

A large, light gray silhouette of the state of Florida is centered on the page. Overlaid on the map are several stylized human figures. Four teal-colored figures are positioned in the upper left and middle sections of the map, appearing to hold hands. A single white figure is positioned in the lower right section of the map. The background of the page features a teal vertical bar on the right side and a white vertical bar on the left side, with thin teal lines separating them.

Child Abuse Death Review Committee

Working to eliminate preventable
child abuse and neglect deaths in Florida

ANNUAL REPORT
DECEMBER 2018

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MISSION:

To eliminate preventable child abuse and neglect deaths

This Annual Report is dedicated to the memory
of all the children who lost their lives in our state in 2017.

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

Submitted to:

The Honorable Rick Scott, Governor, State of Florida
The Honorable William Galvano, President, Florida Senate
The Honorable Jose R. Oliva, Speaker, Florida House of Representatives

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Florida's Child Abuse Death Review Process

Florida's Child Abuse Death Review (CADR) system was established into Florida law in 1999. Per Section 383.402, Florida Statutes, CADR is a statewide multidisciplinary, multiagency, epidemiological child abuse death assessment and prevention system. A public health approach is applied as local CADR committees review the facts and circumstances surrounding child fatality cases reported to the Florida Abuse Hotline on the suspicion of abuse or neglect. The State CADR Committee is required to collect and analyze data resulting from the local reviews and prepare an annual statistical report to be submitted to the Governor, President of the Florida Senate and Speaker of the Florida House of Representatives.

The essential goal of the CADR system across both state and local levels is to eliminate preventable child fatalities in Florida by better understanding the complexities of child maltreatment and leveraging evidence-based knowledge to support current and future prevention strategies.

2017 Data: Case Review Analyses

Throughout 2018, the local CADR committees conducted case reviews on over 356 child fatalities which occurred in 2017. Analyses of 2017 case review data reveal that regardless of verification status, **children under five had the highest risk for all forms of death**. Additional findings identify three primary preventable causes of child deaths, which remain consistent with findings from previous years.

- **Asphyxia**, often the result of unsafe sleep practices, claims the lives of younger children.
- **Drowning** continues to be a primary cause of preventable death among children in Florida. Unsupervised access to pools, spas/hot tubs, and open bodies of water remains a threat to child safety.
- **Body Parts/Weapons**, primarily the use of bodily force (e.g., fists and feet) or firearms to inflict harm, also ranks in the top three causes of preventable child deaths.

From Analysis to Action

Florida's child welfare system is continuously evolving to meet the needs of a diverse and dynamic population. Years of research show a consistent correlation between child maltreatment and poor health outcomes later in life, bringing child maltreatment to the forefront as a serious public health threat. As challenges continue to surface, CADR has renewed its focus on the need to move beyond data collection and to act on findings at both state and local levels. Throughout the state, local committees have actively engaged in collaborative efforts with community partners to develop and implement strategic prevention initiatives. Public awareness campaigns, improvements in community-based systems of care, enhancements in staff training, and many other impact-based activities continue to be shaped and informed by CADR findings and recommendations.

Prevention Recommendations

The State CADR Committee developed this year's prevention recommendations based on data analysis of case review findings, input from local committee members, and a review of child maltreatment prevention literature. Prevention recommendations were developed and organized using the multi-level Social Ecological Model for Change (further discussed in Section Seven). Strategies geared toward individuals, families, interpersonal social networks, communities, and society as a whole, seek to create sustainable change as they target the top three primary causes of preventable child fatalities.

The following prevention recommendations provide a high-level overview of strategies and approaches intended to prevent child fatalities in Florida:

❖ ***Expand Efforts to Relay Timely Information to Parents Regarding the Safety of Children***

The State CADR Committee recommends that communities consider providing timely messaging to parents regarding potential risks to children. Considering the many attractions in Florida, hotels and resorts have a unique opportunity to relay safe sleep and water safety education. Through various methods of message delivery, hotel and resort staff have the potential to reach thousands of caregivers each week and possibly save the life of a child.

Partnering with the business sector, such as pool supply companies, may provide a venue to distribute additional water safety information to homeowners during the purchase of pool and spa supplies. Similarly, safe sleep information could be provided at point-of-sale as they purchase cribs and other infant supplies.

Safe sleep and water safety messaging needs to be consistent statewide. Given Florida's diverse population, messages should also be culturally-responsive and considerate of language barriers.

❖ ***Encourage Participation in Existing Child Maltreatment Trainings for First Responders***

First responders play a key role in prevention efforts, as evidenced by several locally-based prevention strategies seeking to intervene during hazardous situations that place children at risk. First responders can assess for adequate supervision, substance misuse, and other factors that contribute to child death. The Florida Criminal Justice and Training Commission provides a number of courses which contain content related to recognizing and investigating child abuse. Through these courses, law enforcement officers have numerous opportunities to receive valuable training throughout their careers. With that, the State CADR Committee recommends that the leaders of law enforcement agencies encourage and support participation in the available training courses addressing child abuse related cases and incidents. The committee also recommends an assessment of the trainings provided to non-law enforcement first responders.

The State CADR Committee also recommends training on the CDC's Sudden Unexpected Infant Death Incident (SUIDI) model, including the SUIDI Reporting Form and doll reenactments. This training should be provided to all law enforcement agencies, Medical Examiners, and Medical Examiner Investigators who respond to the unexpected deaths of infants or children.

❖ ***Use Social Media to Provide Timely Messaging and Support to Parents***

Parenting programs and awareness campaigns should continue to leverage social media as it remains to be a powerful communication tool, especially among young parents. Expanding upon this platform, location services and targeted messaging could be used to alert parents to potential hazards in their environment. This potential targeted messaging should be further explored.

❖ ***Leverage the Power of Shared Data***

Agencies such as Department of Health (DOH), Department of Children and Families (DCF) community-based care agencies, and substance-abuse and mental health managing entities must capitalize on the vast amounts of data collected on children, including aspects of child welfare involvement and health outcomes. Matching child death data with other data-rich systems such as Florida Safe Families Network (FSFN), Florida Community Health Resource Tool (FLCHARTS), and DOH vital statistics data could further inform prevention strategies.

Further analysis of data findings to assess for racial disproportionality and health inequities will increase understanding of how social determinants of health impact the occurrence of preventable child death.

Additional analysis can help determine if any preventable deaths are under-reported in certain areas. The sharing of data between agencies is crucial to this expanded effort.

The State CADR Committee recommends that sufficient resources be provided to the above-mentioned agencies to ensure data quality. This would enable the committee to further drill-down into specific maltreatments that lead to child death. While much of the CADR data and related prevention strategies target asphyxia and drowning, the dynamics behind inflicted trauma should be further explored. This knowledge will improve the ability to provide the appropriate support to families and caregivers and prevent violence within the home.

❖ ***Continue to Encourage Collaborative Partnerships at both the State and Community Levels***

As demonstrated within this report, the well-being and protection of Florida's children is a shared responsibility, involving numerous agencies and professional services. Collective responses are necessary to fully meet the needs of at-risk children. A prime example of such efforts is a community-based approach provided by the National Drug-Endangered Children (DEC) Coalition. The National Alliance for Drug Endangered Children targets drug endangered children who are at risk of suffering physical or emotional harm as a result of illegal drug use, possession, manufacturing, cultivation, or distribution. This includes children whose caretaker's substance misuse interferes with the caretaker's ability to parent and provide a safe and nurturing environment. DEC provides training and support to communities seeking to protect these children via a multi-agency, multidisciplinary response to drug crises. In 2018, DEC provided nine trainings in different counties throughout Florida.

In addition to the recommendation of continued collaboration with DEC, the State CADR Committee recognizes a vital need to ensure open communication and collaboration between law enforcement and child protective services. This requires exploration of the means and mechanisms to ensure local law enforcement is aware of any current and or open DCF investigations and cases as they respond to calls for service.

