NATIONAL CFRP
Center for Fatality Review & Prevention

Saving Lives Together

# CDR REPORT FORM

*Version 6.0*

## National Fatality Review Case Reporting System

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# SAVING LIVES TOGETHER

## Instructions:

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

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

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

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

Many teams ask what is the difference between leaving a question blank and selecting the response "unknown." A question should be marked "unknown" if an attempt was made to find the answer but no clear or satisfactory response was obtained. A question should be left blank (unanswered) if no attempt was made to find the answer. "N/A" stands for "not applicable" and should be used if the question does not apply.

Throughout the form, a plus sign (+) beside a question indicates that the question is skipped for fetal deaths.

## Reminder:

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

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

## CASE NUMBER

_____ /_____/_____/_____
State / County or Team Number / Year of Review / Sequence of Review

Case Type: ○ Death ○ Near death/serious injury ○ Not born alive (fetal/stillborn)

☐ Child never left hospital following birth

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

## A. CHILD INFORMATION

### A1. CHILD INFORMATION (COMPLETE FOR ALL AGES)

A + symbol means that the question is skipped for fetal deaths.

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

2. Date of birth: ☐ U/K
___/___/___
mm dd yyyy

3. Date of death: ☐ U/K
___/___/___
mm dd yyyy

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

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

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

7. Sex:
○ Male
○ Female
○ U/K

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

9. Child's weight at death+: ☐ U/K
○ Pounds/ounces ___/___
○ Grams/kilograms _____

10. Child's height at death+: ☐ U/K
○ Feet/inches ___/___
○ Cm _____

11. State of death:

12. County of death:

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

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

15. Child's health insurance, check all that apply+:
☐ None ☐ Medicaid ☐ Indian Health Service ☐ U/K
☐ Private ☐ State plan ☐ Other, specify:

16. Was the child up to date with the Centers for Disease Control and Prevention (CDC) immunization schedule+?
○ NA ○ Yes ○ No, specify: ○ U/K

17. Household income:
○ High ○ Medium ○ Low ○ U/K

If the child never left the hospital following birth, go to A2.

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

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

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

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

22. Number of other children living with child:
_____ ☐ U/K

23. Child had history of child maltreatment as victim?
○ Yes ○ No ○ U/K
If yes, check all that apply:
☐ Physical
☐ Neglect
☐ Sexual
☐ Emotional/psychological
☐ U/K
If yes, how was history identified:
○ Through CPS
○ Other sources
If through CPS:
_____ # CPS referrals
_____ # Substantiations

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

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

26. How many months prior to death did child last have contact with a health care provider? ____

### A2. COMPLETE FOR CHILDREN OVER ONE YEAR OLD

27. Child's highest education level:
○ N/A ○ Home schooled, 9-12
○ None ○ Drop out
○ Preschool ○ HS graduate/GED
○ Grade K-8 ○ College
○ Grade 9-12 ○ U/K
○ Home schooled, K-8

28. Child's work status:
○ N/A
○ Employed
○ Not working
○ U/K

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

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

31. Child had received prior mental health services?
○ N/A ○ Yes ○ No ○ U/K
If yes, check all that apply:
☐ Outpatient
☐ Day treatment/partial hospitalization
☐ Residential

32. Child was receiving mental health services?
○ N/A ○ Yes ○ No ○ U/K
If yes, check all that apply:
☐ Outpatient ☐ Residential
☐ Day treatment/partial hospitalization

33. Child on medications for mental health illness?
○ N/A ○ Yes ○ No ○ U/K

34. Child had emergency department visit for mental health care within the previous 12 months?
○ N/A ○ Yes ○ No ○ U/K
If yes, did the child have a follow-up mental health appointment within 30 days of emergency department visit?
○ Yes ○ No ○ U/K

35. Child was hospitalized for mental health care within the previous 12 months?
○ N/A ○ Yes ○ No ○ U/K
If yes, did the child have a follow-up mental health appointment within 30 days of discharge from the hospital?
○ Yes ○ No ○ U/K

36. Issues prevented child from receiving mental health services?
○ N/A ○ Yes ○ No ○ U/K
If yes, specify:

37. Child had history of substance use or abuse?
○ N/A ○ Yes ○ No ○ U/K
If yes, check all that apply:
☐ Alcohol ☐ Prescription drugs, specify:
☐ Cocaine ☐ Over-the-counter drugs, specify:
☐ Marijuana ☐ Tobacco/nicotine, specify type:
☐ Methamphetamine ☐ Other, specify:
☐ Opioids ☐ U/K
If yes, did the child receive treatment?
○ Yes ○ No ○ U/K
If yes, type? Check all that apply:
☐ Outpatient ☐ Day treatment/partial hospital
☐ Inpatient/detox ☐ Residential
If yes, age at first use: _____ ☐ U/K

38. Child had delinquent or criminal history?
○ N/A ○ Yes ○ No ○ U/K
If yes, check all that apply:
☐ Assault ☐ Weapon offense
☐ Robbery/theft
☐ Drugs/alcohol ☐ Other, specify:
☐ Misbehavior ☐ U/K (truancy, destruction of property, trespassing)

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

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

41. What was child's gender identity?
○ No identity expressed
○ Male, not transgender
○ Female, not transgender
○ Transgender male
○ Transgender female
○ Non-binary
○ Other, specify:
○ U/K

42. What was child's sexual orientation?
○ No orientation expressed
○ Straight/heterosexual ○ Questioning
○ Gay/lesbian ○ Other, specify:
○ Bisexual ○ U/K

**A3. COMPLETE FOR ALL FETAL/INFANTS UNDER ONE YEAR** A + symbol means that the question is skipped for fetal deaths.

43. Was this case reviewed by both a Fetal/Infant Mortality Review (FIMR) and Child Death Review (CDR/CFR) team? ○ Yes ○ No ○ U/K

44. Gestational age:
☐ U/K
_____ # weeks

45. Birth weight: ☐ U/K
○ Grams/kilograms _____
○ Pounds/ounces ____/____

46. Multiple gestation pregnancy?
○ Yes, # of fetuses _____
○ No ○ U/K

47. Including the deceased infant, how many pregnancies did the childbearing parent have? # ___ ☐ U/K

48. Including the deceased infant, how many live births did the childbearing parent have? # _____ ☐ U/K

49. Not including the deceased infant, number of children childbearing parent still has living?
# _____ ☐ U/K

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

51. Were there access or barrier issues related to prenatal care? ○ Yes ○ No ○ U/K If yes, check all that apply:
☐ Lack of money for care
☐ Limitations of health insurance coverage
☐ Lack of transportation
☐ Cultural differences
☐ Language barriers
☐ Couldn't get provider to take as patient
☐ Multiple providers, not coordinated
☐ Couldn't get an earlier appointment
☐ Lack of child care
☐ Lack of family/social support
☐ Services not available
☐ Distrust of health care system
☐ Unwilling to obtain care
☐ Didn't know where to go
☐ Didn't think they were pregnant
☐ Other, specify:
☐ U/K

52. During pregnancy, did the childbearing parent have any medical conditions/complications? ○ Yes ○ No ○ U/K If yes, check all that apply:

Cardiovascular
☐ Hypertension - gestational
☐ Hypertension - chronic
☐ Pre-eclampsia
☐ Eclampsia
☐ Clotting disorder

Hematologic
☐ Sickle cell disease
☐ Anemia (iron deficiency)

Respiratory
☐ Asthma

Endocrine/Metabolic
☐ Diabetes, type 1 chronic
☐ Diabetes, type 2 chronic
☐ Diabetes, gestational
☐ Thyroid
☐ Polycystic ovarian disease

Neurologic/Psychiatric
☐ Addiction disorder
☐ Depression
☐ Anxiety disorder
☐ Seizure disorder

Sexually Transmitted Infection (STI)
☐ Bacterial vaginosis (BV)
☐ Chlamydia
☐ Gonorrhea
☐ Herpes
☐ HPV
☐ Syphilis
☐ Group B strep
☐ HIV/AIDS
☐ Other STI, specify:

Gynecologic
☐ Uterine/vaginal bleeding
☐ Chorioamnionitis
☐ Oligohydramnios
☐ Polyhydramnios
☐ Intrauterine growth restriction (IUGR)
☐ Premature rupture of membranes (PROM)
☐ Preterm premature rupture of membranes (PPROM)
☐ Cervical Insufficiency

Umbilical cord complications
☐ Prolapse
☐ Nuchal cord
☐ Other cord, specify:

Gynecologic (continued)
Placental problems
☐ Abruption
☐ Previa
☐ Other placental, specify:

Other Condition/Complication
☐ UTI
☐ Decreased fetal movement
☐ HELLP syndrome
☐ CBP developmental delay
☐ Oral health/dental or gum infection
☐ Gastrointestinal
☐ CBP genetic disorder
☐ Abnormal MSAFP
☐ Preterm labor
☐ Obesity
☐ Other, specify:

53. Did the childbearing parent experience any medical complications in previous pregnancies?

○ N/A ○ Yes ○ No ○ U/K

If yes, check all that apply: ☐ Previous preterm birth ☐ Previous small for gestational age ☐ Previous low birth weight birth ☐ Previous large for gestational age (greater than 4000 grams)

54. Did the childbearing parent use any medications, drugs or other substances during pregnancy?

○ Yes ○ No ○ U/K If yes, check all that apply:

| | | | | |
|---|---|---|---|---|
| ☐ Over-the-counter meds | ☐ Anti-epileptic | ☐ Nausea/vomiting medications | ☐ Cocaine | ☐ Meds to treat drug addiction |
| ☐ Allergy medications | ☐ Anti-hypertensives | ☐ Cholesterol medications | ☐ Heroin | ☐ Opioids |
| ☐ Antibiotics | ☐ Anti-hypothyroidism | ☐ Meds to treat preterm labor | ☐ Marijuana | ☐ Other pain meds |
| ☐ Anti-depressants/ anti-anxiety/ anti-psychotics | ☐ Arthritis medications | ☐ Meds used during delivery | ☐ Methamphetamine | ☐ Other, specify: |
| | ☐ Diabetes medications | ☐ Progesterone/P17 | ☐ Alcohol | ☐ U/K |
| | ☐ Asthma medications | | ☐ If alcohol, infant born with fetal effects or syndrome? | |

If any item is checked, please indicate the generic or brand name of the medications or drugs:

55. Was the infant/fetus born drug exposed? ○ Yes ○ No ○ U/K

56. Did the infant have neonatal abstinence syndrome (NAS)+? ○ Yes ○ No ○ U/K

57. Level of birth hospital:

○ 1
○ 2
○ 3
○ 4
○ Freestanding birth center
○ Home birth
○ Other, specify:
○ U/K

58. At discharge from the birth hospital, was a case manager assigned to the childbearing parent?

○ N/A, childbearing parent did not go to a birth hospital ○ Yes ○ No ○ U/K

59. Did the childbearing parent have contact with their care provider within the first 3 weeks postpartum?

○ Yes ○ No ○ U/K

60. Did the infant have a NICU stay of more than one day+? ○ Yes ○ No ○ U/K

If yes, for what reason(s)? Check all that apply:

| | | | |
|---|---|---|---|
| ☐ Prematurity | ☐ Apnea | ☐ Hypothermia | ☐ Meconium aspiration |
| ☐ Low birth weight | ☐ Sepsis | ☐ Jaundice | ☐ Congenital anomalies |
| ☐ Tachypnea | ☐ Feeding difficulties | ☐ Anemia | ☐ Other, specify: |
| ☐ Drug/alcohol exposure | | | ☐ U/K |

61. Did the childbearing parent smoke in the 3 months before pregnancy?

○ Yes ○ No ○ U/K

If yes, ___ Avg # cigarettes/day (20 cigarettes in pack) ☐ U/K quantity

62. Did the childbearing parent smoke at any time during pregnancy?

○ Yes ○ No ○ U/K

| If yes, | Trimester 1 | Trimester 2 | Trimester 3 |
|---|---|---|---|
| Avg # cigarettes/day (20 cigarettes in pack) | _____ | _____ | _____ |
| U/K quantity | ☐ | ☐ | ☐ |

63. Did the childbearing parent use e-cigarettes or other electronic nicotine products at any time during pregnancy? ○ Yes ○ No ○ U/K

If yes, on average how often? ○ More than once a day ○ Once a day ○ 2-6 days a week ○ 1 day a week or less ○ U/K

64. Was the childbearing parent injured during pregnancy?

○ Yes ○ No ○ U/K If yes, describe:

65. Did the childbearing parent have postpartum depression?

○ Yes ○ No ○ U/K

If this was a fetal death, go to Section B.

