

# Pennsylvania 2011 Child Death Review Annual Report

Deaths Reviewed in 2010



*September 2011*

# **Pennsylvania 2011 Child Death Review Annual Report: Deaths Reviewed in 2010**

*Pennsylvania 2011 Child Death Review Annual Report: Deaths Reviewed in 2010* is a publication of the Pennsylvania Department of Health under the requirements of Act 87 of 2008.

## **Collaborating Agencies:**

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

## **The Department of Health wishes to thank the following contributors to this report:**

Erich Batra, MD, FAAP – Medical Director, PA Child Death Review  
Joan M. Herold, PhD – Professor Emerita, Emory University, Consultant Demographer  
Suzanne Yunghans – Executive Director, PA Chapter, American Academy of Pediatrics  
Lena (Vick) Zittle – Program Coordinator, PA Child Death Review

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## Executive Summary

The Pennsylvania 2011 Child Death Review (CDR) Annual Report provides information obtained from the review of child deaths. The deaths occurred in children from birth through the age of 21 years, during the period 2009-2010, with 70 percent occurring in 2009. The death reviews were conducted in 2010. This report should be used for public health planning, prevention programming and to inform policy discussions.

In 2010, 1,462 total deaths were reviewed by local CDR teams. The years included in the complete review ranged from 2004 through the first half of 2010. This report presents and discusses only the 1,325 deaths that occurred in years 2009 and 2010, which represent 91% of the total reviewed deaths. This new approach was taken in 2011 for two reasons: (1) the two most recent years were considered to be more representative of current mortality patterns than earlier years and thus more appropriate data from which to draw planning and programming conclusions; and (2) the creation of a defined time interval allows for easier comparison across time and across sources with past, current and future data. Some of the key findings from the report follow.

**Manner of Death** (Manner of death refers to how the person died and includes consideration of intention, circumstances, or action that led to the cause of death.)

Natural deaths accounted for 798 of the 1,325 total child deaths for the years 2009-2010, representing 60% of the total cases for the years 2009-2010, reviewed in 2010 and presented in this report. Seventy-four percent of the natural deaths occurred in infants (children less than 1 year of age). The most frequent cause of death among infant natural deaths was prematurity at 58% .

Accident deaths accounted for 226 child deaths in this report, representing 17% of the total deaths presented. Fifty-four percent of accident deaths reported the cause of death to be motor vehicle and other transport.

Homicide deaths accounted for 184 child deaths for 2009-2010 reviewed in 2010, representing 14% of the 1,325 total deaths. The primary cause of death from homicide was weapon related (89%).

Suicide deaths accounted for 53 child deaths reviewed in Pennsylvania in 2010 for the years 2009-2010, representing 4% of the total deaths in this report. The primary cause of death from suicide was asphyxia. Forty percent of the suicide victims had an educational level at time of death of grade 9-12.

Undetermined manner of death accounted for 5% of child deaths reviewed in 2010 and presented in this report, down one percentage point from the 2009 review. The large majority of undetermined manner of death were to infants (<1 year of age) at 81%.

**Cause of Death** (Cause of death refers to why the death occurred, that is, the actual mechanism that produced the death.)

Prematurity was the most frequent cause of death recorded in the child death review. Prematurity accounted for almost one-half (49%) of all the infant deaths. Within racial categories, the percentage of prematurity deaths was 53% among black infants and 44% among white infants. The principal recommended prevention strategy for premature deaths is timely prenatal care.

Weapon-related death was the second most frequent cause among the child deaths reviewed. Deaths caused by a weapon accounted for 20% of all male child deaths in this report.

Motor vehicle and other transport accounted for 54% of accident deaths and 10% of the total child deaths. In 45% of these motor vehicle and other transport deaths the child was the driver; in 33% the child was a passenger, and in 18% the child was a pedestrian.

### **Other issues in child deaths**

Sleep-related deaths accounted for 14% of deaths to children less than 5 years of age.

There were 104 sleep-related deaths for decedents under the age of 5 years.

Ninety-nine percent of these deaths occurred in infants (<1 year of age). Fifty percent of the sleep-related deaths reported a cause of Sudden Infant Death Syndrome (SIDS) or Asphyxia, all of which occurred in infants. Many of the sleep related deaths revealed unsafe sleeping practices, such as the presence of unsafe bedding or toys, decedent not in a crib or bassinet, decedent sleeping with other people, or decedent not sleeping on back.

Child abuse or neglect was determined in 9% of the child deaths.

### **Preventability of Deaths**

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

Of the total child deaths presented in the 2011 CDR Annual Report, 33% were determined by local teams as likely preventable. The review concluded that 72% of weapon-related deaths were probably preventable and that 77% of motor vehicle and other transport deaths were probably preventable. Other causes of death, although smaller in number, also revealed high preventability proportions. Poisoning deaths were considered to be 81% preventable, asphyxia 75% preventable, and 12 of the 13 fire deaths were deemed preventable. Sleep-related deaths to children less than 5 years of age recorded 61% of probable preventability.

# INTRODUCTION

## History of Child Death Review in Pennsylvania

In 1991, the Pennsylvania Chapter of the American Academy of Pediatrics joined with the Pennsylvania Department of Health (Department) and the Pennsylvania Department of Public Welfare (DPW) to begin to understand how and why children die in the Commonwealth. With a small personal check from one pediatric surgeon and legislative initiative funds, a pilot team was started. The initial findings showed that one-third of death certificates were filled out incorrectly, the state lacked good coordination between agencies, and an estimated 30 percent of child deaths were preventable. On the basis of these findings from the initial pilot, the Departments of Health and Public Welfare provided support for a state team, which was formed in 1994. In the initial years that followed, the state team quickly realized that the quality of information and the ability to implement prevention strategies was best carried out at the local level. County and/or multi-county teams were started in 1997-1998. Over the last 15 years, the Pennsylvania CDR program gradually gained representation from every Pennsylvania county in either the state or local CDR team. To date, 65 counties are actively involved, encompassing 1,249 professionals from more than 18 different professional disciplines.

## Overview of Review Process

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

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

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

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

The number of deaths reviewed is not the same as the number of deaths that occurred in a given year. Currently, most teams review deaths six months or later after the actual death to allow for completion of any investigation, completion and filing of the death certificates and for the quarterly data transfer from the Department. Not all deaths are able to be reviewed in a given year. For these reasons, CDR data cannot be compared to vital statistics data. See Appendix Table A.1. for difference between vital statistics data and CDR data for the year 2009.

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

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

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

The CDR process has brought significant collaboration between local and state agencies. Prior to CDR, it was not common practice for child-serving agencies to convene face-to-face discussions regarding child deaths or their community resources. As a result of CDR, agencies report better communication and new protocols for collaboration.

Under Act 87 of 2008, all counties shall establish and participate in a local CDR Team. These teams are voluntary and multiple counties may join together to form one CDR team. During 2010, Pennsylvania had 61 Local CDR Teams which covered 65 of the 67 Pennsylvania counties. It is important to note that there is a process involved in achieving a well-functioning team. Local CDR Teams are at different stages of development which results in varying levels of review completion. This Annual Report reflects the reviews completed and data submitted for 74% (45) of the Local teams. Twenty-six percent (16) of the local teams reported that they could not provide data for this report for various reasons such as: the team was being developed or redeveloping, there were no cases for review, the team was unable to complete reviews, or the team was unable to enter data during calendar year 2010.

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

## **CDR and the American Academy of Pediatrics**

In September of 2010, the American Academy of Pediatrics (AAP) updated its policy statement on child fatality review teams. The AAP recognizes the vital role that CDR teams play in a community towards improving the health of all children. Some specific recommendations from the policy statement include the following:

- Pediatricians should work with their state AAP chapters to advocate for and support state legislation and other public policies that establish comprehensive and fully-funded child death investigation and review systems at the local and state levels, and data from child death investigations should be aggregated, analyzed and disseminated nationally.

- Child fatality review committees at both the state and local levels should include pediatricians who serve as expert members in reviewing case files of the medical examiner or other agency investigating the deaths of children who were patients.

- Pediatricians should work collaboratively to ensure that information from child fatality reviews is used to inform local, state and national policies to reduce preventable child deaths.

In Pennsylvania, the CDR program is administered through the state chapter of the AAP. We are fortunate to have excellent representation from pediatricians across the Commonwealth and to utilize the resources of AAP.

## **Technical Notes on the 2011 Annual Report**

1. In 2010, 1,462 total deaths were reviewed by local CDR teams. The years included in the complete review ranged from 2004 through the first half of 2010. This report presents and discusses only the 1325 deaths that occurred in years 2009 and 2010, which represent 91% of the total reviewed deaths. This new approach was taken in 2011 for two reasons: (1) the two most recent years were considered to be more representative of current mortality patterns than earlier years and thus more appropriate data from which to draw planning and programming conclusions; and (2) the creation of a defined time interval allows for easier comparison across time and across sources with past, current and future data. The 137 deaths that occurred in years 2004-2008, excluded from this report, may be viewed by year, age and manner in Appendix Table A.2.
2. In this report the principal racial categories presented are white and black. Because of their small numbers in the Pennsylvania population, as well as in the death review, Hispanics are included in the white and black racial categories according to the race reported on their death certificates rather than treated separately. For this reason, the term African-American is not used in the report. Instead, the term black is considered to be more inclusive.
3. Categories in tables are always mutually exclusive, except where noted.
4. Where possible, percentages are presented with the raw numbers. Percentages are not calculated when the base of the percent would be less than 20 cases.
5. Percentages are calculated to the first decimal in tables/figures and rounded in bullets.

**Cases Reviewed in 2010  
From Deaths Occurring in  
2009-2010  
by  
Pennsylvania CDR Local Teams**

## Cases Reviewed in 2010 by Manner of Death

Figure 1: Pennsylvania CDR Case Reviews for 2009-2010 (n=1325)

The child deaths contained in this report occurred during the period of 2009 through the first six months of 2010, with 70% occurring in 2009. The reviews were conducted by local CDR teams in 2010. A manner of death determination places each fatality into one of seven main categories: natural, accident, suicide, homicide, undetermined, pending and unknown. The breakdown of the 1,325 cases reviewed in 2010 is as follows: 798 natural deaths, 226 accidental deaths, 53 suicides, 184 homicides and 64 undetermined.

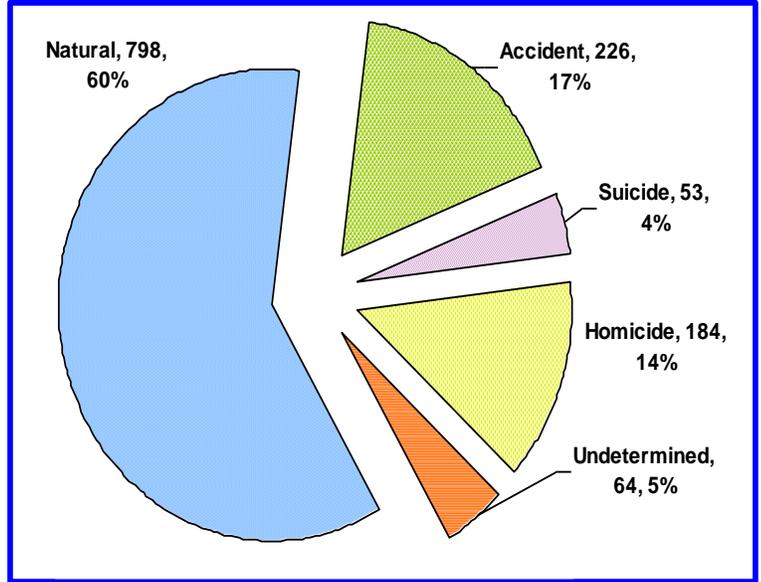


Table 1: Manner of Death by Age Group

Manner	Age Group							Total	% Manner
	<1	1 - 4	5 - 9	10 - 14	15 - 17	18 - 19	20 - 21		
Natural	587	44	37	38	27	26	39	798	60.2%
Accident	37	21	19	17	23	49	60	226	17.1%
Homicide	13	6	3	4	26	56	76	184	13.9%
Suicide	0	0	0	8	14	12	19	53	4.0%
Undetermined	52	4	1	0	3	1	3	64	4.8%
<b>Total</b>	<b>689</b>	<b>75</b>	<b>60</b>	<b>67</b>	<b>93</b>	<b>144</b>	<b>197</b>	<b>1325</b>	<b>100%</b>
<b>% Age Group</b>	<b>52.0%</b>	<b>5.7%</b>	<b>4.5%</b>	<b>5.1%</b>	<b>7.0%</b>	<b>10.9%</b>	<b>14.9%</b>	<b>100%</b>	

Note: In this and all subsequent tables, percents may not add to exactly 100% due to rounding

Of the 1,325 deaths reviewed, the three largest categories of manner of death in Pennsylvania child fatalities were natural, accident and homicide. Together, they accounted for 91% of the child fatalities reviewed, with natural deaths representing 60%, accidents 17%, and homicides 14%.

## Manner of Death: Natural

Table 2: Natural Deaths by Cause and Age Group

Cause	Age Group								Total	% Cause
	<1	1 - 4	5 - 9	10 -14	15 - 17	18 -19	20 - 21			
Asthma	0	0	2	0	4	1			7	0.9%
Cancer	2	7	10	10	12	5	9		55	6.9%
Cardiovascular	15	1	2	3	2	3	3		29	3.6%
Congenital Anomaly	84	3	5	4	2	2	1		101	12.7%
HIV/AIDS	0	0	0	0	0	1	2		3	0.4%
Influenza	1	1	1	0	1	0	0		4	0.5%
Low Birth Weight	2	0	0	0	0	0	0		2	0.3%
Neurological Seizure Disorder	1	1	1	2	1	2	3		11	1.4%
Pneumonia	8	1	4	1	0	2	6		22	2.8%
Prematurity	340	1	0	0	0	0	0		341	42.7%
SIDS	26	1	0	0	0	0	0		27	3.4%
Other Infection	9	4	1	3	0	1	1		19	2.4%
Other Perinatal Conditions	23	0	0	0	0	0	0		23	2.9%
Other Medical Conditions	74	24	10	15	5	9	14		151	18.9%
Undetermined/Unknown Medical Cause	2	0	1	0	0	0	0		3	0.4%
<b>Total</b>	<b>587</b>	<b>44</b>	<b>37</b>	<b>38</b>	<b>27</b>	<b>26</b>	<b>39</b>		<b>798</b>	<b>100%</b>
<b>% Age Group</b>	<b>73.6%</b>	<b>5.5%</b>	<b>4.6%</b>	<b>4.8%</b>	<b>3.4%</b>	<b>3.3%</b>	<b>4.9%</b>		<b>100%</b>	

### Key Findings:

- Natural deaths were the manner of death for 798 of the 1,325 deaths, representing 60% of the total child death cases.
- The most vulnerable group appears to be in the <1 age group which accounts for 74% (587) of all natural deaths.
- 79% (631) of all natural deaths were children less than 5 years of age
- 43% (341) of the natural deaths were due to prematurity
- 13% (101) of the natural deaths were due to congenital anomaly
- 3% (27) of the natural deaths were reported to be the result of Sudden Infant Death Syndrome (SIDS)

### Preventability:

Local CDR Teams determined that 6% (46) of the natural deaths were probably preventable.

### Prevention Strategies:

See “Manner of Death Natural for Children under 1 Year of Age” section of this report (page 41).

## Manner of Death: Accident

**Table 3: Accident Deaths by Cause and Age Group**

Cause	Age Group							Total	% Cause
	<1	1 - 4	5 - 9	10 - 14	15 - 17	18 - 19	20 - 21		
Motor Vehicle	4	10	9	9	15	36	38	121	53.5%
Fire, Burn or Electrocutation	0	3	5	4	0	0	0	12	5.3%
Drowning	0	5	2	2	3	5	0	17	7.5%
Asphyxia	29	0	0	2	1	0	1	33	14.6%
Weapon	0	1	2	0	1	0	0	4	1.8%
Fall or Crush	0	1	0	0	0	0	0	1	0.4%
Poisoning, Overdose or Acute Intoxication	0	1	1	0	3	8	19	32	14.2%
Other Injury Unknown	4	0	0	0	0	0	2	6	2.7%
<b>Total</b>	<b>37</b>	<b>21</b>	<b>19</b>	<b>17</b>	<b>23</b>	<b>49</b>	<b>60</b>	<b>226</b>	<b>100.0%</b>
<b>% Age Group</b>	<b>16.4%</b>	<b>9.3%</b>	<b>8.4%</b>	<b>7.5%</b>	<b>10.2%</b>	<b>21.7%</b>	<b>26.5%</b>	<b>100%</b>	

### Key Findings:

- Accident deaths were the cause of 226 child deaths, representing 17% of the total child deaths.
- Motor vehicle deaths were the most frequent cause (54%) of accident deaths.
- 88% (29) of the asphyxia deaths occurred in infants (< 1 year of age). Asphyxia deaths were reported as the cause for 78% (31) of accident deaths in infants.
- 32% (72) of all child accident deaths were in children 15-19 years of age. Another 27% (60) were in 20-21 year olds. Motor vehicle accidents were reported as the cause of death for 71% (51) of the accident deaths in children 15–19 years of age.
- 14% (32) of accident deaths were due to poisoning, drug overdose or acute intoxication. Among 18-21 year olds, poisoning, overdose or intoxication accounted for 25% of the accident deaths.
- For children 1–9 years of age, the most frequent causes of accident death were motor vehicle (48%), fire, burn or electrocution (20%), and drowning (18%).

### Preventability:

Local CDR Teams determined that 81% (183) of the accident deaths were probably preventable.

### Prevention Strategies:

See specific “Cause of Death” sections of this report.

## Manner of Death: Homicide

**Table 4: Homicide Deaths by Age Group and Cause**

Cause	Age Group							Total	% Cause
	<1	1 - 4	5 - 9	10 - 14	15 - 17	18 - 19	20 - 21		
Motor Vehicle	0	0	0	0	1	0	1	2	1.1%
Fire, Burn, or Electrocution	0	0	0	0	0	0	0	0	0.0%
Drowning	1	0	1	0	0	0	0	2	1.1%
Asphyxia	1	1	0	0	1	0	1	4	2.2%
Fall or Crush	0	0	0	1	0	0	0	1	0.5%
Weapon	3	2	2	3	24	56	74	164	89.1%
Poisoning, Overdose or Acute Intoxication	1	0	0	0	0	0	0	1	0.5%
Other/Unknown/Undetermined	7	3	0	0	0	0	0	10	5.4%
<b>Total</b>	<b>13</b>	<b>6</b>	<b>3</b>	<b>4</b>	<b>26</b>	<b>56</b>	<b>76</b>	<b>184</b>	<b>100%</b>
<b>% Age Group</b>	<b>7.1%</b>	<b>3.3%</b>	<b>1.6%</b>	<b>2.2%</b>	<b>14.1%</b>	<b>30.4%</b>	<b>41.3%</b>	<b>100%</b>	

### Key Findings:

- Primary cause of homicide deaths were weapons (89% or 164 cases).
- Almost half (45% or 82 cases) of homicide deaths occurred in 15–19 year olds.

### Preventability:

Local CDR Teams determined that 73% (135) homicide deaths were probably preventable.

### Prevention Strategies:

See “Weapon” section of this report.

## Manner of Death: Suicide

Table 5: Suicide Deaths by Cause and Age Group

Cause	Age Group					% Cause
	10 - 14	15 - 17	18 - 19	20 - 21	Total	
Motor Vehicle	0	1	0	1	2	3.8%
Drowning	0	1	0	0	1	1.9%
Asphyxia	8	5	9	10	32	60.4%
Weapon	0	6	3	7	16	30.2%
Poisoning, Overdose or Acute Intoxication	0	0	0	1	1	1.9%
Other	0	1	0	0	1	1.9%
<b>Total</b>	<b>8</b>	<b>14</b>	<b>12</b>	<b>19</b>	<b>53</b>	<b>100%</b>
<b>% Age Group</b>	<b>15.1%</b>	<b>26.4%</b>	<b>22.6%</b>	<b>35.8%</b>	<b>100%</b>	

Table 6: Educational Level and Working Status at Time of Death

Education Level Completed at Time of Death		
Grade	Cases	Percent
K - 8	8	15.1%
9 - 12	21	39.6%
Drop Out	2	3.8%
HS Grad	6	11.3%
College	5	9.4%
Not Reported	11	20.8%
<b>Total</b>	<b>53</b>	<b>100%</b>
Employment Status at Time of death		
Working	10	18.9%

Table 7: History of Issues in School at Time of Death

Issues in School Reported	Cases	Percent
Problems in School	13	24.5%
Problems Academic	3	5.7%
Truancy	6	11.3%
Suspension	5	9.4%
Behavioral	5	9.4%
Other School Issues	2	3.8%

Note: Issues are not mutually exclusive.

### Key Findings:

- Suicides were the cause of 53 child deaths, representing 4% of the total child deaths.
- Suicide most frequently occurred in the age group 20-21 years (36% or 19 cases).

- Asphyxia was the primary cause of suicide death (60% or 32 cases), followed by suicide using weapons at 30% (16).
- 40% (21) of those who completed suicide had an educational level at time of death of grade 9-12; 15% (8) had a level of 8<sup>th</sup> grade or under; 11% (6) were high school graduates; and 9% (5) had a college level of education. The 19% (10) that reported working may have been attending school while working.
- 25% (13) of the suicides reported the child had problems in school. 11% (6) reported truancy, 6% (3) reported academic problems, 9% (5) reported school suspension, and 9% (5) reported behavioral problems.
- 51% (27) reported the child had received prior mental health services, 32% (17) were receiving mental health services at the time of death; 28% (15) reported the child was on medication for mental illness. (Data not shown.)
- 19% (10) were known to have had a history of drug abuse. (Data not shown.)

**Table 8: Suicide Deaths by Circumstances Reported for 34 cases**

Circumstances	Cases	Percent
Child left note	9	26.5%
Child talked about suicide	13	38.2%
Prior suicide threats were made	10	29.4%
Prior attempts were made	12	35.3%
Suicide was completely unexpected	10	29.4%
Child had a history of running away	4	11.8%
<b>Recent History or Personal Crisis</b>		
Breakup with boyfriend/girlfriend	2	5.9%
Family discord	9	26.5%
Had argument with parents or caregiver	2	5.9%
Had history of self mutilation	6	17.6%
The data in this chart reports on 34 of 53 cases reviewed.		

**Note: Categories are not mutually exclusive.**

### Key Findings:

- Teams reported that 64% (34) of suicide deaths had some type of factor that contributed or caused these suicides; 55% (29) reported the factor as a direct cause. (Data not shown.)
- 6% (2) reported a recent breakup with a boyfriend/girlfriend and 27% (9) reported family discord.

### Preventability:

Local CDR teams determined that 57% (30) of the suicide deaths were probably preventable.

## Prevention Strategies:

### AAP Task Force on Mental Health:

- The 2010 AAP Task Force on Mental Health recommends screening children for possible mental health issues at every doctor visit and developing a network of mental health professionals in the community to whom they can send patients if they suspect a child needs further evaluation ( Foy, 2010).
- Improve access to mental health resources in schools.
- Parents, teachers, peers and healthcare workers should be made aware of the warning signs:
  - Observable signs of serious depression
  - Increased alcohol and/or other drug use
  - Recent impulsiveness and taking unnecessary risks
  - Threatening suicide or expressing strong wish to die
  - Making a plan (e.g., giving away prized possessions, purchasing firearm or obtaining other means of killing oneself)
  - Unexpected rage or anger

See reference page.

- Promote the utilization of the national **Suicide Prevention Resource Center**, which provides resources for communities, including:
  - Prevention Support
  - Customized Information
  - Suicide Prevention Toolkit for primary care providers
  - Online Library for prevention plans, interventions, funding, grant writing, etc.

See reference page.