At the state level, a useful venue for state and local collaboration is the continuation of the CADR Summit. The Summit provides opportunities to share ideas, best practices and troubleshoot concerns at the state and local levels.

At the local level, partnering with other agencies, councils, and task forces is a necessity. This allows local committees to compare data, decide on consistent prevention messaging, and develop collaborative community-based action plans to target the specific needs of their community.

❖ ***Continue to Support the Integration of Behavioral Health Services into the Child Welfare System***

Substance use disorders, mental health disorders, and dynamics associated with Intimate Partner Violence (IPV) can both independently and collectively impact parental capacity and child well-being while greatly increasing the risk of child harm. Research has shown that the integration of substance abuse treatment services and child welfare services have led to the best outcomes for child welfare involved families, including increased retention in treatment, increased likeliness of a reduction in substance use, and increased likelihood of reunification. Readily accessible and appropriate interventions for families at risk of dealing with substance abuse, mental health disorders, and IPV provides a critical step toward ensuring a safe, stable, and nurturing environment for children. Community-based systems of care must take the necessary steps to ensure behavioral health services and domestic violence services are comprehensively integrated into the service delivery system to sufficiently meet the needs of their client population.

The Family Intensive Treatment (FIT) team model is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance use disorders. FIT includes components of family engagement, individualized treatment and case plans, comprehensive

community services, and flexible financing strategies. The FIT model includes cross-system collaboration between child welfare, judicial, and behavioral health systems.

❖ ***Continue to Support Programs that Enhance Parenting Skills***

Programs such as Healthy Families Florida (HFF) and Prevent Child Abuse Florida (PCA Florida) serve families at risk and reinforce those protective factors that offset the risk of child maltreatment and preventable child death. The services provided by such programs are wide in scope and timely address all potential causes of maltreatment death. Prevention programs such as HFF and PCA Florida ensure an efficient and strategic use of our state's resources. These programs provide parenting education as well as brochures and other printed materials addressing safe sleep, parent-child bonding, water safety and coping with crying. PCA Florida also provides free training and technical support to Circle of Parents support groups which provide friendly, supportive environments led by parents and caregivers to discuss the successes and challenges of raising children.

The State CADR Committee recommends the use of home safety checklists which are designed to help parents and child welfare professionals identify hazardous conditions within the home that could pose a risk to children. Healthy Families Florida's home safety checklist comprises questions for a Family Support Worker to ask the parent/caregiver during a home visit when a child reaches developmental milestones or when a family moves to a new home. An additional home safety checklist developed by Dr. McIntosh, Statewide Medical Director for Child Protection Teams, is broken down by developmental stage/age group and provides observations and rationales for each specific hazard type.

SECTION ONE: BACKGROUND

PROGRAM DESCRIPTION

The Florida Child Abuse Death Review (CADR) System was established in Florida law in 1999. The program is administered by the Florida Department of Health (DOH) and utilizes local CADR committees to conduct detailed reviews of the facts and circumstances surrounding child deaths reported to the Florida Abuse Hotline and accepted for investigation. The State CADR Committee collects and analyzes data from the local reviews and prepares an annual statistical report, which is submitted to the Governor, President of the Senate, and Speaker of the House of Representatives.

STATUTORY AUTHORITY

Section 383.402, Florida Statutes, authorizes the state and local CADR committees and mandates guidelines for membership and duties. State and local committees were initially authorized to review only verified child abuse deaths with at least one prior report to the Florida Abuse Hotline. After several years, it was determined that the requirement for a prior report limited the committee's ability to review infant deaths, and in 2004, the Florida Legislature expanded reviews to include all verified child abuse or neglect deaths. The legislature expanded the scope of reviews even further in 2014, and currently the local and state committees review all child deaths reported to the Florida Abuse Hotline. For the full text of Section 383.402, Florida Statutes, see Appendix A.

PROGRAM PURPOSE

The purpose of the CADR process is to:

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

STATE COMMITTEE

The State CADR Committee consists of seven agency representatives and twelve appointments from various disciplines related to the health and welfare of children and families. Members of the State CADR Committee are appointed for staggered two-year terms. All members are eligible for reappointment not to exceed three consecutive terms. The representative of DOH serves as the state committee coordinator.

In addition to DOH, the State CADR Committee is composed of representatives from the following departments, agencies, or organizations:

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

The State Surgeon General is also responsible for appointing the following members based on recommendations from the agencies listed. The State Surgeon General's selection of appointees ensures that the committee represents to the greatest possible extent, the regional, gender, and racial/ethnic diversity of the state.

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

For a listing of state committee members, see Appendix B.

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

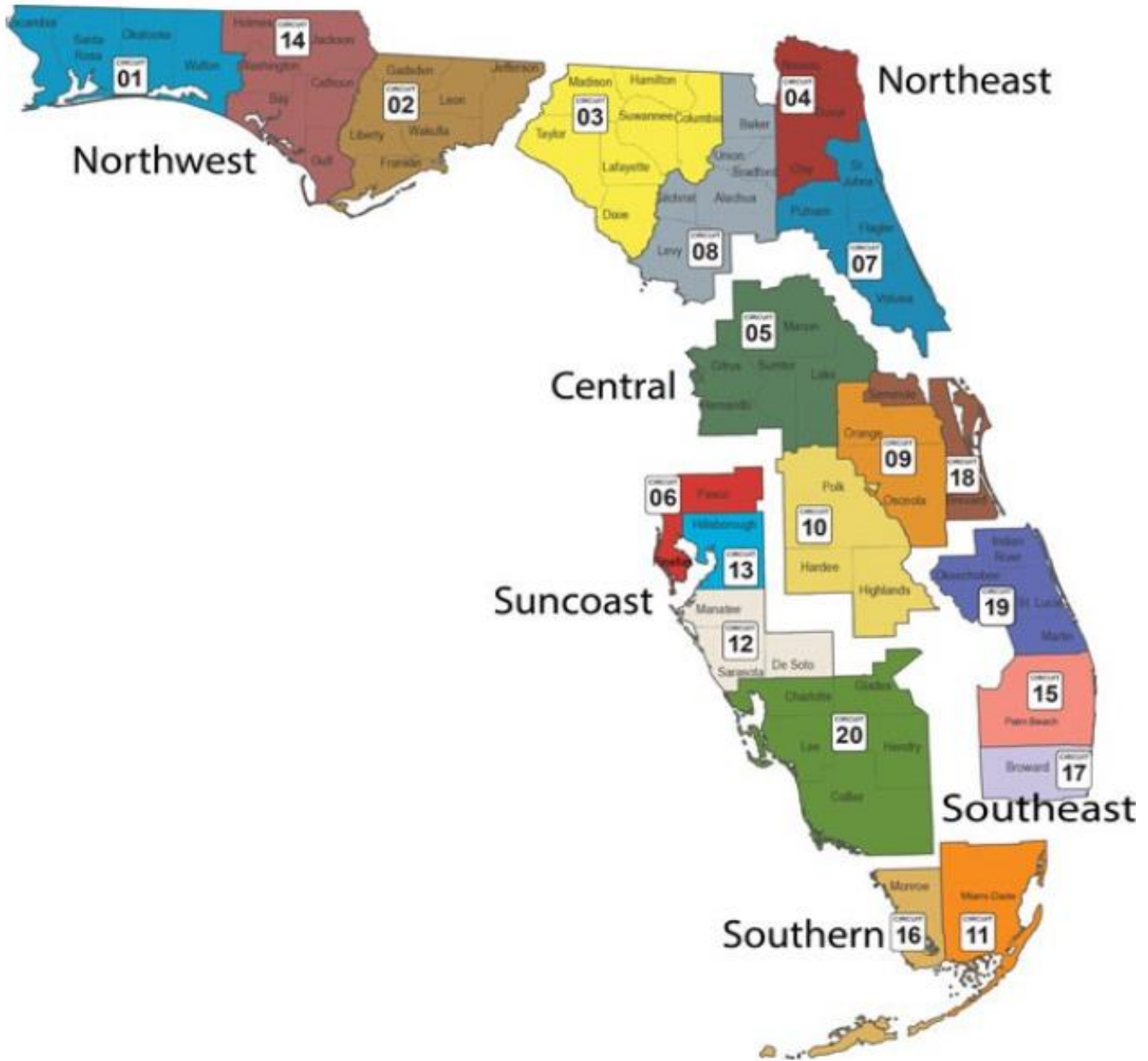
LOCAL CHILD ABUSE DEATH REVIEW COMMITTEES

Local committees review all closed cases of alleged child abuse and neglect deaths reported to the Florida Abuse Hotline and present information relevant to these deaths to the State CADR Committee through the completion of the Case Report Form. Local committees comprise individuals from agencies within the community who share an interest in promoting, protecting, and improving the health and welfare of children.