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

If yes, any breast milk at 3 months? ○ N/A ○ Yes ○ No ○ U/K

If yes, exclusively? ○ Yes ○ No ○ U/K

If yes, any breast milk at 6 months? ○ N/A ○ Yes ○ No ○ U/K

If yes, exclusively? ○ Yes ○ No ○ U/K

If ever, was infant receiving breast milk at time of death? ○ Yes ○ No ○ U/K

67. Did infant have abnormal metabolic newborn screening results?

○ N/A ○ Yes ○ No ○ U/K

If yes, describe any abnormality such as a fatty acid oxidation error:

If the infant never left the hospital following birth, go to Section B.

68. At any time prior to the infant's last 72 hours, did the infant have a history of (check all that apply):

| | |
|---|---|
| ☐ None | ☐ Cyanosis |
| ☐ Infection | ☐ Seizures or convulsions |
| ☐ Allergies | ☐ Cardiac abnormalities |
| ☐ Abnormal growth, weight gain/loss | ☐ Other, specify: |
| ☐ Apnea | ☐ U/K |

69. In the 72 hours prior to death, did the infant have any of the following?

Check all that apply:

| | | |
|---|---|---|
| ☐ None | ☐ Decrease in appetite | ☐ Difficulty breathing |
| ☐ Fever | ☐ Vomiting | ☐ Apnea |
| ☐ Excessive sweating | ☐ Choking | ☐ Cyanosis |
| ☐ Lethargy/sleeping more than usual | ☐ Diarrhea | ☐ Seizures or convulsions |
| | ☐ Stool changes | ☐ Other, specify: |
| ☐ Fussiness/excessive crying | | ☐ U/K |

70. In the 72 hours prior to death, was the infant injured?

○ Yes ○ No ○ U/K

If yes, describe cause and injuries:

71. In the 72 hours prior to death, was the infant given any vaccines?

○ Yes ○ No ○ U/K

If yes, list name(s) of vaccines:

72. In the 72 hours prior to death, was the infant given any medications or remedies? Include herbal, prescription, over-the-counter medications and home remedies.

○ Yes ○ No ○ U/K

If yes, list name and last dose given:

73. What did the infant have for his/her last meal?

Check all that apply:

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

## B. BIOLOGICAL PARENT INFORMATION

○ No information available, go to Section C

1. Parents alive on date of child's death? Even if parent(s) are deceased at time of child's death, please fill out the remaining questions.

Childbearing Biological Parent (CBP) alive: ○ Yes ○ No ○ U/K

Non-Childbearing Biological Parent (Non-CBP) alive: ○ Yes ○ No ○ U/K

2. Parents' race, check all that apply:

| CBP | Non-CBP | |
|---|---|---|
| ☐ | ☐ | Alaska Native, Tribe: |
| ☐ | ☐ | American Indian, Tribe: |
| ☐ | ☐ | Asian, specify: |
| ☐ | ☐ | Black |
| ☐ | ☐ | Native Hawaiian |
| ☐ | ☐ | Pacific Islander, specify: |
| ☐ | ☐ | White |
| ☐ | ☐ | U/K |

3. Parents' Hispanic or Latino/a origin?

| CBP | Non-CBP | |
|---|---|---|
| ○ | ○ | Yes, specify origin: |
| ○ | ○ | No |
| ○ | ○ | U/K |

4. Parents' age in years at time of child's death:

| CBP | Non-CBP | |
|---|---|---|
| _____ | _____ | # Years |
| ☐ | ☐ | U/K |

5. Parents' employment status:

| CBP | Non-CBP | |
|---|---|---|
| ○ | ○ | Employed |
| ○ | ○ | Unemployed |
| ○ | ○ | On disability |
| ○ | ○ | Stay-at-home |
| ○ | ○ | Retired |
| ○ | ○ | U/K |

6. Parents' education:

| CBP | Non-CBP | |
|---|---|---|
| ○ | ○ | < High school |
| ○ | ○ | High school/GED |
| ○ | ○ | College |
| ○ | ○ | Post graduate |
| ○ | ○ | U/K |

7. Parents speak and understand English?

| CBP | Non-CBP | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

If no, language spoken:

8. Parents first generation immigrant?

| CBP | Non-CBP | |
|---|---|---|
| ○ | ○ | Yes, country of origin: |
| ○ | ○ | No |
| ○ | ○ | U/K |

9. Parents on active military duty?

| CBP | Non-CBP | |
|---|---|---|
| ○ | ○ | Yes, specify branch: |
| ○ | ○ | No |
| ○ | ○ | U/K |

10. Parents receive social services in the past twelve months?

| CBP | Non-CBP | |
|---|---|---|
| ○ | ○ | Yes If yes, check all that apply below: |
| ○ | ○ | No |
| ○ | ○ | U/K |

| CBP | Non-CBP | | CBP | Non-CBP | |
|---|---|---|---|---|---|
| ☐ | ☐ | WIC | ☐ | ☐ | Section 8/housing |
| ☐ | ☐ | Home visiting, specify: | ☐ | ☐ | Social Security Disability Insurance (SSI/SSDI) |
| ☐ | ☐ | TANF | | | |
| ☐ | ☐ | Medicaid | ☐ | ☐ | Other, specify: |
| ☐ | ☐ | Food stamps/SNAP/EBT | ☐ | ☐ | U/K |

11. Parents have substance abuse history?

| CBP | Non-CBP | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

12. Parents ever victim of child maltreatment?

| CBP | Non-CBP | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

13. Parents ever perpetrator of maltreatment?

| CBP | Non-CBP | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

14. Parents have disability or chronic illness?

| CBP | Non-CBP | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

15. Parents have prior child deaths?

| CBP | Non-CBP | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

16. Parents have history of intimate partner violence?

| CBP | Non-CBP | |
|---|---|---|
| ☐ | ☐ | Yes, as victim |
| ☐ | ☐ | Yes, as perpetrator |
| ☐ | ☐ | No |
| ☐ | ☐ | U/K |

17. Parents have delinquent/criminal history?

| CBP | Non-CBP | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

## C. PRIMARY CAREGIVER(S) INFORMATION

If fetal death, skip to Section D.

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

| One | Two | | One | Two | | One | Two | |
|---|---|---|---|---|---|---|---|---|
| ○ | | Self, go to Section D | ○ | ○ | Foster parent | ○ | ○ | Other relative |
| ○ | ○ | Childbearing parent, go to Section D | ○ | ○ | Parent's partner | ○ | ○ | Friend |
| ○ | ○ | Non-childbearing biological parent, go to Section D | ○ | ○ | Grandparent | ○ | ○ | Institutional staff |
| | | | ○ | ○ | Sibling | ○ | ○ | Other, specify: |
| ○ | ○ | Adoptive parent | | | | | | |
| ○ | ○ | Stepparent | | | | ○ | ○ | U/K |

2. Caregiver(s) age in years:

| One | Two | |
|---|---|---|
| _____ | _____ | # Years |
| ☐ | ☐ | U/K |

3. Caregiver(s) sex:

| One | Two | |
|---|---|---|
| ○ | ○ | Male |
| ○ | ○ | Female |
| ○ | ○ | U/K |

4. Caregiver(s) race, check all that apply:

| One | Two | | One | Two | |
|---|---|---|---|---|---|
| ☐ | ☐ | Alaska Native, Tribe: | ☐ | ☐ | Pacific Islander, specify: |
| ☐ | ☐ | American Indian, Tribe: | | | |
| ☐ | ☐ | Asian, specify: | ☐ | ☐ | White |
| ☐ | ☐ | Black | ☐ | ☐ | U/K |
| ☐ | ☐ | Native Hawaiian | | | |

5. Caregiver(s) Hispanic or Latino/a origin?

| One | Two | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

If yes, specify origin:

6. Caregiver(s) employment status:

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

7. Caregiver(s) education:

| One | Two | |
|---|---|---|
| ○ | ○ | < High school |
| ○ | ○ | High school/GED |
| ○ | ○ | College |
| ○ | ○ | Post graduate |
| ○ | ○ | U/K |

8. Do caregiver(s) speak and understand English?

| One | Two | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

If no, language spoken:

9. Caregiver(s) first generation immigrant?

| One | Two | |
|---|---|---|
| ○ | ○ | Yes, country of origin: |
| ○ | ○ | No |
| ○ | ○ | U/K |

10. Caregiver(s) on active military duty?

| One | Two | |
|---|---|---|
| ○ | ○ | Yes, specify branch: |
| ○ | ○ | No |
| ○ | ○ | U/K |

11. Caregiver(s) receive social services in the past twelve months?

| One | Two | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

If yes, check all services that apply:

| One | Two | | One | Two | |
|---|---|---|---|---|---|
| ☐ | ☐ | WIC | ☐ | ☐ | Food stamps/SNAP/EBT |
| ☐ | ☐ | Home visiting | ☐ | ☐ | Section 8/housing |
| | | specify: | ☐ | ☐ | Soc Sec Disability (SSI/SSDI) |
| ☐ | ☐ | TANF | ☐ | ☐ | Other, specify: |
| ☐ | ☐ | Medicaid | ☐ | ☐ | U/K |

12. Caregiver(s) have substance abuse history?

| One | Two | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

13. Caregiver(s) ever victim of child maltreatment?

| One | Two | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

14. Caregiver(s) ever perpetrator of maltreatment?

| One | Two | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

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

| One | Two | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

16. Caregiver(s) have prior child deaths?

| One | Two | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

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

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

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

| One | Two | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

## D. SUPERVISOR INFORMATION

**Answer this section only if the child ever left the hospital following birth**

1. Did child have supervision at time of incident leading to death?
   - ○ Yes, answer D2-16
   - ○ No, not needed given developmental age or circumstances, go to Sec. E
   - ○ No, but needed, answer D3-16
   - ○ Unable to determine, try to answer D3-16

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

3. Is supervisor listed in a previous section?
   - ○ Yes, childbearing parent, go to D15
   - ○ Yes, non-childbearing biological parent, go to D15
   - ○ Yes, caregiver one, go to D15
   - ○ Yes, caregiver two, go to D15
   - ○ No

4. Primary person responsible for supervision at the time of incident? Select only one:

| | | |
|---|---|---|
| ○ Adoptive parent | ○ Sibling | ○ Institutional staff, go to D15 |
| ○ Stepparent | ○ Other relative | ○ Babysitter |
| ○ Foster parent | ○ Friend | ○ Licensed child care worker |
| ○ Parent's partner | ○ Acquaintance | ○ Other, specify: |
| ○ Grandparent | ○ Hospital staff, go to D15 | ○ U/K |