- Continue implementation efforts to meet the goals of the Pennsylvania Youth Suicide Prevention Five-Year Action Plan August 2007-July 2012:
  - Promote awareness that youth suicide is a public health problem that is preventable.
  - Develop broad-based support for youth suicide prevention.
  - Develop and implement strategies to reduce the stigma associated with being a youth consumer of mental health, substance abuse and suicide prevention services.
  - Identify, develop and implement youth suicide prevention programs.
  - Promote efforts to reduce access to lethal means and methods of self-harm.
  - Implement training for recognition of at-risk behavior and delivery of effective treatment.
  - Develop and promote effective clinical and professional practices.
  - Improve access to and community linkages with mental health and substance abuse services.
  - Improve reporting and portrayals of suicidal behavior, mental illness and substance abuse in the entertainment and news media.
  - Promote and support research on youth suicide and youth suicide prevention.
  - Improve and expand surveillance systems.

See reference page.

## Manner of Death: Undetermined

Manner of death refers to how the person died and includes consideration of intention, circumstances or action that led to the cause of death. Cause of death is focused on why the death occurred, that is, the actual mechanism that produced the death. Therefore, a review that has a manner of death as “Undetermined” or “Unknown” does not mean that the cause of death is not known. The cause may be medically clear, but the manner may not be able to be determined. Conversely, there can be a known manner of death, but an unknown or undetermined cause.

**Table 9: External/Medical/Undetermined Cause by Manner**

Manner	External Cause	Medical Cause	Undetermined Cause	Total	% Manner
Natural	0	798	0	798	60.2%
Accident	225	0	1	226	17.1%
Suicide	53	0	0	53	4.0%
Homicide	180	3	1	184	13.9%
Undetermined	11	7	46	64	4.8%
<b>Total</b>	<b>469</b>	<b>808</b>	<b>48</b>	<b>1325</b>	<b>100%</b>
<b>% Cause</b>	<b>35.4%</b>	<b>61.0%</b>	<b>3.6%</b>	<b>100%</b>	

**Table 10: External/Medical/Undetermined Cause by Age Group**

Cause	Age Group							Total	%Manner
	<1	1 - 4	5 - 9	10 - 14	15 - 17	18-19	20-21		
External Cause	3	1	1	0	3	1	2	11	17.2%
Medical Cause	6	1	0	0	0	0	0	7	10.9%
Undetermined Cause	43	2	0	0	0	0	1	46	71.9%
<b>Total</b>	<b>52</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>64</b>	<b>100%</b>
<b>% Age Group</b>	<b>81.3%</b>	<b>6.3%</b>	<b>1.6%</b>	<b>0.0%</b>	<b>4.7%</b>	<b>1.6%</b>	<b>4.7%</b>	<b>100%</b>	

### Key Findings:

- 5% (64) of all deaths had an undetermined manner of death. 46 of these cases also had an undetermined cause, and 18 had a known cause.
- Most of the deaths with undetermined manner, 81% (52), were infants (< 1 year of age).
- Based on CDR team analysis of infants with manner recorded as Undetermined, 5% (3) were reported to have a medical cause of death “like” SIDS or Sudden Unexpected Infant Death (SUID). (Data not shown.)

### Preventability:

Local CDR Teams determined 56% (36) of the deaths that report an undetermined manner were probably preventable.

**Prevention Strategies:**

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

## Preventability

When a local team performs a review, one of the goals is to determine if the death was preventable. The CDR manual that the teams follow states the following, “A child’s death is preventable if the community or an individual could reasonably have done something that would have changed the circumstances that led to the death.” There is inherent subjectivity in this process, and different teams might view a death as preventable or not based on the circumstances and resources available in their own community. However, it is clear from the below numbers that there were many deaths that occurred that might have been prevented. The goal of Child Death Review is to go through the multi-disciplinary team process of reviewing what events led to a death and use that information to inform education and policy decisions that will prevent future injury or death. The emphasis at the local team level is on the review process and what can be done in the future to improve data quality increase agency collaboration and to reduce child deaths in their communities.

**Table 11: Preventability by Manner of Death**

Manner	Could the death have been prevented?			Total	% Probably Preventable
	Probably No	Probably Yes	Could Not Determine		
Natural	519	46	233	798	6.0%
Accident	16	183	27	226	81.0%
Homicide	17	135	32	184	73.4%
Suicide	9	30	14	53	56.6%
Undetermined	1	36	27	64	56.3%
<b>Total</b>	<b>562</b>	<b>430</b>	<b>333</b>	<b>1325</b>	<b>32.5%</b>
<b>% Preventability</b>	<b>42.4%</b>	<b>32.5%</b>	<b>25.1%</b>	<b>100%</b>	

**Table 12: Preventability by Age Group**

Age Group	Could the death have been prevented?			Total	% Probably Preventable
	Probably No	Probably Yes	Could Not Determine		
< 1 Year	380	96	213	689	13.9%
1 - 4	25	29	21	75	38.7%
5 - 9	31	20	9	60	33.3%
10 - 14	27	29	11	67	43.3%
15 - 17	27	51	15	93	54.8%
18 - 19	30	93	21	144	64.6%
20 - 21	42	112	43	197	56.9%
<b>Total</b>	<b>562</b>	<b>430</b>	<b>333</b>	<b>1325</b>	
<b>% Preventability</b>	<b>42.4%</b>	<b>32.5%</b>	<b>25.1%</b>	<b>100.0%</b>	

### Key Findings:

- Of the 1,325 deaths, 430 deaths (33%) were determined by local teams to be probably preventable.
- Accidents had the highest percentage of probably preventable deaths at 81% (183).
- 39% (78) of deaths of children 1-14 years of age were considered to be probably preventable.

# Race/Ethnicity

Figure 2: Deaths by Race/Ethnicity

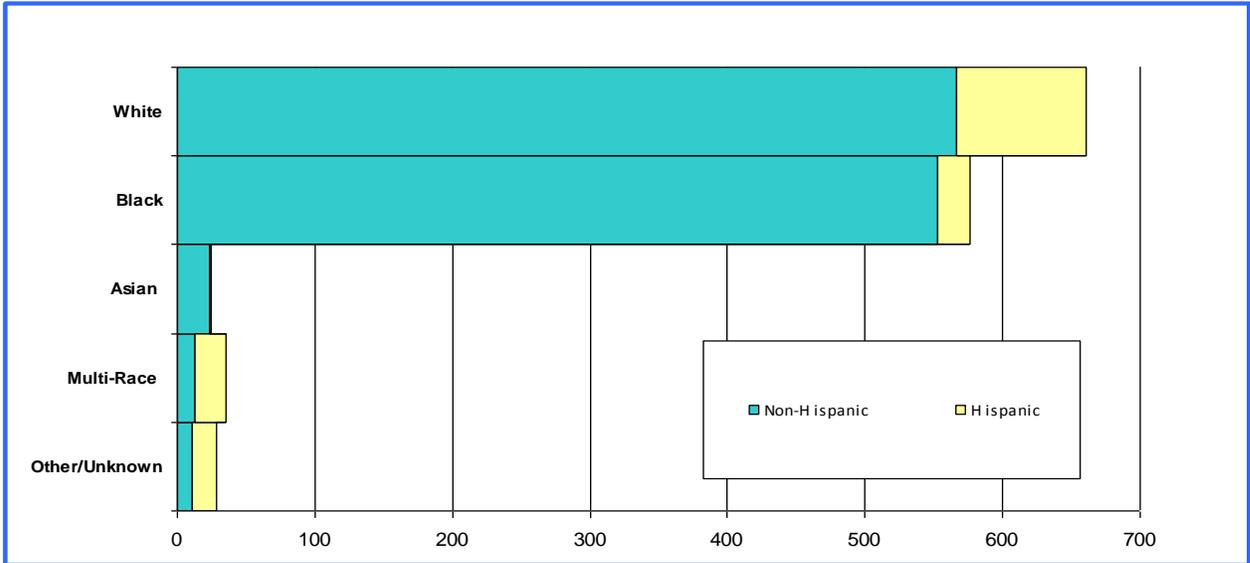


Table 13: Deaths by Race/Ethnicity and Age Group

Race/Ethnicity	Age Group							Total	% Race/Ethnicity
	< 1	1 - 4	5 - 9	10-14	15-17	18-19	20-21		
White Non-hispanic	267	44	29	35	42	62	87	566	42.7%
White Hispanic	55	1	5	8	7	8	11	95	7.2%
Black Non-hispanic	295	22	21	20	37	67	91	553	41.7%
Black Hispanic	13	2	3	1	0	2	2	23	1.7%
Asian Non-hispanic	16	0	1	0	3	2	2	24	1.8%
Asian Hispanic	1	0	0	0	0	0	0	1	0.1%
Multiracial Non-hispanic	9	1	0	0	1	2	0	13	1.0%
Multiracial Hispanic	10	4	0	2	2	1	3	22	1.7%
Other/Unknown Non-hispanic	10	0	0	0	1	0	0	11	0.8%
Other/Unknown Hispanic	13	1	1	1	0	0	1	17	1.3%
<b>Total</b>	<b>689</b>	<b>75</b>	<b>60</b>	<b>67</b>	<b>93</b>	<b>144</b>	<b>197</b>	<b>1325</b>	<b>100%</b>
<b>% Age Group</b>	<b>52.0%</b>	<b>5.7%</b>	<b>4.5%</b>	<b>5.1%</b>	<b>7.0%</b>	<b>10.9%</b>	<b>14.9%</b>		

Table 14: Gender by Race/Ethnicity

Gender	Race/Ethnicity					Total	% Gender
	White	Black	Asian	Unknown/Other	Multi-racial		
Male	408	377	14	15	21	835	63.0%
Female	253	199	11	13	14	490	37.0%
<b>Total</b>	<b>661</b>	<b>576</b>	<b>25</b>	<b>28</b>	<b>35</b>	<b>1325</b>	<b>100%</b>
<b>% by Race</b>	<b>49.9%</b>	<b>43.5%</b>	<b>1.9%</b>	<b>2.1%</b>	<b>2.6%</b>	<b>100%</b>	

## Key Findings:

### Hispanic/Latino:

- Of deaths presented in this report, 12% (158) were reported as Hispanic/Latino ethnicity.
- Of the Hispanic/Latino deaths reported, 58% (92) were under 1 year of age.
- 58% (92) of Hispanic/Latino child deaths were male. (data not shown)

### White:

- 50% (661) of all deaths reported race as white.
- 49% (322) of deaths that reported race as white were under 1 year of age.
- 62% (408) of deaths that reported race as white were male.

### Black:

- 43% (576) of all deaths reported race as black.
- 53% (308) of deaths reported as race black were under 1 year of age.
- 65% (377) of deaths reported as race black were male.

### Asian:

- 2% (25) of all deaths reported race as Asian.
- 68% (17) of deaths reported as race Asian were under 1 year of age.
- 56% (14) of deaths reported as race Asian were male.

### Other/Unknown/Multi-Race:

- 5% (63) of all deaths reported race as other, unknown, or multiple races.
- 67% (42) of deaths in this category were under 1 year of age.
- 57% (36) in this category were male.

### Distribution of deaths by race compared to distribution of population by race:

- 50% of all deaths to children ages 0-21 reviewed in 2010 for the years 2009-2010 were white.
- Whites comprise 75% of the Pennsylvania population 0-21 years of age in the 2010 U.S. Census. (See Appendix Table A.3.)
- 43% of all deaths to children ages 0-21 reviewed in 2010 for the years 2009-2010 were black.
- Blacks comprise 14% of the Pennsylvania population 0-21 years of age in the 2010 U.S. Census. (See Appendix Table A.3.)
- 7% of all deaths to children ages 0-21 reviewed in 2010 for the years 2009-2010 were in other racial categories.
- Other racial categories comprise 11% of the Pennsylvania population 0-21 years of age in the 2010 U.S. Census. (See Appendix Table A.3.)

# Gender

Figure 3: Deaths by Gender

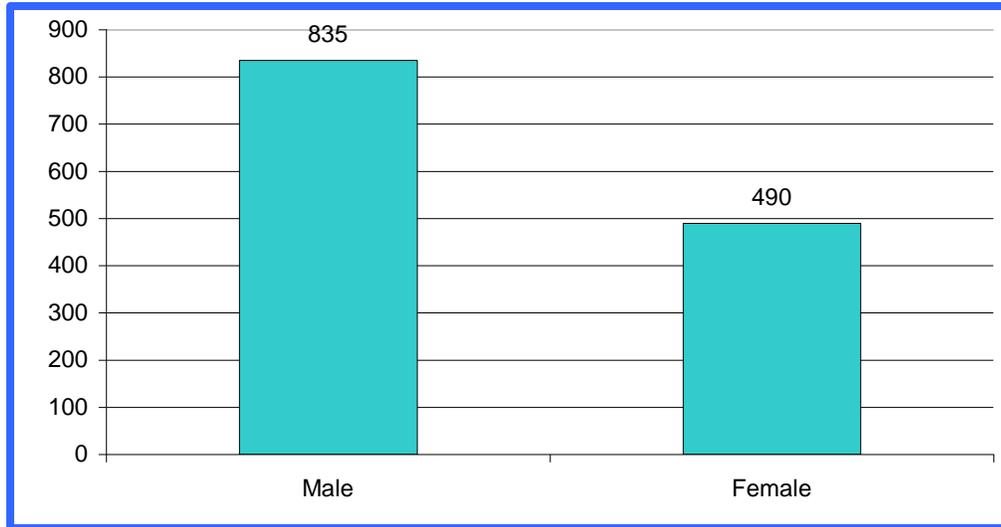


Table 15: Gender by Cause Group

Gender	External Injury	Medical Conditions	Undetermined	Total	% Gender
Male	361	444	30	835	63.0%
Female	108	364	18	490	37.0%
Total	469	808	48	1325	100%
% Cause	35.4%	61.0%	3.6%	100%	

## Key Findings:

- For all child deaths, 63% (835) were males and 37% (490) were females. The proportion male in the Pennsylvania population 0-21 years of age is 51% and the proportion female is 49%, according to the 2010 U.S. Census. (See Appendix Table A.3.)
- 43% (361) of male child deaths were determined to be the result of an external cause, while only 22% (108) of the female child deaths were determined to be from an external cause.
- 53% (444) of male child deaths were determined to be the result of medical conditions, while 74% (364) of the female child deaths were determined to be from a medical condition.
- Local CDR teams were not able to determine either external or medical cause for 3.6% (48) of the 1,325 total cases.

## Cause of Death: Motor Vehicle and Other Transport

One hundred, twenty-six reviews were completed for external cause: “Motor Vehicle and Other Transport Deaths.” This category includes events involving motor and non-motor vehicles, including public or private transport; farm equipment; recreational vehicles; bicycles; scooters; skateboards; and pedestrian; and can occur on public or private property.

**Table 16: Motor Vehicle and Other Transport Deaths by Position and Demographics**

Position of Child						
Age Group	Driver	Passenger	Bicycle	Pedestrian	Total	% Age Group
<1	0	2	0	2	4	3.2%
1 - 4	0	6	0	4	10	7.9%
5 - 9	0	3	1	5	9	7.1%
10 - 14	0	3	2	4	9	7.1%
15 -17	11	4	0	3	18	14.3%
18-19	18	13	1	4	36	28.6%
20 - 21	28	11	0	1	40	31.7%
<b>Total</b>	<b>57</b>	<b>42</b>	<b>4</b>	<b>23</b>	<b>126</b>	<b>100%</b>
<b>% Position</b>	<b>45.2%</b>	<b>33.3%</b>	<b>3.2%</b>	<b>18.3%</b>	<b>100%</b>	
Gender						
Gender	Driver	Passenger	Bicycle	Pedestrian	Total	% Age Group
<b>Male</b>	46	25	3	12	86	68.3%
<b>Female</b>	11	17	1	11	40	31.7%
<b>Total</b>	<b>57</b>	<b>42</b>	<b>4</b>	<b>23</b>	<b>126</b>	<b>100%</b>
<b>%Position</b>	<b>45.2%</b>	<b>33.3%</b>	<b>3.2%</b>	<b>18.3%</b>	<b>100%</b>	
Race/Ethnicity						
Race	Driver	Passenger	Bicycle	Pedestrian	Total	% Age Group
<b>White</b>	48	32	4	11	95	75.4%
<b>Black</b>	9	5	0	10	24	19.0%
<b>Other/Unknown</b>	0	5	0	2	7	5.6%
<b>Total</b>	<b>57</b>	<b>42</b>	<b>4</b>	<b>23</b>	<b>126</b>	<b>100%</b>
<b>% Position</b>	<b>45.2%</b>	<b>33.3%</b>	<b>3.2%</b>	<b>18.3%</b>	<b>100%</b>	

### Key Findings:

- Of the 126 Motor Vehicle and Other Transport deaths, 96% (121) had a manner of death as accident, two were determined to be homicides, and two were determined to be suicides (Tables 3, 4, and 5, respectively).
- Motor Vehicle and Other Transport deaths were 10% of total child deaths (126 of 1325).
- In 45% of Motor Vehicle and Other Transport deaths the child was the driver; in 33% the child was a passenger; and in 18% the child was a pedestrian.
- 75% (94) of Motor Vehicle and Other Transport deaths were in the age range 15–21 years.
- 68% (86) of all Motor Vehicle and Other Transport deaths were males and 32% (40) were females.
- 33% (14) of child passenger deaths reported driver to be 15-21 years of age. (Data not shown.)
- 33% (14) of passenger deaths were children 14 years of age or younger.
- 65% (15) of pedestrian deaths were children 14 years of age or younger.

- 84% (48) child driver deaths were white individuals and 76% (32) child passenger deaths were white individuals. Forty-three percent (10) child pedestrian deaths were black individuals.

**Table 17: Motor Vehicle and Other Transport Deaths by Area of Incident**

Area:	Transportation Type					Total	%Area
	Motor Vehicle	Motorcycle	Recreational Other	Bicycle	Pedestrian		
Urban	15	3	2	1	13	34	27.0%
Suburban	18	2	0	1	6	27	21.4%
Rural	32	8	6	2	2	50	40.0%
Unknown/Other	11	0	2	0	2	15	12.0%
<b>Total</b>	<b>76</b>	<b>13</b>	<b>10</b>	<b>4</b>	<b>23</b>	<b>126</b>	<b>100%</b>
<b>%Type</b>	<b>60.0%</b>	<b>10.3%</b>	<b>8.0%</b>	<b>3.0%</b>	<b>18.0%</b>	<b>100%</b>	

**Key Findings:**

- 40% (50) of all transport deaths occurred in rural areas.
- 42% (32) of motor vehicle deaths occurred in rural areas.
- Pedestrian deaths were more frequent in urban areas (13 of 23).

**Table 18: Motor Vehicle Deaths by Driver, Passenger and Risk Factors from Vehicle Incident Information**

Deaths driver/passenger category	Child Driver	%Risk Factors	Child Passenger	%Risk Factors
Total =99	57	58%	42	42%
<b>Risk Factor</b>	<b>% based on Driver Category Totals</b>			
Responsible for causing incident	40	70%	1	2%
Alcohol/Drug Impaired	8	14%	1	2%
Vehicles that had One Passenger	31	54%	0	0%
Vehicle had that Two or More Passengers	19	33%	35	83%
Vehicle had Teen Passenger (14-21)	39	68%	27	64%
<b>Note: 27 pedestrian or bicycle deaths are not included in table. Risk factors not mutually exclusive.</b>				

**Key Findings:**

- 58% (57) were drivers; 42% (42) were passengers.
- 70% (40) of all drivers were responsible for causing the incident.
- 14% (8) of all drivers were alcohol or drug impaired.
- 88% (50) of child driver deaths occurred in a vehicle with at least one passenger. Only 12% (7) child driver deaths had no passenger in vehicle.
- 83% (35) of child passenger deaths occurred in a vehicle with two or more passengers.

**Table 19: Motor Vehicle and Other Transport by Driving Conditions and by Risk Factors**

Driving Conditions		% Conditions	
<b>Deaths Reviewed</b>	126		
<b>Wet/Ice/Snow</b>	11		9%
<b>Visability</b>	8		6%
Risk Factors		% Risk Factors	
<b>Speeding</b>	51		40%
<b>Recklessness</b>	37		29%
<b>Drug/Alcohol</b>	27		21%
<b>Inexperience</b>	10		8%
<b>Distraction</b>	18		14%

Note: percents based on 126 Motor Vehicle and Other Transport Deaths. Conditions and risk factors are not mutually exclusive.

**Key Findings:**

- 40% (51) of transport deaths involved speeding; 70% involved speeding and/or reckless driving.
- 21% (27) of transport deaths involved drugs or alcohol.

**Preventability:**

Local CDR teams determined 77% (97) of motor vehicle and other transport deaths to be probably preventable.

**Prevention Strategies:**

- Change Pennsylvania’s child booster and seatbelt laws for all ages from secondary to primary offenses. (Currently primary offense from birth to 4 years only.)

See reference page.

- **PA AAP recommends that:**

- Parents keep their toddlers in rear-facing car seats until age 2, or until they reach the maximum height and weight for their seat. It also advises that most children will need to ride in a belt-positioning booster seat until they have reached 4 feet 9 inches tall and are between 8 and 12 years of age. See reference page.
- When babies move into front-facing car seats, they should remain in these seats until they are at least 4 years old or weigh 40 pounds.
- Children should be seated in booster seats from about age 4 - 8, or until they reach 4'9" tall.
- All children ages 12 and under should be seated in the back seat of vehicles.
- Parents of teens learning to drive should consider signing an agreement with their teens to limit risky driving situations, such as having multiple teen passengers and driving at night.

- Children should wear motorcycle or bike helmets any time they are on a motorcycle or bicycle.

See reference page.

- Incorporate the “Essential Features that Should be Mandated in Graduated Driver(s) License (GDL) Systems,” according to the American Academy of Pediatrics’ Policy Statement on Teen Driving 2006:  
See reference page.
- Target underage drinking in accordance with the 2007 Surgeon General’s Call to Action and as per the revised AAP Policy Statement on Alcohol Use by Youth and Adolescents 2010.  
See reference page.

Develop strategies to:

- raise public awareness about child pedestrian safety;
  - change attitudes and behaviors of both pedestrians and drivers;
  - create safer environments for walking;
  - develop and conduct safe-walking programs;
  - address gaps in current knowledge about pedestrian safety; and
  - collect data to measure how much children walk and identify factors put them at risk for injury while walking. See reference page.
- Promote education of safe recreational vehicle use in rural areas.  
See reference page.

## Cause of Death: Fire

**Table 20: Fire Deaths by Circumstances and Age Group**

Age Group	Smoke Detector Present and Working	Delayed Fire Department Arrival	Building or Rental Code Violated	Barriers Prevented Safe Exit	Child Receiving Special Need Services	Child Needed Supervision but No Supervision	Total Deaths Reviewed
<1	0	0	0	0	0	0	0
1 - 4	3	1	0	0	0	0	4
5 - 9	3	0	0	1	1	1	5
10 -14	4	0	1	0	1	0	4
15 - 17	0	0	0	0	0	0	0
18 - 19	0	0	0	0	0	0	0
20 - 21	0	0	0	0	0	0	0
<b>Total</b>	10	1	1	1	2	1	13

Note: Percents are not calculated when base is less than 20 cases

### Key Findings:

- All of the 13 child deaths caused by fire occurred to children 1-14 years of age.
- In 10 of the deaths a smoke detector was present and working.
- In one death there were factors that delayed fire department arrival.
- In one death barriers prevented a safe exit.
- In one death building or rental codes were violated.
- In three deaths children were impaired or needed supervision, but were not supervised.

### Prevention:

Local CDR teams determined 12 of 13 fire deaths to be probably preventable.

### Prevention Strategies:

#### From CDC's Fire Prevention Tips:

- Test smoke alarms once a month to make sure they are working properly. Additionally, the CDC recommends that families create and practice a family fire escape plan and involve kids in the planning. Make sure everyone knows at least two ways out of every room and identify a central meeting place outside.