In January 2015, local committee boundaries were adjusted to realign with judicial circuits. County Health Officers are directed to appoint, convene, and support CADR committees. Every county has an appointed health officer, and one appointee is designated the lead CADR Health Officer for each circuit. At a minimum, representatives from the following organizations are appointed by CADR Health Officers:

- The state attorney's office
- The medical examiner's office
- The local Department of Children and Families child protective investigations unit
- Department of Health child protection team
- The community-based care lead agency
- State, county, or local law enforcement agencies
- The school district
- A mental health treatment provider
- A certified domestic violence center
- A substance abuse treatment provider
- Any other members who are listed in guidelines developed by the State CADR Committee

Map of Circuit-based Committees



RECENT DEVELOPMENTS

Over the past year, several measures have been taken to further support the local committees with case reviews, data entry, and action planning. One of those measures has been the transition from traditional telephone conference calls to web-based conference calls using the GoToWebinar platform. This new platform provides a more interactive way to meet with local stakeholders.

In addition, each local committee has been assigned a liaison from the CADR support staff. The liaison system allows CADR staff to provide individualized support to each committee, ensure the timely completion of child death case reviews and data entry, promote the development of community-based action plans for implementing prevention initiatives, and provide the committees with a direct point-of-contact within the state office.

Another measure taken by CADR staff to support local committees has been the bi-monthly dissemination of case status reports to local committee chairs, co-chairs, data entry specialists, along with CADR Health Officers, and DCF Child Fatality Prevention Specialists. The reports provide detailed information about the status of their committee regarding case reviews, case file transfers, and data entry. The report is sent with the intention of providing all local committee stakeholders with a clear understanding of the status of their case reviews.

Improved communications with the CADR Health Officers and/or designees has been a priority of CADR staff this year. To that end, CADR support staff have developed a plan to travel to circuits in which a new CADR Health Officer has been appointed to provide an in-person orientation training regarding their role with Florida Child Abuse Death Review.

Community collaboration will always remain a priority of CADR and is a key element in the implementation of community-based prevention initiatives. Creating partnerships between local committee stakeholders and organizations within their community who can support them in their community engagement endeavors is vital to changing social norms, and ultimately reducing preventable child deaths. During the 2018 CADR Summit, local CADR committee chairs were introduced to Community Development Administrators from the Florida Department of Children and Families. The Community Development Administrators will assist the Local CADR Committees in seeking additional community partners as well as strengthening current partnerships.

Throughout the course of the year, CADR has also become a more visible component in the child welfare community, due in part to collaborative partnerships fostered with the following workgroups, committees, and councils:

- Child Abuse Prevention and Permanency (CAPP) Task Forces
- Health Equity Council: Infant Mortality Reduction (IMR) Sub-committee
- Florida Department of Health Human Trafficking Workgroup
- National Institute for Children's Health Quality (NICHQ): National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN)
- National Center for Fatality Review and Prevention (NCFRP)
- Southeast Coalition on Child Fatalities (SECCF)

SECTION TWO: METHOD

CASE FILE TRANSFER

Following the closure of a DCF investigation, a regional DCF Child Fatality Prevention Specialist reviews all pertinent information within the case file and completes a case review summary. The case file, along with the summary and supporting documentation, is then transferred to the CADR Unit at DOH. The CADR Unit archives the case file and logs pertinent tracking information into an internal database, then transfers all case information to the appropriate local committee chair. All file transfers are conducted using MOVEit DMZ, a secure file transfer protocol website. MOVEit DMZ provides the ability to track and safely deliver confidential case information. This process ensures accountability, protects the security of sensitive case information, and provides a reliable mechanism for tracking files as they move through the CADR process.

LOCAL COMMITTEE REVIEWS AND REPORTING PROCESS

For information detailing local CADR committee operating procedures, please see the *Guidelines for Local Committees* referenced in Appendix D. These local guidelines recommend best practices for conducting effective child fatality reviews and highlight the duties and responsibilities of the local CADR committees and their members. The State CADR Committee has identified core data elements to be collected for each case and has provided detailed guidance on the content of case narratives.

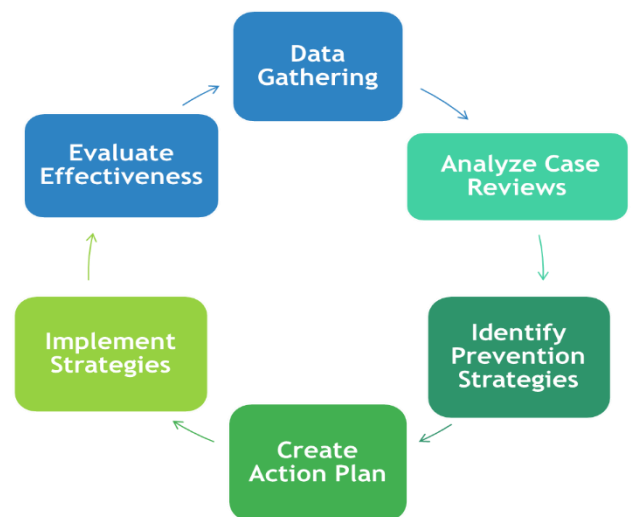
Once the review is completed, case review data are entered into the national Child Death Review Case Reporting System. Additional data sets, such as DCF’s Florida Safe Families Network (FSFN) data, are used to validate the data sample and further inform the annual report and subsequent recommendations.

THE CADR CYCLE

Florida law directs state and local committees to identify gaps, deficiencies, or problems in the delivery of services to children and their families, and to recommend changes needed to better support the safe and healthy development of children. Local committees are encouraged to take a communitywide approach to address causes and contributing factors of deaths resulting from child maltreatment, and to implement identified strategies, to the extent possible.

Both state and local committees reinforce this goal – to move beyond data collection into collaborative action. Local committees are further encouraged to look beyond the child welfare system when identifying and implementing prevention strategies. A listing of potential points of intervention prior to a child fatality is referenced in Appendix E.

This recently adopted framework has enhanced state and local committee members’ collective understanding of the need to build upon lessons learned and supports our efforts to ensure the decision-making is based on applicable data.



SECTION THREE: DATA

Child maltreatment findings are rendered based on criteria outlined in DCF's policies and operating procedures. At the time of the local committee reviews of year 2017 cases, DCF's operating procedures (Child Maltreatment Index) classified the findings from investigations as follows:

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

CASE REVIEW STATISTICS

Case data analyzed for this report includes all information on closed cases with reviewed data entered into the National Center for the Review & Prevention of Child Fatalities database by September 30, 2018. Cases that remain open to DCF for investigation (often due to law enforcement and/or judicial proceedings) are not available for review and are not included in the data sample. Table 1 details the distribution of 2017 child fatality cases reviewed (stratified by maltreatment verification status), those awaiting review, and those that were not available for review as of September 30, 2018, for each local CADR committee. Figure 1 provides the rank of local committees (linked to judicial circuits) in terms of the number of 2017 child death cases that have been or will be assigned for review. Finally, Figure 2, provides an aggregate summary of the case file status for all child deaths (N=460) reported to the Florida Department of Children and Families Abuse Hotline in 2017.