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

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

7. Supervisor speaks and understands English? ○ Yes ○ No ○ U/K
   If no, language spoken:

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

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

10. Supervisor has history of child maltreatment?

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

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

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

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

14. Supervisor has delinquent or criminal history? ○ Yes ○ No ○ U/K

15. At the time of the incident, was the supervisor asleep? ○ Yes ○ No ○ U/K
   If yes, select the most appropriate description of the supervisor's sleeping period at incident:
   - ○ Night time sleep
   - ○ Day time nap, describe:
   - ○ Day time sleep (for example, supervisor is night shift worker), describe:
   - ○ Other, describe:

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

## E. INCIDENT INFORMATION

**Answer only E7 if the child never left the hospital following birth**

1. Was the date of the incident the same as the date of death?
   - ○ Yes, same as date of death
   - ○ No, different than date of death. Enter date of incident: ____/____/____ mm / dd / yyyy
   - ○ U/K

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

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

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

5. Incident state:

6. Incident county:

7. Was the death attributed (either directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?
   ○ Yes ○ No ○ U/K
   If yes, specify the type of event (e.g., tornado, heat wave, flood, medical crisis, etc.) and general circumstances surrounding the death:
   If yes, specify the name of the event if applicable (e.g., Paradise Wild Fire, Hurricane Irma, COVID-19, etc.):

8. Was the incident witnessed?
   ○ Yes ○ No ○ UK
   If yes, by whom?
   - ☐ Parent/relative
   - ☐ Other caretaker/babysitter
   - ☐ Teacher/coach/athletic trainer
   - ☐ Other acquaintance
   - ☐ Health care professional, if death occurred in a hospital setting
   - ☐ Stranger
   - ☐ Other, specify:

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

10. Was resuscitation attempted? ○ N/A ○ Yes ○ No ○ U/K
    If yes, by whom?
    - ☐ EMS
    - ☐ Parent/relative
    - ☐ Other caretaker/babysitter
    - ☐ Teacher/coach/athletic trainer
    - ☐ Other acquaintance
    - ☐ Health care professional, if death occurred in a hospital setting
    - ☐ Stranger
    - ☐ Other, specify:

    If yes, type of resuscitation:
    - ☐ CPR
    - ☐ Automated External Defibrillator (AED)
      - If no AED, was AED available/accessible? ○ Yes ○ No ○ U/K
      - If AED, was shock administered? ○ Yes ○ No ○ U/K
        - If yes, how many shocks were administered?_____
    - ☐ Rescue medications, including naloxone, specify type:
    - ☐ Other, specify:

    If yes, was a rhythm recorded?
    ○ Yes ○ No ○ U/K
    If yes, what was the rhythm?
    _____

11. At time of incident leading to death, had child used drugs or alcohol?
    ○ N/A ○ Yes ○ No ○ U/K
    If yes, check all that apply:
    - ☐ Alcohol
    - ☐ Cocaine
    - ☐ Marijuana
    - ☐ Methamphetamine
    - ☐ Opioids
    - ☐ Prescription drugs
    - ☐ Over-the-counter drugs
    - ☐ Other, specify:
    - ☐ U/K

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

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

## F. INVESTIGATION INFORMATION

A + symbol means that the question is skipped for fetal deaths.

1. Was a death investigation conducted+? ○ Yes ○ No ○ U/K
   If yes, check all that apply:
   - ☐ Medical examiner
   - ☐ Coroner
   - ☐ ME investigator
   - ☐ Coroner investigator
   - ☐ Law enforcement
   - ☐ Fire investigator
   - ☐ EMS
   - ☐ Child Protective Services
   - ☐ Other, specify:
   - ☐ U/K

   If yes, which of the following death investigation components were completed?

| Yes | No | U/K | | If yes, shared with review team? |
|---|---|---|---|---|
| ○ | ○ | ○ | CDC's SUIDI Reporting Form or jurisdictional equivalent | ○ Yes ○ No |
| ○ | ○ | ○ | Narrative description of circumstances | ○ Yes ○ No |
| ○ | ○ | ○ | Scene photos | ○ Yes ○ No |
| ○ | ○ | ○ | Scene recreation with doll | ○ Yes ○ No |
| ○ | ○ | ○ | Scene recreation without doll | ○ Yes ○ No |
| ○ | ○ | ○ | Witness interviews | ○ Yes ○ No |

   If yes, was a death scene investigation conducted at the place of incident? ○ Yes ○ No ○ U/K

2. What additional information would the team like to have known about the death scene investigation+?

3. Death referred to[+]:
○ Medical examiner ○ Not referred
○ Coroner ○ U/K

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

5. Autopsy performed? ○ Yes ○ No ○ U/K
If yes, conducted by: ○ Forensic pathologist ○ Pediatric pathologist ○ General pathologist ○ Unknown type pathologist ○ Other physician ○ Other, specify: ○ U/K
If yes, was a specialist consulted during autopsy (cardiac, neurology, etc.)? ○ Yes ○ No ○ U/K If yes, specify specialist:
If no, why not (e.g. parent or caregiver objected)?

6. Were the following assessed either through the autopsy or through information collected prior to the autopsy? Please list any abnormalities/significant findings in F10.

| | Yes | No | U/K |
|---|---|---|---|
| **Imaging:** | | | |
| X-ray - single | ○ | ○ | ○ |
| X-ray - multiple views | ○ | ○ | ○ |
| X-ray - complete skeletal series | ○ | ○ | ○ |
| Other imaging, specify (includes MRI, CT scan, photos of the brain, etc): | ○ | ○ | ○ |
| **External Exam:** | | | |
| Exam of general appearance | ○ | ○ | ○ |
| Head circumference | ○ | ○ | ○ |
| **Other Autopsy Procedures:** | | | |
| Gross examination of organs done? | ○ | ○ | ○ |
| Were weights of any organs taken? | ○ | ○ | ○ |

7. Were any of these additional tests performed at or prior to the autopsy? Please list any abnormalities/significant findings in F10.

| | Yes | No | U/K |
|---|---|---|---|
| Cultures for infectious disease | ○ | ○ | ○ |
| Microscopic/histologic exam | ○ | ○ | ○ |
| Postmortem metabolic screen | ○ | ○ | ○ |
| Vitreous testing | ○ | ○ | ○ |
| Genetic testing | ○ | ○ | ○ |

8. Was any toxicology testing performed on the child? ○ Yes ○ No ○ U/K
If yes, what were the results? Check all that apply: ☐ Negative ☐ Alcohol ☐ Cocaine ☐ Marijuana ☐ Methamphetamine ☐ Opioids ☐ Too high Rx drug, specify: ☐ Too high OTC drug, specify: ☐ Other, specify: ☐ U/K

9. Was the child's medical history reviewed as part of the autopsy[+]? ○ Yes ○ No ○ U/K
If yes, did this include:
Review of the newborn metabolic screen results? ○ Yes ○ No ○ U/K ○ Not performed
Review of neonatal CCHD screen results? ○ Yes ○ No ○ U/K ○ Not performed

10. Describe any abnormalities or other significant findings noted in the autopsy[+]:

11. What additional information would the team like to have known about the autopsy[+]?

12. Was there agreement between the cause of death listed on the autopsy report and on the death certificate[+]? ○ N/A ○ Yes ○ No ○ U/K
If no, describe the differences:

13. Was a CPS record check conducted as a result of death[+]? ○ Yes ○ No ○ U/K

14. Did the child ever have any injuries that were suspicious of child abuse[+]? ○ Yes ○ No ○ U/K
If yes, what injuries were found?
☐ Skin injury ☐ Broken bones ☐ Abdominal injury
☐ Mouth injury ☐ Head injury ☐ U/K
☐ Burns

15. Did any investigation find evidence of prior abuse[+]? ○ N/A ○ Yes ○ No ○ U/K
If yes, from what source?
☐ From x-rays ☐ From law enforcement
☐ From autopsy ☐ U/K
☐ From CPS review

16. CPS action taken because of death[+]? ○ N/A ○ Yes ○ No ○ U/K
If yes, highest level of action taken because of death:
○ Report screened out and not investigated
○ Unsubstantiated
○ Inconclusive
○ Substantiated
If yes, what services or actions resulted? Check all that apply:
☐ Voluntary services offered
☐ Voluntary services provided
☐ Court-ordered services provided
☐ Voluntary out of home placement
☐ Court-ordered out of home placement
☐ Children removed
☐ Parental rights terminated
☐ U/K

17. If death occurred in licensed setting (see E3), indicate action taken[+]:
○ No action
○ License suspended
○ License revoked
○ Investigation ongoing
○ Other, specify:
○ U/K

## G. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH

1. Enter the cause of death code (ICD-10) assigned to this case by Vital Records using a capital letter and corresponding number (e.g., W75 or V94.4) and include up to one decimal place if applicable: _____ ☐ U/K

2. Enter the following information exactly as written on the death certificate: ☐ U/K
Immediate cause (final disease or condition resulting in death):
a.
Sequentially list any conditions leading to immediate cause of death. In other words, list underlying disease or injury that initiated events resulting in death:
b.
c.
d.

3. Enter other significant conditions contributing to death but not the underlying cause(s) listed in G2 exactly as written on the death certificate: ☐ U/K

4. If injury, describe how injury occurred exactly as written on the death certificate: ☐ U/K

5. Official manner of death from the death certificate:

- ○ Natural
- ○ Accident
- ○ Suicide
- ○ Homicide
- ○ Undetermined
- ○ Pending
- ○ U/K

☐ If manner of death was not Natural or Suicide, check this box if it is possible that the child intended to hurt him/herself. If checked, complete the Suicide Section (I6) to note other risk factors in the child's life.

6. Primary cause of death: Choose 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause.

◯ From an external cause of injury. Select one:

- ○ Motor vehicle and other transport, go to H1
- ○ Fire, burn, or electrocution, go to H2
- ○ Drowning, go to H3
- ○ Asphyxia, go to H4
- ○ Bodily force or weapon, go to H5
- ○ Fall or crush, go to H6
- ○ Poisoning, overdose or acute intoxication, go to H7
- ○ Undetermined injury, go to I1
- ○ Other cause, go to H9
- ○ U/K, go to I1

◯ From a medical cause. Select one and go to H8:

- ○ Asthma/respiratory, specify:
- ○ Cancer, specify:
- ○ Cardiovascular, specify:
- ○ Congenital anomaly, specify:
- ○ COVID-19
- ○ Diabetes
- ○ HIV/AIDS
- ○ Influenza
- ○ Low birth weight
- ○ Malnutrition/dehydration
- ○ Neurological/seizure disorder
- ○ Pneumonia, specify:
- ○ Prematurity
- ○ SIDS
- ○ Other infection, specify:
- ○ Other perinatal condition, specify:
- ○ Other medical condition, specify:
- ○ Undetermined medical cause
- ○ U/K

◯ Undetermined if injury or medical cause, go to I1

◯ U/K, go to I1

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

### H1. MOTOR VEHICLE AND OTHER TRANSPORT

a. Vehicles involved in incident:

Total number of vehicles: _____

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

Autonomous?

| | N/A | Yes | No | U/K |
|---|---|---|---|---|
| Child's vehicle | ○ | ○ | ○ | ○ |
| Other vehicle | ○ | ○ | ○ | ○ |

b. Position of child:

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

If passenger, relationship of driver to child:

- ○ Biological parent
- ○ Adoptive parent
- ○ Stepparent
- ○ Foster parent
- ○ Parent's partner
- ○ Grandparent
- ○ Sibling
- ○ Other relative
- ○ Friend
- ○ Other, specify:
- ○ U/K

If bicycle, boarding/blading or other, was the child riding something electric?