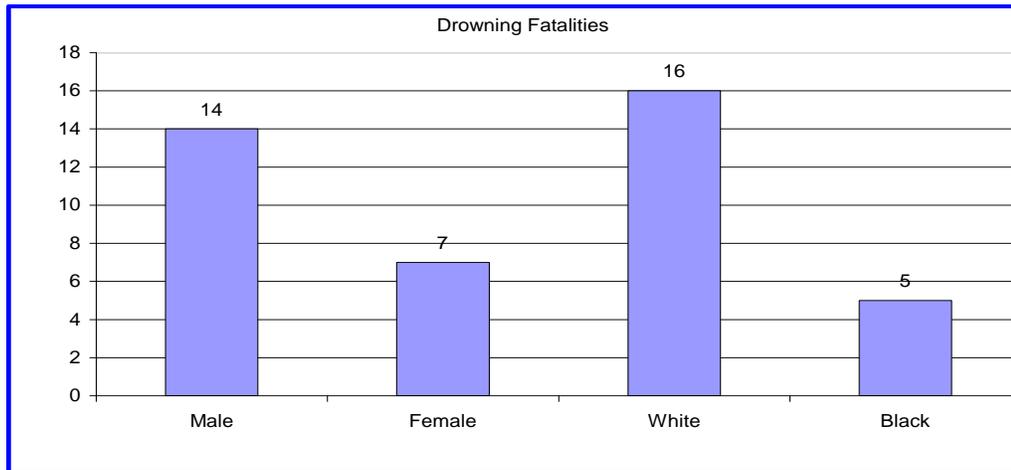
See reference page.

## Cause of Death: Drowning

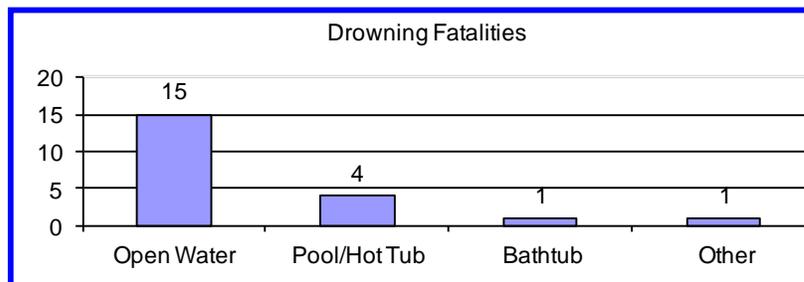
**Table 21: Drowning Deaths by Age Group**

Age Group	Deaths	% Age Group
< 1	1	4.8%
1 - 4	5	23.8%
5 - 9	3	14.3%
10 - 14	2	9.5%
15 - 17	4	19.0%
18-19	5	23.8%
20 -21	1	4.8%
<b>Total</b>	<b>21</b>	<b>100.0%</b>

**Figure 4: Drowning Deaths by Sex and by Race**



**Figure 5: Drowning Deaths by Location**



**Key Findings:**

- 76% (16) of drowning deaths had a race of white compared to 24% (5) black.

- 67% (14) were male compared to 33% (7) female.
- In 33% (7) child(ren) was(were) not supervised, but needed supervision. (Data not shown.)
- 71% (15) involved open water.
- 43% (9) were 15–19 years of age.

### **Preventability:**

Local CDR Teams determined 86% (18) of drowning deaths to be probably preventable.

### **Prevention Strategies:**

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

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

- **Community interventions suggested by the American Academy of Pediatrics to Prevent drowning include:**

- Pediatricians should support efforts to ensure that community pools and other pools accessible to the public (such as pools at apartments, hotels, and motels) have certified lifeguards with current CPR certification. (Currently, most states do not require hotel pools to have lifeguards.)
- Pediatricians are encouraged to support efforts in their states and communities to pass legislation and adopt regulations to establish basic safety requirements for natural swimming areas and public and private recreational facilities (e.g., mandating the presence of certified lifeguards in designated swimming areas).
- Pediatricians should work in their communities to ensure adequate emergency medical services for childhood drowning victims. The Emergency Medical Services for Children (EMSC) program should be reauthorized and funded at levels recommended by the Institutes of Medicine.

See reference page.

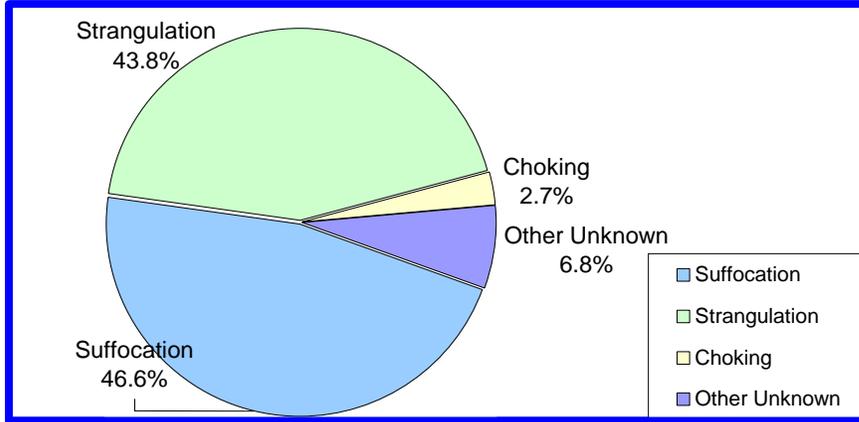
- **Raise awareness among children and adolescents for safe open-water recreation. Consider development of a program focusing on teens and open water, such as the one currently implemented by the state of Washington, (Drowning Prevention Network), which includes:**

- Know the water.
- Know your personal limits.
- Wear a life jacket.

See reference page.

## Cause of Death: Asphyxia

**Figure 6: Asphyxia Deaths by Action**



**Table 22: Asphyxia Deaths by Age Group and Action**

Age Group	Action				Total	% Age Group
	Suffocation	Strangulation	Choking	Other Unknown		
< 1	31	0	0	1	32	43.8%
1-4	0	0	0	1	1	1.4%
5-9	0	1	0	0	1	1.4%
10 -14	1	8	1	0	10	13.7%
15 - 17	0	5	1	2	8	11.0%
18-19	1	8	0	0	9	12.3%
20-21	1	10	0	1	12	16.4%
<b>Total</b>	<b>34</b>	<b>32</b>	<b>2</b>	<b>5</b>	<b>73</b>	<b>100%</b>
<b>% Action</b>	<b>46.6%</b>	<b>43.8%</b>	<b>2.7%</b>	<b>6.8%</b>	<b>100%</b>	

**Table 23: Asphyxia Death by Manner and Age Group**

Age Group	Manner				Total	% Age Group
	Accidental	Homicide	Suicide	Undetermined		
<1	29	1	0	2	32	43.8%
1 - 4	0	1	0	0	1	1.4%
5 - 9	0	0	0	1	1	1.4%
10 - 14	2	0	8	0	10	13.7%
15 - 17	1	1	5	1	8	11.0%
18 - 19	0	0	9	0	9	12.3%
20 - 21	1	1	10	0	12	16.4%
<b>Total</b>	<b>33</b>	<b>4</b>	<b>32</b>	<b>4</b>	<b>73</b>	<b>100%</b>
<b>% Manner</b>	<b>45.2%</b>	<b>5.5%</b>	<b>43.8%</b>	<b>5.5%</b>	<b>100%</b>	

## **Key Findings:**

- 47% of suffocation/asphyxia deaths were due to the action of suffocation, and 44% due to the action of strangulation.
- Almost all deaths due to suffocation action occurred at less than 1 year of age, while all but one death due to strangulation action occurred at ages 10-21 years.
- Suffocation or asphyxia deaths were determined to be from the following manners of death:
  - 45% (33) were accidental, 88% (29) of these were in the age range of <1 year.
  - 44% (32) were suicide, with 41% (13) in the age range 10–17 years and 28% (9) in ages 18-19.
- Of the 32 infant suffocation/asphyxia deaths, 91% (29) had an accidental manner of death.

## **Preventability**

Local CDR teams determined 75% (55) of suffocation/asphyxia deaths to be probably preventable.

## **Prevention Strategies**

See “Suicide” and “Sleep-Related” sections of this report.

## Cause of Death: Weapon

**Table 24: Weapon Deaths by Age Group**

Age Group	Deaths	% Age Group
< 1	3	1.6%
1 - 4	3	1.6%
5 - 9	4	2.2%
10 - 14	3	1.6%
15 - 17	31	16.8%
18 - 19	58	31.5%
20 -21	82	44.6%
<b>Total</b>	<b>184</b>	<b>100%</b>

**Table 25: Weapon Deaths by Gender, Manner and Type of Weapon**

Gender	Firearm	Sharp	Blunt	Person's Body Part	Unknown	Total	% Gender
Male	149	10	2	4	1	166	90.2%
Female	12	2	1	1	2	18	9.8%
<b>Total</b>	<b>161</b>	<b>12</b>	<b>3</b>	<b>5</b>	<b>3</b>	<b>184</b>	<b>100%</b>
<b>% by Weapon</b>	<b>87.5%</b>	<b>6.5%</b>	<b>1.6%</b>	<b>2.7%</b>	<b>1.6%</b>	<b>100%</b>	
Manner of Death	Firearm	Sharp	Blunt	Person's Body Part	Unknown	Total	% Manner
Accident	3	0	0	0	1	4	2.2%
Homicide	143	11	3	5	2	164	89.1%
Suicide	15	1	0	0	0	16	8.7%
<b>Total</b>	<b>161</b>	<b>12</b>	<b>3</b>	<b>5</b>	<b>3</b>	<b>184</b>	<b>100%</b>

**Table 26: Weapons-related Deaths by Factors Associated with Weapon Use and Type of Weapon**

Associated Factors	Type of Weapon				Total	% Factor
	Firearm	Sharp	Blunt	Person's Body Part		
Argument	37	6	0	0	43	23.4%
Gang Related	10	1	0	0	11	6.0%
Commission of Crime	28	3	0	1	32	17.4%
Self Injury	16	1	0	0	17	9.2%
Self Defense	4	0	0	0	4	2.2%
Random Violence	26	2	0	1	29	15.8%
Playing with Weapon	2	0	0	0	2	1.1%
Drive By	8	0	0	0	8	4.3%
Intimate Partner Violence	2	0	0	0	2	1.1%
Bystander	1	0	0	0	1	0.5%
Showing Gun to Others	2	0	0	0	2	1.1%
Jealousy	3	2	0	0	5	2.7%
Other Use	3	0	1	1	5	2.7%
Unknown	40	0	2	0	42	22.8%

**Note: Factors are not mutually exclusive.**

## Key Findings:

- 90% (166) of the weapons-related deaths were male, and 90% (149) of the male deaths involved firearms.
- Weapons-related deaths accounted for 20% of all male child deaths (166 of 835).
- 88% (161) of all weapons-related deaths involved firearms.
- 93% (171) of weapons-related deaths fell in the age range of 15–21 years old, with 48% (89) in the age range of 15–19 years.
- Argument was the most frequently reported associated factor. Twenty-four percent (43) of the weapon deaths cited argument as a factor.

## Preventability

Local CDR teams determined 72% (133) of weapons-related deaths to be probably preventable.

## Prevention Strategies:

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

See reference page.

- Support and promote participation in community organizations that focus on violence prevention.
- Develop stronger links with the Firearm and Injury Center at Penn (FICAP) in order to benefit from its data and research on interventions using partnerships between university researchers and community-based professionals. See reference page.
- Pennsylvania should consider joining the CDC's National Violent Death Reporting System (NVDRS), since the data already being collected through the PA CDR is similar to that required by the NVDRS. See reference page.

# Cause of Death: Poisoning, Overdose or Acute Intoxication

Figure 7: Poisoning, Overdose or Acute Intoxication Deaths by Gender and Race

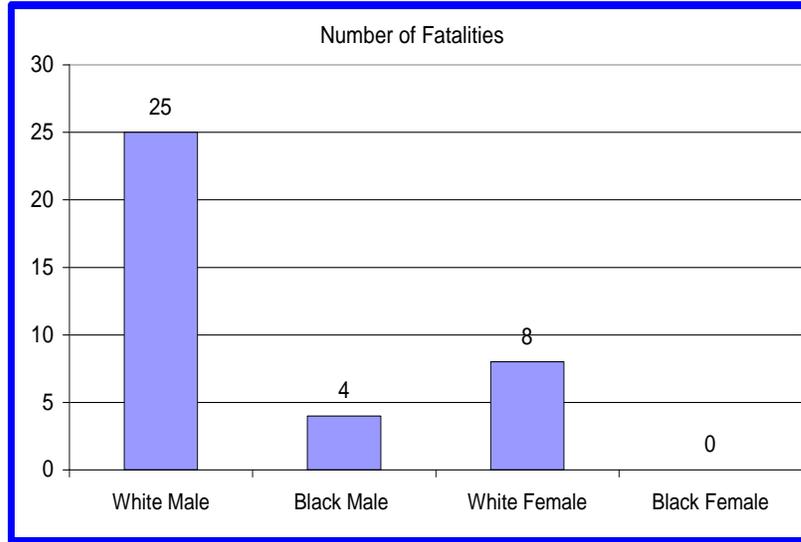


Figure 8: Poisoning, Overdose or Acute Intoxication by Manner of Death

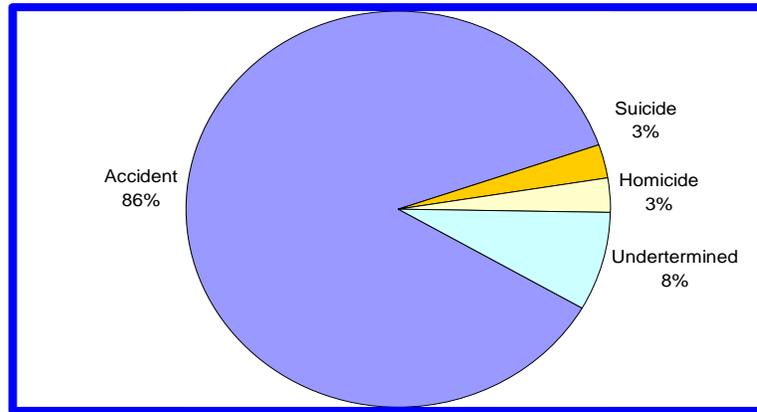


Table 27: Poisoning, Overdose or Acute Intoxication Deaths by Age Group and Manner

Age Group	Accidental	Homicide	Suicide	Undetermined	Total	% Age Group
<1	0	1	0	0	1	2.7%
1 - 4	1	0	0	0	1	2.7%
5 - 9	1	0	0	0	1	2.7%
10 - 14	0	0	0	0	0	0.0%
15 - 17	3	0	0	1	4	10.8%
18 - 19	8	0	1	1	10	27.0%
20 - 21	19	0	0	1	20	54.1%
<b>Total</b>	<b>32</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>37</b>	<b>100%</b>
<b>% by Manner</b>	<b>86.5%</b>	<b>2.7%</b>	<b>2.7%</b>	<b>8.1%</b>	<b>100%</b>	

**Table 28: Poisoning, Overdose or Acute Intoxication Deaths by Age Group and Type of Substance Involved**

Age Group	Prescription Drugs Opiate	Prescription Drugs Methadone	Other Prescription Drugs	Over the Counter Drug	Street Drugs	Alcohol	Gas/ Fumes/ Vapors	Unknown Substance	Deaths Reviewed
< 1	0	1	1	0	0	0	0	0	1
1 - 4	0	0	0	0	0	0	0	1	1
5 - 9	1	0	0	0	0	0	0	0	1
10 - 14	0	0	0	0	0	0	0	0	0
15 - 17	1	2	0	1	1	0	0	0	4
18 - 19	6	3	4	4	3	2	1	0	10
20-21	5	0	6	1	8	4	0	9	20
<b>Total deaths</b>									<b>37</b>
<b>Total substances</b>	13	6	11	6	12	6	2	11	
<b>% recorded substance</b>	35.1%	16.2%	29.7%	16.2%	32.4%	16.2%	5.4%	29.7%	

Note: Substances recorded are not mutually exclusive.

### Key Findings:

- The large majority of poison deaths were to whites (89% or 33 cases), with white male deaths at 68% (25) of total.
- 87% (32) of poison deaths were recorded as accidental.
- 92% (34) of deaths were in the 15–21 years age range, with 54% (20) aged 20-21 years.
- Among the 37 total deaths, only 10 involved a single substance; 18 cases recorded multiple substances present; and nine reported substance involved to be unknown. (Data not shown.)
- Opiates were present in 35% (13) of cases, methadone in 16% (6), other prescription drugs in 30% (11), and street drugs in 32% (12) cases.

### Preventability

Local CDR teams determined 81% (30) of poisoning deaths to be probably preventable.

### Prevention Strategies:

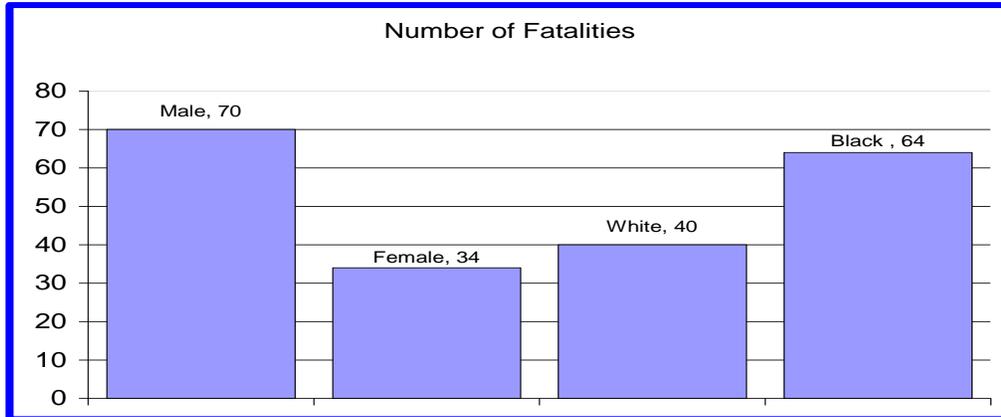
- **CDC’s Poisoning Prevention Tips:**
  - Keep medicines and toxic products, such cleaning solutions, in locked or childproof cabinets.
  - Put the nationwide poison control center phone number, 800-222-1222, on or near every telephone in the home and program it into your cellular phone. Call poison control if you think a child has been poisoned and if they are awake and alert. Call 911 if you have a poison emergency and the child has collapsed or is not breathing.
  - Follow label directions and read all warnings when giving medicines to children.
  - Safely dispose of unused, unneeded, or expired prescription drugs. Be aware that if you dispose of unused medicines, they can be mixed with coffee grounds or kitty litter to make them less appealing to children. See reference page.
- Promote awareness among parents and educators of the importance of both legal and illegal drug abuse among children of all ages. Parents especially should be advised to:

- Keep medicines out of reach of older as well as younger children.
- Discuss label warnings with older children for all prescription and over-the-counter drugs used in home.
- Discuss drug interactions with older children.
- Discuss danger of street drugs with all children.

## Sleep-Related Deaths for Children 0-4 Years of Age

The National Center for Child Death Review Case Reporting System 2.1, established in 2010, provides an infant/child Sudden Unexpected Infant Death Investigation (SUDI) protocol which collects sleep-related death data for children less than 5 years of age. See Appendix C for the CDR Case Reporting System 2.1.

**Figure 9: Sleep-related Deaths by Gender and by Race**



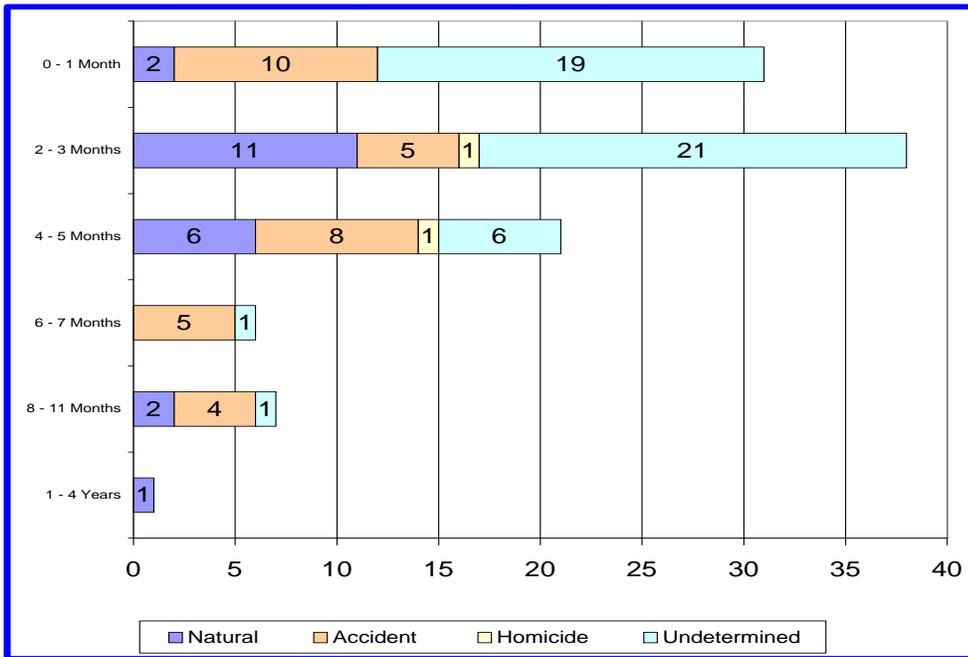
**Table 29: Sleep-related Deaths by Age Group and Gender**

Age Group	Male	Female	Total	% Age Range
0 - 1 Month	19	12	31	29.8%
2 - 3 Months	28	10	38	36.5%
4 - 5 Months	14	7	21	20.2%
6 - 7 Months	4	2	6	5.8%
8 - 11 Months	4	3	7	6.7%
1 - 4 Years	1	0	1	1.0%
<b>Total</b>	<b>70</b>	<b>34</b>	<b>104</b>	<b>100.0%</b>
<b>% Gender</b>	<b>67%</b>	<b>33%</b>	<b>100%</b>	

**Table 30: Sleep-Related Deaths by Manner and Age Group**

Age Group	Natural	Accident	Homicide	Undetermined	Total	% Age Group
0 - 1 Months	2	10	0	19	31	29.8%
2 - 3 Months	11	5	1	21	38	36.5%
4 - 5 Months	6	8	1	6	21	20.2%
6 - 7 Months	0	5	0	1	6	5.8%
8 - 11 Months	2	4	0	1	7	6.7%
1 - 4 Years	1	0	0	0	1	1.0%
<b>Total</b>	<b>22</b>	<b>32</b>	<b>2</b>	<b>48</b>	<b>104</b>	<b>100%</b>
<b>% Manner</b>	<b>21.2%</b>	<b>30.8%</b>	<b>1.9%</b>	<b>46.2%</b>	<b>100%</b>	

**Figure 10: Sleep-related Deaths by Manner and Age Group**



**Table 31: Sleep-related Deaths by Cause and Age Group**

Age Group	SIDS	Asphyxia	Undetermined Cause	All Other Causes	Total	% Age Group
0 - 1 Month	3	10	18	0	31	29.8%
2 - 3 Months	10	5	18	5	38	36.5%
4 - 5 Months	6	8	7	0	21	20.2%
6 - 7 Months	0	5	1	0	6	5.8%
8 - 11 Months	1	4	2	0	7	6.7%
1 - 4 Years	0	0	0	1	1	1.0%
<b>Total</b>	<b>20</b>	<b>32</b>	<b>46</b>	<b>6</b>	<b>104</b>	<b>100%</b>
<b>% Cause</b>	<b>19.2%</b>	<b>30.8%</b>	<b>44.2%</b>	<b>5.8%</b>	<b>100%</b>	

**Table 32: Sleep-related Deaths by Factors and Age Group**

Factors Involved in Sleep Related Death	Age Group						Total	Factor %
	0 - 1 Months	2 - 3 Months	4 - 5 Months	6 - 7 Months	8 - 11 Months	1 - 4 Years		
Deaths Reviewed	31	38	21	6	7	1	104	100%
Not in crib or bassinette	17	30	5	5	2	0	59	56.7%
Not sleeping on back	15	22	9	3	3	0	52	50.0%
Unsafe bedding or toys	4	5	5	1	2	0	17	16.3%
Sleeping with other people	14	22	9	3	3	0	51	49.0%
Obese adult sleeping with child	2	5	1	1		0	9	8.7%
Adult was alcohol impaired	1		2		1	0	4	3.8%
Adult was drug impaired	0	0	1	0	0	0	1	1.0%
Caregiver/Supervisor fell asleep while bottle feeding	0	0	0	0	0	0	0	0.0%
Caregiver/Supervisor fell asleep while breast feeding	2	0	0	0	0	0	2	1.9%

**Note: Factors are not mutually exclusive.**

### **Key Findings:**

- 14% (104) of the 764 infant and child deaths that occurred before the age of 5 years were sleep-related.
- 67% (70) were male and 33% (34) were female.
- 62% (64) reported race to be black and 38% (40) reported race as white.
- 66% (69) of the 104 deaths occurred between birth and 4 months of age.
- Almost half of the deaths (48 of 104) had an undetermined manner of death. In addition, 31% (32) were considered to be accidents, and 21% (22) were classified as natural deaths.
- Almost half of the deaths (46 of 104) had an undetermined cause of death. In addition, 31% (32) were classified as asphyxia deaths, and 19% (20) were classified as SIDS.
- Two-thirds (69 of 104) occurred in the first 3 months of life. Among these, 68% (47) reported infant not sleeping in a crib or bassinette, 54% (37) infant not sleeping on its back, and 52% (36) infant sleeping with other people.

