Maltreatment Verification Status (N=500)

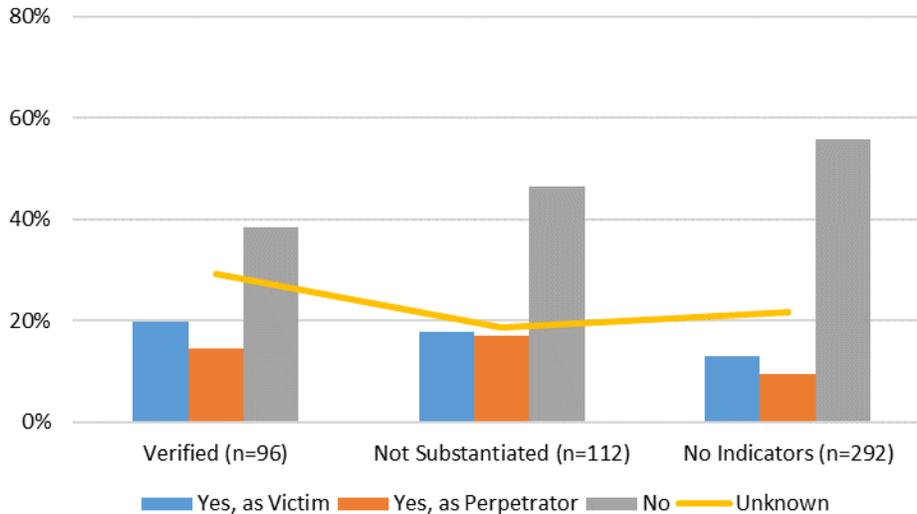


Table F-36 highlights the distribution of supervisors' history with intimate partner violence as a victim and/or perpetrator.

| History of Intimate Partner Violence | Child Maltreatment Death | | | | | | | | | | | |
|--------------------------------------|--------------------------|----------------------|--------------------------|------------------------------------|---------------------------|-----------------------|-------------------------|------------------------------------|------------------------|-----------------------|-------------------------|------------------------------------|
| | Verified n=48 | | | | Not Substantiated n=56 | | | | No Indicators n=146 | | | |
| | Drowning n=7 | Sleep-related n=3 | Inflicted Trauma n=15 | Other Undetermined Unknown n=23 | Drowning n=16 | Sleep-related n=24 | Inflicted Trauma n=1 | Other Undetermined Unknown n=15 | Drowning n=19 | Sleep-related n=71 | Inflicted Trauma n=4 | Other Undetermined Unknown n=52 |
| Yes, as Victim | 0.0% | 33.3% | 20.0% | 26.1% | 12.5% | 41.7% | 0.0% | 20.0% | 5.3% | 19.7% | 0.0% | 15.4% |
| Yes, as Perpetrator | 0.0% | 33.3% | 26.7% | 17.4% | 12.5% | 20.8% | 0.0% | 0.0% | 10.5% | 12.7% | 0.0% | 1.9% |
| No | 71.4% | 66.7% | 33.3% | 30.4% | 81.3% | 33.3% | 100.0% | 46.7% | 73.7% | 56.3% | 25.0% | 51.9% |
| Unknown/Missing | 28.6% | 0.0% | 20.0% | 30.4% | 0.0% | 8.3% | 0.0% | 20.0% | 15.8% | 11.3% | 75.0% | 30.8% |

Past Criminal History of Caregivers & Supervisors

When the criminal history of caregivers is examined (Table F-37), 26 of 96 (27.1%), 28 of 112 (25.0%) and 79 of 292 (27.1%) of caregivers associated with verified, not substantiated, and no indicators child maltreatment deaths (respectively) have a past criminal history. When primary cause of maltreatment deaths is observed, the highest proportion of caregivers for verified maltreatment cases with a criminal past were those affiliated with Other deaths (39.1%), followed by sleep-related deaths (33.3%). The types of offenses (for verified cases) that caregivers committed vary in proportional representation across primary cause of death. Among those with a criminal history, those with drug offenses were represented from a low of 0.0% for caregivers associated with verified drowning deaths to a high of 100.0% of those caregivers associated with sleep-related deaths. Please note that the column totals for the type of offense for across each

category of primary cause of death may exceed 100% as individual caregivers may have more than one past criminal offense.

Table F-37: Past Criminal History of All Identified Caregivers by Maltreatment Verification Status and Primary Cause of Death

| Criminal History of Caregivers | Child Maltreatment Death | | | | | | | | | | | |
|--------------------------------|---|----------------------|--------------------------|------------------------------------|---|-----------------------|-------------------------|------------------------------------|---|------------------------|-------------------------|-------------------------------------|
| | Verified n=96 | | | | Not Substantiated n=112 | | | | No Indicators n=292 | | | |
| | Drowning n=14 | Sleep-related n=6 | Inflicted Trauma n=30 | Other Undetermined Unknown n=46 | Drowning n=32 | Sleep-related n=48 | Inflicted Trauma n=2 | Other Undetermined Unknown n=30 | Drowning n=38 | Sleep-related n=142 | Inflicted Trauma n=8 | Other Undetermined Unknown n=104 |
| Yes | 0.0% | 33.3% | 20.0% | 39.1% | 12.5% | 35.4% | 0.0% | 23.3% | 13.2% | 33.1% | 0.0% | 26.0% |
| No | 71.4% | 50.0% | 50.0% | 17.4% | 78.1% | 39.6% | 50.0% | 40.0% | 65.8% | 49.3% | 87.5% | 51.0% |
| Unknown/Missing | 28.6% | 16.7% | 30.0% | 43.5% | 9.4% | 25.0% | 50.0% | 36.7% | 21.1% | 17.6% | 12.5% | 23.1% |
| Type of Offense | If Yes, Verified Child Maltreatment Deaths (n=26) | | | | If Yes, Not Substantiated as Child Maltreatment Deaths (n=28) | | | | If Yes, No Indicators that Child Maltreatment Deaths (n=79) | | | |
| | Drowning n=0 | Sleep-related n=2 | Inflicted Trauma n=6 | Other Undetermined Unknown n=18 | Drowning n=4 | Sleep-related n=17 | Inflicted Trauma n=0 | Other Undetermined Unknown n=7 | Drowning n=5 | Sleep-related n=47 | Inflicted Trauma n=0 | Other Undetermined Unknown n=27 |
| Assaults | 0.0% | 0.0% | 33.3% | 27.8% | 50.0% | 58.8% | 0.0% | 28.6% | 60.0% | 46.8% | 0.0% | 22.2% |
| Robbery | 0.0% | 0.0% | 33.3% | 11.1% | 0.0% | 17.6% | 0.0% | 0.0% | 0.0% | 19.1% | 0.0% | 15.4% |
| Drugs | 0.0% | 100.0% | 16.7% | 77.8% | 50.0% | 23.5% | 0.0% | 42.9% | 40.0% | 38.3% | 0.0% | 42.3% |
| Other | 0.0% | 50.0% | 66.7% | 55.6% | 75.0% | 64.7% | 0.0% | 85.7% | 80.0% | 57.4% | 0.0% | 65.4% |
| Unknown/Missing | 0.0% | 0.0% | 0.0% | 5.6% | 0.0% | 5.9% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Figure F-12: Criminal Background History of All Caregivers (N=500)