NATIONAL FATALITY REVIEW CASE REPORTING SYSTEM VERSION 5.0

The National Fatality Review Case Reporting System database has been updated from Version 4.1 to Version 5.0 (Appendix F). Like past system updates, Version 5.0 was amended to restructure various categories to provide new data elements designed to improve subsequent data analysis. While some changes between Version 4.1 and Version 5.0 were minor, there were several large migrations of data elements that created logistical challenges during the 2018 annual review process. Efforts are in place to thoroughly evaluate the enhanced version of the database and provide recommendations regarding future statistical evaluations dependent on the needs of CADR prevention strategies. The update has resulted in a modification of past data elements utilized in previous reporting years.

Table 1: Child Fatality Cases Reviewed and Case Review Status Across Local CADR Committees

	Total Cases (Child deaths called into hotline)	Cases Not Available for Review (Open Investigation/Case in Processing)	Cases Available for Review	Review Completed	Verified Maltreatment Cases Reviewed	Not Substantiated Maltreatment Cases Reviewed	No Indicators Maltreatment Cases Reviewed
Circuit #1a	12	2	10	3	0	1	2
Circuit #1b	7	1	6	4	0	2	2
Circuit #2	8	0	8	7	0	1	6
Circuit #3	4	3	1	1	0	0	1
Circuit #4	51	2	49	45	11	10	24
Circuit #5	37	4	33	26	3	5	18
Circuit #6	27	2	25	25	7	6	12
Circuit #7	18	4	14	14	3	4	7
Circuit #8	10	4	6	4	1	1	2
Circuit #9	42	0	42	41	5	5	31
Circuit #10	32	2	30	30	9	5	16
Circuit #11	36	14	22	14	3	6	5
Circuit #12a	9	0	9	9	3	2	4
Circuit #12b	6	6	0	0	0	0	0
Circuit #13	37	7	30	30	4	2	24
Circuit #14	9	3	6	5	0	2	3
Circuit #15	19	3	16	16	4	9	3
Circuit #16	0	0	0	0	0	0	0
Circuit #17	28	2	26	25	10	8	7
Circuit #18a	17	0	17	17	5	5	7
Circuit #18b	11	2	9	9	2	2	5
Circuit #19	18	1	17	17	6	6	5
Circuit #20	22	6	16	14	3	3	8
Totals	460	68	392	356	79	85	192

Figure 1: 2017 Child Death Cases Reported to the Hotline (N=460)

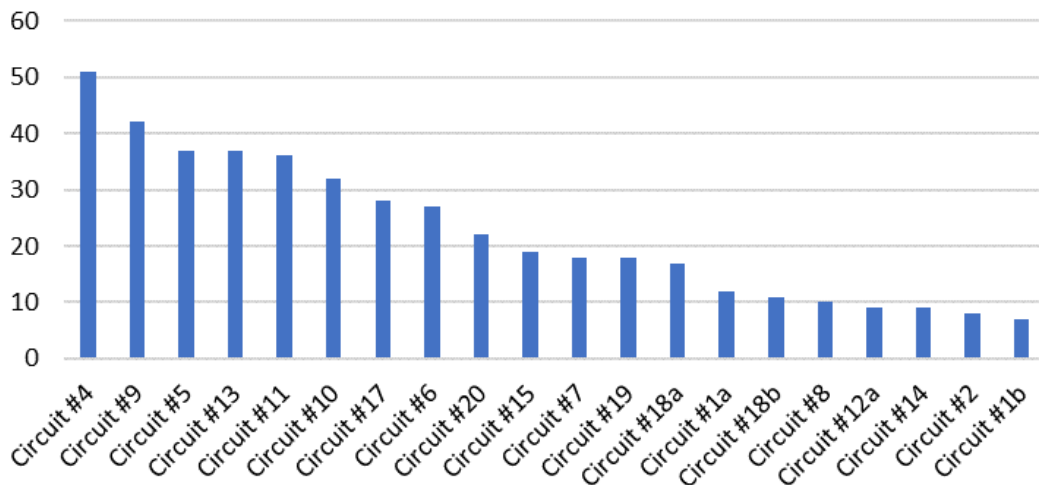
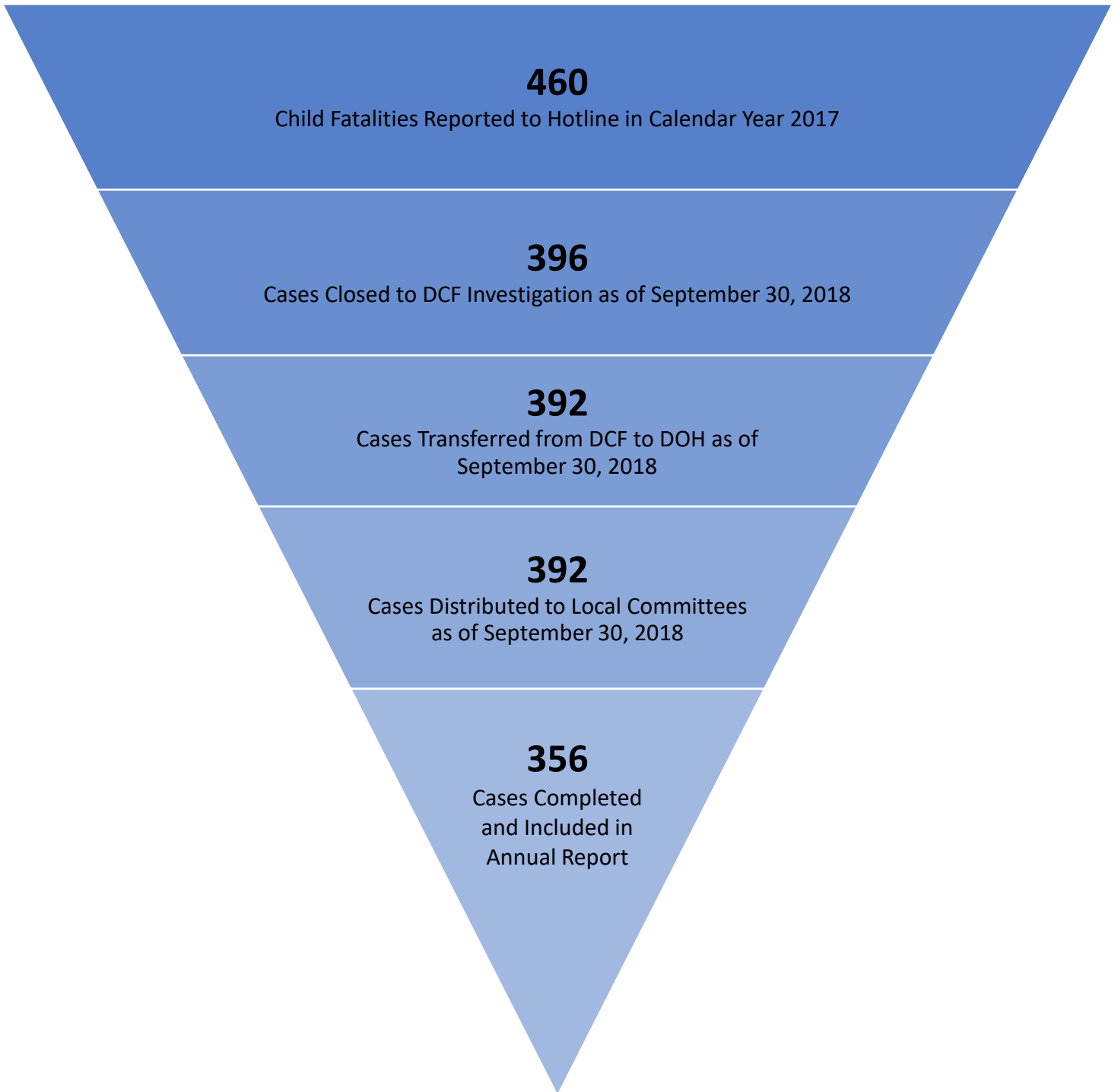