### **Preventability**

Local CDR Teams determined 61% (63) of Sleep-Related deaths to be probably preventable.

### **Prevention Strategies:**

- American Academy of Pediatrics' Safe Sleep Tips for babies:
  - Place a baby on its back to sleep.
  - Avoid side and prone sleeping.
  - Use a firm sleep surface.
  - No soft objects and loose bedding.
  - Do not smoke.
  - Have baby in a separate but proximate sleeping area.
  - Consider offering a pacifier at nap and bed time.
  - Avoid overheating.
  - Avoid commercial devices marketed to prevent SIDS.
  - Do not use home monitors as a means to reduce the risk of SIDS.

See reference page.

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

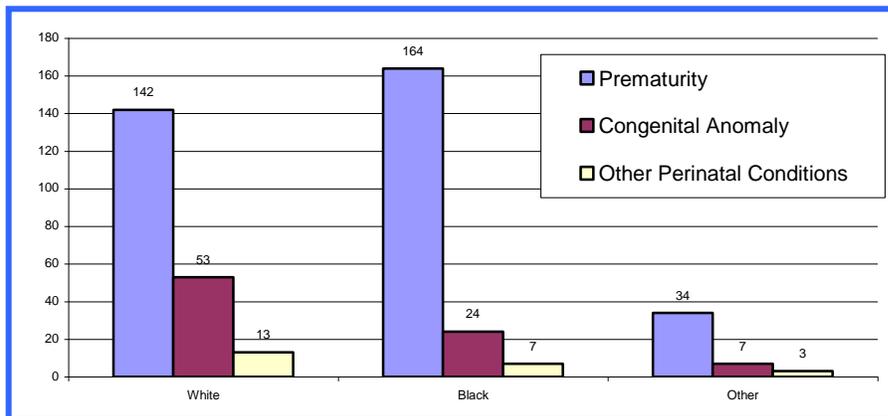
## Manner of Death Natural for Children Under 1 Year of Age

Fifty-two percent (689) of the 1325 deaths reviewed were under 1 year of age. Of these, 85% (587) were classified as natural manner of death. Thus, close to one-half (44%) of the total deaths reviewed were natural deaths that occurred to children less than 1 year old. The causes of these deaths is shown in Table 33, which presents all the specific causes provided on the review form (see Appendix E). The tables that provide the racial breakdown of these deaths show only the non-zero categories for each racial group

**Table 33: Age in Months by Cause, All Natural Infant Deaths**

Months Cause	0 - 1	2 - 3	4 - 5	6 - 7	8 - 9	10 - 11	Total	% Cause
Asthma	0	0	0	0	0	0	0	0.0%
Cancer	0	0	1	0	0	1	2	0.3%
Cardiovascular	13	0	2	0	0	0	15	2.6%
Congenital Anomaly	69	4	3	4	3	1	84	14.3%
HIV/AIDS	0	0	0	0	0	0	0	0.0%
Influenza	0	0	0	1	0	0	1	0.2%
Low Birth Weight	1	0	0	1	0	0	2	0.3%
Malnutrition								
Dehydration	0	0	0	0	0	0	0	0.0%
Neurological Seizure Disorder	1	0	0	0	0	0	1	0.2%
Pneumonia	2	2	1	2	0	1	8	1.4%
Prematurity	327	6	4	1	1	1	340	57.9%
SIDS	10	8	6	0	1	1	26	4.4%
Other Infection	5	2	0	0	0	2	9	1.5%
Other Perinatal Conditions	22	1	0	0	0	0	23	3.9%
Other Medical Conditions	58	8	3	2	2	1	74	12.6%
Undetermined/unknown medical cause								
	0	0	1	0	1	0	2	0.3%
<b>Total</b>	<b>508</b>	<b>31</b>	<b>21</b>	<b>11</b>	<b>8</b>	<b>8</b>	<b>587</b>	<b>100%</b>
<b>% by Age Group</b>	<b>86.5%</b>	<b>5.3%</b>	<b>3.6%</b>	<b>1.9%</b>	<b>1.4%</b>	<b>1.4%</b>	<b>100%</b>	

**Figure 11: Natural Infant Deaths by Race and Cause**



**Table 34: Age in Months by Cause and Race, All Natural Infant Deaths**

Months	0-1	2-3	4-5	6-7	8-9	10-11	Total	% Cause
<b>Cause</b>								
Cancer	0	0	1	0	0	1	2	0.7%
Cardiovascular	6	0	2	0	0	0	8	2.8%
Congenital Anomaly	46	2	1	1	2	1	53	18.4%
Low Birth Weight	1	0	0	1	0	0	2	0.7%
Neurological Seizure Disorder	1	0	0	0	0	0	1	0.3%
Pneumonia	0	1	1	1	0	0	3	1.0%
Prematurity	135	3	2	1	1	0	142	49.3%
SIDS	6	5	4	0	0	1	16	5.6%
Other Infection	3	0	0	0	0	1	4	1.4%
Other Perinatal Conditions	12	1	0	0	0	0	13	4.5%
Other Medical Conditions	32	6	2	1	1	1	43	14.9%
Undetermined/ unknown medical cause	0	0	0		1	0	1	0.3%
<b>Total</b>	<b>242</b>	<b>18</b>	<b>13</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>288</b>	<b>100%</b>
<b>% Age Group</b>	<b>84.0%</b>	<b>6.3%</b>	<b>4.5%</b>	<b>1.7%</b>	<b>1.7%</b>	<b>1.7%</b>	<b>100%</b>	
<b>Black Race</b>								
Months	0-1	2-3	4-5	6-7	8-9	10-11	Total	% Cause
<b>Cause</b>								
Cardiovascular	6	0	0	0	0	0	6	2.4%
Congenital Anomaly	20	1	2	1	0	0	24	9.8%
Pneumonia	2	1	0	1	0	1	5	2.0%
Prematurity	159	3	1	0	0	1	164	66.7%
SIDS	4	3	2	0	1	0	10	4.1%
Other Infection	2	2	0	0	0	1	5	2.0%
Other Perinatal Conditions	7	0	0	0	0	0	7	2.8%
Other Medical Conditions	20	1	1	1	1	0	24	9.8%
Undetermined/ unknown medical cause	0	0	1	0	0	0	1	0.4%
<b>Total</b>	<b>220</b>	<b>11</b>	<b>7</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>246</b>	<b>100%</b>
<b>% Age Group</b>	<b>89.4%</b>	<b>4.5%</b>	<b>2.8%</b>	<b>1.2%</b>	<b>0.8%</b>	<b>1.2%</b>	<b>100%</b>	
<b>Other/Unknown Race</b>								
Months	0-1	2-3	4-5	6-7	8-9	10-11	Total	% Cause
<b>Cause</b>								
Cardiovascular	1	0	0	0	0	0	1	1.9%
Congenital Anomaly	3	1	0	2	1	0	7	13.2%
Influenza	0	1	0	0	0	0	1	1.9%
Prematurity	33	0	1	0	0	0	34	64.2%
Other Perinatal Conditions	3	0	0	0	0	0	3	5.7%
Other Medical Conditions	6	1	0	0	0		7	13.2%
Undetermined/ unknown medical cause	0	0	1	0	0	0	0	0.0%
<b>Total</b>	<b>46</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>53</b>	<b>100%</b>
<b>% Age Group</b>	<b>86.7%</b>	<b>5.6%</b>	<b>3.7%</b>	<b>3.7%</b>	<b>1.8%</b>	<b>0.0%</b>	<b>100%</b>	

**Key Findings:**

- Prematurity accounted for 49% (340) of all the infant deaths (689). (Tables 33 and 13.) The racial breakdown was 44% for Whites (142 of 322), 53% for blacks (164 of 308), and 58% (34 of 59) for all other race categories. (Tables 34 and 13.)
- 58% (340) of natural deaths in infants had a cause of prematurity. The second most frequent cause was congenital anomaly at 14% (84).

- Within racial groups, the highest proportion of prematurity deaths is among blacks at 68% (164) of deaths to infants by natural manner. The lowest proportion is among whites at 49% (142).
- Congenital anomalies account for 18% of White infant deaths of natural manner and 10% of black infant deaths of natural manner.
- Deaths by natural manner in the first month of life for black infants show a proportion for prematurity of 72% (159 of 220), for whites a proportion of 56% (135 of 242), and for other races combined a proportion of 72% (33 of 46).

### **Prevention Strategies:**

While preterm birth can happen to anyone and many women who have a premature birth have no known risk factors, there are some modifiable risk factors for pregnant women outlined below.

- Quit smoking and avoid substances such as alcohol or drugs.
- See a health care provider for a medical checkup before pregnancy occurs.
- Work with a health care provider to control diseases such as high blood pressure or diabetes.
- Get prenatal care early, as soon as pregnancy is suspected, and throughout the pregnancy.
- Discuss concerns during pregnancy with a health care provider, and seek medical attention for any warning signs or symptoms of preterm labor.

See reference page.

## Acts of Omission or Commission

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

- Teams determined that 24% (315) of deaths reviewed fell into this definition of omission or commission.
- Acts of Omission/Commission are broken down into 7 pre-determined categories: Poor or Absent Supervision 3% (11); Child Abuse 4% (13); Child Neglect 3% (9); Other Negligence 26% (81); Assault (not child abuse)\* 43% (136); Suicide 11% (36); Other 9% (29).

**Table 35: Acts of Omission/Commission by Primary Cause of Death**

Primary Cause of Death	Acts of Omission/Commission								Total	% Cause
	Poor/Absent Supervision	Child Abuse	Child Neglect	Other Negligence	Assault (not Child Abuse)	Suicide	Other			
Motor Vehicle Transportation	1	0	0	26	0	2	12	41	13.0%	
Fire,Burn	0	0	0	1	0	0	2	3	1.0%	
Drowning	3	0	2	2	0	1	0	8	2.5%	
Suffocation or Strangulation	4	3	0	16	2	22	1	48	15.2%	
Weapon	1	7	1	2	133	7	6	157	49.8%	
Fall or Crush	0	0	0	1	0	0	1	2	0.6%	
Poisoning	1	0	0	11	0	4	3	19	6.0%	
Other Injury	0	3	0	1	1	0	0	5	1.6%	
Medical Condition	0	0	6	5	0	0	2	13	4.1%	
Undetermined Cause	1	0	0	16	0	0	2	19	6.0%	
<b>Total</b>	<b>11</b>	<b>13</b>	<b>9</b>	<b>81</b>	<b>136</b>	<b>36</b>	<b>29</b>	<b>315</b>		
<b>% Act Omission/Commission</b>	<b>3.5%</b>	<b>4.1%</b>	<b>2.9%</b>	<b>25.7%</b>	<b>43.2%</b>	<b>11.4%</b>	<b>9.2%</b>	<b>100%</b>		

**Table 36: Acts of Omission/Commission by Manner of Death**

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

Manner of Death	Acts of Omission/Commission								Total	%
	Poor/Absent Supervision	Child Abuse	Child Neglect	Other Negligence	Assault (not Child Abuse)*	Suicide	Other			
Natural	0	0	4	4	0	0	2	10	3.2%	
Accident	9	0	3	56	1	0	19	88	27.9%	
Suicide	0	0	0	0	0	34	0	34	10.8%	
Homicide	0	13	2	3	135	0	8	161	51.1%	
Undetermined	2	0	0	18	0	0	2	22	7.0%	
<b>Total</b>	<b>11</b>	<b>13</b>	<b>9</b>	<b>81</b>	<b>136</b>	<b>34</b>	<b>31</b>	<b>315</b>	<b>100%</b>	
<b>% Acts of Omission/Commission</b>	<b>3.5%</b>	<b>4.1%</b>	<b>2.9%</b>	<b>25.7%</b>	<b>43.2%</b>	<b>10.8%</b>	<b>9.8%</b>	<b>100%</b>		

## Child Abuse and Neglect (Including Poor Supervision Or Other Negligence)

### Based on Acts of Omission/Commission

**Table 37: Acts of Omission/Commission by Age Group**

Age Group						
Age Group	Poor/ Absent Supervision	Child Abuse	Child Neglect	Other Negligence	Total	% age group
<1	4	6	4	39	53	46.5%
1 - 4	3	3	4	3	13	11.4%
5 - 9	3	0	0	6	9	7.9%
10 - 14	1	2	0	4	7	6.1%
15 - 17	0	2	1	1	4	3.5%
18 - 19	0	0	0	14	14	12.3%
20 - 24	0	0	0	14	14	12.3%
Total	11	13	9	81	114	100%
% Acts of Omission/Commission	9.6%	11.4%	7.9%	71.1%	100%	

#### Key Findings:

- Of the 315 reviews that cited omission/commission factors, 36% (114) were determined to have Acts of Omission or Commission involving poor or absent supervision, known child abuse, child neglect and other negligence.
- Child abuse or neglect was found in 9% (114) of all child deaths (1325).
- 48% (43) of deaths due to negligence were to infants less than 1 year of age.
- The majority (9 of 13) child abuse deaths were to children less than 5 years of age.

#### Prevention Strategies:

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

## Policy Recommendations

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

Listed below are recommendations/accomplishments for the Governor and the General Assembly of Pennsylvania.

### Infant Safe Sleep:

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

#### Accomplishments:

- In 2010, Governor Rendell signed into law Act 73 (HB47), which mandates that all birthing hospitals and midwives provide information on safe sleep practice to reduce the risk of sudden infant deaths.
- Pennsylvania implemented a statewide SIDS program aimed at decreasing the incidence of SIDS and increasing awareness of safe sleep practices.
- Local communities have implemented community "Cribs for Kid" programs that follow the recommendation for safe sleep practices.
- Twenty-three community groups received funds from the PA Department of Health to implement safe sleep initiatives.

### Teen Driving:

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

### Suicide:

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

3. Develop suicide prevention programs for populations at high risk of suicide, such as gay, lesbian and transgender youth.
4. Support the PA Youth Suicide Prevention Initiative in its efforts to reduce the number of youth suicides in Pennsylvania.

Accomplishments:

- Local Teams have developed or joined community-based Suicide Prevention Task Forces.
- Local Teams continue to develop subcommittees that review deaths resulting from the completion of suicide as part of their CDR Team.
- Select coroners are developing a death scene investigation tool for suspected/confirmed suicides.
- Local County Teams in Lackawanna, Luzerne and Schuylkill participate in DPW Garrett Lee Smith Suicide Prevention Grant Task Force activities.

**Child Abuse and Neglect:**

1. Promote and support the Pennsylvania Department of Public Welfare.
  - a. In establishing Citizen Review Panels, and
  - b. In the development of educational training and evaluation for County Multidisciplinary Teams (MDT) that will strengthen effective protocols and practices.
2. Engage in public education campaigns on primary prevention of child abuse and neglect.
3. Encourage existing and future home visiting programs that emphasize appropriate parenting support and education.

**Injury Prevention:**

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

Accomplishments:

- Local Teams continue to collaborate with community Safe Kids Chapters to promote injury prevention within their communities: Safety Car Seat Checks, Community Injury Prevention promotion, Recreation/ATV safety classes and several community media campaigns.
- Local Teams are recruiting new team members who can assist in the development of prevention strategies and help the team to address identified factors which cause risk for injury and death.

**Poisoning:**

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

**Prematurity:**

1. Study accessibility of prenatal care to low socioeconomic groups – in terms of cost and location, especially minority groups in Pennsylvania.
2. Raise awareness of mortality risks of prematurity and the prevention benefits of prenatal care, as well as sources for prenatal care, among low income and minorities, through varied media.
3. Provide greater access to low-cost or free prenatal care.

**Farm Safety:**

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

**Weapons-related:**

1. Promote education of parents to secure firearms.
2. Promote stricter gun laws.
3. Support programs that work with urban area youth regarding access to firearms.
4. Support work of local organizations whose goals are to reduce violence among teens – especially among minority youth.

**Infant Death Scene Investigation Recommendations:**

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

1. Improve death scene investigation with all agencies (police, coroners, district attorneys, children & youth) collaborating and using the same protocol. For example, the Lehigh County's team approach.

2. Utilize the Centers for Disease Control and Prevention (CDC) Sudden Unexplained Infant Death Investigation (SUIDI) Protocol for all infant deaths.
3. Continue to support educational programs that improve the accurate completion of death certificates.

Accomplishment:

Local Team support for SUIDI Protocol training through their Coroner's Office to their own office staff, law enforcement and Emergency Services Groups.

### **Child Death Review Team Administration Recommendations:**

#### **Premature Births:**

Convene subgroups of local CDR teams to review deaths of infants who were born prematurely. These deaths represent 49% of all (689) child deaths under age 1 reviewed in 2010

Accomplishment:

As of July 2010, seven of the local CDR teams have prematurity subcommittees that review deaths of premature infants.

#### **Team Infrastructure:**

1. Encourage all relevant child serving agencies to actively participate in each local CDR Team.
2. Identify local agencies who will contribute administrative support, including data entry, to the teams.
3. Continue to educate local teams on the need for productive and effective reviews that support quality reporting.
4. Continue to identify information and resources in a timely manner for local team consideration in their reviews.
5. Identify agencies, organizations and resources that support and enhance the local team prevention efforts.
  - Encourage counties without active teams to work with the Department of Health to become active in the Child Death Review Process, as required by the Public Health Child Death Review Act.

## Summary of Local Team Activities

### Local Team Development

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

- Four joint teams representing eight Counties: Cameron/Elk, Forest/Warren, Susquehanna/Wyoming and Franklin/Fulton.
- Four Counties share resources and their review tables: Lycoming/Montour, Snyder/Union.
- Fifty-three County-based teams: Adams, Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bradford, Bucks, Butler, Cambria, Carbon, Centre, Chester, Clarion, Clearfield, Clinton, Columbia, Crawford, Dauphin, Delaware, Erie, Fayette, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, McKean, Mercer, Mifflin, Monroe, Montgomery, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Somerset, Sullivan, Tioga, Venango, Washington, Wayne, Westmoreland, York.
- two Counties are developing teams with the assistance of community agencies as of this report: Cumberland and Huntingdon.

### Summary of Local Team Annual Reports and Recommendations:

Local teams report annually on:

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

### Recommendations on Type of Prevention Initiatives

Local teams make recommendations to local agencies related to the procedures and other actions to reduce injury and death of children. This chart reflects team activities resulting from deaths reviewed during 2010.

<b>Education:</b>	Media campaign, Community Safety Project, Public Forum, Provider, Parent and Other Education
<b>Agency:</b>	New Policy(ies), Revised Policies, New Program, New Services, Expanded Services
<b>Law:</b>	New Law/Ordinance, Amended Law/Ordinance, Enforcement of Law/Ordinance
<b>Environment:</b>	Modify or recall a consumer product, modify a public space, and modify a private space
<b>Other:</b>	Those that do not fit in the above categories, including team development

## Local Team Reported Activity Specific Prevention Programs

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

County	Type	Method/ Main Focus	Current Stage of Prevention Strategies:	Description of Activity
<b>Adams</b>	Education	Bed-Sharing	Ongoing	Working with Safe Kids in distribution of Pack and Play Cribs by ACCYS Caseworkers. Media education in local newspapers
	Education	Safety Car Seats	Ongoing	Foster Parents and ACCYS Staff Trained in Safety Seat. Local police Conducted a safe seat inspection.
<b>Allegheny</b>	Other	Development	Ongoing	Developed subgroups: SUIDI, Suicide and Prematurity Prevention
	Education	CDRT	Completed	Community Hospital education on CDR.
	Grant	Safe Sleep	Ongoing	Assist in grant writing to community group to provide safe sleep education to churches.
<b>Armstrong</b>	Agency	Development	Ongoing	Recruit community prevention partners team member to assist in promoting prevention awareness through several types of media.
<b>Berks</b>	Education	Safe Sleep	Planning	Community collaborative to development of a Crib for Kids Program.
<b>Blair</b>	Education	Scene Investigation	Completed	Held a one day SUIDI Training event.
<b>Bucks</b>	Education	Safe Sleep	Ongoing	Community Cribs for Kids Program
<b>Butler</b>	Education	Safe Sleep	Ongoing	Community Awareness through CYF
<b>Cambria</b>	Education	Suicide	Ongoing	Continue to provide community resources for school education programs focused on suicide prevention through a well established Yellow Ribbon Program.
	Education	Safe Sleep	Ongoing	Continue to support the community Cribs for Kids Program.
<b>Cameron/Elk</b>	Agency	Team	Planned	Reorganization of local team
<b>Carbon</b>	Agency	Team	Ongoing	Recruitment of Local Team Members
	Law	Drugs	Completed	Community awareness focused on drug use that resulted from reports of an increase of drug use within the community; support pending legislation.
<b>Centre</b>	Law	Waterways	Ongoing	PA Waterways: increase penalties for intoxicated watercraft operators.
	Education	Bicycle Safety	Completed	Assisted with distribution of helmets through Safe Kids.
	Education	Infant/Child Car Seats	Completed	Assisted Safe Kids with safety seat inspections.
<b>Chester</b>	Education	Safe Sleep	Ongoing	Community education and awareness program
<b>Clearfield</b>	Agency	Prevention	Completed	Establishment of a Local Safe Kids Coalition.
	Agency	Community Safety	Completed	Continue to recruit critical local team members.
<b>Clinton</b>	Agency	Team	Ongoing	Review and recruit critical members.
<b>Crawford</b>	Other	Development	Ongoing	Recruited critical member to attend review meeting on regular schedule.
	Education	Car Seats	Ongoing	Meadville Central Fire Department inspected and distributed seats to parents and caregivers throughout the County and surrounding area.
	Education	Safe Sleep	Ongoing	Through a collaborative with Crawford County, Safe Kids cribs were distributed to babies throughout County.