○ Yes ○ No ○ U/K

c. Did any of the following contribute to the incident? Check all that apply:

- ☐ None listed below
- ☐ Speeding over limit
- ☐ Unsafe speed for conditions
- ☐ Recklessness
- ☐ Carelessness
- ☐ Racing, not authorized
- ☐ Drug use
- ☐ Alcohol use
- ☐ Vehicle ran over child
- ☐ Vehicle flipped over
- ☐ Poor weather
- ☐ Poor visibility
- ☐ Poor sight line
- ☐ Road hazard
- ☐ Car changing lanes
- ☐ Driver inexperience
- ☐ Electronic use e.g., cell phone, smart watch,in-car navigation
- ☐ Driver distraction
- ☐ Ran stop sign or red light
- ☐ Other driver error, specify:
- ☐ Other, specify:
- ☐ U/K

d. Location of incident, check all that apply:

- ☐ City street
- ☐ Residential street
- ☐ Rural road
- ☐ Highway
- ☐ Intersection
- ☐ Driveway
- ☐ Parking area
- ☐ Off road
- ☐ RR xing/tracks
- ☐ Other, specify:
- ☐ U/K

e. Did driving conditions factor into this incident?

○ Yes ○ No ○ U/K

If yes, check all that apply:

- ☐ Loose gravel
- ☐ Ice/snow
- ☐ Wet
- ☐ Inadequate lighting
- ☐ Other, specify:
- ☐ U/K

f. Incident type:
- ○ Child *not* in/on a vehicle, but struck by vehicle
- ○ Child in/on a vehicle, struck by the other vehicle
- ○ Child in/on a vehicle that struck the other vehicle
- ○ Child in/on a vehicle that struck person/ object/ran off the road
- ○ Other event, specify:
- ○ U/K

g. Driver who was responsible for the incident. Vehicles include motorized vehicles (cars, SUVs, motorbikes, etc) but also bicycles, skates, scooters, and other wheeled conveyances, whether motorized or not.
- ○ Child was responsible as driver of vehicle, including single vehicle incidents
- ○ Driver of child's vehicle was responsible, including single vehicle incidents
- ○ Driver of the other vehicle was responsible, including child as pedestrian hit by vehicle
- ○ Multiple drivers were responsible, go to j
- ○ Unable to determine driver responsible, go to j
- ○ Other, specify:
- ○ U/K

h. Age and license type of driver responsible for incident, check all that apply:

Age of Driver (if not child)
- ○ <16 years
- ○ 16 to 18 years old
- ○ 19 to 21 years old
- ○ 22 to 29 years old
- ○ 30 to 65 years old
- ○ >65 years old
- ○ U/K

License type/violation:
- ☐ Has no license
- ☐ Has a learner's permit
- ☐ Has a graduated license
- ☐ Has a full license
- ☐ Has a full license that has been restricted
- ☐ Has a suspended license
- ☐ Was violating graduated licensing rules
- ☐ Other, specify:
- ☐ U/K

i. Total number of occupants in vehicle responsible for incident:
- ☐ N/A

Total number of occupants: _____ ☐ U/K

Number of teens, ages 14-21: _____ ☐ U/K

j. Was a restraint or safety measure used by the child?
○ Yes ○ No ○ U/K

If yes, select the restraint or safety measures used:
- ☐ Lap/shoulder belt
- ☐ Child seat
- ☐ Belt positioning booster seat
- ☐ Helmet
- ☐ U/K

If yes, describe:

## H2. FIRE, BURN, OR ELECTROCUTION

a. Ignition, heat or electrocution source:
- ○ Matches
- ○ Cigarette lighter
- ○ Cigarette or cigar
- ○ Candles
- ○ Cooking stove
- ○ Heating stove
- ○ Space heater
- ○ Power line
- ○ Electrical outlet
- ○ Electrical wiring
- ○ Lightning
- ○ Hot bath water
- ○ Other, specify:
- ○ U/K

b. Type of incident:
- ○ Fire, go to c
- ○ Scald, go to I1
- ○ Electrocution, go to o
- ○ U/K, go to I1

c. Type of building on fire:
- ○ N/A
- ○ Single home
- ○ Row home/townhouse
- ○ Multi-unit (duplex, apartment, condo)
- ○ Trailer/mobile home
- ○ Other, specify:
- ○ U/K

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

If yes, person's age:

If yes, did the person have a history of starting fires?
○ Yes ○ No ○ U/K

If yes, suspected arson?
○ Yes ○ No ○ U/K

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

If yes, specify:

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

If yes, check all that apply:
- ☐ Locked/blocked door
- ☐ Window security bars
- ☐ Locked/blocked window
- ☐ Blocked stairway
- ☐ Trapped above first floor
- ☐ Smoke/fire
- ☐ Household items/ hoarding
- ☐ Other, specify:
- ☐ U/K

g. Was the child found in the same location as where the fire started?
○ Yes ○ No ○ U/K

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

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

If yes, describe in narrative.

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

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

l. Was fire sprinkler system required?
○ Yes ○ No ○ U/K

m. Were smoke alarms present?
○ Yes ○ No ○ U/K

Were they functioning properly?
○ Yes ○ No ○ U/K

n. Did the child or family (check all that apply):
- ☐ None listed below
- ☐ Have a fire escape plan
- ☐ Practice a home fire drill
- ☐ Have two or more possible exits from the location as where the child was found
- ☐ Attempt to put out the fire
- ☐ U/K

o. For electrocution, what cause:
- ○ Lightning/electrical storm
- ○ Faulty wiring
- ○ Contact with power line
- ○ Wire/product in water
- ○ Child playing with outlet
- ○ Other, specify:
- ○ U/K

## H3. DROWNING

a. Where was child last seen before drowning? Select one.
- ○ In water
- ○ Near water
- ○ In yard
- ○ In bathroom/tub
- ○ In house
- ○ In car
- ○ Other, specify:
- ○ U/K

b. Drowning location:
- ○ Open water/pond, go to c
- ○ Pool, hot tub, spa, go to f
- ○ Bathtub, go to I1
- ○ Other, specify and go to h
- ○ U/K, go to h

c. For open water, place:
- ○ Lake ○ Ocean
- ○ River ○ Quarry or gravel pit
- ○ Pond ○ Canal/drainage ditch
- ○ Creek ○ U/K

d. Was child boating?
○ Yes ○ No ○ U/K

e. Select all contributing environmental factors. Check all that apply.
- ☐ None ☐ Dropoff
- ☐ Weather ☐ Rough waves
- ☐ Temperature ☐ Flash flood
- ☐ Current ☐ Water clarity
- ☐ Riptide/undertow ☐ U/K

f. For pool, type of pool:
- ○ Above-ground
- ○ In-ground ○ Hot tub, spa
- ○ Wading ○ U/K

g. For pool, ownership is:
- ○ Private
- ○ Public
- ○ U/K

h. Flotation device used at time of the incident?
- ○ N/A ○ No
- ○ Yes, specify: ○ U/K

i. Did the child depend on a life jacket, swim vest or swim aid while in or around water?
○ N/A ○ No
○ Yes ○ U/K

j. Did barriers/layers of protection exist to prevent access to water? ○Yes ○ No ○U/K

If yes, check all that apply:

☐ Fence
Was it breached? ○ Yes ○ No ○ U/K
If yes, check all that apply:
- ☐ Climbed fence
- ☐ Gap in fence
- ☐ Damaged fence
- ☐ Fence too short

Fence surrounds water on:
- ○ Four sides
- ○ Three sides
- ○ Two or one side
- ○ U/K

☐ Gate
Was it breached? ○ Yes ○ No ○ U/K
If yes, check all that apply:
- ☐ Gate left open
- ☐ Gate unlocked
- ☐ Gate latch failed
- ☐ Gap in gate

☐ Door
Was it breached? ○ Yes ○ No ○ U/K
If yes, check all that apply:
- ☐ Door left open
- ☐ Door unlocked
- ☐ Door broken
- ☐ Door screen torn
- ☐ Door self-closer failed

☐ Alarm
Was it breached? ○ Yes ○ No ○ U/K
If yes, check all that apply:
- ☐ Alarm not working
- ☐ Alarm not answered

☐ Cover
Was it breached? ○ Yes ○ No ○ U/K
If yes, check all that apply:
- ☐ Cover left off
- ☐ Cover not locked

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

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

l. Select all of the child's water safety skills (without assistance or flotation device):
- ☐ None of these
- ☐ Float on their back independently
- ☐ Step or jump into water over their head
- ☐ Tread water for 1 minute
- ☐ Find a safe exit from the water
- ☐ Control breathing
- ☐ Return to surface
- ☐ Swim 25 yards
- ☐ Exit the water
- ☐ Had swimming lessons
- ☐ U/K

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

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

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

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

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

If yes, did rescuer(s) also drown?
- ○ Yes
- ○ No
- ○ U/K

q. Appropriate rescue equipment present?
○N/A ○Yes ○No ○U/K
If yes, was it used?
○Yes ○No ○U/K
If no, describe:

## H4. ASPHYXIA

a. Type of event:
- ○ Sleep-related, go to I1
- ○ Not sleep-related, go to b
- ○ U/K, go to b

b. If not sleep-related, was the event:
- ○ Suffocation, go to c
- ○ Strangulation, go to d
- ○ Choking, go to e
- ○ Other, go to I1

c. If suffocation, was the child:
- ○ Covered in or fell into object
- ○ Confined in tight space
- ○ Wedged into tight space, specify:
- ○ Other, specify:

d. If strangulation, object causing event:
- ○ Clothing ○ Electrical cord
- ○ Blind cord ○ Person, go to H5l
- ○ Car seat ○ Automobile power window or sunroof
- ○ Belt ○ Other, specify:
- ○ Rope/string
- ○ Leash ○ U/K

e. If choking, object causing choking:
- ○ Food, specify:
- ○ Toy, specify:
- ○ Vomit/gastric contents
- ○ Other, specify:
- ○ U/K

f. If choking, was Heimlich Maneuver attempted?
○Yes ○No ○U/K

## H5. BODILY FORCE OR WEAPON

a. Was the death a result of a weapon?
- ○ Yes, go to b
- ○ No, death due to bodily force, go to l
- ○ U/K, go to b

b. Type of weapon:
- ○ Firearm, go to c
- ○ Knife or sharp instrument, go to l
- ○ Rope, go to l
- ○ Other, specify and go to l
- ○ U/K, go to l

c. For firearms, type:
- ○ Handgun
- ○ Shotgun
- ○ Rifle, specify:
- ○ 3D gun
- ○ Other, specify:
- ○ U/K

d. Was the firearm considered a smart firearm, e.g., uses a fingerprint lock, RFID watch?
- ○ Yes
- ○ No
- ○ U/K

e. Was firearm kept loaded?
- ○ Yes
- ○ No
- ○ U/K

If no, was the ammunition stored locked?
- ○ Yes
- ○ No
- ○ U/K

f. Was the firearm kept locked?
- ○ Yes
- ○ No
- ○ U/K

g. Did the shooter of the firearm have permission to use the firearm at the time of incident?
○ Yes ○ No ○ U/K

h. Did the caregiver or supervisor know a firearm was present at the time of incident?
○ Yes ○ No ○ U/K

i. Was the person handling the firearm the owner? ○ Yes ○ No ○ U/K

j. Owner of fatal firearm:
- ○ Caregiver
- ○ Other family member
- ○ Child's significant other
- ○ Friend/acquaintance
- ○ Stranger
- ○ Other, specify:
- ○ U/K

k. Was the firearm stolen?
- ○ Yes
- ○ No
- ○ U/K

l. Use of weapon at time, check all that apply:
- ☐ Self injury
- ☐ Commission of crime
- ☐ Drug dealing/trading
- ☐ Drive-by shooting
- ☐ Random violence
- ☐ Child abuse
- ☐ Child was a bystander
- ☐ Argument
- ☐ Jealousy
- ☐ Intimate partner violence
- ☐ Hate crime
- ☐ Bullying
- ☐ Hunting
- ☐ Target shooting
- ☐ Playing with weapon
- ☐ Showing gun to others
- ☐ Russian roulette
- ☐ Gang-related activity
- ☐ Self-defense
- ☐ Cleaning weapon
- ☐ Loading weapon
- ☐ Other, specify:
- ☐ U/K

m. Type of bodily force used. Check all that apply:
- ☐ Beat, kick or punch
- ☐ Bite
- ☐ Throw
- ☐ Other, specify:
- ☐ Drop
- ☐ Shake
- ☐ Drown
- ☐ Push
- ☐ Strangle/choke
- ☐ Burn
- ☐ U/K