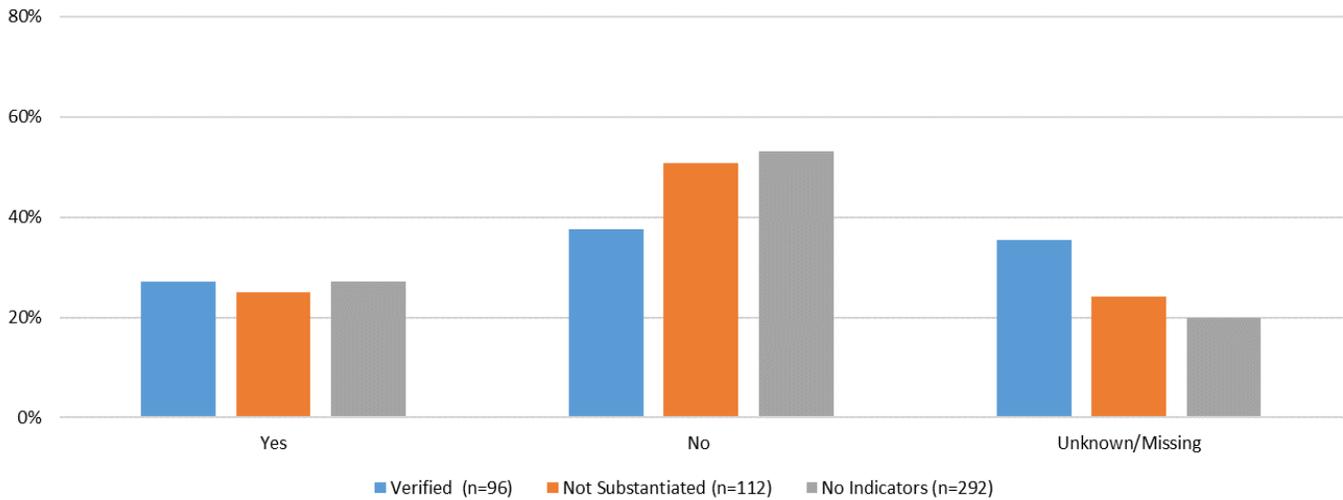
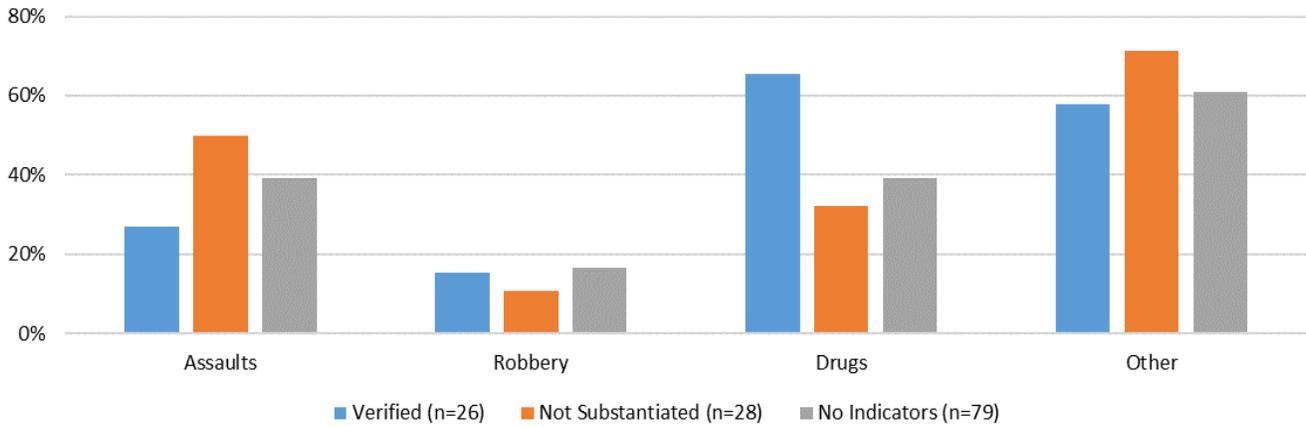


Figure F-13: Offense Type for Those Caregivers With Criminal Background (N=123)



When the criminal history of supervisors is examined (See Table F-38), 18 of 96 (18.8%), 16 of 56 (28.6%) and 40 of 146 (27.4%) of supervisors associated with verified, not substantiated, and no indicators child maltreatment deaths (respectively) have a past criminal history. When primary cause of maltreatment deaths is observed, the highest proportion of supervisors for verified maltreatment cases with a criminal past were those affiliated with Other deaths (56.5%). The types of offenses (for verified cases) that supervisors committed vary in proportional representation across primary cause of death. Among those with a criminal history, those with drug offenses were represented from a low of 0.0% for supervisors associated with verified drowning deaths to a high of 100.0% of those supervisors associated with sleep-related deaths. Please note that the column totals for the type of offense for each category of primary cause of death may exceed 100% as individual caregivers may have more than one past criminal offense.