County	Type	Method/ Main Focus	Current Stage of Prevention Strategies:	Description of Activity
Delaware	Education	Suicide	Ongoing	Delaware has a very active Suicide Prevention Task Force that conducts several events every year from Prevention, Newsletters and Fundraisers.
	Education	Safe Sleep	Ongoing	Community Cribs for Kids
Dauphin	Education	Safe Sleep	Ongoing	Cribs for Kids sites at Pinnacle Health and PSHCH are both for providing safe sleep education to new Parents.
	Education	Home Safety	Ongoing	Pinnacle Health and PSHCH both provide home safety education for new parents.
	Education	Motor Vehicle Trauma Pediatrics	Ongoing	Child safety seat inspection station – operating eight hours per week, managed by PSHCH pediatric trauma injury prevention health education
	Education	Motor Vehicle Trauma Teens	Ongoing	Teen driver safety program for at risk teen drivers that are referred by judges or law enforcement.
Greene	Other	Development	Planned	After several attempts in re-organizing the team, they have a new Chair. They are planning a Community Informational Meeting focused on CDRT in the fall of 2011.
Indiana	Other	Development	Ongoing	Recruiting critical team members
Juniata	Education	Teen Driving	Completed	Presentation in April at the Juniata high school regarding cell phone usage, texting and other distractions while driving.
	Agency	Community	Ongoing	Team members are identifying need for new member at this time; they are looking for the County Chief Probation Officer to join meetings.
Lancaster	Other	Development	Completed	Established a sub-review group focused on Premature Infant Deaths.
	Education	Safe Sleep	Planned	Plan to hold a community education program in Spring of 2011 to present information about safe sleep and SUID Investigation
Lebanon	Other	Development	Completed	Developed a sub-review team for premature infant death taskforce.
	Law	Teen Driving	Ongoing	Work with legislators to develop stricter graduated driver's licensing laws that would include limiting passengers during the junior diver's license period.
	Agency	Child Abuse	Completed	Taskforce developed
	Education	Suicide Prevention	Ongoing	Suicide Task Force Developed: Focused on local school district education
Lehigh	Agency	Suicide	Ongoing	Suicide Prevention: The Allentown Mayor recognized the Lehigh Valley AFSP during National Public Health Week. At this time they are working on Family and Friend Support for Survivors.
	Education	Shared Family Bed – Risk Reduction	Ongoing	One-on-One education by home visiting program to provide education about safe sleep practices.
	Other	Development	Completed	Recruited pathologist as team member
Luzerne	Other	Development	Ongoing	Recruiting critical team member and assuring that they know the value of their attendance at all review meetings.
Lycoming	Education	Transportation	Completed	Community ATV Safety Program
McKean	Other	Development	Ongoing	Recruiting critical team members

County	Type	Method/ Main Focus	Current Stage of Prevention Strategies:	Description of Activity
<b>Mercer</b>	Education	Safe Sleep	Ongoing	Education Crib for Kids Program
<b>Montgomery</b>	Technical	SUIDI	Planning	Coroner office working with community of SUID Investigations
	Education	Safe Sleep	Ongoing	Continue to support county Cribs for Kids
	Agency	Suicide	Ongoing	Taskforce prevention efforts
<b>Montour</b>	Education	Water Safety	Ongoing	Promotion of water safety
	Education	Teen Driving	Ongoing	MVA – education of risk involving Motor Vehicles Coroner Office
<b>Northampton</b>	Education	Suicide	Planning	Community and School Awareness Programs
<b>Northumberland</b>	Technical	ATV	Planning	In a joint effort with the ATV Park Planning Group and Northumberland, CDRT will be working on devising safety measures for local ATV park that is in development.
<b>Pike</b>	Education	Drug and Alcohol	Ongoing	Continue to use the community education program, Reality, through a collaborative effort of the CDR Team, Coroner's Office, Mental Health and Drug and Alcohol Agencies.
<b>Philadelphia</b>	Education	Report	Completed	Completed Local Team Report 2008 reviews
<b>Potter</b>	Education	Suicide	Ongoing	Yellow Ribbon Youth Suicide Prevention
<b>Schuylkill</b>	Education	Community	Completed	Several media releases about children and adult immunizations
	Education	Community	Ongoing	Suicide Taskforce sent members to train-the-trainer for QPR; the junior drug and alcohol advisory held a media question and answer session focused on suicide-myths and facts.
	Education	Community	Ongoing	Community project "Talking to Your Children, No Subject is Taboo" to address critical issue facing parents today.
	Education	Drugs	Planned	Letter to local paper regarding "Huffing" and the development of school program by Coroner Office
<b>Snyder</b>	Other	Development	Ongoing	Team members are identifying their roles related to CDR to improve discussion during the reviews.
<b>Somerset</b>	Education	Safe Sleep	Ongoing	Community education focused on Safe Sleep
<b>Sullivan</b>	Education	Health Safety	Planned	Planned to participate in Community Health Fair – will be providing information about Safe Sleep.
<b>Susquehanna Wyoming</b>	Other	Development	Completed	Developed a sub-review group for premature infant deaths.
	Education	Firearms	Completed	Sent letter to DA office regarding the need for Gun Safety Promotion for Kids.
<b>Union</b>	Education	Water Safety	Ongoing	Community education about the dangers of all forms of open water. A school assembly provided information to students on water safety. Union County Child and Youth Services (UCCYS) published notices in local newspaper regarding water safety and provided fund for community pool passes to families that they service. In addition, there was a community fundraiser with goal of providing funds to purchase passes for community pools for low-income families.

County	Type	Method/ Main Focus	Current Stage of Prevention Strategies:	Description of Activity
	Agency	Team Development	Ongoing	Presented to a joint school district meeting information regarding CDRT. Three of their school districts have joined the local team. The Team continues their membership outreach to Mental Health and Early Intervention and Community Ambulance Services.
Venango	Other	Development	Ongoing	Team is re-organizing and recruiting new members for conduct view in 2011.
Washington	Other	Development	Ongoing	Team is in the process of re-organizing and recruiting new members.
Wayne	Education	Health and Safety	Completed	Promote health and safety in schools throughout the year
	Education	Suicide	Ongoing	Suicide prevention and support group
	Education	Farm Safety	Completed	Community safety awareness program
Westmoreland	Other	Development	Planning	Community information session
York	Education	Safe Sleep	Ongoing	Crib for Kids
	Agency	Safe Sleep Education	Ongoing	In-hospital training program on education to parents about safe sleep.

## Community Services and Resources

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

Figure 12: Services provided to Family and Community (n=852)

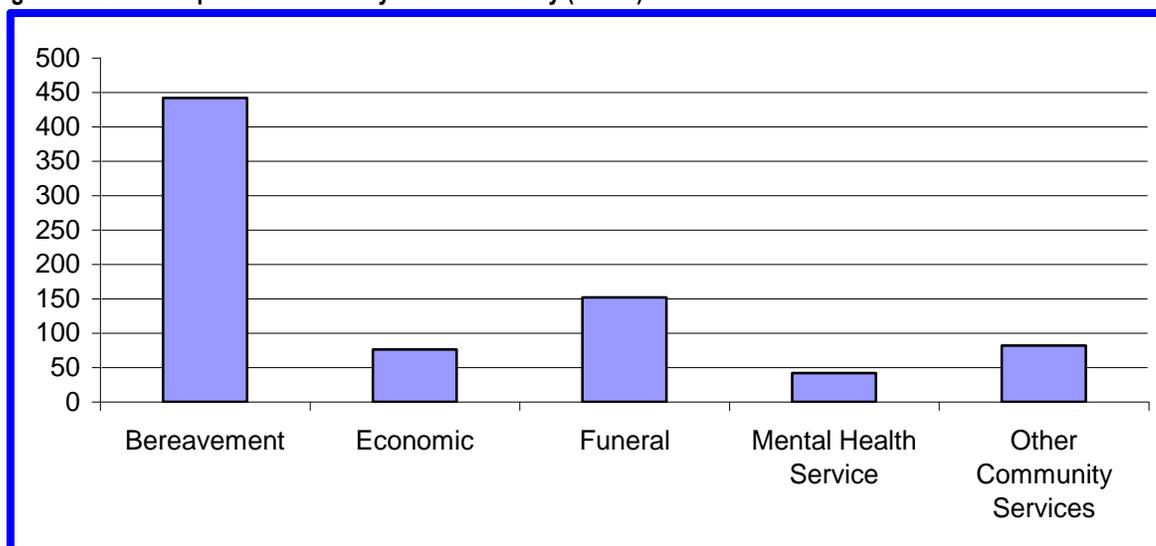


Chart reflects multiple responses.

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Appendix A

Table A.1. 2009 Pennsylvania Child Deaths as of 2011

2009 Vital data released from PA DOH Vital Statistics									
	<1	1 - 4	5 - 9	10 - 14	15 - 17	18 - 19	20 - Over	Total	
Natural	693	69	43	37	43	40	48	973	55.4%
Accident	16	31	22	25	48	102	92	336	19.1%
Suicide	0	0	0	14	29	31	27	101	5.7%
Homicide	7	8	4	6	28	42	70	165	9.4%
Undetermined	134	8	3	7	7	7	16	182	10.4%
<b>Total</b>	<b>850</b>	<b>116</b>	<b>72</b>	<b>89</b>	<b>155</b>	<b>222</b>	<b>253</b>	<b>1757</b>	<b>100.0%</b>
%	48.4%	6.6%	4.1%	5.1%	8.8%	12.6%	14.4%	100%	
2009 CDR data reviewed and published in 2010 CDR Annual Report									
	<1	1 - 4	5 - 9	10 - 14	15 - 17	18 - 19	20 - Over	Total	
Natural	92	10	5	4	6	2	4	123	56.7%
Accident	6	2	1	2	8	10	12	41	18.9%
Suicide	0	0	0	0	4	7	2	13	6.0%
Homicide	0	3	0	1	9	4	4	21	9.7%
Undetermined	14	2	0	1	2	0	0	19	8.8%
<b>Total</b>	<b>112</b>	<b>17</b>	<b>6</b>	<b>8</b>	<b>29</b>	<b>23</b>	<b>22</b>	<b>217</b>	<b>100%</b>
%	51.6%	7.8%	2.8%	3.7%	13.4%	10.6%	10.1%	100%	
2009 CDR data reviewed and published in 2011 CDR Annual Report									
	<1	1 - 4	5 - 9	10 - 14	15 - 17	18 - 19	20 - Over	Total	
Natural	412	30	27	23	19	20	26	557	60.2%
Accident	23	14	15	13	15	41	39	160	17.3%
Suicide	0	0	0	8	12	8	13	41	4.4%
Homicide	8	5	3	3	20	34	53	126	13.6%
Undetermined	33	3	1	0	2	0	3	42	4.5%
<b>Total</b>	<b>476</b>	<b>52</b>	<b>46</b>	<b>47</b>	<b>68</b>	<b>103</b>	<b>134</b>	<b>926</b>	<b>100%</b>
%	51.4%	5.6%	5.0%	5.1%	7.3%	11.1%	14.5%	100%	
2009 CDR data total reviewed and published in 2010 and 2011									
	<1	1 - 4	5 - 9	10 - 14	15 - 17	18 - 19	20 - Over	Total	
Natural	504	40	32	27	25	22	30	680	59.5%
Accident	29	16	16	15	23	51	51	201	17.6%
Suicide	0	0	0	8	16	15	15	54	4.7%
Homicide	8	8	3	4	29	38	57	147	12.9%
Undetermined	47	5	1	1	4	0	3	61	5.3%
<b>Total</b>	<b>588</b>	<b>69</b>	<b>52</b>	<b>55</b>	<b>97</b>	<b>126</b>	<b>156</b>	<b>1143</b>	<b>100%</b>
%	51.4%	6.0%	4.5%	4.8%	8.5%	11.0%	13.6%	100%	
2009 CDR data as a percentage of Vital data									
	<1	1 - 4	5 - 9	10 - 14	15 - 17	18 - 19	20 - Over	Total	
Natural	73%	58%	74%	73%	58%	55%	63%	70%	
Accident	181%	52%	73%	60%	48%	50%	55%	60%	
Suicide	0%	0%	0%	57%	55%	48%	56%	53%	
Homicide	114%	100%	75%	67%	104%	90%	81%	89%	
Undetermined	35%	63%	33%	14%	57%	0%	19%	34%	
<b>Total</b>	<b>69%</b>	<b>59%</b>	<b>72%</b>	<b>62%</b>	<b>63%</b>	<b>57%</b>	<b>62%</b>	<b>65%</b>	

Table A.2. Total of All Deaths Reviewed in 2010 by Year of Death, Age Group and Manner of Death

Age Group	Manner of Death					Total	% Age Group
	Natural	Accident	Suicide	Homicide	Undetermined		
<b>Year of Death 2004</b>							
<1 Year	0	0	0	0	0	0	0%
1-4	0	0	0	0	0	0	0%
5-9	0	0	0	0	0	0	0%
10-14	0	0	0	0	0	0	0%
15-17	0	0	0	0	0	0	0%
18-19	0	1	0	0	0	1	100%
20-21	0	0	0	0	0	0	0%
<b>Total 2004</b>	0	1	0	0	0	1	100%
<b>% Manner</b>	0%	100%	0%	0%	0%	100%	100%
<b>Year of Death 2006</b>							
<1 Year	3	0	0	0	0	3	100%
1-4	0	0	0	0	0	0	0%
5-9	0	0	0	0	0	0	0%
10-14	0	0	0	0	0	0	0%
15-17	0	0	0	0	0	0	0%
18-19	0	0	0	0	0	0	0%
20-21	0	0	0	0	0	0	0%
<b>Total 2006</b>	3	0	0	0	0	3	100%
<b>% Manner</b>	100%	0%	0%	0%	0%	100%	
<b>Year of Death 2007</b>							
<1 Year	17	1	0	1	0	19	35.2%
1-4	1	4	0	0	0	5	9.3%
5-9	1	4	0	0	0	5	9.3%
10-14	3	1	1	0	0	5	9.3%
15-17	2	5	1	0	0	8	14.8%
18-19	1	9	0	2	0	12	22.2%
20-21	0	0	0	0	0	0	0.0%
<b>Total 2007</b>	25	24	2	3	0	54	100%
<b>% Manner</b>	46.3%	44.4%	3.7%	5.6%	0.0%	100%	
<b>Year of Death 2008</b>							
<1 Year	40	1	0	0	3	44	55.7%
1-4	4	6	0	2	0	12	15.2%
5-9	3	0	0	0	0	3	3.8%
10-14	0	0	0	0	0	0	0.0%
15-17	1	3	0	1	0	5	6.3%
18-19	2	9	0	2	2	15	19.0%
20-21	0	0	0	0	0	0	0.0%
<b>Total 2008</b>	50	19	0	5	5	79	100%
<b>% Manner</b>	63.3%	24.1%	0.0%	6.3%	6.3%	100%	
<b>Year of Death 2009</b>							
<1 Year	412	23	0	8	33	476	51.4%
1-4	30	14	0	5	3	52	5.6%
5-9	27	15	0	3	1	46	5.0%
10-14	23	13	8	3	0	47	5.1%
15-17	19	15	12	20	2	68	7.3%
18-19	20	41	8	34	0	103	11.1%
20-21	26	39	13	53	3	134	14.5%
<b>Total 2009</b>	557	160	41	126	42	926	100%
<b>% Manner</b>	60.2%	17.3%	4.4%	13.6%	4.5%	100%	
<b>Year of Death 2010</b>							
<1 Year	175	14	0	5	19	213	53.4%
1-4	14	7	0	1	1	23	5.8%
5-9	10	4	0	0	0	14	3.5%
10-14	15	4	0	1	0	20	5.0%
15-17	8	8	2	6	1	25	6.3%
18-19	6	8	4	22	1	41	10.3%
20-21	13	21	6	23	0	63	15.8%
<b>Total 2010</b>	241	66	12	58	22	399	100%
<b>% Manner</b>	60.4%	16.5%	3.0%	14.5%	5.5%	100%	
<b>Total</b>							
<b>Total</b>	876	270	55	192	69	1462	
<b>% Manner</b>	59.9%	18.5%	3.8%	13.1%	4.7%	100.0%	
<b>Note: No 2005 deaths reviewed during 2010</b>							

**Table A.3. Population 0-21 Years of Age, by Race/Ethnicity, Gender and Age Group, Pennsylvania, 2010**

Age Group	<1	1-4	5-9	10-14	15-17	18-19	20-21	Total
<b>Total Number</b>								
<b>Both Sexes</b>	141,550	587,988	753,635	791,151	517,831	387,235	375,199	3,554,589
<b>Male</b>	72,236	300,980	384,359	405,227	266,649	195,816	189,239	1,814,506
<b>Female</b>	69,314	287,008	369,276	385,924	251,182	191,419	185,960	1,740,083
<b>% both sexes and age</b>	4.0%	16.5%	21.2%	22.3%	14.6%	10.9%	10.6%	100%
<b>Number White</b>								
<b>Both Sexes</b>	101,269	427,051	564,259	603,991	395,486	295,333	287,139	2,674,528
<b>Male</b>	51,664	219,337	288,776	310,310	203,608	149,301	144,627	1,367,623
<b>Female</b>	49,605	207,714	275,483	293,681	191,878	146,032	142,512	1,306,905
<b>% of total population</b>								
<b>Both Sexes</b>	71.5%	72.6%	74.9%	76.3%	76.4%	76.3%	76.5%	75.2%
<b>Male</b>	71.5%	72.9%	75.1%	76.6%	76.4%	76.2%	76.4%	75.4%
<b>Female</b>	71.6%	72.4%	74.6%	76.1%	76.4%	76.3%	76.6%	75.1%
<b>Number Black</b>								
<b>Both Sexes</b>	20,464	82,354	100,647	106,592	74,834	55,200	51,677	491,768
<b>Male</b>	10,356	41,656	51,198	54,462	38,801	27,932	25,772	250,177
<b>Female</b>	10,108	40,698	49,449	52,130	36,033	27,268	25,905	241,591
<b>% of total population</b>								
<b>Both Sexes</b>	14.5%	14.0%	13.4%	13.5%	14.5%	14.3%	13.8%	13.8%
<b>Male</b>	14.3%	13.8%	13.3%	13.4%	14.6%	14.3%	13.6%	13.8%
<b>Female</b>	14.6%	14.2%	13.4%	13.5%	14.3%	14.2%	13.9%	13.9%
<b>Number Other and Multirace</b>								
<b>Both Sexes</b>	19,817	78,583	88,729	80,568	47,511	36,702	36,383	388,293
<b>Male</b>	10,216	39,987	44,385	40,455	24,240	18,583	18,840	196,706
<b>Female</b>	9,601	38,596	44,344	40,113	23,271	18,119	17,543	191,587
<b>% Total Population</b>								
<b>Both Sexes</b>	14.0%	13.4%	11.8%	10.2%	9.2%	9.5%	9.7%	10.9%
<b>Male</b>	14.1%	13.3%	11.5%	10.0%	9.1%	9.5%	10.0%	10.8%
<b>Female</b>	13.9%	13.4%	12.0%	10.4%	9.3%	9.5%	9.4%	11.0%

Source: U.S. Census Bureau, 2010 Census Summary File 1, Tables PCT12, PCT12A, PCT12B.

## Local Child Death Review Teams

### **Adams County Child Death Review Team**

*Kathy McConaghay  
Adams County Children & Youth Services*

### **Armstrong County Child Death Review Team**

*Denny Demangone  
Armstrong County CYF*

### **Bedford County Child Death Review Team**

*Bonnie Bisbing  
Bedford County Children & Youth Services*

### **Berks County Child Death Review Team**

*Brandy Neider  
Children & Youth Services County of Berks*

### **Bradford County Child Death Review Team**

*Thomas Carman  
Bradford County Coroner Officer*

### **Butler County Child Death Review Team**

*Leslie Johnson  
Butler County MH/MR Program*

### **Cambria County Child Death Review Team**

*Joanne Weaver  
Cambria County Coroner's Office*

### **Centre County Child Death Review Team**

*Judy Pleskonko  
Centre County Coroner's Office*

### **Clarion County Child Death Review Team**

*Kay Rupert  
Clarion Co Children & Youth Services*

### **Clinton County Child Death Review Team**

*Jennifer Sobjak  
Clinton County Child & Youth*

### **Crawford County Child Death Review Team**

*Darlene Hamilton  
Crawford Co State Health Ctr*

### **Dauphin County Child Death Review Team**

*Glen Bartlett  
Hershey Pediatric Center*

### **Delaware County Child Death Review Team**

*Megan Fulton  
Delaware Co. Children & Youth Services*

### **Elk & Cameron County Child Death Review Team**

*Vickie Skvarka  
Pennsylvania Department of Health*

### **Allegheny County Child Death Review Team**

*Jennifer Fiddner  
Allegheny County Health Dept.*

### **Beaver County Child Death Review Team**

*David Treusch  
Beaver County Children and Youth Services*

### **Berks County Child Death Review Team**

*Mark Reuben  
Reading Pediatrics Inc.*

### **Blair County Child Death Review Team**

*Patricia Ross  
Blair County Coroner's Office*

### **Bucks County Child Death Review Team**

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

### **Cambria County Child Death Review Team**

*Dennis Kwiatkowski  
Cambria County Coroner's Office*

### **Carbon County Child Death Review Team**

*Bruce Nalesnik  
Carbon County Coroner's Office*

### **Chester County Child Death Review Team**

*Barbara Mancill  
Chester County Health Department*

### **Clearfield County Child Death Review Team**

*Kelly Pentz  
PA DOH, Clearfield County*

### **Columbia County Child Death Review Team**

*Lori Mastelher  
Coroner Office Columbia County*

### **Cumberland**

*Christina Roland  
Cumberland County Children & Youth Services*

### **Dauphin County Child Death Review Team**

*Michele Rush  
Dauphin County Children and Youth*

### **Delaware County Child Death Review Team**

*Meta Wertz  
Delaware Co. Children & Youth Services*

### **Erie County Child Death Review Team**

*Patty Puline  
Erie County Department of Health*

## Local Child Death Review Teams

**Fayette County Child Death Review Team**

*Gina D'Auria  
Children & Youth Services*

**Franklin Fulton County Child Death Review Team**

*Paul (Ted) Reed  
Franklin County Coroner's Office*

**Indiana County Child Death Review Team**

*Paula McClure  
Indiana County CYS*

**Jefferson County Child Death Review Team**

*Bernard P. Snyder  
Jefferson County Coroner's Office*

**Lackawanna County Child Death Review Team**

*Eugene Talerico  
Office of the District Attorney Lackawanna County*

**Lancaster County Child Death Review Team**

*Courtney Barry  
PennDot*

**Lawrence County Child Death Review Team**

*Sue Ascione  
Children's Advocacy Center*

**Lehigh County Child Death Review Team**

*Belle Marks  
Allentown Health Bureau*

**Luzerne County Child Death Review Team**

*Donna Vrhel  
Luzerne County Children & Youth Services*

**Lycoming County Child Death Review Team**

*Charles Kiessling  
Lycoming County Coroner's Office*

**Mercer County Child Death Review Team**

*Teri Swartzbeck  
Mercer County Children & Youth Services*

**Mifflin County Child Death Review Team**

*Mackenzie Seiler  
Mifflin County Children and Youth*

**Montgomery County Child Death Review Team**

*Barbara Hand  
Montgomery Co. Department of Health*

**Northampton County Child Death Review Team**

*Sue Madeja  
Bethlehem Health Bureau*

**Perry County Child Death Review Team**

*Kristie Carl  
Perry County C&Y*

**Forest/Warren County Child Death Review Team**

*Barbara White  
Warren County State Health Center*

**Greene County Child Death Review Team**

*John Fox  
Children & Youth Services of Greene Co.*

**Indiana County Child Death Review Team**

*Michael A. Baker  
Indiana Co. Coroner's Office*

**Juniata County Child Death Review Team**

*Linda Allen  
Juniata County SHC*

**Lackawanna County Child Death Review Team**

*Jeanne Rosencrance  
Lackawanna County District Attorney's Office*

**Lancaster County Child Death Review Team**

*Carroll Rottmund  
Penn State Milton S. Hershey Medical Center*

**Lebanon County Child Death Review Team**

*Janet Bradley  
First Aid and Safety Panel*

**Lehigh County Child Death Review Team**

*Darbe George  
Lehigh County Drug & Alcohol*

**Luzerne County Child Death Review Team**

*Mary Claire Mullen  
Victims Resource Center*

**McKean County Child Death Review Team**

*Vickie Skvarka  
Pennsylvania Department of Health*

**Mifflin County Child Death Review Team**

*Daniel Lynch  
Mifflin County Coroner's Office*

**Monroe County Child Death Review Team**

*David B. Thomas  
Monroe County Coroner's Office*

**Montour County Child Death Review Team**

*Scott Lynn  
Montour County Coroner's Office*

**Northumberland County Child Death Review Team**

*Melissa Hummel  
Geisinger Child Advocacy Center*

**Philadelphia County Child Death Review Team**

*Roy Hoffman  
Philadelphia Department of Public Health*

## Local Child Death Review Teams

**Philadelphia County Child Death Review Team**

*Ugo Chizea-Abuah  
Philadelphia Health Department*

**Pike County Child Death Review Team**

*Kevin Stroyan  
Pike County Coroner's Office*

**Potter County Child Death Review Team**

*Joy E. Glassmire  
Potter Co Human Services/Drug and Alcohol*

**Schuylkill County Child Death Review Team**

*Cathie Davidavage  
Pinnacle Health/Hospice*

**Somerset County Child Death Review Team**

*Doug Walters  
Somerset County Children & Youth*

**Susquehanna Wyoming County CDR Team**

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

**Tioga County Child Death Review Team**

*Patricia Riehl  
TCDHS*

**Venango County Child Death Review Team**

*Diana Erwin  
PA DOH Venango County*

**Wayne County Child Death Review Team**

*Sharon Gumpper  
Honesdale EMS- Mobile 504*

**Westmoreland County Child Death Review Team**

*Melissa Sullenberger  
Westmoreland Co Juvenile Probation*

**York County Child Death Review Team**

*Sheila Becker  
York Hospital*

**Pike County Child Death Review Team**

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

**Potter County Child Death Review Team**

*Kevin J. Dusenbury  
Potter County Coroners Office*

**Schuylkill County Child Death Review Team**

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

**Snyder County Child Death Review Team**

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

**Sullivan County Child Death Review Team**

*Wendy Hastings  
Sullivan County Coroner's Office*

**Susquehanna Wyoming County CDR Team**

*Cheryl McGovern  
PA DOH Wyoming Cty State Health Center*

**Union County Child Death Review Team**

*Matt Ernest  
Union County Children and Youth Services*

**Washington County Child Death Review Team**

*Barbara Gerbec  
Washington Co. Children & Youth Services*

**Westmoreland County Child Death Review Team**

*Kristine Johnson  
Westmoreland Co Juvenile Probation*

**York County Child Death Review Team**

*David Turkewitz  
York Hospital*

## State Child Death Review Team

### Appointed and Supporting Members

#### **Designated Chair**

**John Bart , DO\***  
**PA Department of Health**

#### **Bureau of EMS DOH**

Joseph Schmider  
PA Department of Health  
Bureau of Emergency Medical Services

#### **District Attorney**

**Eugene Talerico Esquire\***  
**Office of the District Attorney Lackawanna County**

#### **DPW/Child Line**

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

#### **FICAP/ Firearms**

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

#### **Hospital and Health System Assoc.**

Sharon Muscatell  
Hospital and Healthsystem Association of PA

#### **Juvenile Justice**

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

#### **Nurse Family Partnership**

Tara Dechert  
Nurse Family Partnership: National Service Office

#### **PA American Academy of Pediatrics**

Suzanne Yunghans

#### **PA Coroner**

**Patricia Ross\***  
**Blair County Coroner's Office**

#### **Agriculture Safety**

Dennis Murphy  
Penn State Agricultural Safety & Health Program

#### **Childline, Child Youth Family**

Joy Johnson  
Department of Public Welfare  
Childline, Abuse Registry

#### **DPW OCYF Admin**

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

#### **DPW/OCYF Program**

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

#### **Health Statistics and Research**

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

#### **Injury & Violence Prevention**

Carol Thornton  
PA Department of Health

#### **Medical Examiner**

**Sam Gulino MD\***  
**Philadelphia-Medical Examiner's Officer**

#### **OMHSAS - SAP**

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

#### **PA American Academy of Pediatrics**

David Turkewitz , MD

#### **PA Cribs for Kids/SIDS of PA**

Judith Bannon  
Cribs for Kids

**PA Department of Health - CDR Program**

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

**PA Department of Health - CDR Program**

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

**PA Fire Commission**

Pennsylvania Fire Commissioner's Office

**PA State Police**

David Devitt  
 Pennsylvania State Police

**PA Vitals - Data**

David Mattiko  
 Department of Health  
 Bureau of Health Statistics and Research