## H6. FALL OR CRUSH

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

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

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

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

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

f. Was child pushed, dropped or thrown?
○ Yes ○ No ○ U/K
If yes, go to H5l

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

h. For crush, object causing crush:
- ○ Appliance
- ○ Television
- ○ Furniture
- ○ Walls
- ○ Playground equipment
- ○ Animal
- ○ Tree branch
- ○ Boulders/rocks
- ○ Dirt/sand
- ○ Person, go to H5l
- ○ Commercial equipment
- ○ Farm equipment
- ○ Other, specify:
- ○ U/K

## H7. POISONING, OVERDOSE OR ACUTE INTOXICATION

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

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

**Stored** in locked cabinet?
Yes
No
U/K

How substance was **taken**
1 = In utero
2 = Orally
3 = Nasally
4 = Intravenously
5 = Through skin
9 = U/K

| Prescription drug | Source | Stored | Taken |
|---|---|---|---|
| ☐ Antidepressant/antianxiety | | Y N U | |
| ☐ Anticonvulsant | | Y N U | |
| ☐ Antipsychotic | | Y N U | |
| ☐ Benzodiazepines | | Y N U | |
| ☐ Medications for substance use disorder (e.g. Methadone, buprenorphine, naltrexone) | | Y N U | |
| ☐ Non-opioid pain medication | | Y N U | |
| ☐ Opioid pain medication (including fentanyl) | | Y N U | |
| ☐ Stimulants | | Y N U | |
| ☐ Other Rx, specify: | | Y N U | |

Was it child's prescription? ○ Yes ○ No ○ U/K

| Over-the-counter drug | Source | Stored | Taken |
|---|---|---|---|
| ☐ Antihistamine | | Y N U | |
| ☐ Cold medicine | | Y N U | |
| ☐ Pain medication | | Y N U | |
| ☐ Other OTC, specify: | | Y N U | |

| Illicit drugs | Source | Stored | Taken |
|---|---|---|---|
| ☐ Cocaine | | Y N U | |
| ☐ Heroin | | Y N U | |
| ☐ Illicitly manufactured fentanyl/fentanyl analogs | | Y N U | |
| ☐ Marijuana/THC | | Y N U | |
| ☐ Methamphetamine | | Y N U | |
| ☐ Other, specify: | | Y N U | |

| Other substances | Source | Stored | Taken |
|---|---|---|---|
| ☐ Alcohol | | Y N U | |
| ☐ Battery | | Y N U | |
| ☐ Carbon monoxide | | Y N U | |
| ☐ Other fume/gas/vapor | | Y N U | |
| ☐ Other, specify: | | Y N U | |

b. Was the incident the result of?
○ Accidental overdose/acute intoxication
○ Medical treatment mishap
○ Deliberate poisoning
○ Other, specify:
○ U/K

c. Did the child have a prescription for a controlled substance within the previous 24 months?
○ Yes ○ No ○ U/K

d. Did child have a non-fatal overdose within the previous 12 months?
○ Yes
○ No
○ U/K

e. Was Poison Control contacted?
○ Yes
○ No
○ U/K

f. For CO poisoning, was a CO alarm present?
○ Yes
○ No
○ U/K

## H8. MEDICAL CONDITION

This section is skipped for fetal deaths+

a. How long did the child have the medical condition?
○ In utero
○ Since birth
○ < 1 day
○ 1-6 days
○ 7-30 Days
○ 1-11 months
○ >= 1 year
○ U/K

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

c. Was child receiving health care for the medical condition?
○ Yes ○ No ○ U/K
If yes, within 48 hours of the death?
○ Yes ○ No ○ U/K
If yes, was the care plan appropriate for the medical condition?
○ N/A ○ Yes ○ No ○ U/K
If no, specify:

d. Did the family experience barriers that prohibited following the care plan?
○ N/A
○ Yes
○ No
○ U/K
If yes, what treatment components were not completed? Check all that apply.
☐ Appointments
☐ Medications, specify:
☐ Medical equipment use, specify:
☐ Therapies, specify:
☐ Other, specify:
☐ U/K

e. In the week prior to the death, did the child experience any changes to medical care?
○ Yes, describe:
○ No
○ U/K

f. Was the medical condition associated with an outbreak?
○ Yes, specify:
○ No
○ U/K
If yes, was the child vaccinated?
○ Yes ○ No ○ U/K

g. Was the death potentially caused by a medical error?
○ Yes ○ No ○ U/K

h. Was the medical condition that caused the death a result of a complication or side effect of a previous illness, injury, condition, or medical treatment?
○ Yes ○ No ○ U/K

## H9. OTHER KNOWN INJURY CAUSE

Specify cause, describe in detail:

## I. OTHER CIRCUMSTANCES OF INCIDENT - ANSWER RELEVANT SECTIONS

### I1. SUDDEN AND UNEXPECTED DEATH IN THE YOUNG (SDY)

This section displays online based on your state's settings.

Section I1: OMB No. 0920-1092, Exp. Date: 5/31/2022



a. Was this death:

- ○ A homicide?
- ○ A suicide?
- ○ An overdose?
- ○ A result of an external cause that was the obvious and only reason for the fatal injury
- ○ Expected within 6 months due to terminal illness?

If any of these apply, go to Section I2, THIS IS NOT AN SDY CASE.

- ○ None of the above, go to I1b THIS IS AN SDY CASE
- ○ U/K, go to I1b

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

| Symptom | Present w/in 72 hours of death | | |
|---|---|---|---|
| **Cardiac** | Yes | No | U/K |
| Chest pain | ○ | ○ | ○ |
| Dizziness/lightheadedness | ○ | ○ | ○ |
| Fainting | ○ | ○ | ○ |
| Palpitations | ○ | ○ | ○ |
| **Neurologic** | | | |
| Concussion | ○ | ○ | ○ |
| Confusion | ○ | ○ | ○ |
| Convulsions/seizure | ○ | ○ | ○ |
| Headache | ○ | ○ | ○ |
| Head injury | ○ | ○ | ○ |
| **Respiratory** | | | |
| Asthma | ○ | ○ | ○ |
| Pneumonia | ○ | ○ | ○ |
| Difficulty breathing | ○ | ○ | ○ |
| **Other Acute Symptoms** | | | |
| Fever | ○ | ○ | ○ |
| Muscle aches/cramping | ○ | ○ | ○ |
| Vomiting | ○ | ○ | ○ |
| Other, specify: | ○ | | |

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

| Symptom | Present more than 72 hours of death | | |
|---|---|---|---|
| **Cardiac** | Yes | No | U/K |
| Chest pain | ○ | ○ | ○ |
| Dizziness/lightheadedness | ○ | ○ | ○ |
| Fainting | ○ | ○ | ○ |
| Palpitations | ○ | ○ | ○ |
| **Neurologic** | | | |
| Concussion | ○ | ○ | ○ |
| Confusion | ○ | ○ | ○ |
| Convulsions/seizure | ○ | ○ | ○ |
| Head injury | ○ | ○ | ○ |
| **Respiratory** | | | |
| Difficulty breathing | ○ | ○ | ○ |
| **Other** | | | |
| Other, specify: | ○ | | |

d. Did the child have any prior serious injuries (e.g. near drowning, car accident, brain injury)?

○ Yes ○ No ○ U/K

If yes, describe:

e. Had the child in the past ever been diagnosed by a medical professional for the following?

| Condition | Diagnosed | | |
|---|---|---|---|
| **Blood disease** | Y | N | U |
| Sickle cell disease | ○ | ○ | ○ |
| Sickle cell trait | ○ | ○ | ○ |
| Thrombophilia (clotting disorder) | ○ | ○ | ○ |
| **Cardiac** | Y | N | U |
| Abnormal electrocardiogram (EKG or ECG) | ○ | ○ | ○ |
| Aneurysm or aortic dilatation | ○ | ○ | ○ |
| Arrhythmia/arrhythmia syndrome | ○ | ○ | ○ |
| Cardiomyopathy | ○ | ○ | ○ |
| Congenital heart disease | ○ | ○ | ○ |
| Coronary artery abnormality | ○ | ○ | ○ |
| Endocarditis | ○ | ○ | ○ |
| Heart failure | ○ | ○ | ○ |
| Heart murmur | ○ | ○ | ○ |

| Condition | Diagnosed | | |
|---|---|---|---|
| **Cardiac (continued)** | Y | N | U |
| High cholesterol | ○ | ○ | ○ |
| Hypertension | ○ | ○ | ○ |
| Myocarditis (heart infection) | ○ | ○ | ○ |
| Pulmonary hypertension | ○ | ○ | ○ |
| Sudden cardiac arrest | ○ | ○ | ○ |
| **Neurologic** | Y | N | U |
| Anoxic brain Injury | ○ | ○ | ○ |
| Traumatic brain injury/ head injury/concussion | ○ | ○ | ○ |
| Brain tumor | ○ | ○ | ○ |
| Brain hemorrhage | ○ | ○ | ○ |
| Developmental brain disorder | ○ | ○ | ○ |
| Epilepsy/seizure disorder | ○ | ○ | ○ |
| Febrile seizure | ○ | ○ | ○ |

| Condition | Diagnosed | | |
|---|---|---|---|
| **Neurologic (continued)** | Y | N | U |
| Neurodegenerative disease | ○ | ○ | ○ |
| Stroke/mini stroke/ TIA-Transient Ischemic Attack | ○ | ○ | ○ |
| Central nervous system infection (meningitis or encephalitis) | ○ | ○ | ○ |
| **Respiratory** | Y | N | U |
| Apnea | ○ | ○ | ○ |
| Asthma | ○ | ○ | ○ |
| Pulmonary embolism | ○ | ○ | ○ |
| Pulmonary hemorrhage | ○ | ○ | ○ |
| Respiratory arrest | ○ | ○ | ○ |

| Condition (continued) | Diagnosed | | | | Diagnosed | | | | Diagnosed | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Other** | Y | N | U | | Y | N | U | | Y | N | U |
| Connective tissue disease | ○ | ○ | ○ | Kidney disease | ○ | ○ | ○ | Oncologic disease treated by chemotherapy or radiation | ○ | ○ | ○ |
| Diabetes | ○ | ○ | ○ | Mental illness/psychiatric disease | ○ | ○ | ○ | | | | |
| Endocrine disorder, other: thyroid, adrenal, pituitary | ○ | ○ | ○ | Metabolic disease | ○ | ○ | ○ | Prematurity | ○ | ○ | ○ |
| | | | | Muscle disorder or muscular dystrophy | ○ | ○ | ○ | Congenital disorder/ genetic syndrome | ○ | ○ | ○ |
| Hearing problems or deafness | ○ | ○ | ○ | | | | | Other, specify: | ○ | ○ | ○ |

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

If any cardiac conditions above are selected, what cardiac treatments did the child have? Check all that apply:

☐ None

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

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

| Y | N | U | **Deaths** |
|---|---|---|---|
| ○ | ○ | ○ | Sudden unexpected death before age 50 |

If yes, the type of event, which relative, and relative's age at death (for example, brother at age 30 who died in an unexplained motor vehicle accident (driver of car)):

| | | | **Heart Disease** |
|---|---|---|---|
| ○ | ○ | ○ | Heart condition/heart attack or stroke before age 50 |
| | | | If yes, describe: |
| ○ | ○ | ○ | Aortic aneurysm or aortic rupture |
| ○ | ○ | ○ | Arrhythmia (fast or irregular heart rhythm) |
| ○ | ○ | ○ | Cardiomyopathy |
| ○ | ○ | ○ | Congenital heart disease |
| | | | **Neurologic Disease** |
| ○ | ○ | ○ | Epilepsy or convulsions/seizure |
| ○ | ○ | ○ | Other neurologic disease |

| Y | N | U | **Symptoms** |
|---|---|---|---|
| ○ | ○ | ○ | Febrile seizures |
| ○ | ○ | ○ | Unexplained fainting |
| | | | **Other Diagnoses** |
| ○ | ○ | ○ | Congenital deafness |
| ○ | ○ | ○ | Connective tissue disease |
| ○ | ○ | ○ | Mitochondrial disease |
| ○ | ○ | ○ | Muscle disorder or muscular dystrophy |
| ○ | ○ | ○ | Thrombophilia (clotting disorder) |
| ○ | | | Other diseases that are genetic or run in families, specify: |

g. Has any blood relative (siblings, parents, aunts, uncles, cousins, grandparents) had genetic testing?