| Criminal History of Supervisors | Child Maltreatment Death | | | | | | | | | | | |
|---------------------------------|--|----------------------|--------------------------|------------------------------------|--|-----------------------|-------------------------|------------------------------------|--|-----------------------|-------------------------|------------------------------------|
| | Verified n=48 | | | | Not Substantiated n=56 | | | | No Indicators n=146 | | | |
| | Drowning n=7 | Sleep-related n=3 | Inflicted Trauma n=15 | Other Undetermined Unknown n=23 | Drowning n=16 | Sleep-related n=24 | Inflicted Trauma n=1 | Other Undetermined Unknown n=15 | Drowning n=19 | Sleep-related n=71 | Inflicted Trauma n=4 | Other Undetermined Unknown n=52 |
| Yes | 0.0% | 33.3% | 26.7% | 56.5% | 12.5% | 41.7% | 100.0% | 20.0% | 15.8% | 35.2% | 0.0% | 23.1% |
| No | 85.7% | 66.7% | 46.7% | 17.4% | 81.3% | 41.7% | 0.0% | 46.7% | 78.9% | 53.5% | 25.0% | 59.6% |
| Unknown/Missing | 14.3% | 0.0% | 26.7% | 26.1% | 6.3% | 16.7% | 0.0% | 33.3% | 5.3% | 11.3% | 75.0% | 17.3% |
| Type of Offense | If Yes, Verified Child Maltreatment (n=18) | | | | If Yes, Not Substantiated as Child Maltreatment (n=16) | | | | If Yes, No Indicators that Child Maltreatment (n=40) | | | |
| | Drowning n=0 | Sleep-related n=1 | Inflicted Trauma n=4 | Other Undetermined Unknown n=13 | Drowning n=25 | Sleep-related n=10 | Inflicted Trauma n=1 | Other Undetermined Unknown n=11 | Drowning n=3 | Sleep-related n=25 | Inflicted Trauma n=0 | Other Undetermined Unknown n=12 |
| Assaults | 0.0% | 0.0% | 0.0% | 23.1% | 0.0% | 40.0% | 0.0% | 0.0% | 33.3% | 56.0% | 0.0% | 16.7% |
| Robbery | 0.0% | 0.0% | 25.0% | 15.4% | 0.0% | 20.0% | 0.0% | 0.0% | 0.0% | 28.0% | 0.0% | 16.7% |
| Drugs | 0.0% | 100.0% | 25.0% | 69.2% | 8.0% | 10.0% | 0.0% | 18.2% | 66.7% | 36.0% | 0.0% | 41.7% |
| Other | 0.0% | 100.0% | 75.0% | 53.8% | 4.0% | 80.0% | 0.0% | 27.3% | 66.7% | 64.0% | 0.0% | 58.3% |
| Unknown/Missing | 0.0% | 0.0% | 0.0% | 7.7% | 0.0% | 10.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |

Past Child Death Associated with Caregivers and Supervisors

Table F-39 highlights the distribution of caregivers with past child death events. In total, 0 of 96 (0.0%) caregivers in association with verified maltreatment deaths were known to have a past child death. With respect to caregivers in not substantiated maltreatment deaths, 3 of 112 (2.7%) were identified as having a past child death event. Lastly, 7 of 292 (2.4%) of caregivers in no indicators of maltreatment deaths have histories with child death events.

Table F-40 highlights the distribution of supervisors with past child death events. In total, 0 of 48 (0.0%) supervisors in association with verified maltreatment deaths were known to have a past child death. With respect to supervisors in not substantiated maltreatment deaths, 2 of 56 (3.6%) were identified as having any association with a past child death event. Lastly, 4 of 146 (2.7%) of supervisors in no indicators of maltreatment deaths have histories with child death events.

| Table F-39: Past Child Death Associated with <u>All Identified Caregivers</u> by Maltreatment Verification Status and Primary Cause of Death | | | | | | | | | | | | |
|--|--------------------------|----------------------|--------------------------|------------------------------------|----------------------------|-----------------------|-------------------------|------------------------------------|------------------------|------------------------|-------------------------|-------------------------------------|
| Past Child Death with Caregiver | Child Maltreatment Death | | | | | | | | | | | |
| | Verified n=96 | | | | Not Substantiated n=112 | | | | No Indicators n=292 | | | |
| | Drowning n=14 | Sleep-related n=6 | Inflicted Trauma n=30 | Other Undetermined Unknown n=46 | Drowning n=32 | Sleep-related n=48 | Inflicted Trauma n=2 | Other Undetermined Unknown n=30 | Drowning n=38 | Sleep-related n=142 | Inflicted Trauma n=8 | Other Undetermined Unknown n=104 |
| Yes | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 2.1% | 0.0% | 6.7% | 2.6% | 2.1% | 0.0% | 2.9% |
| No | 64.3% | 83.3% | 76.7% | 76.1% | 87.5% | 79.2% | 50.0% | 66.7% | 76.3% | 81.0% | 87.5% | 76.0% |
| Unknown/Missing | 35.7% | 16.7% | 23.3% | 23.9% | 12.5% | 18.8% | 50.0% | 26.7% | 21.1% | 16.9% | 12.5% | 21.2% |

| Table F-40: Past Child Death Associated with <u>All Identified Supervisors</u> by Maltreatment Verification Status and Primary Cause of Death | | | | | | | | | | | | |
|---|--------------------------|----------------------|--------------------------|------------------------------------|---------------------------|-----------------------|-------------------------|------------------------------------|------------------------|-----------------------|-------------------------|------------------------------------|
| Past Child Death with Supervisor | Child Maltreatment Death | | | | | | | | | | | |
| | Verified n=48 | | | | Not Substantiated n=56 | | | | No Indicators n=146 | | | |
| | Drowning n=7 | Sleep-related n=3 | Inflicted Trauma n=15 | Other Undetermined Unknown n=23 | Drowning n=16 | Sleep-related n=24 | Inflicted Trauma n=1 | Other Undetermined Unknown n=15 | Drowning n=19 | Sleep-related n=71 | Inflicted Trauma n=4 | Other Undetermined Unknown n=52 |
| Yes | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 4.2% | 0.0% | 6.7% | 5.3% | 2.8% | 0.0% | 1.9% |
| No | 71.4% | 66.7% | 86.7% | 100.0% | 93.8% | 91.7% | 100.0% | 73.3% | 84.2% | 85.9% | 25.0% | 86.5% |
| Unknown/Missing | 28.6% | 33.3% | 13.3% | 0.0% | 6.3% | 4.2% | 0.0% | 20.0% | 10.5% | 11.3% | 75.0% | 11.5% |