Figure 2: Case File Status All Child Deaths (460) reported to the Florida Hotline for CY 2017

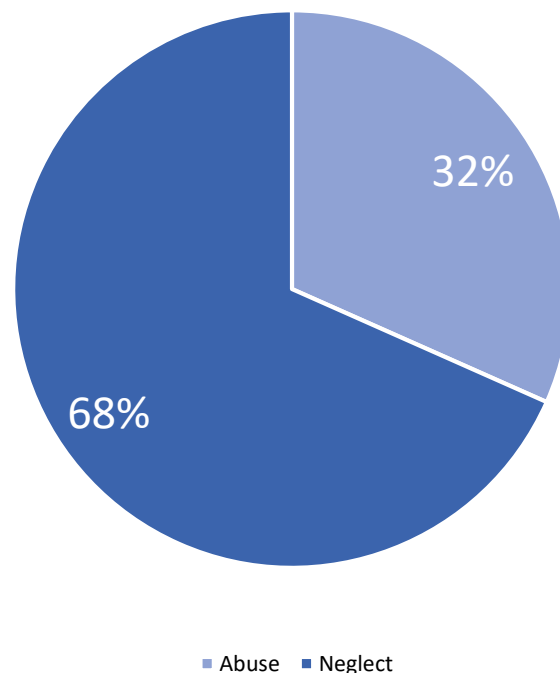


Summary Points:

As of September 30, 2018, 460 child fatalities for 2017 were called into DCF's Florida Abuse Hotline.

- 396 (86.0%) of these cases were closed by DCF.
- 64 cases were still open or recently closed for which case information was in the process of being assembled and prepared for review by local CADR committees.
- Of the 396 closed cases for which the information was available for review, 356 (89.9%) had local CADR committee reviews completed, with the remainder of cases (n=36) scheduled for review after September 30, 2018. Please note that this report applies to the 356 cases that local CADR committees reviewed. Findings are qualified by this fact and may change once all referenced child fatalities are reviewed. Consideration will be given in the future by the State CADR Committee toward supplemental analyses on 2017 fatalities when the remaining 104 child fatality cases are closed and reviewed by local committees.
- There were 8 local committees/circuits that had 25 or more child fatality cases called into the DCF Abuse Hotline in 2017. These include: Circuit 4 (n=51), Circuit 9 (n=42), Circuit 5 (n=37), Circuit 13 (n=37), Circuit 11 (n=36), Circuit 10 (n=32), Circuit 17 (n=28), and Circuit 6 (n=27).
- No cases were reported in Circuit 16 (Monroe County).
- Of the 79 verified maltreatment deaths reviewed, the majority, 54 (68.4%), were a result of neglect, and 25 (31.6%) were a result of abuse (see Figure 3 below).

Figure 3: Distribution of Reviewed Verified Maltreatment Deaths by Abuse and Neglect (n=79)



CHILD DEATH TRENDS

In 2017, the all-cause death rate for children aged 0-17 was 54.1 deaths per 100,000 child population (Florida CHARTS, 2018). The reported 2017 verified child maltreatment death rate in Table 2 is 1.91 per 100,000 child population. This figure should be considered tentative and an underestimate as there are several cases (see Table 1) that were still open at DCF and not yet transferred to local CADR committees for which verification status has yet to be determined. Likewise, the updated rate for 2015 as well as 2016 child fatalities should be considered tentative for the same reason. With respect to 2015 deaths, as of September 30, 2018, there were 7 child fatalities whose cases were still open at DCF, with 14 case reviews pending/planned by local CADR committees. The 2016 deaths, as of September 30, 2018, comprised 13 child fatalities whose cases were still open at DCF, with 22 case reviews pending/planned by local CADR committees. Cases that remain open for an extended period are likely to involve the criminal justice system and have a greater propensity to be classified as verified maltreatment. Subsequent analyses on these cases will be necessary after all cases have been closed and reviews completed by local committees. Table 2 shows the number and rates of all-cause and verified child maltreatment deaths among children in Florida from 2011-2017 where the child maltreatment death rate (between 2011 and 2014) has ranged from a low of 3.21 (per 100,000) in 2012 to a high of 3.75 (per 100,000) in 2014.

	Child Deaths All Causes	Child Death Rate per 100,000 Child Population	Verified Child Maltreatment Deaths	Child Maltreatment Death Rate per 100,000 Child Population	Cases Pending (DCF)	Cases Pending (Local Review)
2011	2,191	54.3	136	3.37	-	-
2012	2,046	50.9	129	3.21	-	-
2013	2,105	52.5	137	3.42	-	-
2014	2,131	52.9	147	3.75	6	4
2015	2,249	55.4	110*	2.71	7	14
2016	2,217	54.2	97*	2.37	13	22
2017	2,236	54.1	79*	1.91	68	36

*The number of verified child maltreatment cases for 2015, 2016 and 2017 is not complete given the number of cases still open and not yet transferred to local CADR Committees OR not yet reviewed by local CADR Committees. Past year figures may have changed as cases were closed following the submission of past CADR reports. 2015 counts apply to 452 of 473 investigated child deaths. 2016 counts apply to 424 of 459 investigated child deaths. 2017 counts apply to 356 of 460 investigated child deaths.

CHILD DEATH INCIDENT INFORMATION

The following findings highlight information related to incident data associated with child fatalities, including an itemization of the location (by county) where the incident took place. Each child fatality review itemizes the official manner and primary cause of death, and if the death is ruled a homicide, whether the death is a result of child abuse or neglect. Some deaths classified by the Medical Examiner as accidental on death certificates have the potential, upon investigation, be determined to be the result of neglect.

Official Manner of Death

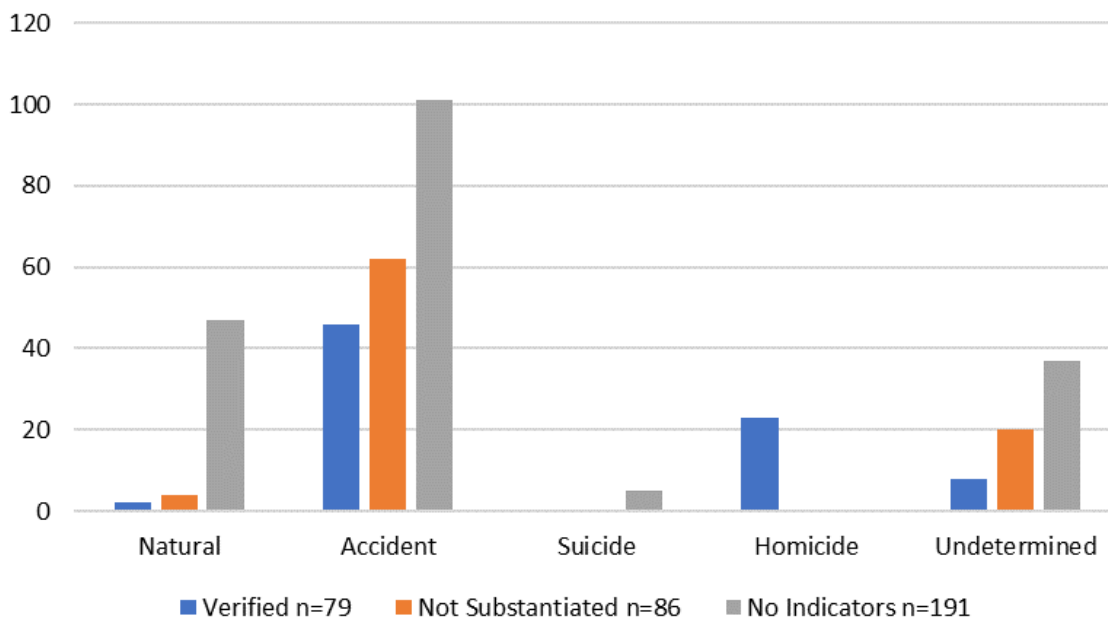
Table 3 and Figure 4 denote the official manner of death obtained from death certificates for all child fatalities reviewed for this report. Of the 79 child fatalities verified to be the result of abuse and/or neglect, 46 (58.2%) were classified as accidents and 23 (29.1%) were classified as homicides. Among the 86 not-substantiated