**PEHSC Pediatric EMS**

Steve Mrozowski  
 PEHSC  
 Engineering

**Pennsylvania Department of Transportation - Data**

William G. Hunter  
 Accident Information Systems

**Physician**

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

**Safe Kids**

Allyson B. Fulton  
 Safe Kids Pennsylvania

**Technical and Education CDR**

Scott Grim D-ABMDI  
 Lehigh Co Coroner's Office

**PA DOH - CDR Program**

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

**PA Department of Education - Safe School**

Myrna Delgado  
 Division of Student & Safe School Services

**PA Shaken Baby Syndrome Program**

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

**PA State Police**

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

**PA YSPI**

Dennis Short  
 Pennsylvania Youth Suicide Prevention Initiative

**Pennsylvania Department of Transportation**

Thomas Glass  
 Bureau of Hwy Safety & Traffic

**Penn-Serve**

Mark Simpson  
 PennSERVE

**Physician**

**Steven Shapiro , DO\***  
**Pediatric Medical Associates of Abington**

**PA Shaken Baby Syndrome Program**

Kelly Cappos  
 Pennsylvania SBS Penn State –  
 Hershey Medical Center

**US Product Safety Commission**

Hank Glogowski  
 Consumer Product Safety Commission

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

## National and State Prevention Partners

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

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

**Public Health Child Death Review Act (Act 87 of 2008)**

PENNSYLVANIA STATUTES, ANNOTATED BY LEXISNEXIS (R)  
PENNSYLVANIA STATUTES  
TITLE 11. CHILDREN  
CHAPTER 16B. PUBLIC HEALTH CHILD DEATH REVIEW ACT  
*11 P.S. § 2150.1 (2009)*

2150.1. Short title

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

§ 2150.2. Definitions

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

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

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

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

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

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

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

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

§ 2150.3. Public Health Child Death Review Program

(a) ESTABLISHMENT.-- The department shall establish the Public Health Child Death Review Program which shall facilitate State and local multi-agency, multidisciplinary teams to examine the circumstances surrounding deaths in this Commonwealth for the purpose of promoting safety and reducing child fatalities.

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

(1) Assist in the establishment and coordination of local public health child death review teams.

(2) Coordinate the collection of child death data, including the development and distribution of a form to be used by local public health child death review teams to report information and procedures for sharing the data with State and local agencies as appropriate.

(3) Develop protocols to be used in the review of child deaths. These protocols shall not conflict with requirements set forth in 23 Pa.C.S. Ch. 63 (relating to child protective services), including, but not limited to, provisions relating to the review of child fatalities and near fatalities.

(4) Provide training and technical assistance to local public health child death review teams, local agencies and individuals relating to child deaths.

(5) Review reports from local public health child death review teams.

(6) Identify best prevention strategies and activities, including an assessment of the following:

- (i) Effectiveness.
- (ii) Ease of implementation.
- (iii) Cost.
- (iv) Sustainability.
- (v) Potential community support.
- (vi) Unintended consequences.

(7) Adopt programs, policies, recommendations and strategies based on collected data to prevent child deaths.

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

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

(10) Submit an annual report to the Governor and the General Assembly by September of each year relating to the activities of

the State child death review team, a summary of reports received from local child death review teams and recommendations relating to the reduction of risk of child injury or death.

§ 2150.4. State public health child death review team

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

- (1) The following individuals or their designees:
  - (i) The Secretary of Health, who shall serve as chairman.
  - (ii) The Secretary of Public Welfare.
  - (iii) The Director of the Office of Children, Youth and Families within the Department of Public Welfare.
  - (iv) The Commissioner of the Pennsylvania State Police.
  - (v) The Attorney General.
  - (vi) The Pennsylvania State Fire Commissioner.
  - (vii) The Director of the Bureau of Emergency Medical Services of the Department of Health.
- (2) The following individuals who shall be appointed by the Secretary of Health:
  - (i) A physician who specializes in pediatric medicine.
  - (ii) A physician who specializes in family medicine.
  - (iii) A representative of local law enforcement.
  - (iv) A medical examiner.
  - (v) A district attorney.
  - (vi) A coroner.
- (3) Representatives from local public health child death review teams.
- (4) Any other individual deemed appropriate by the Secretary of Health.

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

- (1) Review data submitted by local public health child death review teams.
- (2) Develop protocols for child death reviews.
- (3) Develop child death prevention strategies.
- (4) Assist the department in implementing the program.

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

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

§ 2150.5. Local public health child death review teams

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

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

- (1) The director of the county children and youth agency or a designee.
  - (2) The district attorney or a designee.
  - (3) A representative of local law enforcement appointed by the county commissioners.
  - (4) A representative of the court of common pleas appointed by the president judge.
  - (5) A physician who specializes in pediatric or family medicine appointed by the county commissioners.
  - (6) The county coroner or medical examiner.
  - (7) A representative of emergency medical services selected jointly by the supervisors of all emergency medical organizations in the county.
  - (8) The director of a local public health agency or a designee.
  - (9) Any other person deemed appropriate by a majority of the local public health child death review team.
- (c) CHAIRMAN.-- The members of the local public health child death review team shall elect a chairman annually.

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

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

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

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

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

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

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

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

#### § 2150.7. Access to records

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

review pursuant to 23 Pa.C.S. Ch. 63 (relating to child protective services).

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

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

#### § 2150.8. Confidentiality

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

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

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

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

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

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

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

§ 2150.20. Regulations

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

## National Case Reporting Form: Version 2.1 effective January 2010



**NATIONAL CENTER FOR  
CHILD DEATH REVIEW**  
*KEEPING KIDS ALIVE*

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

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### Child Death Review Case Reporting System

## Case Report 2.1

Effective January 2010

**Instructions:**

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

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

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

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

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

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

This edition is Version 2.1, effective January 2010. Additional paper forms can be ordered from the National Center at no charge. Users interested in participating in the web-based case reporting system for data entry and reporting should contact the National Center for Child Death Review.

**Phone: 1-800-656-2434    Email: [info@childdeathreview.org](mailto:info@childdeathreview.org)    Website: [www.childdeathreview.org](http://www.childdeathreview.org)    Data entry website: <https://cdrdata.org/>**

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

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

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

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

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

<b>4. Place of incident, check all that apply:</b> <input type="checkbox"/> Child's home <input type="checkbox"/> Licensed group home <input type="checkbox"/> School <input type="checkbox"/> Sidewalk <input type="checkbox"/> Sports area <input type="checkbox"/> Relative's home <input type="checkbox"/> Licensed child care center <input type="checkbox"/> Place of work <input type="checkbox"/> Roadway <input type="checkbox"/> Other recreation area <input type="checkbox"/> Friend's home <input type="checkbox"/> Licensed child care home <input type="checkbox"/> Indian Reservation <input type="checkbox"/> Driveway <input type="checkbox"/> Hospital <input type="checkbox"/> Licensed foster care home <input type="checkbox"/> Unlicensed child care home <input type="checkbox"/> Military installation <input type="checkbox"/> Other parking area <input type="checkbox"/> Other, specify: <input type="checkbox"/> Relative foster care home <input type="checkbox"/> Farm <input type="checkbox"/> Jail/detention facility <input type="checkbox"/> State or county park <input type="checkbox"/> U/K						<b>5. Type of area:</b> <input type="radio"/> Urban <input type="radio"/> Suburban <input type="radio"/> Rural <input type="radio"/> Frontier <input type="radio"/> U/K
<b>6. Incident state:</b> _____	<b>8. Was 911 or local emergency number called?</b> <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<b>9. CPR performed before EMS arrived?</b> <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<b>10. At time of incident leading to the death, had child used alcohol or drugs?</b> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<b>11. EMS to scene?</b> <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<b>12. Child's activity at time of incident, check all that apply:</b> <input type="checkbox"/> Sleeping <input type="checkbox"/> Other, specify: <input type="checkbox"/> Playing <input type="checkbox"/> Working <input type="checkbox"/> U/K <input type="checkbox"/> Eating <input type="checkbox"/> Driving/vehicle occupant	<b>13. Total number of deaths at incident event:</b> Children, ages 0-18 _____ Adults _____ <input type="radio"/> U/K
<b>E. INVESTIGATION INFORMATION</b>						
<b>1. Death referred to:</b> <input type="radio"/> Medical examiner <input type="radio"/> Coroner <input type="radio"/> Not referred <input type="radio"/> U/K	<b>2. Person declaring official cause and manner of death:</b> <input type="radio"/> Medical examiner <input type="radio"/> Coroner <input type="radio"/> Hospital physician <input type="radio"/> Other physician <input type="radio"/> Mortician <input type="radio"/> Other, specify: <input type="radio"/> U/K	<b>3. Autopsy performed?</b> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, conducted by: <input type="radio"/> Forensic pathologist <input type="radio"/> Pediatric pathologist <input type="radio"/> General pathologist <input type="radio"/> Unknown pathologist <input type="radio"/> Other physician <input type="radio"/> Other, specify: <input type="radio"/> U/K	<b>4. Agencies that conducted a scene investigation, check all that apply:</b> <input type="checkbox"/> Not conducted <input type="checkbox"/> Fire investigator <input type="checkbox"/> Medical examiner <input type="checkbox"/> EMS <input type="checkbox"/> Coroner <input type="checkbox"/> Child Protective Services <input type="checkbox"/> ME investigator <input type="checkbox"/> Other, specify: <input type="checkbox"/> Coroner investigator <input type="checkbox"/> U/K <input type="checkbox"/> Law enforcement			
<b>5. Toxicology screen?</b> <input type="radio"/> No <input type="radio"/> Yes If yes, check all that apply: <input type="radio"/> U/K			<input type="checkbox"/> Negative <input type="checkbox"/> Marijuana <input type="checkbox"/> Too high prescription drug, specify: <input type="checkbox"/> Alcohol <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Too high over-the-counter drug, specify: <input type="checkbox"/> Cocaine <input type="checkbox"/> Opiates <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K		<b>6. X-rays taken?</b> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<b>7. Was a CPS record check conducted as a result of death?</b> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K
<b>8. Did investigation find evidence of prior abuse?</b> <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, from what source? Check all that apply: <input type="checkbox"/> From x-rays <input type="checkbox"/> U/K <input type="checkbox"/> From autopsy <input type="checkbox"/> From CPS review <input type="checkbox"/> From law enforcement	<b>9. CPS action taken because of death?</b> <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, highest level of action taken because of death: <input type="radio"/> Report screened out and not investigated <input type="radio"/> Unsubstantiated <input type="radio"/> Inconclusive <input type="radio"/> Substantiated		If yes, services or actions resulting, check all that apply: <input type="checkbox"/> Voluntary services offered <input type="checkbox"/> Court ordered out-of-home placement <input type="checkbox"/> Voluntary services provided <input type="checkbox"/> Court ordered services provided <input type="checkbox"/> Children removed <input type="checkbox"/> Court ordered out of home placement <input type="checkbox"/> Voluntary out of home placement <input type="checkbox"/> Parental rights terminated <input type="checkbox"/> U/K			
<b>F. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH</b>						
<b>1. Official manner of death from the death certificate:</b> <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	<b>2. Primary cause of death: Choose only 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause.</b> <input type="radio"/> <u>From an injury (external cause), select one:</u> <input type="radio"/> Motor vehicle and other transport, go to G1 <input type="radio"/> Fire, burn, or electrocution, go to G2 <input type="radio"/> Drowning, go to G3 <input type="radio"/> Asphyxia, go to G4 <input type="radio"/> Weapon, including body part, go to G6 <input type="radio"/> Animal bite or attack, go to G7 <input type="radio"/> Fall or crush, go to G8 <input type="radio"/> Poisoning, overdose or acute intoxication, go to G9 <input type="radio"/> Exposure, go to G10 <input type="radio"/> Undetermined. If under age one, go to G5 & G12 If over age one, go to G12 <input type="radio"/> Other cause, go to G12 <input type="radio"/> U/K, go to G12 <input type="radio"/> <u>From a medical cause, select one:</u> <input type="radio"/> Asthma, go to G11 <input type="radio"/> Cancer, specify and go to G11 <input type="radio"/> Cardiovascular, specify and go to G11 <input type="radio"/> Congenital anomaly, specify and go to G11 <input type="radio"/> HIV/AIDS, go to G11 <input type="radio"/> Influenza, go to G11 <input type="radio"/> Low birth weight, go to G11 <input type="radio"/> Malnutrition/dehydration, go to G11 <input type="radio"/> Neurological/seizure disorder, go to G11 <input type="radio"/> Pneumonia, specify and go to G11 <input type="radio"/> Prematurity, go to G11 <input type="radio"/> SIDS, go to G5 <input type="radio"/> Other infection, specify and go to G11 <input type="radio"/> Other perinatal condition, specify and go to G11 <input type="radio"/> Other medical condition, specify and go to G11 <input type="radio"/> Undetermined. If under age one, go to G5 and G11. If over age one, go to G11. <input type="radio"/> U/K. If under age one, go to G5 and G11. If over age one, go to G11. <input type="radio"/> <u>Undetermined if injury or medical cause, go to G12 go to G12</u> <u>If under age one, go to G5 &amp; G12</u>					