APPENDIX G:

SUICIDE AMONG CHILDREN AND ADOLESCENTS



Recent Increases in Suicide Among Children and Adolescents Aged 10-19 Years in Florida: 2005-2019

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Bureau of Child Protection and Special Technology

Epidemiology Unit

State Systems Development Initiative (SSDI)

Florida Department of Health

November 19, 2020

INTRODUCTION

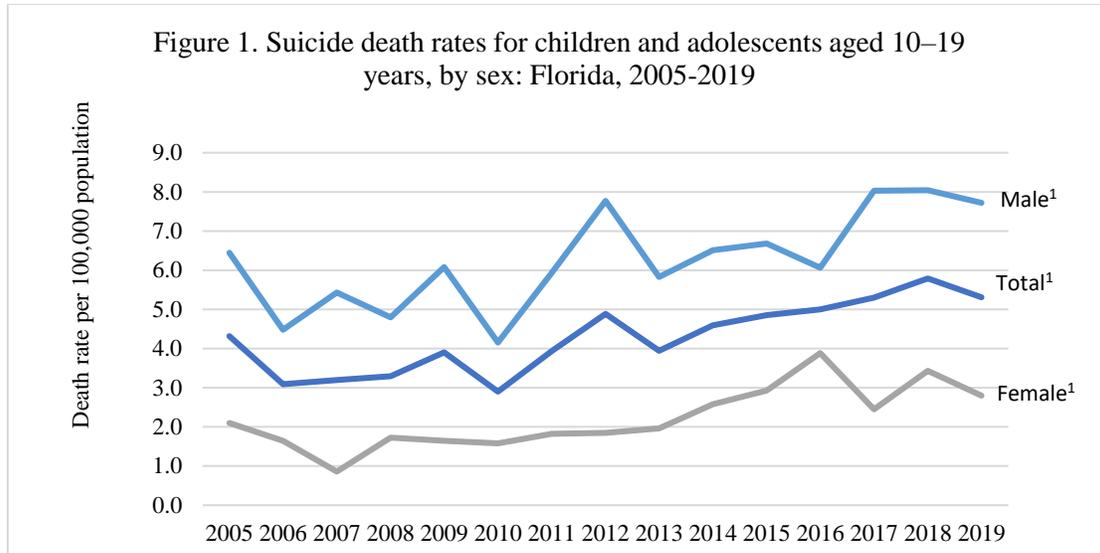
Suicide mortality in children and adolescents has been increasing in recent years.¹⁻³ Following a 15% decline from 1999-2007, the suicide death rate among persons aged 10-19 years in the United States increased by over 50% from 3.9 deaths per 100,000 population in 2007 to 6.1 in 2016.² In 2017, suicide was the second leading cause of death among persons aged 10-24 years nationally.⁴ This report presents trends for 2005-2019 in suicide rates for children and adolescents ages 10-19 years in Florida and examines the percentage of suicides by method across demographic characteristics.

METHODS

The data used in this analysis were extracted from death records in Florida's Vital Statistics (VS) database and the online Florida Health Community Health Assessment Resource Tool Set (FLHealthCHARTS.com). Resident deaths occurring from 2005 to 2019 among children and adolescents aged 10-19 years in Florida with an International Classification of Diseases, Tenth Revision (ICD-10) code for intentional self-harm (X60-X84, Y87.0) were selected from VS. Population estimates are produced by the Florida Legislature Office of Economic and Demographic Research and were obtained from FLHealthCHARTS.com. Suicide rates were calculated as the number of deaths per 100,000 population ages 10-19 years. Trend analysis was performed using Joinpoint Regression Program. Suicide method categories were determined using the specific ICD-10 codes assigned to each death record as follows: firearms (X72-X74), suffocation (X70), and other (X60-X69, X71, X76-X78, X80-X84 and Y870). Chi-square statistics were calculated in OpenEpi to test for significant differences in proportions of suicide deaths by methods and demographic groups. Other data manipulation and analysis for this report was performed in Stata 16.

Results

Florida’s overall suicide death rate among children and adolescents aged 10-19 years increased 23% from 4.3 deaths per 100,000 population in 2005 to 5.3 in 2019, reflecting a statistically significant trend.



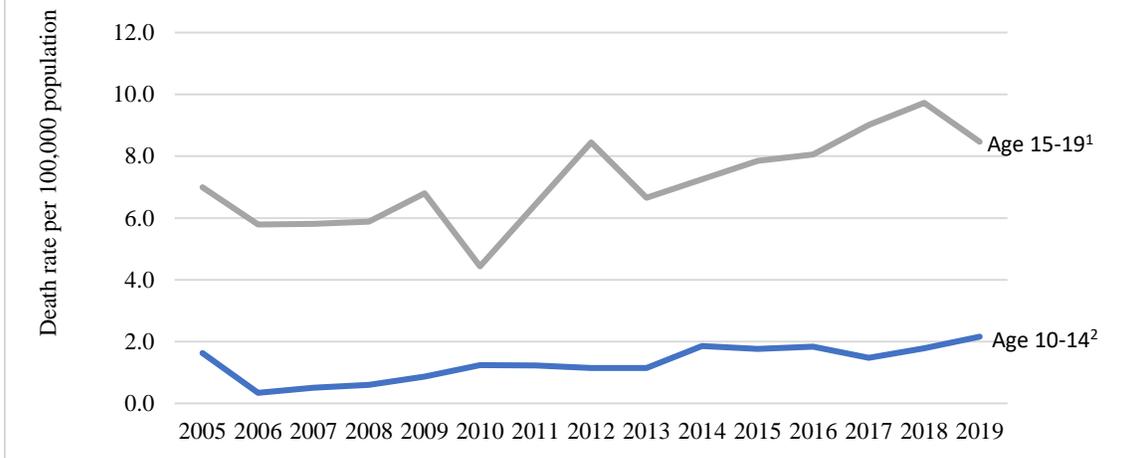
¹Significant increasing trend from 2005 to 2019, $p < 0.05$.