child maltreatment fatalities, the largest number of deaths were classified as accidents with 62 deaths (72.1%) followed by undetermined causes with 20 deaths (23.3%). Among the 191 no indicators deaths, the official manner of death was most often classified as an accident with 101 deaths (52.9%) followed by death by natural causes at 47 deaths (24.6%) and undetermined causes of death at 37 (19.4%). Importantly, in determining *Manners of Death*, Medical Examiners (ME) are limited to a certain range of choices that does not include “neglect.” Subsequently, MEs will classify all incidents “Accidents” that investigators will verify as “neglect.”

Table 3: Official Manner of Death (from death certificate) by Maltreatment Verification Status

Official Manner of Death	Child Maltreatment Death n=356		
	Verified n=79	Not Substantiated n=86	No Indicators n=191
Natural	2	4	47
Accident	46	62	101
Suicide	0	0	5
Homicide	23	0	0
Undetermined	8	20	37
Pending	0	0	0
Unknown/Missing	0	0	1

Figure 4: Official Manner of Death by Maltreatment Verification Status (n=356)



Primary Cause of Death

Table 4 and Figure 5 denote the distribution of child fatality cases reviewed using the general classification of primary cause of death across child maltreatment verification status. Among the 79 verified maltreatment fatalities, 71 (89.9%) were the result of an external injury, and 2 (2.5%) were due to a medical cause. Among the 86 not substantiated maltreatment fatalities, the majority 64 (74.4%), were the result of an external injury, 4 (4.7%) were determined to have a medical cause, and 17 (19.8%) had an undetermined or unknown cause of death. Among the 191 no indicators of maltreatment fatalities, the majority 107 (56.0%) were the result of an external injury, 43 (22.5%) were determined to have a medical cause, 30 (15.7%) were undetermined (if external injury or medical cause), and 11 (5.8%) had unknown cause of death.

Primary Cause of Death	Child Maltreatment Death n=356		
	Verified n=79	Not Substantiated n=86	No Indicators n=191
External Injury	71	64	107
Medical Cause	2	4	43
Undetermined If Injury or Medical	6	17	30
Unknown/Missing	0	1	11

Figure 5: Primary Cause of Death Across Maltreatment Verification Status (N=356)

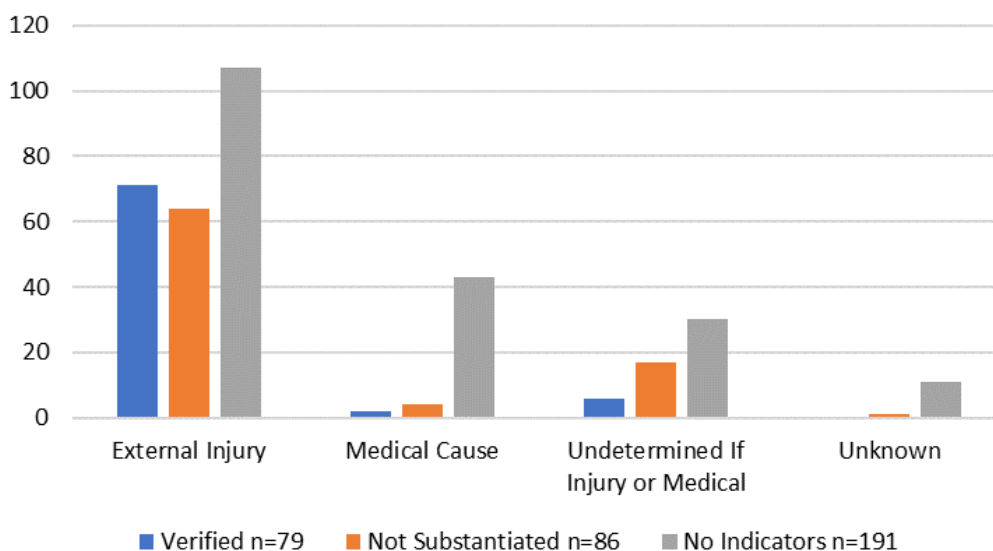


Table 5 and Figure 6 distinguish three prevalent primary causes of death associated with external injuries. These primary causes of death account for 76.1% of verified maltreatment fatalities: trauma/wounds caused by a weapon which may include fists, hands, or feet (32.4%), drowning (28.2%), and asphyxia (15.5%). These are the **primary cause of death** categories used throughout this report.

When cross referenced against primary cause of death, verified maltreatment fatalities due to manner of death of homicide (n=23), 20 (87.0%) resulted from assault, weapon or a person's body part, 1 (4.3%) involved fire, burn, or electrocution, and 2 (8.7%) were determined to be other cause (asphyxia, blunt force trauma).

Table 5: Itemization of Specific Cause of Death for External Injuries by Child Maltreatment Verification Status			
Specific External Injury Cause of Death	Child Maltreatment Death n=242		
	Verified n=71	Not Substantiated n=64	No Indicators n=107
Asphyxia	11	32	68
Sleep-related	10	26	57
Not sleep-related	1	6	11
Drowning	20	22	25
Body Parts/Weapons	23	1	6
Motor Vehicle	6	4	3
Poisoning, Overdose, Intoxication	4	1	0
Animal Bite/Attack	0	0	0
Fire, Burn, Electrocution	2	0	0
Undetermined	0	0	1
Other	5	2	2
Fall/Crush	0	2	2
Unknown/Missing	0	0	0

Figure 6: Specific External Injury Cause of Death Across Maltreatment Verification Status (N=242)

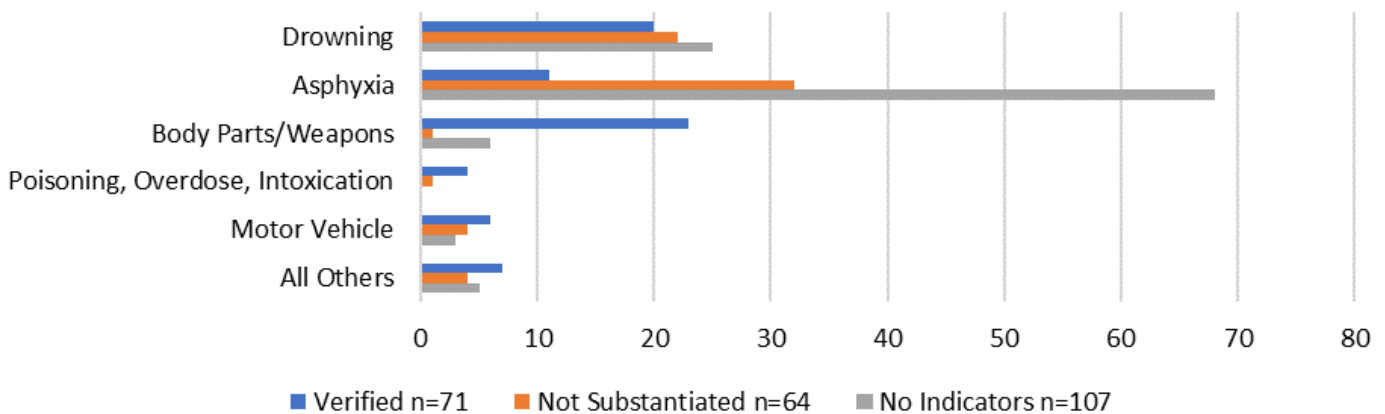


Table 6 displays the number of primary cause of deaths resulting from a medical cause; 2 verified maltreatment deaths were due to medical neglect.