○ Yes ○ No ○ U/K

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

Was a gene mutation found?

○ Yes ○ No ○ U/K

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

If yes, describe:

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

| | N/A | Yes | No | U/K |
|---|---|---|---|---|
| Taken extra doses of prescribed medications | ○ | ○ | ○ | ○ |
| Missed doses of prescribed medications | ○ | ○ | ○ | ○ |
| Changed prescribed medications, describe: | ○ | ○ | ○ | ○ |

j. Was the child compliant with their prescribed medications?

○ N/A ○ Yes ○ No ○ U/K

If not compliant, describe why and how often:

k. Was the child taking any of the following substance(s) within 24 hours of death? Check all that apply:

☐ Over-the-counter medicine
☐ Energy drinks
☐ Caffeine
☐ Performance enhancers
☐ Supplements
☐ Tobacco
☐ Alcohol
☐ Illegal drugs
☐ Legalized marijuana
☐ Other, specify:
☐ U/K

If yes to any items above, describe:

l. Did the child experience any of the following stimuli at time of incident or within 24 hours of the incident?

| Stimuli | At incident Yes | No | U/K | Within 24 hrs of incident Yes | No | U/K |
|---|---|---|---|---|---|---|
| Physical activity | ○ | ○ | ○ | ○ | ○ | ○ |
| Sleep deprivation | ○ | ○ | ○ | ○ | ○ | ○ |
| Driving | ○ | ○ | ○ | ○ | ○ | ○ |
| Visual/video game stimuli | ○ | ○ | ○ | ○ | ○ | ○ |
| Emotional stimuli | ○ | ○ | ○ | ○ | ○ | ○ |
| Auditory stimuli/startle | ○ | ○ | ○ | ○ | ○ | ○ |
| Physical trauma | ○ | ○ | ○ | ○ | ○ | ○ |
| Other, specify: | ○ | | | ○ | | |

If yes to physical activity, describe type of activity:

At incident Within 24 hours of incident

Other specify:

At incident Within 24 hours of incident

m. Was the child an athlete? ○ N/A ○ Yes ○ No ○ U/K

If yes, type of sport: ○ Competitive ○ Recreational ○ U/K

If competitive, did the child participate in the 6 months prior to death? ○ Yes ○ No ○ U/K

n. Did the child ever have any of the following **uncharacteristic** symptoms during or within 24 hours after physical activity? Check all that apply:

- ☐ Chest pain
- ☐ Convulsions/seizure
- ☐ Dizziness/lightheadedness
- ☐ Fainting
- ☐ Palpitations
- ☐ Shortness of breath/difficulty breathing
- ☐ Other, specify:
- ☐ U/K

If yes to any item, describe type of physical activity and extent of symptoms:

o. For child age 12 or older, did the child receive a pre-participation exam for a sport? ○ N/A ○ Yes ○ No ○ U/K

If yes:

Was it done within a year prior to death? ○ Yes ○ No ○ U/K

Did the exam lead to restrictions for sports or otherwise?

○ Yes ○ No ○ U/K

If yes, specify restrictions:

**Questions p through v: Answer if "Epilepsy/Seizure Disorder" is answered Yes in question e above (Diagnosed for a medical condition)**

p. How old was the child when diagnosed with epilepsy/seizure disorder?

Age 0 (infant) through 20 years: _____

☐ U/K

q. What were the underlying cause(s) of the child's seizures? Check all that apply:

- ☐ Brain injury/trauma, specify:
- ☐ Brain tumor
- ☐ Cerebrovascular
- ☐ Central nervous system infection
- ☐ Developmental brain disorder
- ☐ Genetic/chromosomal
- ☐ Idiopathic or cryptogenic
- ☐ Other acute illness or injury other than epilepsy
- ☐ Other, specify:
- ☐ U/K

r. What type(s) of seizures did the child have? Check all that apply:

- ☐ Non-convulsive
- ☐ Convulsive (grand mal seizure or generalized tonic-clonic seizure)
- ☐ Occur when exposure to strobe lights, video game, or flickering light (reflex seizure)
- ☐ U/K

s. Describe the child's epilepsy/seizures (not including the seizure at time of death). Check all that apply:

- ☐ Last less than 30 minutes
- ☐ Last more than 30 minutes (status epilepticus)
- ☐ Occur in the presence of fever (febrile seizure)
- ☐ Occur in the absence of fever
- ☐ Occur when exposed to strobe lights, video game, or flickering light (reflex seizure)

t. How many seizures did the child have in the year preceding death?

○ 0/never ○ 1 ○ 2 ○ 3 ○ More than 3 ○ U/K

u. Did treatment for seizures include anti-epileptic drugs?

○ Yes ○ No ○ U/K

If yes, how many different types of anti-epileptic drugs did the child take?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ More than 6 ○ U/K

v. Was night surveillance used?

○ Yes ○ No ○ U/K

**I2. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE: WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT+?** ○ Yes, go to I2a ○ No, go to I2t ○ U/K, go to I2a

a. Incident sleep place:

- ○ Crib
  - If crib, type:
    - ○ Not portable
    - ○ Portable
    - ○ Unknown crib type
- ○ Bassinet
- ○ Bed side sleeper
- ○ Baby box
- ○ Adult bed
- ○ Waterbed
- ○ Futon
- ○ Couch
- ○ Chair
- ○ Floor
- ○ Car seat
- ○ Rocking-inclined sleeper
- ○ Stroller
- ○ Swing
- ○ Bouncy chair
- ○ Other, specify:
- ○ U/K

If adult bed, what type?

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

If car seat, was car seat secured in seat of car? ○ Yes ○ No ○ U/K

b. Child put to sleep:

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

c. Child found:

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

e. Usual sleep position:

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

f. Was there any type of crib, portable crib or bassinet in home for child?

○ Yes ○ No ○ U/K

d. Usual sleep place:

- ○ Crib
  - If crib, type:
    - ○ Not portable
    - ○ Portable
    - ○ Unknown crib type
- ○ Bassinet
- ○ Bed side sleeper
- ○ Baby box
- ○ Adult bed
- ○ Waterbed
- ○ Futon
- ○ Couch
- ○ Chair
- ○ Floor
- ○ Car seat
- ○ Rocking-inclined sleeper
- ○ Stroller
- ○ Swing
- ○ Bouncy chair
- ○ Other, specify:
- ○ U/K

If adult bed, what type?

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

g. Child in a new or different environment than usual?

○ Yes ○ No ○ U/K

If yes, describe why:

h. Child last placed to sleep with a pacifier?

○ Yes ○ No ○ U/K

i. Child wrapped or swaddled in blanket when last placed?

○ Yes ○ No ○ U/K

If yes, describe:

j. Child overheated? ○ Yes ○ No ○ U/K

Check all that apply: ☐ Room too hot, temp ____ degrees F
☐ Too much bedding
☐ Too much clothing

k. Child exposed to second hand smoke?
○ Yes ○ No ○ U/K
If yes, how often: ○ Frequently ○ U/K
○ Occasionally

l. Child's face when found:
○ Down
○ Up
○ To left or right side
○ U/K

m. Child's neck when found:
○ Hyperextended (head back)
○ Hypoextended (chin to chest)
○ Neutral
○ Turned
○ U/K

n. Child's airway when found (includes nose, mouth, neck and/or chest):
○ Unobstructed by person or object
○ Fully obstructed by person or object
○ Partially obstructed by person or object
○ U/K

If fully or partially obstructed, what was obstructed?
☐ Nose ☐ Chest compressed
☐ Mouth ☐ U/K
☐ Neck compressed

If fully or partially obstructed, describe obstruction in detail:

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

| Objects: | Present? Yes | No | U/K | If **present**, describe position of object: On top of child | Under child | Next to child | Tangled around child | U/K | If **present**, did object obstruct airway? Yes | No | UK |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Adult(s) | ○ | ○ | ○ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ | ○ | ○ |
| Other child(ren) | ○ | ○ | ○ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ | ○ | ○ |
| Animal(s) | ○ | ○ | ○ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ | ○ | ○ |
| Mattress | ○ | ○ | ○ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ | ○ | ○ |
| Comforter, quilt, or other | ○ | ○ | ○ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ | ○ | ○ |
| Fitted sheet | ○ | ○ | ○ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ | ○ | ○ |
| Thin blanket/flat sheet | ○ | ○ | ○ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ | ○ | ○ |
| Pillow(s) | ○ | ○ | ○ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ | ○ | ○ |
| Cushion | ○ | ○ | ○ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ | ○ | ○ |
| Nursing or U shaped pillow | ○ | ○ | ○ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ | ○ | ○ |
| Sleep positioner (wedge) | ○ | ○ | ○ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ | ○ | ○ |
| Bumper pads | ○ | ○ | ○ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ | ○ | ○ |
| Clothing | ○ | ○ | ○ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ | ○ | ○ |
| Bottle | ○ | ○ | ○ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ | ○ | ○ |
| Wearable monitor | ○ | ○ | ○ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ | ○ | ○ |
| Crib railing/side | ○ | ○ | ○ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ | ○ | ○ |
| Wall | ○ | ○ | ○ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ | ○ | ○ |
| Toy(s) | ○ | ○ | ○ | ☐ | ☐ | ☐ | ☐ | ☐ | ○ | ○ | ○ |
| Other(s), specify: | | | | | | | | | | | |
| _____ | ○ | | | ☐ | ☐ | ☐ | ☐ | ☐ | ○ | ○ | ○ |
| _____ | ○ | | | ☐ | ☐ | ☐ | ☐ | ☐ | ○ | ○ | ○ |

→ If adult(s) obstructed airway, describe relationship of adult to child (for example, childbearing parent):

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

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

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

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

If yes, reasons stated for sleeping on same surface, check all that apply:
☐ To feed
☐ To soothe
☐ Usual sleep pattern
☐ No infant bed available
☐ Home/living space overcrowded
☐ Other, specify:

☐ U/K

If yes, check all that apply:
☐ With adult(s): # _____ ☐ # U/K
Adult obese: ○Yes ○No ○U/K
☐ With other children: # _____ ☐ # U/K Children's ages: _____
☐ With animal(s): # _____ ☐ # U/K Type(s) of animal: _____
☐ U/K

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

**I3. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT+?** ◯ Yes ◯ No, go to I4 ◯ U/K, go to I4

a. Describe product and circumstances:

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

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

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

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

**I4. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME+?** ◯ Yes ◯ No, go to I5 ◯ U/K, go to I5

a. Type of crime, check all that apply:
☐ Robbery/burglary ☐ Other assault ☐ Arson ☐ Illegal border crossing ☐ U/K
☐ Interpersonal violence ☐ Gang conflict ☐ Prostitution ☐ Auto theft
☐ Sexual assault ☐ Drug trade ☐ Witness intimidation ☐ Other, specify:

**I5. CHILD ABUSE, NEGLECT, POOR SUPERVISION AND EXPOSURE TO HAZARDS**

a. Did child abuse, neglect, poor or absent supervision or exposure to hazards cause or contribute to the child's death?
◯ Yes/probable
◯ No, go to next section
◯ U/K, go to next section
If yes/probable, choose primary reason:
◯ Child abuse, go to I5b
◯ Child neglect, go to I5f
◯ Poor/absent supervision, go to I5h
◯ Exposure to hazards, go to I5g

b. Type of child abuse, check all that apply:
☐ Abusive head trauma, go to I5c
☐ Chronic Battered Child Syndrome, go to I5e
☐ Beating/kicking, go to I5e
☐ Scalding or burning, go to I5e
☐ Munchausen Syndrome by Proxy, go to I5e
☐ Sexual assault, go to I5h
☐ Other, specify and go to I5h
☐ U/K, go to I5e

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

d. For abusive head trauma, was the child shaken? ◯ Yes ◯ No ◯ U/K
If yes, was there impact? ◯ Yes ◯ No ◯ U/K

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

f. Child neglect, check all that apply:
☐ Failure to provide necessities
☐ Food
☐ Shelter
☐ Other, specify:
☐ Failure to provide supervision
☐ Emotional neglect, specify:
☐ Abandonment, specify:
☐ Failure to seek/follow treatment, specify:
If yes, was this due to religious or cultural practices? ◯ Yes ◯ No ◯ U/K

☐ Exposure to hazards:
Do not include child's own behavior.
◯ Hazard(s) in sleep environment (including sleep position and surface sharing)
◯ Fire hazard
◯ Unsecured medication/poison
◯ Firearm hazard
◯ Water hazard
◯ Motor vehicle hazard
◯ Other hazard, specify:

g. Exposure to hazards:
Do not include child's own behavior.
◯ Hazard(s) in sleep environment (including sleep position and surface sharing)
◯ Fire hazard
◯ Unsecured medication/poison
◯ Firearm hazard
◯ Water hazard
◯ Motor vehicle hazard
◯ Childbearing parent substance use during pregnancy
◯ Other hazard, specify:

h. Was poverty a factor? ◯ Yes ◯ No ◯ U/K If yes, explain in Narrative

**I6. SUICIDE**

a. Child's history. Check all that have ever applied:
☐ None listed below
☐ Involved in sports
☐ Involved in activities (not sports)
☐ Viewed, posted or interacted on social media
If yes, specify platform(s):
☐ History of running away
☐ History of fearfulness, withdrawal or anxiety
☐ History of explosive anger, yelling or disobeying
☐ History of head injury
If yes, when was the last head injury? _____
☐ Death of a peer, friend or family member
If yes, specify relationship to child: _____
When did death occur: _____
Was death a suicide? ◯ Yes ◯ No ◯ U/K

b. Was the child ever diagnosed with any of the following? Check all that apply.
☐ None listed below
☐ Anxiety spectrum disorder
☐ Depressive spectrum disorder
☐ Bipolar spectrum disorder
☐ Disruptive, impulse control or conduct disorder
☐ Eating disorder
☐ Substance-related or addictive disorders
☐ Other, specify:
☐ U/K

c. Did child have a suicide safety plan (a document that helps individuals when experiencing thoughts of suicide to help them avoid intense suicidal crisis)? ◯ Yes ◯ No ◯ U/K

d. Check all suicidal behaviors/attempts that ever applied:
☐ None listed below ☐ Interrupted attempt #__
☐ Preparatory behavior #__ ☐ Non-fatal attempt #__
☐ Aborted attempt #__ ☐ U/K

e. Did the child ever communicate any suicidal thoughts, actions or intent? ◯ Yes ◯ No ◯ U/K
If yes, with whom? _____

f. Was there evidence the death was planned or premeditated? ◯ Yes ◯ No ◯ U/K

g. Did the death occur under circumstances where it would likely be observed and intervened by others? ◯ Yes ◯ No ◯ U/K

h. Did the child ever have a history of non-suicidal self-harm, such as cutting or burning oneself? ◯ Yes ◯ No ◯ U/K
If yes, ☐ Reported to others ☐ Noted on autopsy ☐ Other, specify:

i. Warning signs (https://youthsuicidewarningsigns.org) w/in 30 days of death:
Check all that apply:

- ☐ None listed below
- ☐ Talked about or made plans for suicide
- ☐ Expressed hopelessness about the future
- ☐ Displayed severe/overwhelming emotional pain or distress
- ☐ Expressed perceived burden on others
- ☐ Showed worrisome behavioral cues or marked changes in behavior
- ☐ U/K

j. Child experienced a known crisis within 30 days of the death?
○Yes ○No ○U/K
If yes, explain:

k. Suicide was part of: Check all that apply.
☐None listed below ☐A contagion, copy-cat or imitation ☐A murder-suicide
☐A cluster ☐A suicide pact

## I7. LIFE STRESSORS

Please indicate all stressors that were present for this child and family around the time of death.

a. Life stressors - Social/economic

- ☐ None listed below
- ☐ Racism
- ☐ Discrimination
- ☐ Poverty
- ☐ Neighborhood discord
- ☐ Job problems
- ☐ Money problems
- ☐ Food insecurity
- ☐ No phone
- ☐ Housing instability
- ☐ Witnessed violence
- ☐ Tobacco exposure
- ☐ Lack of transportation
- ☐ Cultural differences
- ☐ Language barriers
- ☐ Lack of child care
- ☐ Pregnancy
- ☐ Pregnancy scare

b. Life stressors - Medical

- ☐ None listed below
- ☐ Lack of family or social support for care
- ☐ Caregiver distrust of health care system
- ☐ Caregiver unskilled in providing care
- ☐ Lack of money for care
- ☐ Services not available
- ☐ Multiple providers, not coordinated
- ☐ Limitations of health insurance
- ☐ Provider bias
- ☐ Felt dismissed by provider
- ☐ Lack of provider-family compatibility

c. Life Stressors- Relationships

- ☐ None listed below
- ☐ Family discord
- ☐ Argument w/ parents/caregivers
- ☐ Parents' divorce/separation
- ☐ Parents' incarceration
- ☐ Breakup
- ☐ Argument with significant other
- ☐ Social discord
- ☐ Argument with friends
- ☐ Isolation
- ☐ Bullying as victim
- ☐ Bullying as perpetrator
- ☐ Cyberbullying as victim
- ☐ Cyberbullying as a perpetrator
- ☐ Peer violence as a victim
- ☐ Peer violence as a perpetrator
- ☐ Stress due to gender identity
- ☐ Stress due to sexual orientation

d. Life stressors - School (age 5 and over)

- ☐ None listed below
- ☐ School failure
- ☐ Pressure to succeed
- ☐ Extracurricular activities
- ☐ New school
- ☐ Other school problems

e. Technology (age 5 and over)

- ☐ None listed below
- ☐ Electronic gaming
- ☐ Texting
- ☐ Restriction of technology
- ☐ Social media

f. Life stressors - Transitions (age 5 and over)

- ☐ None listed below
- ☐ Release from hospital
- ☐ Transition from any level of mental health care to another (e.g. inpatient to outpatient, inpatient to residential, etc.)
- ☐ Release from juvenile justice facility
- ☐ End of school year/school break
- ☐ Transition to/from child welfare system
- ☐ Release from immigrant detention center

g. Life stressors - Trauma (age 5 and over)

- ☐ None listed below
- ☐ Rape/sexual assault
- ☐ Previous abuse (emotional/physical)
- ☐ Family/domestic violence

h. Life stressors - Describe any other life stressors:

## I8. DEATHS DURING THE COVID-19 PANDEMIC (complete for all ages)

a. For the 12 months before the child's death, did the family experience any disruptions or significant changes to the following? Check all that apply:

- ☐ None listed below
- ☐ School
- ☐ Daycare
- ☐ Employment
- ☐ Social services (like unemployment assistance, TANF, WIC)
- ☐ Living environment
- ☐ Medical care
- ☐ Mental health or substance use/abuse care
- ☐ Home-based services (non-child welfare)
- ☐ Child welfare services
- ☐ Legal proceedings within criminal, civil, or family courts
- ☐ Other, specify:
- ☐ U/K

b. For the 12 months before the child's death, did the child's family live in an area with an official stay at home order? ○Yes ○No ○U/K
If yes, was the stay at home order in place at the time of the child's death? ○Yes ○No ○U/K

c. Was the child exposed to COVID-19 within 14 days of death? ○Yes ○No ○U/K If yes, describe:

d. Did the child have medical evidence of a significant inflammatory syndrome (including for example, fever, laboratory evidence of inflammation, and involvement of two or more organs) requiring hospitalization in the week before death? ○Yes ○No ○U/K
If yes, was the child diagnosed with MIS-C? ○Yes ○No ○U/K

e. Was the child eligible to receive a COVID-19 vaccination? ○Yes ○No ○U/K
If eligible, did they receive their first dose? ○Yes ○No ○U/K If yes, approx. number of weeks before death: ____
If eligible and received their first dose, which option best represents their vaccination status? ○Partially vaccinated ○Fully vaccinated ○U/K

f. For infants or fetal deaths only, did the childbearing parent receive their COVID-19 vaccination? ○Yes ○No ○U/K
If yes, when did they receive their first dose?

- ○ Before pregnancy
- ○ 1st trimester
- ○ 2nd trimester
- ○ 3rd trimester
- ○ After delivery
- ○ U/K

If yes, which option best represents their vaccination status? ○ Partially vaccinated ○ Fully vaccinated ○ U/K

g. Select the one option that best describes the impact of COVID-19 on this child's death:

- ○ COVID-19 was the immediate or underlying cause of death
- ○ COVID-19 was diagnosed at autopsy or child was suspected to have COVID-19
- ○ COVID-19 indirectly contributed to the death but was not the immediate or underlying cause of death
- ○ The childbearing parent contracted COVID-19, specify:
  - ○ Before pregnancy
  - ○ 1st trimester
  - ○ 2nd trimester
  - ○ 3rd trimester
  - ○ After delivery
  - ○ U/K
- ○ Other, specify:
- ○ COVID-19 had no impact on this child's death
- ○ U/K

h. Did COVID-19 impact the team's ability to conduct this fatality review?