Notes: Suicide deaths are identified with *International Classification of Diseases, 10th Revision (ICD–10)* codes X60–X84, and Y87.0.

Source: Florida Department of Health, Bureau of Vital Statistics (deaths) and Florida Legislature Office of Economic and Demographic Research (population).

Between 2005 and 2019, suicide death rates for males were consistently higher than the rates for females. The rate for males increased 20% from 6.4 in 2005 to 7.7 in 2019. For females, the rate increased 33% from 2.1 in 2005 to 2.8 in 2019.

Figure 2. Suicide death rates for children and adolescents aged 10–19 years, by age group: Florida, 2005-2019



¹Significant increasing trend from 2005 to 2019, $p < 0.05$.

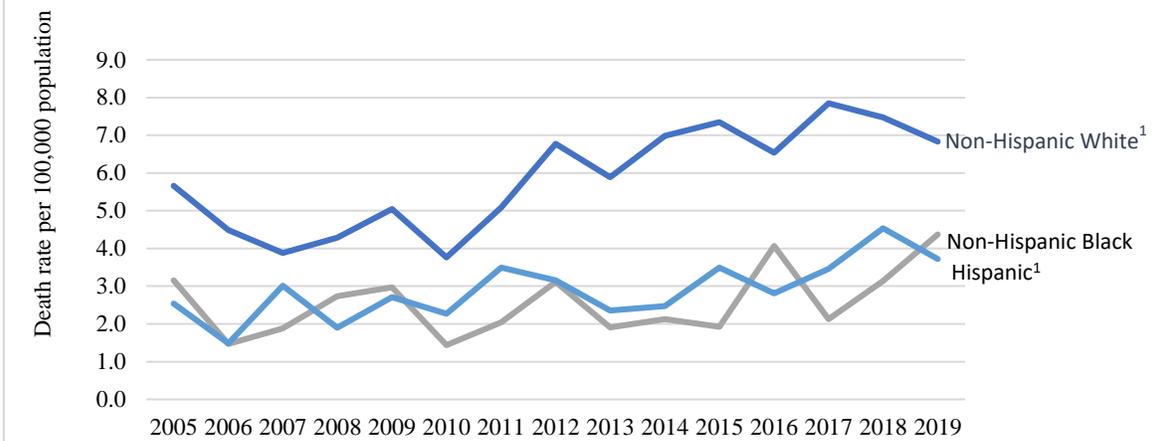
²Significant increasing trend from 2007 to 2019, $p < 0.05$

Notes: Suicide deaths are identified with *International Classification of Diseases, 10th Revision (ICD–10)* codes X60–X84, and Y87.0.

Source: Florida Department of Health, Bureau of Vital Statistics (deaths) and Florida Legislature Office of Economic and Demographic Research (population).

Suicide rates were highest among children and adolescents aged 15-19 years, increasing 21% from 7.0 per 100,000 in 2005 to 8.5 in 2019. Although suicide rates were lowest among those aged 10-14 years, there was also a significant increasing trend observed for this age group, with an 340% increase from 0.5 in 2007 to 2.2 in 2019.

Figure 3. Suicide death rates for children and adolescents aged 10–19 years, by race/ethnicity: Florida, 2005-2019



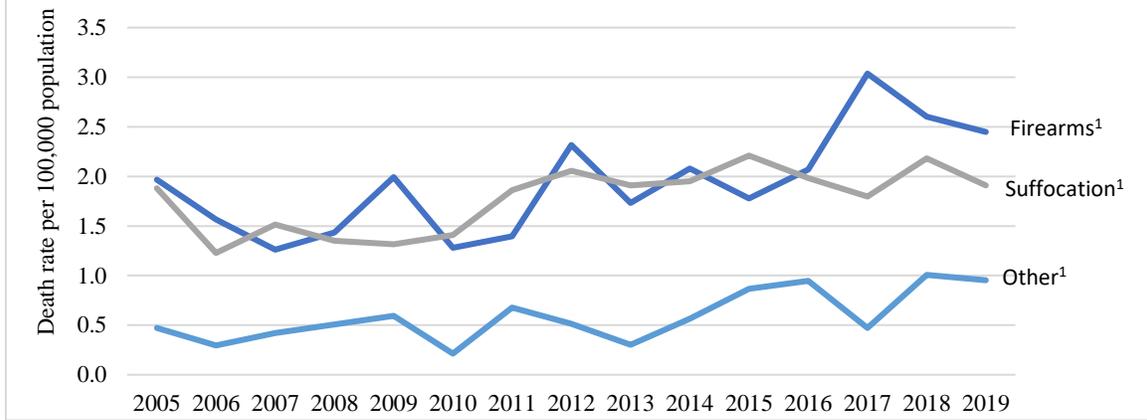
¹Significant increasing trend from 2005 to 2019, $p < 0.05$.

Notes: Suicide deaths are identified with *International Classification of Diseases, 10th Revision (ICD–10)* codes X60–X84, and Y87.0.

Source: Florida Department of Health, Bureau of Vital Statistics (deaths) and Florida Legislature Office of Economic and Demographic Research (population).

Statistically significant increasing trends were observed in suicide death rates between 2005 and 2019 for all race and ethnicity groups, except non-Hispanic black. In 2019, the suicide death rate was highest for non-Hispanic white children and adolescents at 6.8 deaths per 100,000 population. Hispanic children and adolescents had the lowest suicide death rate (3.7).