Table 6: Itemization of Specific Medical Cause of Death by Child Maltreatment Verification Status			
Specific Medical Cause of Death	Child Maltreatment Death (Medical Cause) n=49		
	Verified n=2	Not Substantiated n=4	No Indicators n=43
Cancer	0	0	0
Cardiovascular	0	0	8
Congenital Anomaly	1	0	3
HIV/AIDS	0	0	0
Influenza	0	0	3
Low Birth Weight	0	0	0
Malnutrition/Dehydration	0	0	0
Neurological/Seizure Disorder	0	1	2
Pneumonia	0	1	5
Prematurity	1	1	4
SIDS	0	0	1
Other Infection	0	0	5
Other Perinatal	0	0	0
Other Medical	0	1	12
Diabetes	0	0	0
Asthma	0	0	0
Undetermined	0	0	0
Unknown/Missing	0	0	0

Location of Child Deaths

Please note that in this report, the word “county” refers to the county where the incident took place, not the county where the death occurred or the county of a child’s residence. From a prevention standpoint, the use of the incident county provides more meaningful data regarding the death event. The locations for the top three primary causes of death regardless of verification status include:

- 46.3% (31 of 67) of all drownings occurred in five counties: Broward, Duval, Orange, Polk and St. Lucie.
- 51.4% (57 of 111) of all asphyxia deaths occurred in five counties: Brevard, Duval, Hillsborough, Pinellas, and Polk. Duval county accounted for 14.4% (16 of 111) of all asphyxia deaths.
- The 23 weapons deaths occurred across 16 counties, although 5 weapons deaths were in Duval county (21.7%).

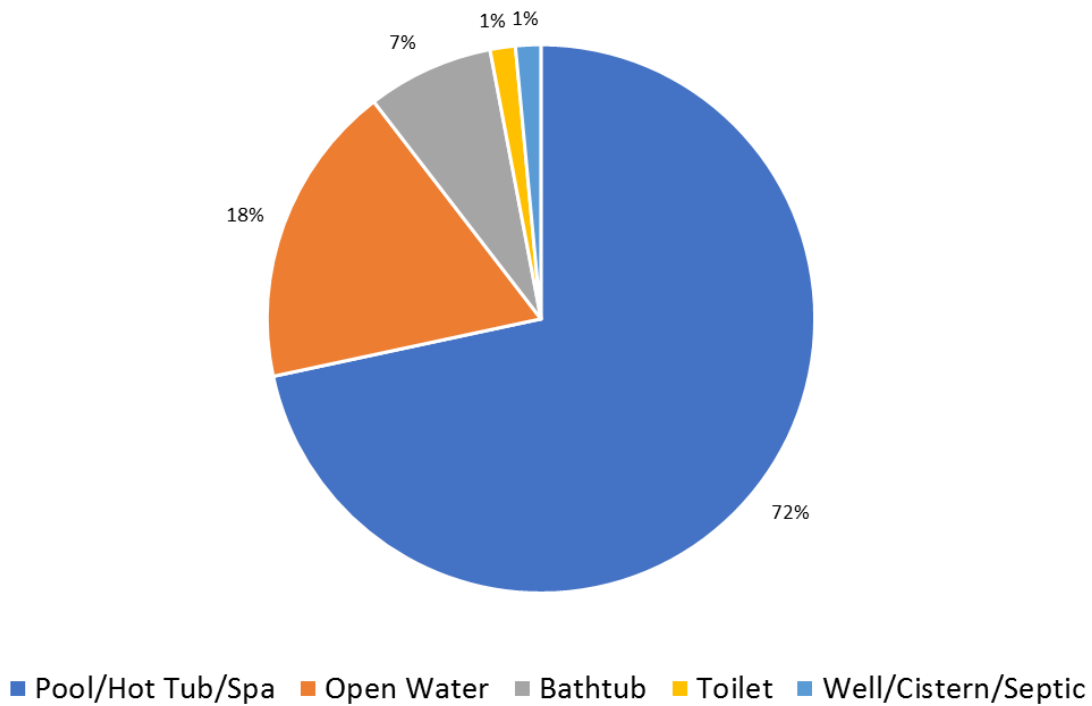
See Appendix G for additional information on location of child deaths.

Drowning Death Incident Information

For drowning related deaths, CADR local committees collect specific information on the details associated with each death, including the location of the incident, and whether a barrier was in place. Table 7 and Figure 7 identify details of the location of drowning deaths.

Table 7: Drowning Location by Child Maltreatment Verification Status			
Drowning Location	Child Maltreatment Death n=67		
	Verified n=20	Not Sustantiated n=22	No Indicators n=25
Open Water	5	4	3
Pool/Hot Tub/Spa	9	17	22
Bathtub	5	0	0
Bucket	0	0	0
Well/Cistern/Septic	0	1	0
Toilet	1	0	0
Other	0	0	0

Figure 7: Drowning Location Across All Investigated Deaths (N=67)



Tables 8 details the type of barrier(s) that were in place when the drowning occurred. Barriers are physical structures (such as a door or a fence) that are intended to limit access to potentially hazardous bodies of water (such as a pool or spa). Note that the presence of a barrier does not necessarily mean that the barrier was in working order; the barrier could have been breached.

Table 8: Barriers in Place Where Drowning Took Place by Child Maltreatment Verification Status (Duplicate Counts if Multiple Barriers)			
Barriers in Place	Child Maltreatment Death n=67		
	Verified n=20	Not Substantiated n=22	No Indicators n=25
None	8	5	8
Fence	2	5	5
Gate	0	6	8
Door	5	12	10
Alarm	0	2	1
Cover	0	1	0
Unknown/Missing	5	1	1

Among the 20 **verified** maltreatment drowning deaths:

- 15 (75.0%) of the children did not know how to swim, 17 (85.0%) of the drowning deaths occurred at the age of 3 or under (see Figure 12).
- 9 (45.0%) occurred in pools, hot tubs, or spas; 2 locations (22.2%) had no barriers, 7 (77.8%) locations had one or more barriers in place.
- 8 (40.0%) drowning cases had no barriers (alarms, gates, etc.) to bodies of water.

Among the 47 **not substantiated** and **no indicators** of maltreatment drowning deaths:

- Of the 47 cases, data were acquired for 43 drownings, 42 (89.4%) children were able to swim, while 1 was not.
- 39 (83.0%) drowning death locations occurred in pools, hot tubs, or spas; 8 (20.5%) of the locations had no barriers, 26 (63.4%) locations had one or more barriers in place.
- 13 (27.7%) drowning death locations had no barriers (alarms, gates, etc.) to bodies of water.
- There were barriers in place for 22 of 27 (81.5%) cases where barrier information was known of the drowning deaths that took place in pools, hot tubs, or spas.