**G. DETAILED INFORMATION BY CAUSE OF DEATH: CHOOSE ONE SECTION ONLY, THAT IS SAME AS THE CAUSE SELECTED ABOVE**

**1. MOTOR VEHICLE AND OTHER TRANSPORT**

<p>a. Vehicles involved in incident: Total number of vehicles: _____</p> <p><u>Child's</u> <u>Other primary vehicle</u></p> <p><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>		<p>b. Position of child:</p> <p><input type="radio"/> Driver  <input type="radio"/> Passenger  <input type="radio"/> Front seat  <input type="radio"/> Back seat  <input type="radio"/> Truck bed  <input type="radio"/> Other, specify:  <input type="radio"/> U/K</p> <p><input type="radio"/> On bicycle  <input type="radio"/> Pedestrian  <input type="radio"/> Walking  <input type="radio"/> Boarding/blading  <input type="radio"/> Other, specify:  <input type="radio"/> U/K  <input type="radio"/> U/K</p>		<p>c. Causes of incident, check all that apply:</p> <p><input type="checkbox"/> Speeding over limit      <input type="checkbox"/> Back over  <input type="checkbox"/> Unsafe speed for conditions      <input type="checkbox"/> Rollover  <input type="checkbox"/> Recklessness      <input type="checkbox"/> Poor sight line  <input type="checkbox"/> Ran stop sign or red light      <input type="checkbox"/> Car changing lanes  <input type="checkbox"/> Driver distraction      <input type="checkbox"/> Road hazard  <input type="checkbox"/> Driver inexperience      <input type="checkbox"/> Animal in road  <input type="checkbox"/> Mechanical failure      <input type="checkbox"/> Cell phone use while driving  <input type="checkbox"/> Poor tires      <input type="checkbox"/> Racing, not authorized  <input type="checkbox"/> Poor weather      <input type="checkbox"/> Other driver error, specify:  <input type="checkbox"/> Poor visibility      <input type="checkbox"/> Other, specify:  <input type="checkbox"/> Drugs or alcohol use      <input type="checkbox"/> Fatigue/sleeping  <input type="checkbox"/> Medical event, specify:      <input type="checkbox"/> U/K</p>		<p>d. Collision type:</p> <p><input type="radio"/> Child <i>not</i> in/on a vehicle, but struck by vehicle  <input type="radio"/> Child in/on a vehicle, struck by other vehicle  <input type="radio"/> Child in/on a vehicle that struck other vehicle  <input type="radio"/> Child in/on a vehicle that struck person/object  <input type="radio"/> Other event, specify:  <input type="radio"/> U/K</p>																																																																		
		<p>e. Driving conditions, check all that apply:</p> <p><input type="checkbox"/> Normal      <input type="checkbox"/> Other, specify:  <input type="checkbox"/> Loose gravel  <input type="checkbox"/> Muddy      <input type="checkbox"/> U/K  <input type="checkbox"/> Ice/Snow  <input type="checkbox"/> Fog  <input type="checkbox"/> Wet  <input type="checkbox"/> Construction zone  <input type="checkbox"/> Inadequate lighting</p>		<p>f. Location of incident, check all that apply:</p> <p><input type="checkbox"/> City street      <input type="checkbox"/> Driveway  <input type="checkbox"/> Residential street      <input type="checkbox"/> Parking area  <input type="checkbox"/> Rural road      <input type="checkbox"/> Off road  <input type="checkbox"/> Highway      <input type="checkbox"/> Railroad crossing/tracks  <input type="checkbox"/> Intersection      <input type="checkbox"/> Other, specify:  <input type="checkbox"/> Shoulder  <input type="checkbox"/> Sidewalk      <input type="checkbox"/> U/K</p>																																																																				
<p>g. Drivers involved in incident, check all that apply:</p> <table border="1"> <thead> <tr> <th>Child as driver</th> <th>Child's driver</th> <th>Driver of other primary vehicle</th> <th>Age of Driver</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Responsible for causing incident</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Was alcohol/drug impaired</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Has no license</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Has a learner's permit</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Has a graduated license</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Has a full license</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Has a full license that has been restricted</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Has a suspended license</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>If recreational vehicle, has driver safety certificate</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other, specify:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Was violating graduated licensing rules:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Nighttime driving curfew</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Passenger restrictions</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Driving without required supervision</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other violations, specify:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>U/K</td> </tr> </tbody> </table>			Child as driver	Child's driver	Driver of other primary vehicle	Age of Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsible for causing incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was alcohol/drug impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has no license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a learner's permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a graduated license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a full license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a full license that has been restricted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a suspended license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If recreational vehicle, has driver safety certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was violating graduated licensing rules:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nighttime driving curfew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Passenger restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving without required supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other violations, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U/K	<p>h. Total number of occupants in vehicles:</p> <p>In child's vehicle, including child:  <input type="checkbox"/> N/A, child was not in a vehicle.  Total number occupants: _____ <input type="radio"/> U/K  Number teens, ages 14-21: _____ <input type="radio"/> U/K  Total number of deaths: _____ <input type="radio"/> U/K  Total number teen deaths: _____ <input type="radio"/> U/K</p> <p>In other primary vehicle involved in incident:  <input type="checkbox"/> N/A, incident was a single vehicle crash.  Total number occupants: _____ <input type="radio"/> U/K  Number teens, ages 14-21: _____ <input type="radio"/> U/K  Total number of deaths: _____ <input type="radio"/> U/K  Total number teen deaths: _____ <input type="radio"/> U/K</p>	
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<p>i. Protective measures for child, Select one option per row:</p> <table border="1"> <thead> <tr> <th></th> <th>Not Needed</th> <th>Needed, none present</th> <th>Present, used correctly</th> <th>Present, used incorrectly</th> <th>Present not used</th> <th>Unknown</th> <th></th> </tr> </thead> <tbody> <tr> <td>Airbag</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td rowspan="7">                     *If child seat, type:  <input type="radio"/> Rear facing  <input type="radio"/> Front facing  <input type="radio"/> U/K                 </td> </tr> <tr> <td>Lap belt</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Shoulder belt</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Child seat*</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Belt positioning booster seat</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Helmet</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Other, specify:</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>								Not Needed	Needed, none present	Present, used correctly	Present, used incorrectly	Present not used	Unknown		Airbag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	*If child seat, type: <input type="radio"/> Rear facing <input type="radio"/> Front facing <input type="radio"/> U/K	Lap belt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Shoulder belt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child seat*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Belt positioning booster seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Helmet	<input type="radio"/>	Other, specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>													
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2. FIRE, BURN, or ELECTROCUTION																											
<p>a. Ignition, heat or electrocution source:</p> <p><input type="radio"/> Matches      <input type="radio"/> Heating stove      <input type="radio"/> Lightning      <input type="radio"/> Other explosives</p> <p><input type="radio"/> Cigarette lighter      <input type="radio"/> Space heater      <input type="radio"/> Oxygen tank      <input type="radio"/> Appliance in water</p> <p><input type="radio"/> Utility lighter      <input type="radio"/> Furnace      <input type="radio"/> Hot cooking water      <input type="radio"/> Other, specify:</p> <p><input type="radio"/> Cigarette or cigar      <input type="radio"/> Power line      <input type="radio"/> Hot bath water      <input type="radio"/> U/K</p> <p><input type="radio"/> Candles      <input type="radio"/> Electrical outlet      <input type="radio"/> Other hot liquid, specify:</p> <p><input type="radio"/> Cooking stove      <input type="radio"/> Electrical wiring      <input type="radio"/> Fireworks</p>		<p>b. Type of incident:</p> <p><input type="radio"/> Fire, go to c</p> <p><input type="radio"/> Scald, go to r</p> <p><input type="radio"/> Other burn, go to t</p> <p><input type="radio"/> Electrocution, go to s</p> <p><input type="radio"/> Other, specify and go to t</p> <p><input type="radio"/> U/K, go to t</p>																									
		<p>c. For fire, child died from:</p> <p><input type="radio"/> Burns</p> <p><input type="radio"/> Smoke inhalation</p> <p><input type="radio"/> Other, specify:</p> <p><input type="radio"/> U/K</p>																									
<p>d. Material first ignited:</p> <p><input type="radio"/> Upholstery</p> <p><input type="radio"/> Mattress</p> <p><input type="radio"/> Christmas tree</p> <p><input type="radio"/> Clothing</p> <p><input type="radio"/> Curtain</p> <p><input type="radio"/> Other, specify:</p> <p><input type="radio"/> U/K</p>		<p>e. Type of building on fire:</p> <p><input type="radio"/> N/A</p> <p><input type="radio"/> Single home</p> <p><input type="radio"/> Duplex</p> <p><input type="radio"/> Apartment</p> <p><input type="radio"/> Trailer/mobile home</p> <p><input type="radio"/> Other, specify:</p> <p><input type="radio"/> U/K</p>																									
		<p>f. Building's primary construction material:</p> <p><input type="radio"/> Wood</p> <p><input type="radio"/> Steel</p> <p><input type="radio"/> Brick/stone</p> <p><input type="radio"/> Aluminum</p> <p><input type="radio"/> Other, specify:</p> <p><input type="radio"/> U/K</p>																									
		<p>g. Fire started by a person?</p> <p><input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> U/K</p> <p>If yes, person's age _____</p> <p>Does person have a history of setting fires?</p> <p><input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> U/K</p>																									
		<p>h. Did anyone attempt to put out fire?</p> <p><input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> U/K</p>																									
		<p>i. Did escape or rescue efforts worsen fire?</p> <p><input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> U/K</p>																									
		<p>j. Did any factors delay fire department arrival?</p> <p><input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> U/K</p> <p>If yes, specify:</p>																									
<p>k. Were barriers preventing safe exit?</p> <p><input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Locked door</p> <p><input type="checkbox"/> Window grate</p> <p><input type="checkbox"/> Locked window</p> <p><input type="checkbox"/> Blocked stairway</p> <p><input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> U/K</p>		<p>l. Was building a rental property?</p> <p><input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> U/K</p>																									
		<p>m. Were building/rental codes violated?</p> <p><input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> U/K</p> <p>If yes, describe in narrative.</p>																									
		<p>n. Were proper working fire extinguishers present?</p> <p><input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> U/K</p>																									
		<p>o. Was sprinkler system present?</p> <p><input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> U/K</p> <p>If yes, was it working?</p> <p><input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> U/K</p>																									
		<p>p. Were smoke detectors present?    <input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> U/K</p> <p>If yes, what type?      If yes, functioning properly?      If not functioning properly, reason:</p> <table border="0"> <tr> <td><input type="checkbox"/> Removable batteries</td> <td><input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> U/K</td> <td><input type="checkbox"/> Missing batteries</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Non-removable batteries</td> <td><input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> U/K</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Hardwired</td> <td><input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> U/K</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> U/K</td> <td><input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> U/K</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>Other, specify: _____</p> <p>If yes, was there an adequate number present?    <input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> U/K</p>		<input type="checkbox"/> Removable batteries	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<input type="checkbox"/> Missing batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Non-removable batteries	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<input type="checkbox"/> Hardwired	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<input type="checkbox"/> U/K	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
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<p>q. Suspected arson?</p> <p><input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> U/K</p>		<p>r. For scald, was hot water heater set too high?</p> <p><input type="radio"/> N/A</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes, temp. setting: _____</p> <p><input type="radio"/> U/K</p>																									
		<p>s. For electrocution, what cause:</p> <p><input type="radio"/> Electrical storm</p> <p><input type="radio"/> Faulty wiring</p> <p><input type="radio"/> Wire/product in water</p> <p><input type="radio"/> Child playing with outlet</p> <p><input type="radio"/> Other, specify:</p> <p><input type="radio"/> U/K</p>																									
		<p>t. Other, describe in detail:</p>																									
3. DROWNING																											
<p>a. Where was child last seen before drowning? Check all that apply:</p> <p><input type="checkbox"/> In water    <input type="checkbox"/> In yard</p> <p><input type="checkbox"/> On shore    <input type="checkbox"/> In bathroom</p> <p><input type="checkbox"/> On dock    <input type="checkbox"/> In house</p> <p><input type="checkbox"/> Poolside    <input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> U/K</p>		<p>b. What was child last seen doing before drowning?</p> <p><input type="radio"/> Playing    <input type="radio"/> Tubing</p> <p><input type="radio"/> Boating    <input type="radio"/> Water-skiing</p> <p><input type="radio"/> Swimming    <input type="radio"/> Sleeping</p> <p><input type="radio"/> Bathing    <input type="radio"/> Other, specify:</p> <p><input type="radio"/> Fishing</p> <p><input type="radio"/> Surfing    <input type="radio"/> U/K</p>																									
		<p>c. Was child forcibly submerged?</p> <p><input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> U/K</p>																									
		<p>d. Drowning location:</p> <p><input type="radio"/> Open water, go to e    <input type="radio"/> U/K, go to n</p> <p><input type="radio"/> Pool, hot tub, spa, go to i</p> <p><input type="radio"/> Bathtub, go to w</p> <p><input type="radio"/> Bucket, go to x</p> <p><input type="radio"/> Well/ cistern/ septic, go to n</p> <p><input type="radio"/> Toilet, go to z</p> <p><input type="radio"/> Other, specify and go to n</p>																									
<p>e. For open water, place:</p> <p><input type="radio"/> Lake    <input type="radio"/> Quarry</p> <p><input type="radio"/> River    <input type="radio"/> Gravel pit</p> <p><input type="radio"/> Pond    <input type="radio"/> Canal</p> <p><input type="radio"/> Creek    <input type="radio"/> U/K</p> <p><input type="radio"/> Ocean</p>		<p>f. For open water, contributing environmental factors:</p> <p><input type="radio"/> Weather    <input type="radio"/> Drop off</p> <p><input type="radio"/> Temperature    <input type="radio"/> Rough waves</p> <p><input type="radio"/> Current    <input type="radio"/> Other, specify:</p> <p><input type="radio"/> Rip tide/ undertow    <input type="radio"/> U/K</p>																									
		<p>g. If boating, type of boat:</p> <p><input type="radio"/> Sailboat    <input type="radio"/> Commercial</p> <p><input type="radio"/> Jet ski    <input type="radio"/> Other, specify:</p> <p><input type="radio"/> Motorboat</p> <p><input type="radio"/> Canoe</p> <p><input type="radio"/> Kayak    <input type="radio"/> U/K</p> <p><input type="radio"/> Raft</p>																									
		<p>h. For boating, was the child piloting boat?</p> <p><input type="radio"/> No    <input type="radio"/> Yes    <input type="radio"/> U/K</p>																									
<p>i. For pool, type of pool:</p> <p><input type="radio"/> Above ground</p> <p><input type="radio"/> In-ground    <input type="radio"/> Hot tub, spa</p> <p><input type="radio"/> Wading    <input type="radio"/> U/K</p>		<p>j. For pool, child found:</p> <p><input type="radio"/> In the pool/hot tub/spa</p> <p><input type="radio"/> On or under the cover</p> <p><input type="radio"/> U/K</p>																									
		<p>k. For pool, ownership is:</p> <p><input type="radio"/> Private</p> <p><input type="radio"/> Public</p> <p><input type="radio"/> U/K</p>																									
		<p>l. Length of time owners had pool/hot tub/spa:</p> <p><input type="radio"/> N/A    <input type="radio"/> &gt;1yr</p> <p><input type="radio"/> &lt;6 months    <input type="radio"/> U/K</p> <p><input type="radio"/> 6m-1 yr</p>																									



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

<p>d. Surface child fell onto:</p> <input type="radio"/> Cement/concrete <input type="radio"/> Grass <input type="radio"/> Gravel <input type="radio"/> Wood floor <input type="radio"/> Carpeted floor <input type="radio"/> Linoleum/vinyl <input type="radio"/> Marble/tile <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>e. Barrier in place:</p> <p>Check all that apply:</p> <input type="checkbox"/> None <input type="checkbox"/> Screen <input type="checkbox"/> Other window guard <input type="checkbox"/> Fence <input type="checkbox"/> Railing <input type="checkbox"/> Stairway <input type="checkbox"/> Gate <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K	<p>f. Child in a baby walker?</p> <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<p>h. For crush, did child:</p> <input type="radio"/> Climb up on object <input type="radio"/> Pull object down <input type="radio"/> Hide behind object <input type="radio"/> Go behind object <input type="radio"/> Fall out of object <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>i. For crush, object causing crush:</p> <input type="radio"/> Appliance <input type="radio"/> Television <input type="radio"/> Furniture <input type="radio"/> Walls <input type="radio"/> Playground equipment <input type="radio"/> Animal <input type="radio"/> Tree/branch <input type="radio"/> Boulders/rocks <input type="radio"/> Dirt/sand <input type="radio"/> Person, answer G6q <input type="radio"/> Commercial equipment <input type="radio"/> Farm equipment <input type="radio"/> Other, specify: <input type="radio"/> U/K										
<p><b>9. POISONING, OVERDOSE OR ACUTE INTOXICATION</b></p>														
<p>a. Type of substance involved, check all that apply:</p> <table border="0"> <tr> <td> <p><u>Prescription drug</u></p> <input type="checkbox"/> Antidepressant  <input type="checkbox"/> Blood pressure medication  <input type="checkbox"/> Pain killer (opiate)  <input type="checkbox"/> Pain killer (non-opiate)  <input type="checkbox"/> Methadone  <input type="checkbox"/> Cardiac medication  <input type="checkbox"/> Other, specify:                 </td> <td> <p><u>Over the counter drug</u></p> <input type="checkbox"/> Diet pills  <input type="checkbox"/> Stimulants  <input type="checkbox"/> Cough medicine  <input type="checkbox"/> Pain medication  <input type="checkbox"/> Children's vitamins  <input type="checkbox"/> Iron supplement  <input type="checkbox"/> Other vitamins  <input type="checkbox"/> Other, specify:                 </td> <td> <p><u>Cosmetics/personal care products</u></p> <input type="checkbox"/> Cosmetics/personal care products</td> <td> <p><u>Other substances</u></p> <input type="checkbox"/> Plants  <input type="checkbox"/> Alcohol  <input type="checkbox"/> Street drugs  <input type="checkbox"/> Pesticide  <input type="checkbox"/> Antifreeze  <input type="checkbox"/> Other chemical  <input type="checkbox"/> Herbal remedy  <input type="checkbox"/> Carbon monoxide, go to f  <input type="checkbox"/> Other fume/gas/vapor  <input type="checkbox"/> Other, specify:                 </td> <td> <input type="radio"/> U/K                 </td> </tr> <tr> <td colspan="2"> <p><u>Cleaning substances</u></p> <input type="checkbox"/> Bleach  <input type="checkbox"/> Drain cleaner  <input type="checkbox"/> Alkaline-based cleaner  <input type="checkbox"/> Solvent  <input type="checkbox"/> Other, specify:                 </td> <td colspan="3"></td> </tr> </table>					<p><u>Prescription drug</u></p> <input type="checkbox"/> Antidepressant <input type="checkbox"/> Blood pressure medication <input type="checkbox"/> Pain killer (opiate) <input type="checkbox"/> Pain killer (non-opiate) <input type="checkbox"/> Methadone <input type="checkbox"/> Cardiac medication <input type="checkbox"/> Other, specify:	<p><u>Over the counter drug</u></p> <input type="checkbox"/> Diet pills <input type="checkbox"/> Stimulants <input type="checkbox"/> Cough medicine <input type="checkbox"/> Pain medication <input type="checkbox"/> Children's vitamins <input type="checkbox"/> Iron supplement <input type="checkbox"/> Other vitamins <input type="checkbox"/> Other, specify:	<p><u>Cosmetics/personal care products</u></p> <input type="checkbox"/> Cosmetics/personal care products	<p><u>Other substances</u></p> <input type="checkbox"/> Plants <input type="checkbox"/> Alcohol <input type="checkbox"/> Street drugs <input type="checkbox"/> Pesticide <input type="checkbox"/> Antifreeze <input type="checkbox"/> Other chemical <input type="checkbox"/> Herbal remedy <input type="checkbox"/> Carbon monoxide, go to f <input type="checkbox"/> Other fume/gas/vapor <input type="checkbox"/> Other, specify:	<input type="radio"/> U/K	<p><u>Cleaning substances</u></p> <input type="checkbox"/> Bleach <input type="checkbox"/> Drain cleaner <input type="checkbox"/> Alkaline-based cleaner <input type="checkbox"/> Solvent <input type="checkbox"/> Other, specify:				
<p><u>Prescription drug</u></p> <input type="checkbox"/> Antidepressant <input type="checkbox"/> Blood pressure medication <input type="checkbox"/> Pain killer (opiate) <input type="checkbox"/> Pain killer (non-opiate) <input type="checkbox"/> Methadone <input type="checkbox"/> Cardiac medication <input type="checkbox"/> Other, specify:	<p><u>Over the counter drug</u></p> <input type="checkbox"/> Diet pills <input type="checkbox"/> Stimulants <input type="checkbox"/> Cough medicine <input type="checkbox"/> Pain medication <input type="checkbox"/> Children's vitamins <input type="checkbox"/> Iron supplement <input type="checkbox"/> Other vitamins <input type="checkbox"/> Other, specify:	<p><u>Cosmetics/personal care products</u></p> <input type="checkbox"/> Cosmetics/personal care products	<p><u>Other substances</u></p> <input type="checkbox"/> Plants <input type="checkbox"/> Alcohol <input type="checkbox"/> Street drugs <input type="checkbox"/> Pesticide <input type="checkbox"/> Antifreeze <input type="checkbox"/> Other chemical <input type="checkbox"/> Herbal remedy <input type="checkbox"/> Carbon monoxide, go to f <input type="checkbox"/> Other fume/gas/vapor <input type="checkbox"/> Other, specify:	<input type="radio"/> U/K										
<p><u>Cleaning substances</u></p> <input type="checkbox"/> Bleach <input type="checkbox"/> Drain cleaner <input type="checkbox"/> Alkaline-based cleaner <input type="checkbox"/> Solvent <input type="checkbox"/> Other, specify:														
<p>b. Where was the substance stored?</p> <input type="radio"/> Open area <input type="radio"/> Open cabinet <input type="radio"/> Closed cabinet, unlocked <input type="radio"/> Closed cabinet, locked <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>c. Was the product in its original container?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<p>f. Was the incident the result of?</p> <input type="radio"/> Accidental overdose <input type="radio"/> Medical treatment mishap <input type="radio"/> Adverse effect, but not overdose <input type="radio"/> Deliberate poisoning <input type="radio"/> Acute intoxication <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>g. Was Poison Control called?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<p>h. For CO poisoning, was a CO detector present?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K										
<p><b>10. EXPOSURE</b></p>														
<p>a. Circumstances, check all that apply:</p> <input type="checkbox"/> Abandonment <input type="checkbox"/> Left in car <input type="checkbox"/> Left in room <input type="checkbox"/> Submerged in water <input type="checkbox"/> Injured outdoors <input type="checkbox"/> Lost outdoors <input type="checkbox"/> Illegal border crossing <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K	<p>b. Condition of exposure:</p> <input type="radio"/> Hyperthermia <input type="radio"/> Hypothermia <input type="radio"/> U/K <p>_____ Ambient temp, degrees F</p>	<p>c. Number of hours exposed:</p> <p>_____</p> <input type="radio"/> U/K	<p>d. Was child wearing appropriate clothing?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K											
<p><b>11. MEDICAL CONDITION</b></p>														
<p>a. How long did the child have the medical condition?</p> <input type="radio"/> In utero <input type="radio"/> Since birth <input type="radio"/> Hours <input type="radio"/> Days <input type="radio"/> Weeks <input type="radio"/> Months <input type="radio"/> Years <input type="radio"/> U/K	<p>b. Was death expected as a result of medical condition?</p> <input type="radio"/> N/A not previously diagnosed <input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> But at a later time <input type="radio"/> U/K	<p>c. Was child receiving health care for the medical condition?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<p>d. Were the prescribed care plans appropriate for the medical condition?</p> <input type="radio"/> N/A <input type="radio"/> No, specify: <input type="radio"/> Yes <input type="radio"/> U/K											
<p>e. Was child/family compliant with the prescribed care plans?</p> <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<p>f. Was child up to date with American Academy of Pediatrics immunization schedule?</p> <input type="radio"/> N/A <input type="radio"/> No, specify: <input type="radio"/> Yes <input type="radio"/> U/K	<p>g. Was medical condition associated with an outbreak?</p> <input type="radio"/> No <input type="radio"/> Yes, specify: <input type="radio"/> U/K												

<p>h. Was environmental tobacco exposure a contributing factor in death?  <input type="radio"/> No  <input type="radio"/> Yes  <input type="radio"/> U/K</p>	<p>i. Were there access or compliance issues related to the death? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, check all that apply:</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Lack of money for care</td> <td><input type="checkbox"/> Language barriers</td> <td><input type="checkbox"/> Caregiver distrust of health care system</td> </tr> <tr> <td><input type="checkbox"/> Limitations of health insurance coverage</td> <td><input type="checkbox"/> Referrals not made</td> <td><input type="checkbox"/> Caregiver unskilled in providing care</td> </tr> <tr> <td><input type="checkbox"/> Multiple health insurance, not coordinated</td> <td><input type="checkbox"/> Specialist needed, not available</td> <td><input type="checkbox"/> Caregiver unwilling to provide care</td> </tr> <tr> <td><input type="checkbox"/> Lack of transportation</td> <td><input type="checkbox"/> Multiple providers, not coordinated</td> <td><input type="checkbox"/> Caregiver's partner would not allow care</td> </tr> <tr> <td><input type="checkbox"/> No phone</td> <td><input type="checkbox"/> Lack of child care</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Cultural differences</td> <td><input type="checkbox"/> Lack of family or social support</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Religious objections to care</td> <td><input type="checkbox"/> Services not available</td> <td><input type="checkbox"/> U/K</td> </tr> </table>	<input type="checkbox"/> Lack of money for care	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Caregiver distrust of health care system	<input type="checkbox"/> Limitations of health insurance coverage	<input type="checkbox"/> Referrals not made	<input type="checkbox"/> Caregiver unskilled in providing care	<input type="checkbox"/> Multiple health insurance, not coordinated	<input type="checkbox"/> Specialist needed, not available	<input type="checkbox"/> Caregiver unwilling to provide care	<input type="checkbox"/> Lack of transportation	<input type="checkbox"/> Multiple providers, not coordinated	<input type="checkbox"/> Caregiver's partner would not allow care	<input type="checkbox"/> No phone	<input type="checkbox"/> Lack of child care	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Cultural differences	<input type="checkbox"/> Lack of family or social support		<input type="checkbox"/> Religious objections to care	<input type="checkbox"/> Services not available	<input type="checkbox"/> U/K							
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<b>12. OTHER CAUSE, UNDETERMINED CAUSE OR UNKNOWN CAUSE</b>																													
Specify cause, describe in detail here or in narrative:																													
<b>H. OTHER CIRCUMSTANCES OF INCIDENT- ANSWER RELEVANT SECTIONS</b>																													
<b>1. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE: WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT?</b> <input type="radio"/> No, go to H2 <input type="radio"/> Yes <input type="radio"/> U/K, go to H2																													
<p>a. Incident sleep place:</p> <table style="width:100%; border: none;"> <tr> <td><input type="radio"/> Crib</td> <td><input type="radio"/> Playpen/other play structure but not portable crib</td> <td rowspan="2">If adult bed, what type?  <input type="radio"/> Twin  <input type="radio"/> Full  <input type="radio"/> Queen  <input type="radio"/> King  <input type="radio"/> Other, specify:  <input type="radio"/> U/K</td> </tr> <tr> <td>If crib, type:  <input type="radio"/> Not portable  <input type="radio"/> Portable, e.g. pack-n-play  <input type="radio"/> Unknown crib type</td> <td><input type="radio"/> Couch  <input type="radio"/> Chair  <input type="radio"/> Floor  <input type="radio"/> Car seat</td> </tr> <tr> <td><input type="radio"/> Bassinette</td> <td><input type="radio"/> Stroller</td> <td></td> </tr> <tr> <td><input type="radio"/> Adult bed</td> <td><input type="radio"/> Other, specify:</td> <td></td> </tr> <tr> <td><input type="radio"/> Waterbed</td> <td><input type="radio"/> U/K</td> <td></td> </tr> </table>	<input type="radio"/> Crib	<input type="radio"/> Playpen/other play structure but not portable crib	If adult bed, what type? <input type="radio"/> Twin <input type="radio"/> Full <input type="radio"/> Queen <input type="radio"/> King <input type="radio"/> Other, specify: <input type="radio"/> U/K	If crib, type: <input type="radio"/> Not portable <input type="radio"/> Portable, e.g. pack-n-play <input type="radio"/> Unknown crib type	<input type="radio"/> Couch <input type="radio"/> Chair <input type="radio"/> Floor <input type="radio"/> Car seat	<input type="radio"/> Bassinette	<input type="radio"/> Stroller		<input type="radio"/> Adult bed	<input type="radio"/> Other, specify:		<input type="radio"/> Waterbed	<input type="radio"/> U/K		<p>b. Child put to sleep:  <input type="radio"/> On back  <input type="radio"/> On stomach  <input type="radio"/> On side  <input type="radio"/> U/K</p> <p>c. Child found:  <input type="radio"/> On back  <input type="radio"/> On stomach  <input type="radio"/> On side  <input type="radio"/> U/K</p>														
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<p>g. Child in a new or different environment than usual?  <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, specify:</p>	<p>h. Child last placed to sleep with a pacifier?  <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>i. Was a fan being used in the room at the time of death?  <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, type:</p>																											
<p>j. Circumstances when child found:</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; vertical-align: top;"> <p><u>Child's airway was:</u></p> <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</td> <td style="width:33%; vertical-align: top;"> <p><u>Child's position most relevant to death:</u></p> <input type="radio"/> On top of  <input type="radio"/> Under  <input type="radio"/> Between  <input type="radio"/> Wedged into  <input type="radio"/> Pressed into  <input type="radio"/> Fell or rolled onto  <input type="radio"/> Tangled in  <input type="radio"/> Other, specify:  <input type="radio"/> U/K</td> <td style="width:33%; vertical-align: top;"> <p><u>With what objects or persons, check all that apply:</u></p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Adult(s)</td> <td><input type="checkbox"/> Water bed mattress</td> <td><input type="checkbox"/> Clothing</td> </tr> <tr> <td><input type="checkbox"/> Child(ren)</td> <td><input type="checkbox"/> Air mattress</td> <td><input type="checkbox"/> Cord</td> </tr> <tr> <td><input type="checkbox"/> Animal(s)</td> <td><input type="checkbox"/> Bumper pads</td> <td><input type="checkbox"/> Plastic bag</td> </tr> <tr> <td><input type="checkbox"/> Blanket</td> <td><input type="checkbox"/> Crib rail</td> <td><input type="checkbox"/> Wall</td> </tr> <tr> <td><input type="checkbox"/> Pillow</td> <td><input type="checkbox"/> Couch</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Comforter</td> <td><input type="checkbox"/> Chair, type:</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mattress</td> <td><input type="checkbox"/> Car seat/stroller</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Pillow-top mattress</td> <td><input type="checkbox"/> Stuffed toy</td> <td></td> </tr> </table> </td> </tr> </table>			<p><u>Child's airway was:</u></p> <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><u>Child's position most relevant to death:</u></p> <input type="radio"/> On top of <input type="radio"/> Under <input type="radio"/> Between <input type="radio"/> Wedged into <input type="radio"/> Pressed into <input type="radio"/> Fell or rolled onto <input type="radio"/> Tangled in <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p><u>With what objects or persons, check all that apply:</u></p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Adult(s)</td> <td><input type="checkbox"/> Water bed mattress</td> <td><input type="checkbox"/> Clothing</td> </tr> <tr> <td><input type="checkbox"/> Child(ren)</td> <td><input type="checkbox"/> Air mattress</td> <td><input type="checkbox"/> Cord</td> </tr> <tr> <td><input type="checkbox"/> Animal(s)</td> <td><input type="checkbox"/> Bumper pads</td> <td><input type="checkbox"/> Plastic bag</td> </tr> <tr> <td><input type="checkbox"/> Blanket</td> <td><input type="checkbox"/> Crib rail</td> <td><input type="checkbox"/> Wall</td> </tr> <tr> <td><input type="checkbox"/> Pillow</td> <td><input type="checkbox"/> Couch</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Comforter</td> <td><input type="checkbox"/> Chair, type:</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mattress</td> <td><input type="checkbox"/> Car seat/stroller</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Pillow-top mattress</td> <td><input type="checkbox"/> Stuffed toy</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult(s)	<input type="checkbox"/> Water bed mattress	<input type="checkbox"/> Clothing	<input type="checkbox"/> Child(ren)	<input type="checkbox"/> Air mattress	<input type="checkbox"/> Cord	<input type="checkbox"/> Animal(s)	<input type="checkbox"/> Bumper pads	<input type="checkbox"/> Plastic bag	<input type="checkbox"/> Blanket	<input type="checkbox"/> Crib rail	<input type="checkbox"/> Wall	<input type="checkbox"/> Pillow	<input type="checkbox"/> Couch	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Comforter	<input type="checkbox"/> Chair, type:		<input type="checkbox"/> Mattress	<input type="checkbox"/> Car seat/stroller	<input type="checkbox"/> U/K	<input type="checkbox"/> Pillow-top mattress	<input type="checkbox"/> Stuffed toy	
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<p>k. Caregiver/supervisor fell asleep while feeding child? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K                  If yes, type of feeding:  <input type="radio"/> Bottle  <input type="radio"/> Breast  <input type="radio"/> U/K</p>	<p>l. Child sleeping in the same room as caregiver/supervisor at time of death?  <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>m. Child sleeping on same surface with person(s) or animal(s)? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K                  If yes, check all that apply:</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> With adult(s): # ___ <input type="checkbox"/> #U/K</td> <td>Adult obese: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> With other children: # ___ <input type="checkbox"/> #U/K</td> <td>Children's ages: _____</td> </tr> <tr> <td><input type="checkbox"/> With animal(s): # ___ <input type="checkbox"/> #U/K</td> <td>Type(s) of animal: _____</td> </tr> <tr> <td><input type="checkbox"/> U/K</td> <td></td> </tr> </table>	<input type="checkbox"/> With adult(s): # ___ <input type="checkbox"/> #U/K	Adult obese: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<input type="checkbox"/> With other children: # ___ <input type="checkbox"/> #U/K	Children's ages: _____	<input type="checkbox"/> With animal(s): # ___ <input type="checkbox"/> #U/K	Type(s) of animal: _____	<input type="checkbox"/> U/K																				
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<b>2. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT?</b> <input type="radio"/> No, go to H3 <input type="radio"/> Yes <input type="radio"/> U/K, go to H3																													
<p>a. Describe product and circumstances:</p>	<p>b. Was product used properly?  <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>c. Is a recall in place?  <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>d. Did product have safety label?  <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>e. Was Consumer Product Safety Commission (CPSC) notified?  <input type="radio"/> No, call 1-800-638-2772 to file report  <input type="radio"/> Yes <input type="radio"/> U/K</p>																									