Figure 4. Suicide death rates for children and adolescents aged 10–19 years, by method: Florida, 2005-2019

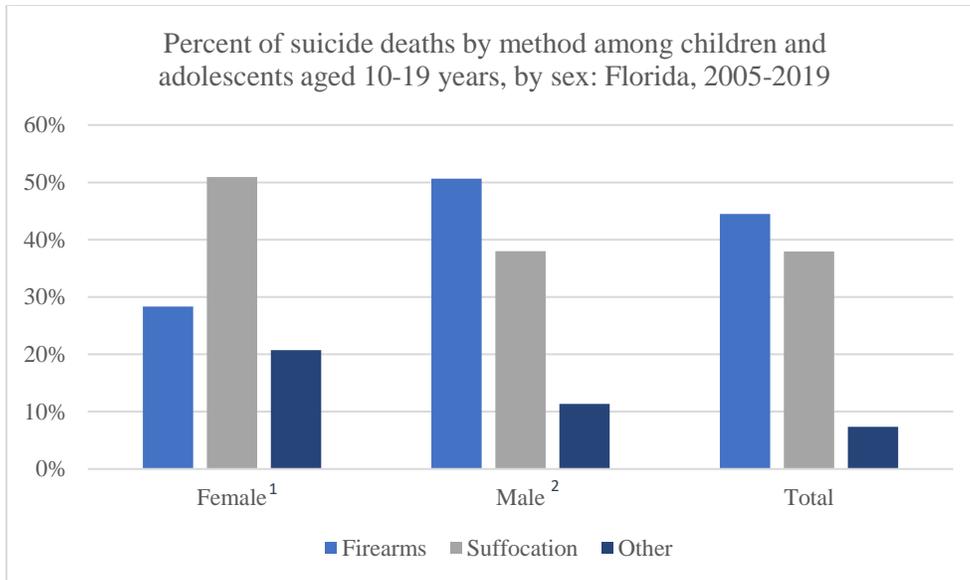


¹Significant increasing trend from 2005 to 2019, $p < 0.05$.

Notes: Suicide deaths are identified with *International Classification of Diseases, 10th Revision (ICD–10)* codes X60–X84, and Y87.0.

Source: Florida Department of Health, Bureau of Vital Statistics (deaths) and Florida Legislature Office of Economic and Demographic Research (population).

All method-specific rates of suicide death increased significantly from 2005 to 2019. The leading methods of suicide over the entire period were firearms and suffocation, accounting for 86% of all suicide deaths among children and adolescents aged 10-19 years. Suicide involving firearms was the most prevalent method for this population in 2019, outnumbering suicide involving suffocation (46% and 36%, respectively). The rate of suicide by other methods doubled (0.5 to 1.0) over the period.



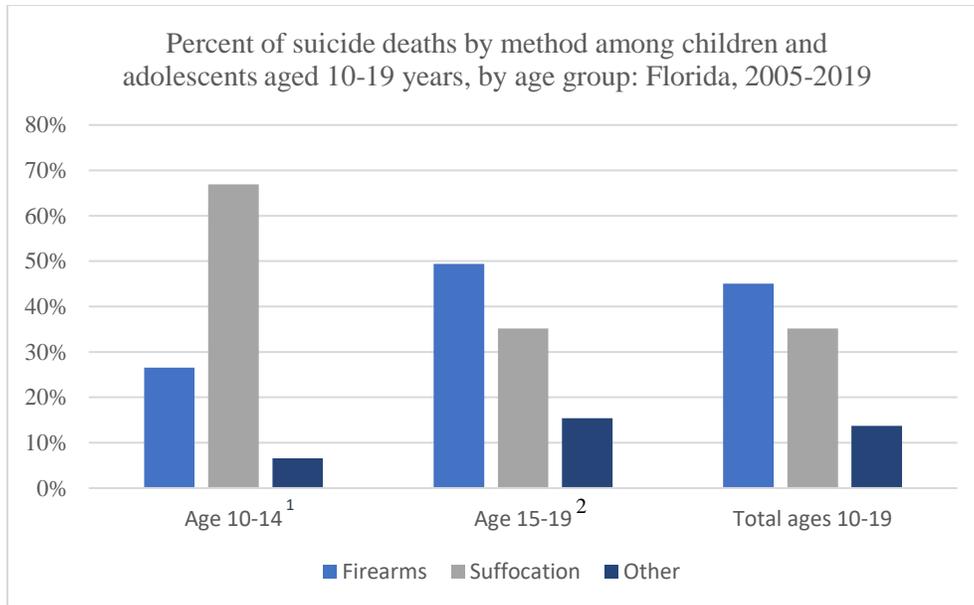
¹Percent of suicide deaths involving suffocation and other methods are higher for females than for males, $p < 0.05$.

²Percent of suicide deaths involving firearms are higher for males than for females, $p < 0.05$.

Notes: Suicide deaths are identified with *International Classification of Diseases, 10th Revision* (ICD-10) codes X60–X84, and Y87.0.

Source: Florida Department of Health, Bureau of Vital Statistics.

From 2005-2019, there was a higher percentage of suicide deaths due to suffocation (51%) and other methods (21%) among females compared to males (38% and 11%, respectively). The leading method for males was firearms, accounting for approximately half of all male suicide deaths.