○ Yes ○ No ○ U/K

If yes, check all that apply:

- ☐ Unable to obtain records
- ☐ Team members unable to attend review
- ☐ Remote reviews negatively impacted review process
- ☐ Team leaders redirected to COVID-19 response

## J. PERSON RESPONSIBLE (OTHER THAN DECEDENT)

This section is skipped for fetal deaths+

1. Did a person or persons other than the child do something or fail to do something that caused or contributed to the death?
   - ○ Yes/probable
   - ○ No, go to K
   - ○ U/K, go to K

2. What act(s)? Enter information for the first person under "One" and if there is a second person, use column "Two." Describe acts in narrative.

| One | Two | | One | Two | |
|---|---|---|---|---|---|
| ○ | ○ | Child abuse | ○ | ○ | Exposure to hazards |
| ○ | ○ | Child neglect | ○ | ○ | Assault, not child abuse |
| ○ | ○ | Poor/absent supervision | ○ | ○ | Other, specify: |
| | | | ○ | ○ | U/K |

3. Did the team have information about the person(s)?

| One | Two | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No, go to K |

4. Is person listed in a previous section?

| One | Two | |
|---|---|---|
| ○ | ○ | Yes, childbearing parent, go to J17 |
| ○ | ○ | Yes, non-childbearing biological parent, go to J17 |
| ○ | ○ | Yes, caregiver one, go to J17 |
| ○ | ○ | Yes, caregiver two, go to J17 |
| ○ | ○ | Yes, supervisor, go to J19 |
| ○ | ○ | No |

5. Primary person(s) responsible for action(s): Select one for each person responsible.

| One | Two | | One | Two | | One | Two | |
|---|---|---|---|---|---|---|---|---|
| ○ | ○ | Adoptive parent | ○ | ○ | Sibling | ○ | ○ | Medical provider |
| ○ | ○ | Stepparent | ○ | ○ | Other relative | ○ | ○ | Institutional staff |
| ○ | ○ | Foster parent | ○ | ○ | Friend | ○ | ○ | Babysitter |
| ○ | ○ | Parent's partner | ○ | ○ | Acquaintance | ○ | ○ | Licensed child care worker |
| ○ | ○ | Grandparent | ○ | ○ | Child's boyfriend or girlfriend | ○ | ○ | Other, specify: |
| | | | ○ | ○ | Stranger | ○ | ○ | U/K |

6. Person's age in years:

| One | Two | |
|---|---|---|
| ____ | ____ | # Years |
| ☐ | ☐ | U/K |

7. Person's sex:

| One | Two | |
|---|---|---|
| ○ | ○ | Male |
| ○ | ○ | Female |
| ○ | ○ | U/K |

8. Person speaks and understands English?

| One | Two | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

If no, language spoken:

9. Person on active military duty?

| One | Two | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

If yes, specify branch:

10. Person(s) have history of substance abuse?

| One | Two | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

11. Person(s) have history of child maltreatment as victim?

| One | Two | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

12. Person(s) have history of child maltreatment as a perpetrator?

| One | Two | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

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

| One | Two | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

14. Person(s) have prior child deaths?

| One | Two | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

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

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

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

| One | Two | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

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

| One | Two | |
|---|---|---|
| ○ | ○ | Yes |
| ○ | ○ | No |
| ○ | ○ | U/K |

If yes, select the most appropriate description of the person's sleeping period at incident:

| One | Two | |
|---|---|---|
| ○ | ○ | Night time sleep |
| ○ | ○ | Day time nap, describe: |
| ○ | ○ | Day time sleep (for example, person is night shift worker), describe: |
| ○ | ○ | Other, describe: |

18. At time of incident was person impaired?

| One | Two | |
|---|---|---|
| ◯Yes | ◯Yes | |
| ◯No | ◯No | |
| ◯U/K | ◯U/K | |

If yes, check all that apply:

| One | Two | | One | Two | |
|---|---|---|---|---|---|
| ☐ | ☐ | Drug impaired, specify: | ☐ | ☐ | Impaired by illness, specify: |
| ☐ | ☐ | Alcohol impaired | ☐ | ☐ | Impaired by disability, specify: |
| ☐ | ☐ | Distracted | ☐ | ☐ | Other, specify: |
| ☐ | ☐ | Absent | | | |

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

| One | Two | |
|---|---|---|
| ☐ | ☐ | Prior history of similar acts |
| ☐ | ☐ | Prior arrests |
| ☐ | ☐ | Prior convictions |

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

| One | Two | |
|---|---|---|
| ☐ | ☐ | No charges filed |
| ☐ | ☐ | Charges pending |
| ☐ | ☐ | Charges filed, specify: |
| ☐ | ☐ | Charges dismissed |
| ☐ | ☐ | Confession |
| ☐ | ☐ | Plead, specify: |
| ☐ | ☐ | Not guilty verdict |
| ☐ | ☐ | Guilty verdict, specify: |
| ☐ | ☐ | Tort charges, specify: |
| ☐ | ☐ | U/K |

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

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

If yes, select one option per row:

| | Referred for service before review | Review led to referral | Referral needed, not available | N/A | U/K |
|---|---|---|---|---|---|
| Bereavement counseling | ◯ | ◯ | ◯ | ◯ | ◯ |
| Debriefing for professionals | ◯ | ◯ | ◯ | ◯ | ◯ |
| Economic support | ◯ | ◯ | ◯ | ◯ | ◯ |
| Funeral arrangements | ◯ | ◯ | ◯ | ◯ | ◯ |
| Emergency shelter | ◯ | ◯ | ◯ | ◯ | ◯ |
| Mental health services | ◯ | ◯ | ◯ | ◯ | ◯ |
| Foster care | ◯ | ◯ | ◯ | ◯ | ◯ |
| Health services | ◯ | ◯ | ◯ | ◯ | ◯ |
| Legal services | ◯ | ◯ | ◯ | ◯ | ◯ |
| Genetic counseling | ◯ | ◯ | ◯ | ◯ | ◯ |
| Home visiting | ◯ | ◯ | ◯ | ◯ | ◯ |
| Substance abuse | ◯ | ◯ | ◯ | ◯ | ◯ |
| Other, specify: | ◯ | ◯ | ◯ | ◯ | ◯ |

## L. FINDINGS IDENTIFIED DURING THE REVIEW

◯ **Mark this case to edit/add findings at a later date**

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

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

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

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

If yes, select all that apply and describe:

| | | | |
|---|---|---|---|
| ☐ Child welfare | Describe: | ☐ Education | Describe: |
| ☐ Law enforcement | Describe: | ☐ Mental health | Describe: |
| ☐ Public health | Describe: | ☐ EMS | Describe: |
| ☐ Coroner/medical examiner | Describe: | ☐ Substance abuse | Describe: |
| ☐ Courts | Describe: | ☐ Other, specify: | Describe: |
| ☐ Health care systems | Describe: | | |

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

## M. THE REVIEW MEETING PROCESS

1. Date of first review meeting:

2. Number of review meetings for this case: _____

3. Is review complete? ○ N/A ○ Yes ○ No

4. Agencies and individuals at review meeting, check all that apply:

- ☐ Medical examiner/coroner/pathologist
- ☐ Death investigator
- ☐ Law enforcement
- ☐ Prosecutor/district attorney
- ☐ Public health
- ☐ HMO/managed care
- ☐ CPS
- ☐ Other social services
- ☐ Physician
- ☐ Nurse
- ☐ Hospital
- ☐ Other health care
- ☐ Fire
- ☐ EMS
- ☐ Faith based organization
- ☐ Education
- ☐ Mental health
- ☐ Substance abuse
- ☐ Indian Health Services/ Tribal Health
- ☐ Home visiting
- ☐ Healthy Start
- ☐ Court
- ☐ Child advocate
- ☐ Military
- ☐ Domestic violence
- ☐ Others, list:

5. Were the following data sources available at the review meeting?

Check all that apply:

**Vital statistics**

- ☐ Birth certificate - full form
- ☐ Death certificate

**Health records**

- ☐ Child's medical records or clinical history, including vaccination
- ☐ Hospital records
- ☐ Childbearing parent's obstetric and prenatal information
- ☐ Newborn screening results
- ☐ Mental health records
- ☐ Substance abuse treatment records

**Investigation records**

- ☐ Autopsy/pathology reports
- ☐ CDC's SUIDI Reporting Form
- ☐ Jurisdictional equivalent of the CDC SUIDI Reporting Form
- ☐ Law enforcement records
- ☐ Social service records
- ☐ Child protection agency records
- ☐ EMS run sheet

**Other**

- ☐ Home visiting
- ☐ School records

6. Did any of the following factors reduce meeting effectiveness, check all that apply:

- ☐ None
- ☐ Confidentiality issues among members prevented full exchange of information
- ☐ HIPAA regulations prevented access to or exchange of information
- ☐ Inadequate investigation precluded having enough information for review
- ☐ Team members did not bring adequate information to the meeting
- ☐ Necessary team members were absent
- ☐ Meeting was held too soon after death
- ☐ Meeting was held too long after death
- ☐ Records or information were needed from another locality in-state
- ☐ Records or information were needed from another state
- ☐ Team disagreement on circumstances
- ☐ Other factors, specify:

7. Review meeting outcomes, check all that apply:

- ☐ Team disagreed with official manner of death. What did team believe manner should be?
- ☐ Team disagreed with official cause of death. What did team believe cause should be?
- ☐ Because of the review, the official cause or manner of death was changed

## N. SUID AND SDY CASE REGISTRY

This section displays online based on your state's settings.

Section N: OMB No. 0920-1092, Exp. Date: 5/31/2022



1. Is this an SDY or SUID case? ○ Yes ○ No If no, go to Section O

2. Did this case go to Advanced Review for the SDY Case Registry?

○ N/A ○ Yes ○ No

If yes, date of first Advanced Review meeting:

3. Notes from Advanced Review meeting (include case details that helped determine SDY categorization and any ways to improve the review) or reason why case did not go to Advanced Review:

4. Professionals at the Advanced Review meeting, check all that apply:

- ☐ Cardiologist
- ☐ CDR representative
- ☐ Coroner
- ☐ Death investigator
- ☐ Epileptologist
- ☐ Forensic pathologist/medical examiner
- ☐ Geneticist or genetic counselor
- ☐ Neurologist
- ☐ Neonatologist
- ☐ Pediatrician
- ☐ Public health representative
- ☐ Others, specify:

5. Did the Advanced Review team believe the autopsy was comprehensive? ○ Yes ○ No ○ U/K

6. If autopsy performed, did the ME/coroner/pathologist use the SDY Autopsy Guidance or Summary? ○ N/A ○ Yes ○ No ○ U/K

7. Was a specimen saved for the SDY Case Registry?
○ N/A ○ Yes ○ No ○ U/K

8. Was a specimen sent to the SDY Case Registry biorepository?
○ N/A ○ Yes ○ No ○ U/K

9. Did the family consent to have DNA saved as part of the SDY Case Registry?
○ N/A ○ Yes ○ No ○ U/K
If no, why not? ○ Consent was not attempted
○ Consent was attempted but follow up was unsuccessful
○ Consent was attempted but family declined
○ Other, specify:

10. Categorization for SDY Case Registry (choose only one):
○ Excluded from SDY Case Registry
○ Unexplained, incomplete case information
○ Explained cardiac, specify:
○ Explained neurological, specify:
○ Explained infant suffocation (under age 1)
○ Explained other, specify:
○ Unexplained, possible cardiac
○ Unexplained, possible cardiac and SUDEP
○ Unexplained, SUDEP
○ Unexplained death

11.Categorization for SUID Case Registry (choose only one):
○ Excluded (other explained causes, not suffocation)
○ Unexplained: No autopsy or death scene investigation
○ Unexplained: Incomplete case information
○ Unexplained: No unsafe sleep factors
○ Unexplained: Unsafe sleep factors
○ Unexplained: Possible suffocation with unsafe sleep factors
○ Explained: Suffocation with unsafe sleep factors

If possible suffocation or explained suffocation, select the primary mechanism(s) leading to the death, check all that apply:
☐ Soft bedding
☐ Wedging
☐ Overlay
☐ Other, specify:

## O. NARRATIVE

### O1. NARRATIVE

**Use this space to provide more detail on the circumstances of the death and to describe any other relevant information.**
**DO NOT INCLUDE IDENTIFIERS IN THE NARRATIVE such as names, dates, addresses, and specific service providers.** Consider the following questions: What was the child doing? Where did it happen? How did it happen? What went wrong? What was the quality of supervision? What was the injury cause of death? The Narrative is included in de-identified downloads, and per MPHI/NCFRP's data use agreement with your state, HIPAA identifying information should not be recorded in this field.

## P. FORM COMPLETED BY:

Person:
Title:
Agency:
Phone:
Email:
Date completed:
Data entry completed for this case? ☐

**For State Program Use Only:**
Data quality assurance completed by state? ☐


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**Data Entry: https://data.ncfrp.org**

**www.ncfrp.org info@ncfrp.org 1-800-656-2434 Facebook and Twitter: NationalCFRP**