<b>3. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME?</b> <span style="float: right;"><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</span>																																																														
a. Type of crime, check all that apply:																																																														
<input type="checkbox"/> Robbery/burglary <input type="checkbox"/> Other assault <input type="checkbox"/> Arson <input type="checkbox"/> Illegal border crossing <input type="checkbox"/> U/K <input type="checkbox"/> Interpersonal violence <input type="checkbox"/> Gang conflict <input type="checkbox"/> Prostitution <input type="checkbox"/> Auto theft <input type="checkbox"/> Sexual assault <input type="checkbox"/> Drug trade <input type="checkbox"/> Witness intimidation <input type="checkbox"/> Other, specify:																																																														
<b>I. ACTS OF OMISSION OR COMMISSION INCLUDING POOR SUPERVISION, CHILD ABUSE &amp; NEGLECT, ASSAULTS, AND SUICIDE</b>																																																														
<b>Type of Act</b>																																																														
1. Did any act(s) of omission or commission cause and/or contribute to the death? <input type="radio"/> No, go to Section J <input type="radio"/> Yes <input type="radio"/> Probable <input type="radio"/> U/K, go to Section J  If yes/probable, were the act(s) either or both? Check all that apply: <input type="checkbox"/> The direct cause of death <input type="checkbox"/> The contributing cause of death	2. Was the act(s): Check only one per column.  <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Caused</th> <th style="text-align: left; border-bottom: 1px solid black;">Contributed</th> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Unintentional</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Intentional</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Undetermined intent</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> U/K</td> </tr> </table>	Caused	Contributed	<input type="radio"/>	<input type="radio"/> Unintentional	<input type="radio"/>	<input type="radio"/> Intentional	<input type="radio"/>	<input type="radio"/> Undetermined intent	<input type="radio"/>	<input type="radio"/> U/K	3. What acts caused or contributed to the death? Check only one per column and describe in narrative.  <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Caused</th> <th style="text-align: left; border-bottom: 1px solid black;">Contributed</th> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Poor/absent supervision, go to 11</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Child abuse, go to 4</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Child neglect, go to 9</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Other negligence, go to 10</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Assault, not child abuse, go to 11</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Religious/cultural practices, go to 11</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Suicide, go to 28</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Medical misadventure, specify and go to 12</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Other, specify and go to 11</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> U/K, go to 11</td> </tr> </table>		Caused	Contributed	<input type="radio"/>	<input type="radio"/> Poor/absent supervision, go to 11	<input type="radio"/>	<input type="radio"/> Child abuse, go to 4	<input type="radio"/>	<input type="radio"/> Child neglect, go to 9	<input type="radio"/>	<input type="radio"/> Other negligence, go to 10	<input type="radio"/>	<input type="radio"/> Assault, not child abuse, go to 11	<input type="radio"/>	<input type="radio"/> Religious/cultural practices, go to 11	<input type="radio"/>	<input type="radio"/> Suicide, go to 28	<input type="radio"/>	<input type="radio"/> Medical misadventure, specify and go to 12	<input type="radio"/>	<input type="radio"/> Other, specify and go to 11	<input type="radio"/>	<input type="radio"/> U/K, go to 11																											
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4. Child abuse, type. Check all that apply and describe in narrative.  <input type="checkbox"/> Physical, go to 5 <input type="checkbox"/> Emotional, specify and go to 11 <input type="checkbox"/> Sexual, specify and go to 11 <input type="checkbox"/> U/K, go to 11	5. Type of physical abuse, check all that apply:  <input type="checkbox"/> Abusive head trauma, go to 6 <input type="checkbox"/> Chronic Battered Child Syndrome, go to 8 <input type="checkbox"/> Beating/kicking, go to 8 <input type="checkbox"/> Scalding or burning, go to 8 <input type="checkbox"/> Munchausen Syndrome by Proxy, go to 8 <input type="checkbox"/> Other, specify and go to 8 <input type="checkbox"/> U/K, go to 8	6. For abusive head trauma, were there retinal hemorrhages? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K  7. For abusive head trauma, was the child shaken? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K  If yes, was there impact? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	8. Events(s) triggering physical abuse, check all that apply:  <input type="checkbox"/> None <input type="checkbox"/> Crying <input type="checkbox"/> Toilet training <input type="checkbox"/> Disobedience <input type="checkbox"/> Feeding problems <input type="checkbox"/> Domestic argument <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K																																																											
9. Child neglect, check all that apply: <input type="checkbox"/> Failure to protect from hazards, specify: <input type="checkbox"/> Failure to provide necessities <input type="checkbox"/> Food <input type="checkbox"/> Shelter <input type="checkbox"/> Other, specify:  <input type="checkbox"/> Failure to seek/follow treatment, specify: <input type="checkbox"/> Emotional neglect, specify: <input type="checkbox"/> Abandonment, specify: <input type="checkbox"/> U/K		10. Other negligence: <input type="radio"/> Vehicular <input type="radio"/> Other, specify:  <input type="radio"/> U/K	11. Was act(s) of omission/commission:  <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Caused</th> <th style="text-align: left; border-bottom: 1px solid black;">Contributed</th> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Chronic with child</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Pattern in family or with perpetrator</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Isolated incident</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> U/K</td> </tr> </table>		Caused	Contributed	<input type="radio"/>	<input type="radio"/> Chronic with child	<input type="radio"/>	<input type="radio"/> Pattern in family or with perpetrator	<input type="radio"/>	<input type="radio"/> Isolated incident	<input type="radio"/>	<input type="radio"/> U/K																																																
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<input type="radio"/>	<input type="radio"/> Isolated incident																																																													
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<b>Person(s) Responsible</b>																																																														
12. Is person the caregiver or supervisor in previous section?  <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Caused</th> <th style="text-align: left; border-bottom: 1px solid black;">Contributed</th> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> No</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Yes, caregiver one, go to 25</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Yes, caregiver two, go to 25</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Yes, supervisor, go to 26</td> </tr> </table>		Caused	Contributed	<input type="radio"/>	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/> Yes, caregiver one, go to 25	<input type="radio"/>	<input type="radio"/> Yes, caregiver two, go to 25	<input type="radio"/>	<input type="radio"/> Yes, supervisor, go to 26	13. Primary person responsible for action(s) that caused and/or contributed to death: Select no more than one person for caused and one person for contributed.  <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Caused</th> <th style="text-align: left; border-bottom: 1px solid black;">Contributed</th> <th style="text-align: left; border-bottom: 1px solid black;">Caused</th> <th style="text-align: left; border-bottom: 1px solid black;">Contributed</th> <th style="text-align: left; border-bottom: 1px solid black;">Caused</th> <th style="text-align: left; border-bottom: 1px solid black;">Contributed</th> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Self, go to 25</td> <td><input type="radio"/></td> <td><input type="radio"/> Grandparent</td> <td><input type="radio"/></td> <td><input type="radio"/> Medical provider</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Biological parent</td> <td><input type="radio"/></td> <td><input type="radio"/> Sibling</td> <td><input type="radio"/></td> <td><input type="radio"/> Institutional staff</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Adoptive parent</td> <td><input type="radio"/></td> <td><input type="radio"/> Other relative</td> <td><input type="radio"/></td> <td><input type="radio"/> Babysitter</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Stepparent</td> <td><input type="radio"/></td> <td><input type="radio"/> Friend</td> <td><input type="radio"/></td> <td><input type="radio"/> Licensed child care worker</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Foster parent</td> <td><input type="radio"/></td> <td><input type="radio"/> Acquaintance</td> <td><input type="radio"/></td> <td><input type="radio"/> Other, specify:</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Mother's partner</td> <td><input type="radio"/></td> <td><input type="radio"/> Child's boyfriend or girlfriend</td> <td><input type="radio"/></td> <td><input type="radio"/> U/K</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Father's partner</td> <td><input type="radio"/></td> <td><input type="radio"/> Stranger</td> <td><input type="radio"/></td> <td></td> </tr> </table>			Caused	Contributed	Caused	Contributed	Caused	Contributed	<input type="radio"/>	<input type="radio"/> Self, go to 25	<input type="radio"/>	<input type="radio"/> Grandparent	<input type="radio"/>	<input type="radio"/> Medical provider	<input type="radio"/>	<input type="radio"/> Biological parent	<input type="radio"/>	<input type="radio"/> Sibling	<input type="radio"/>	<input type="radio"/> Institutional staff	<input type="radio"/>	<input type="radio"/> Adoptive parent	<input type="radio"/>	<input type="radio"/> Other relative	<input type="radio"/>	<input type="radio"/> Babysitter	<input type="radio"/>	<input type="radio"/> Stepparent	<input type="radio"/>	<input type="radio"/> Friend	<input type="radio"/>	<input type="radio"/> Licensed child care worker	<input type="radio"/>	<input type="radio"/> Foster parent	<input type="radio"/>	<input type="radio"/> Acquaintance	<input type="radio"/>	<input type="radio"/> Other, specify:	<input type="radio"/>	<input type="radio"/> Mother's partner	<input type="radio"/>	<input type="radio"/> Child's boyfriend or girlfriend	<input type="radio"/>	<input type="radio"/> U/K	<input type="radio"/>	<input type="radio"/> Father's partner	<input type="radio"/>	<input type="radio"/> Stranger	<input type="radio"/>	
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14. Person's age in years:  <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Caused</th> <th style="text-align: left; border-bottom: 1px solid black;">Contributed</th> </tr> <tr> <td>_____</td> <td>_____ # Years</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> U/K</td> </tr> </table>	Caused	Contributed	_____	_____ # Years	<input type="radio"/>	<input type="radio"/> U/K	15. Person's sex:  <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Caused</th> <th style="text-align: left; border-bottom: 1px solid black;">Contributed</th> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Male</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Female</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> U/K</td> </tr> </table>	Caused	Contributed	<input type="radio"/>	<input type="radio"/> Male	<input type="radio"/>	<input type="radio"/> Female	<input type="radio"/>	<input type="radio"/> U/K	16. Does person speak English?  <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Caused</th> <th style="text-align: left; border-bottom: 1px solid black;">Contributed</th> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> No</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Yes</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> U/K</td> </tr> </table> If no, language spoken:	Caused	Contributed	<input type="radio"/>	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/> Yes	<input type="radio"/>	<input type="radio"/> U/K	17. Person on active military duty?  <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Caused</th> <th style="text-align: left; border-bottom: 1px solid black;">Contributed</th> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> No</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> Yes</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/> U/K</td> </tr> </table> If yes, specify branch:	Caused	Contributed	<input type="radio"/>	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/> Yes	<input type="radio"/>	<input type="radio"/> U/K																													
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<p>18. Person have history of substance abuse?</p> <p><u>Caused</u>   <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No  <input type="radio"/> <input type="radio"/> Yes  <input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Alcohol  <input type="checkbox"/> <input type="checkbox"/> Cocaine  <input type="checkbox"/> <input type="checkbox"/> Marijuana  <input type="checkbox"/> <input type="checkbox"/> Methamphetamine  <input type="checkbox"/> <input type="checkbox"/> Opiates  <input type="checkbox"/> <input type="checkbox"/> Prescription drugs  <input type="checkbox"/> <input type="checkbox"/> Over-the-counter  <input type="checkbox"/> <input type="checkbox"/> Other, specify:  <input type="checkbox"/> <input type="checkbox"/> U/K</p>	<p>19. Person have history of child maltreatment as victim?</p> <p><u>Caused</u>   <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No  <input type="radio"/> <input type="radio"/> Yes  <input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical  <input type="checkbox"/> <input type="checkbox"/> Neglect  <input type="checkbox"/> <input type="checkbox"/> Sexual  <input type="checkbox"/> <input type="checkbox"/> Emotional/psychological  <input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>_____ # CPS referrals          _____ # Substantiations</p> <p><input type="checkbox"/> <input type="checkbox"/> Ever in foster care or adopted?</p>	<p>20. Person have history of child maltreatment as a perpetrator?</p> <p><u>Caused</u>   <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No  <input type="radio"/> <input type="radio"/> Yes  <input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical  <input type="checkbox"/> <input type="checkbox"/> Neglect  <input type="checkbox"/> <input type="checkbox"/> Sexual  <input type="checkbox"/> <input type="checkbox"/> Emotional/psychological  <input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>_____ # CPS referrals          _____ # Substantiations</p> <p><input type="checkbox"/> <input type="checkbox"/> CPS prevention services?  <input type="checkbox"/> <input type="checkbox"/> Family Preservation svcs?  <input type="checkbox"/> <input type="checkbox"/> Children ever removed?</p>	<p>21. Person have disability or chronic illness?</p> <p><u>Caused</u>   <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No  <input type="radio"/> <input type="radio"/> Yes  <input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical, specify:  <input type="checkbox"/> <input type="checkbox"/> Mental, specify:  <input type="checkbox"/> <input type="checkbox"/> Sensory, specify:  <input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>If mental, was caregiver receiving services?</p> <p><input type="radio"/> <input type="radio"/> No  <input type="radio"/> <input type="radio"/> Yes  <input type="radio"/> <input type="radio"/> U/K</p>																																																																																
<p>22. Person have prior child deaths?</p> <p><u>Caused</u>   <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No  <input type="radio"/> <input type="radio"/> Yes  <input type="radio"/> <input type="radio"/> U/K</p>	<p>If yes, check all that apply:</p> <p><u>Caused</u>   <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Child abuse # _____  <input type="checkbox"/> <input type="checkbox"/> Child neglect # _____  <input type="checkbox"/> <input type="checkbox"/> Accident # _____  <input type="checkbox"/> <input type="checkbox"/> Suicide # _____  <input type="checkbox"/> <input type="checkbox"/> SIDS # _____  <input type="checkbox"/> <input type="checkbox"/> Other # _____          Other, specify:  <input type="checkbox"/> <input type="checkbox"/> U/K</p>	<p>23. Person have history of intimate partner violence?</p> <p><u>Caused</u>   <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> No  <input type="checkbox"/> <input type="checkbox"/> Yes, as victim  <input type="checkbox"/> <input type="checkbox"/> Yes, as perpetrator  <input type="checkbox"/> <input type="checkbox"/> U/K</p>	<p>24. Person have delinquent/criminal history?</p> <p><u>Caused</u>   <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No  <input type="radio"/> <input type="radio"/> Yes  <input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Assaults  <input type="checkbox"/> <input type="checkbox"/> Robbery  <input type="checkbox"/> <input type="checkbox"/> Drugs  <input type="checkbox"/> <input type="checkbox"/> Other, specify:  <input type="checkbox"/> <input type="checkbox"/> U/K</p>																																																																																
<p>25. At time of incident was person, check all that apply:</p> <p><u>Caused</u>   <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Drug impaired?  <input type="checkbox"/> <input type="checkbox"/> Alcohol impaired?  <input type="checkbox"/> <input type="checkbox"/> Asleep?  <input type="checkbox"/> <input type="checkbox"/> Distracted?  <input type="checkbox"/> <input type="checkbox"/> Absent?  <input type="checkbox"/> <input type="checkbox"/> Impaired by illness? Specify:  <input type="checkbox"/> <input type="checkbox"/> Impaired by disability? Specify:  <input type="checkbox"/> <input type="checkbox"/> Other? Specify:</p>	<p>26. Does person have, check all that apply:</p> <p><u>Caused</u>   <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Prior history of similar acts?  <input type="checkbox"/> <input type="checkbox"/> Prior arrests?  <input type="checkbox"/> <input type="checkbox"/> Prior convictions?</p>	<p>27. Legal outcomes in this death, check all that apply:</p> <p><u>Caused</u>   <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> No charges filed  <input type="checkbox"/> <input type="checkbox"/> Charges pending  <input type="checkbox"/> <input type="checkbox"/> Charges filed, specify:  <input type="checkbox"/> <input type="checkbox"/> Confession  <input type="checkbox"/> <input type="checkbox"/> Plead, specify:  <input type="checkbox"/> <input type="checkbox"/> Not guilty verdict  <input type="checkbox"/> <input type="checkbox"/> Guilty verdict, specify:  <input type="checkbox"/> <input type="checkbox"/> Tort charges, specify:  <input type="checkbox"/> <input type="checkbox"/> U/K</p>																																																																																	
<p align="center"><b>For Suicide</b></p>																																																																																			
<p>28. For suicide, select yes, no or u/k for each question. Describe answers in narrative.</p> <table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> <th>U/K</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>A note was left?</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Child talked about suicide?</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Prior suicide threats were made?</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Prior attempts were made?</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Suicide was completely unexpected?</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Child had a history of running away?</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Child had a history of self mutilation?</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>There is a family history of suicide?</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Suicide was part of a murder-suicide?</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Suicide was part of a suicide pact?</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Suicide was part of a suicide cluster?</td> </tr> </tbody> </table>		Yes	No	U/K		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A note was left?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child talked about suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Prior suicide threats were made?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Prior attempts were made?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suicide was completely unexpected?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child had a history of running away?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child had a history of self mutilation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	There is a family history of suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suicide was part of a murder-suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suicide was part of a suicide pact?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suicide was part of a suicide cluster?	<p>29. For suicide, was there a history of acute or cumulative personal crisis that may have contributed to the child's despondency? Check all that apply:</p> <table border="0"> <tbody> <tr> <td><input type="checkbox"/> None known</td> <td><input type="checkbox"/> Physical abuse/assault</td> </tr> <tr> <td><input type="checkbox"/> Family discord</td> <td><input type="checkbox"/> Rape/sexual abuse</td> </tr> <tr> <td><input type="checkbox"/> Parents' divorce/separation</td> <td><input type="checkbox"/> Problems with the law</td> </tr> <tr> <td><input type="checkbox"/> Argument with parents/caregivers</td> <td><input type="checkbox"/> Drugs/alcohol</td> </tr> <tr> <td><input type="checkbox"/> Argument with boyfriend/girlfriend</td> <td><input type="checkbox"/> Sexual orientation</td> </tr> <tr> <td><input type="checkbox"/> Breakup with boyfriend/girlfriend</td> <td><input type="checkbox"/> Religious/cultural issues</td> </tr> <tr> <td><input type="checkbox"/> Argument with other friends</td> <td><input type="checkbox"/> Job problems</td> </tr> <tr> <td><input type="checkbox"/> Rumor mongering</td> <td><input type="checkbox"/> Money problems</td> </tr> <tr> <td><input type="checkbox"/> Suicide by friend or relative</td> <td><input type="checkbox"/> Gambling problems</td> </tr> <tr> <td><input type="checkbox"/> Other death of friend or relative</td> <td><input type="checkbox"/> Involvement in cult activities</td> </tr> <tr> <td><input type="checkbox"/> Bullying as victim</td> <td><input type="checkbox"/> Involvement in computer or video games</td> </tr> <tr> <td><input type="checkbox"/> Bullying as perpetrator</td> <td><input type="checkbox"/> Involvement with the Internet, specify:</td> </tr> <tr> <td><input type="checkbox"/> School failure</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Move/new school</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Other serious school problems</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Pregnancy</td> <td></td> </tr> </tbody> </table>		<input type="checkbox"/> None known	<input type="checkbox"/> Physical abuse/assault	<input type="checkbox"/> Family discord	<input type="checkbox"/> Rape/sexual abuse	<input type="checkbox"/> Parents' divorce/separation	<input type="checkbox"/> Problems with the law	<input type="checkbox"/> Argument with parents/caregivers	<input type="checkbox"/> Drugs/alcohol	<input type="checkbox"/> Argument with boyfriend/girlfriend	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Breakup with boyfriend/girlfriend	<input type="checkbox"/> Religious/cultural issues	<input type="checkbox"/> Argument with other friends	<input type="checkbox"/> Job problems	<input type="checkbox"/> Rumor mongering	<input type="checkbox"/> Money problems	<input type="checkbox"/> Suicide by friend or relative	<input type="checkbox"/> Gambling problems	<input type="checkbox"/> Other death of friend or relative	<input type="checkbox"/> Involvement in cult activities	<input type="checkbox"/> Bullying as victim	<input type="checkbox"/> Involvement in computer or video games	<input type="checkbox"/> Bullying as perpetrator	<input type="checkbox"/> Involvement with the Internet, specify:	<input type="checkbox"/> School failure	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Move/new school	<input type="checkbox"/> U/K	<input type="checkbox"/> Other serious school problems		<input type="checkbox"/> Pregnancy	
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<input type="checkbox"/> Other death of friend or relative	<input type="checkbox"/> Involvement in cult activities																																																																																		
<input type="checkbox"/> Bullying as victim	<input type="checkbox"/> Involvement in computer or video games																																																																																		
<input type="checkbox"/> Bullying as perpetrator	<input type="checkbox"/> Involvement with the Internet, specify:																																																																																		
<input type="checkbox"/> School failure	<input type="checkbox"/> Other, specify:																																																																																		
<input type="checkbox"/> Move/new school	<input type="checkbox"/> U/K																																																																																		
<input type="checkbox"/> Other serious school problems																																																																																			
<input type="checkbox"/> Pregnancy																																																																																			

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

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

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

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