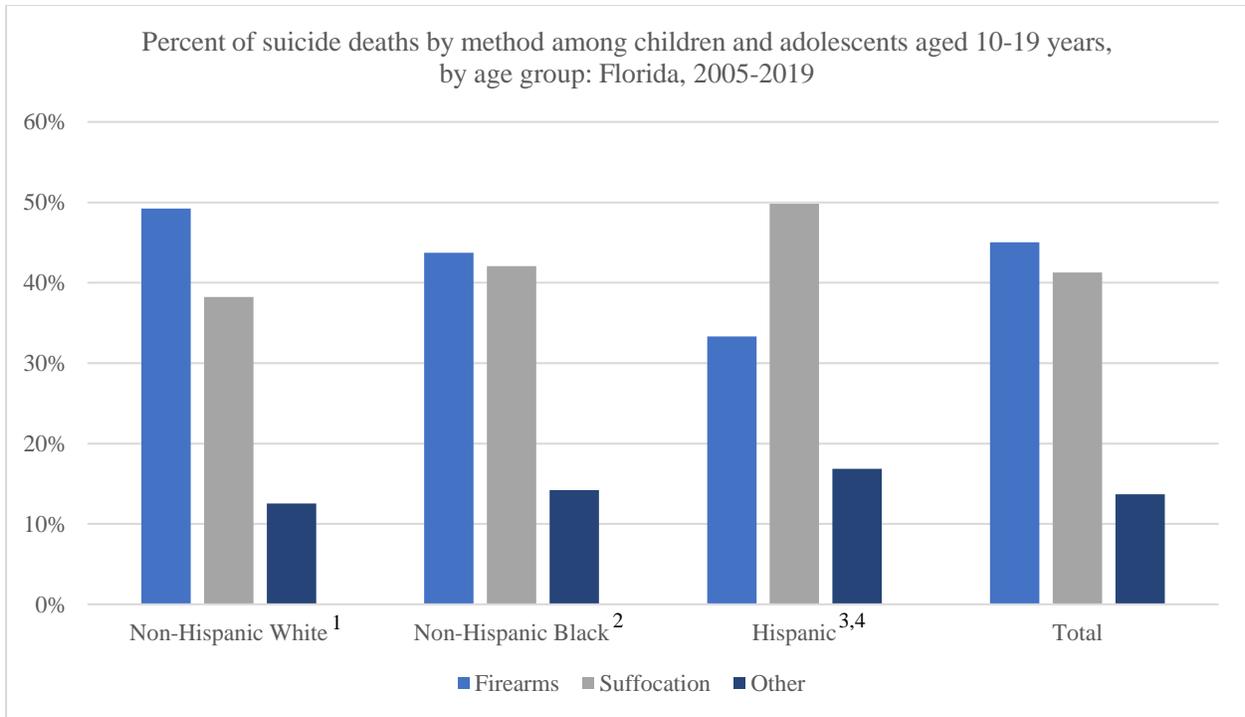
¹Percent of suicide deaths involving suffocation are higher for ages 10-14 than for ages 15-19, $p < 0.05$.

²Percent of suicide deaths involving firearms and other methods are higher for ages 15-19 than for ages 10-14, $p < 0.05$.

Notes: Suicide deaths are identified with *International Classification of Diseases, 10th Revision* (ICD-10) codes X60–X84, and Y87.0.

Source: Florida Department of Health, Bureau of Vital Statistics.

There was a higher percentage of deaths involving firearms among children and adolescents aged 15-19 (49%) compared with those aged 10-14 (27%). Among those aged 10-14, suffocation was the leading method of suicide, accounting for 67% of all suicides for this age group. Other methods of suicide were more prevalent among those aged 15-19.



¹Percent of suicide deaths involving firearms are higher for non-Hispanic white than for Hispanic, $p < 0.05$.

²Percent of suicide deaths involving firearms are higher for non-Hispanic black than for Hispanic, $p < 0.05$.

³Percent of suicide deaths involving suffocation are higher for Hispanic than for non-Hispanic white, $p < 0.05$.

⁴Percent of suicide deaths involving other methods are higher for Hispanic than for non-Hispanic white, $p < 0.05$.

Notes: Suicide deaths are identified with *International Classification of Diseases, 10th Revision (ICD-10)* codes X60–X84, and Y87.0.

Source: Florida Department of Health, Bureau of Vital Statistics.

The percentage of suicide deaths involving firearms was highest among non-Hispanic white and non-Hispanic black children and adolescents, accounting for 49% and 44%, respectively, of all suicide deaths in these groups. Suffocation was the leading suicide method among those of Hispanic ethnicity, also making up approximately half of all suicides in these groups.

Summary

This report highlights trends in suicide rates from 2005 to 2019 among children and adolescents in Florida. During this time, suicide death rates increased significantly across nearly all population demographic groups in the state; the average annual percentage increase in Florida's suicide rate for persons aged 10-19 years was approximately 3%. All three leading methods of suicide (firearms, suffocation and poisoning) contributed to the observed increasing trend. In 2019, the most recent year of data available, the highest suicide rates were observed in males, non-Hispanic whites, and individuals aged 15-19; the rate of suicide deaths involving firearms was higher than that of any other method. The percentage of suicide deaths by method differed significantly across sex, age, and race and ethnicity categories.

DOH Suicide Prevention Activities

The Florida Department of Health (FDOH) continues to support comprehensive public health approaches to youth suicide prevention and serves as lead for prioritizing use of data for the identification of vulnerable populations and risk and protective factors.

Expansion of youth suicide surveillance includes the use of the following:

- Violent Death Reporting System (FL-VDRS), an anonymous surveillance tool that compiles information from medical examiners, coroners and law enforcement. The profiles, toxicology reports, and vital statistics records, in combination with mental health information, reports of recent problems with employment, relationships, or physical health problems, provide details about circumstances of death. Currently, 40% of deaths in Florida counties are reported through the VDRS.
- Firearm Injury Surveillance Through Emergency Rooms (FASTER) grant, which collects timely state and local-level data on Emergency Department (ED) visits for nonfatal firearm injuries by intent (i.e., intentional self-directed, unintentional, and assault-related).
- Florida Health CHARTS (Community Health Assessment Resource Tool Set), a public dashboard of indicators and county level data. As of July 2020, Florida Health CHARTS includes a suicide -behavioral health profile which provides an overview of suicide and suicide-related data. Though final death rates and counts are subject to change, this data is widely used to monitor the current suicide trends in the state.

Finally, FDOH is exploring the Electronic Surveillance System the Early Notification of Community-based Epidemics (ESSENCE) data system to monitor near or real time suicide attempts or ideation. Currently, more than 80% of Florida hospitals are connected to ESSENCE.

References

1. Hedegaard H, Curtin SC, Warner M. Increase in suicide mortality in the United States, 1999–2018. NCHS Data Brief, no 362. Hyattsville, MD: National Center for Health Statistics. 2020.
2. Curtin SC, Heron M, Miniño AM, Warner M. Recent increases in injury mortality among children and adolescents aged 10–19 years in the United States: 1999–2016. National Vital Statistics Reports; vol 67 no 4. Hyattsville, MD: National Center for Health Statistics. 2018.
3. Curtin SC, Heron M. Death rates due to suicide and homicide among persons aged 10–24: United States, 2000–2017. NCHS Data Brief, no 352. Hyattsville, MD: National Center for Health Statistics. 2019.
4. Heron M. Deaths: Leading causes for 2017. National Vital Statistics Reports; vol 68 no 6. Hyattsville, MD: National Center for Health Statistics. 2019.

APPENDIX H:

PREVENTION EFFORTS

Keep kids safe from drowning

Drowning happens when you least expect it.

In Florida, drowning is the #1 cause of preventable death in children 1-4 years of age.

To reduce the risk of drowning, utilize multiple layers of protection, be aware of and restrict unsupervised access to water sources such as pools, hot tubs, canals, ponds, ditches, bathtubs, toilets and more. Working while schooling children from home poses additional risks of drowning for young children due to increased distractions.

Always be alert and aware of potential drowning risks.

SUPERVISE

Proper supervision is the most effective drowning prevention

- Know your surroundings and possible drowning risks to your child at home and when traveling
- Ensure young children are always supervised by a trusted caregiver
- Assign a Water Watcher and use touch-supervision anytime children are playing in or near water
- Never leave a child alone near water, even for a second

BARRIERS AND ALARMS

Utilize barriers to water access

- Install and maintain 4-foot pool fencing and self-closing, self-latching gates and doors
- Secure and lock all doors, windows and pet doors
- Install door chimes or alarms
- Routinely check for needed repairs to fencing, gates and barriers

DID YOU KNOW?

- While most child drowning incidents occur in a pool, nearly 70% of those children were not expected to be in the pool at that time
- Distracted caregivers are a primary factor in child drowning incidents
- Drowning happens without a sound
- All drowning incidents are preventable

BE PREPARED

- Seconds count! CPR training saves lives
- Water survival skills training and swim lessons can help reduce drowning risk for children between ages 1-4
- By their 4th birthday, most children are ready for swim lessons
- Swim lessons are not a replacement for supervision
- Make a family drowning prevention plan and ensure all family members know how to swim

IF A CHILD IS MISSING,
ALWAYS CHECK
THE WATER
FIRST

VISIT: WATERSMARTFL.COM



Let's All Be on the Front Line in Keeping Our Children Safe

REPORTING ABUSE DURING COVID-19

With schools, many daycares and most extra-curricular activities being closed due to COVID-19, we need you now more than ever to help keep our children safe. As Floridians, we all have the responsibility to report any suspicion or knowledge of abuse or neglect (39.201 F.S.). By making a report, you are not only ensuring the child's safety, you are also providing help and support to the family.

You May Be the Only Person to Act.

If something does not look safe, sound safe or feel safe – Report.

"Abuse" means any willful act or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired. Within the context of the definition of "harm," the term "neglects the child" means that the parent or other person responsible for the child's welfare fails to supply the child with adequate food, clothing, shelter, or health care, although financially able to do so or although offered financial or other means to do so. (F.S. 39.01)

How to Report Abuse

Be prepared to provide specific descriptions of the incident(s) or the circumstances contributing to the risk of harm.

Call

800-962-2873

Florida Relay 711

TTY: 800-955-8771

Report Online

<https://reportabuse.dcf.state.fl.us>



FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org



The Classroom May Be Empty, but Our Kids Still Need You More Than Ever

REPORTING ABUSE DURING COVID-19

While students are not in school, you still play a vital role in ensuring their safety during these trying times. As members of the education community and as mandated reporters, remember that by making a report, you are not only ensuring the child's safety, you are also providing help and support to the family. Remain a supportive, caring adult in their lives.

You May Be the Only Person to Act.

If it does not look safe, sound safe, or feel safe – Report.

"Abuse" means any willful or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired. Within the context of the definition of "harm," the term "neglects the child" means that the parent or other person responsible for the child's welfare fails to supply the child with adequate food, clothing, shelter, or health care, although financially able to do so or although offered financial or other means to do so. (F.S. 39.01)

What you can do

- Check in with children regularly
- Encourage children to ask questions
- Take notice of changes in the child's behavior and appearance
- Report concerns

How to Report Abuse

Be prepared to provide specific descriptions of the incident(s) or circumstances contributing to the risk of harm.

Call

800-962-2873

Florida Relay 711

TTY: 800-955-8771

Report Online

<https://reportabuse.dcf.state.fl.us>

Areas of Concerns

- Lack of attendance on virtual sessions
- Avoidance/lack of contact after numerous attempts to reach the family
- If a child communicates they feel unsafe
- A child in a dangerous environment
- Significant change in a mood/behavior



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Parents and Caregivers Play an Important Role During COVID-19

COVID-19 RESOURCES FOR PARENTS AND CAREGIVERS

Parents and caregivers, you play a vital role in helping children feel safe and secure. As we adjust to this new “normal,” children may feel sad and worried about their friends, family and even themselves. Below are some tips and resources that will help your family have conversations about COVID-19, manage stress, and obtain additional support for your family.

Talking to Kids

- **REMAIN CALM** - Children react to both what you say and how you say it.
- **LIMIT INFORMATION** - Too much information on one topic can lead to anxiety.
- **BE AVAILABLE** - Take time to talk and answer their questions.

Coping & Managing Stress

- **HEALTHY** - Exercise, take deep breaths, meditate and eat well-balanced meals.
- **STAY CONNECTED** - Take the time to talk to others about how you are feeling.
- **UNWIND** - Do activities with your family that you enjoy.

Toddlers & Preschoolers

- **COMMUNICATE** - Praise, hugs and high-fives show positive attention to your child.
- **STRUCTURE & RULES** - Be consistent and develop rules your child can understand.
- **GIVING DIRECTIONS** - Give clear directions that fit your child’s age.

ACCESS Florida

The Department of Children and Families programs that can help Florida families:

- Food Assistance
- Temporary Cash Assistance
- Medicaid
- Refugee Assistance

Additional Resources

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| Distance Learning..... | www.fldoe.org/em-response/distance-learning.shtml |
| General..... | www.fldoe.org/em-response |
| Schools & Child care..... | https://floridahealthcovid19.gov/schools |
| Students with Emotional/Behavioral Challenges | www.sednetfl.info |
| Ounce of Prevention | www.ounce.org |
| Substance Abuse & Mental Health..... | www.myflfamilies.com/service-programs/samh |
| CDC | www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html |
| 211..... | http://211.org/pages/about |