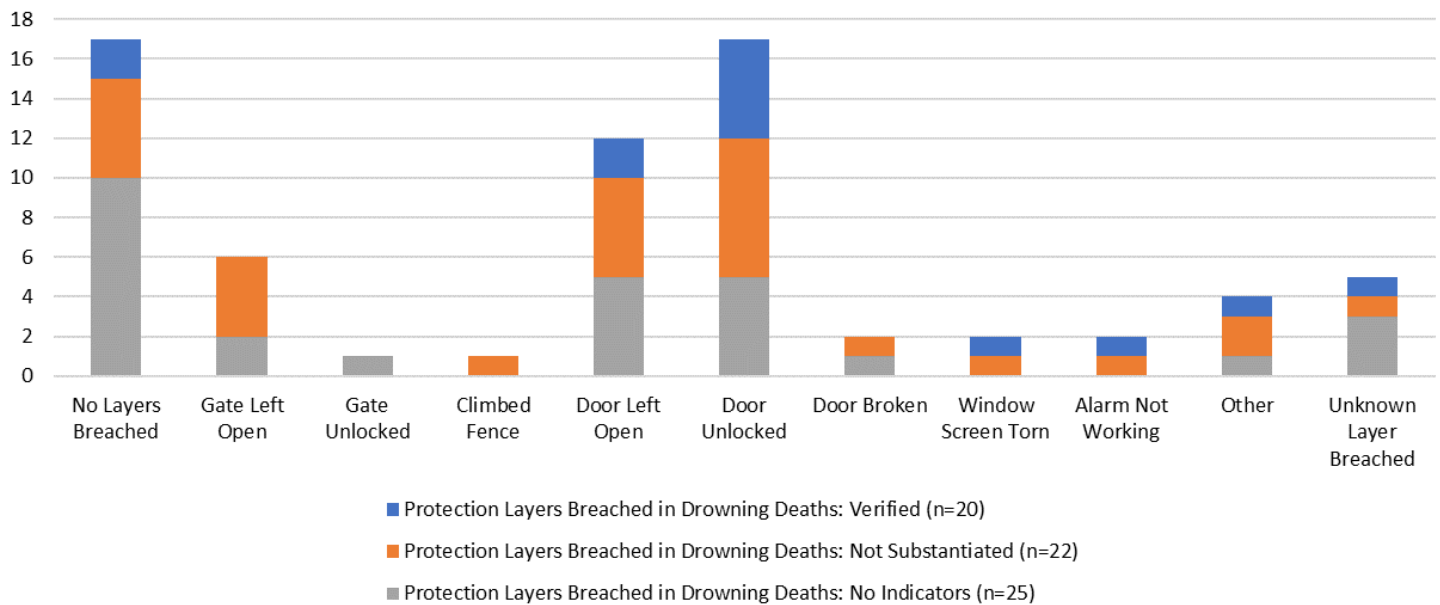
Where information was available, data elements were collected on the location of the child before drowning, activity of child before drowning, and drowning location. Among verified maltreatment deaths, 11 (50.0%) were in the home prior to drowning, while 6 (27.3%) were in the water prior to drowning.

Most of the children, 15 of 20 (75.0%), whose death was verified as maltreatment and 43 of the 47 (91.5%) children whose drowning death was not substantiated or there were no indicators of maltreatment did not know how to swim. Among verified maltreatment deaths, 12 of 20 (60.0%) of the children were playing and the remaining 8 of 20 (40.0%) were either bathing, engaged in an “other” or unknown activity before drowning. Among not substantiated and no indicator deaths (combined), 25 of 47 (53.2%) were playing prior to drowning. For additional detail, reference tables G-3, G-4, and Figure G-1 in Appendix G.

Since protective barriers were in place for most bodies of water (predominately pools, hot tubs, and spas) where children drowned, information was sought regarding the protective layers that were breached. Where data were available (see Figure 8 below), the most prevalent breach for verified maltreatment drowning deaths included doors being left unlocked (n=5) and doors left open (n=2).

Among not substantiated and no indicator drowning deaths (combined), the most prevalent breach included unlocked doors (n=12), doors left open (n=10), gate left open (n=6), and “other” breaches (n=3). With respect to “other” breaches, local CADR committees identified specific persons (typically adults and/or caretakers or neighbors) whose actions may have resulted in a barrier breach for the child.

Figure 8: Protection Layers Breached in Drowning Deaths (N=67)



For additional findings on these data elements, see Appendix G.

Focus on Prevention

- ***Drowning deaths occurring in a pool/hot tub/spa accounted for 71.6% of all 2017 drowning related fatalities.***
- ***Children 3 years of age and younger made up 71.0% of all 2017 drowning related fatalities.***
- ***76.0% of all 2017 drowning related fatalities involved males.***
- ***46.2% of children were located within the home prior to the drowning incident with 55.0% described as playing before the drowning event took place.***
- ***40.3% of barriers designed to prevent a child from entering a location where a potential drowning hazard was located were identified as being a door. However, 42.0% of barriers breached during the drowning incident were recognized as “Door Left Open” and “Door Unlocked.”***

Asphyxia Death Incident Information

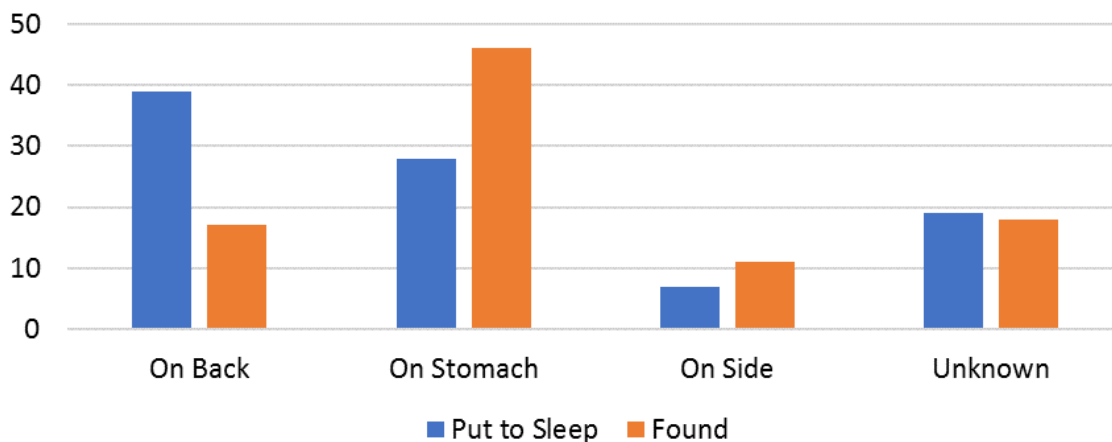
Asphyxia is the deprivation of oxygen that can be due to suffocation or strangulation. Among year 2017 CADR cases available for review, there were 111 deaths due to asphyxia. As noted in Table 5, 93 (83.8%) of these deaths (10 verified maltreatment deaths, 26 not substantiated, and 57 no indicators deaths) were classified as sleep related. It is important to note that the cause of a sleep-related death may not be able to be determined after investigation. Therefore, sleep-related deaths may be classified as a death from an unknown or undetermined cause. Furthermore, since Florida Statutes do not prohibit bed-sharing and other unsafe sleep practices, sleep-related asphyxia incidents classified as “Not Substantiated” and “No Indicators” are not confirmed as preventable deaths. These deaths are only “verified” when the caretakers’ impairment status has been confirmed as positive during investigation. The 2017 CADR reporting year witnessed 83 of 93 (89.2%) sleep-related asphyxia deaths classified as “Not Substantiated” and “No Indicators,” highlighting the importance of expanding educational efforts about safe sleep to all preventable deaths independent of maltreatment classification.

When available, local CADR committees collect information on risk and protective factors that pertain to sleep-related deaths. For asphyxia deaths that were sleep-related, Table 9 (with Figure 9) and Table 10 (with Figure 10) provide overviews of some crucial factors related to safe sleep placement and environments among reviewed cases.

Table 9 and Figure 9 provide information related to sleep placement position among cases that were classified as sleep-related asphyxia deaths. The sleep positions examined include a child’s usual sleep placement position, the sleep position a child was placed in before being found to be non-responsive or deceased, and the sleep position a child was in when found non-responsive or deceased. Please note that findings are presented on cases where data were reported. The positions of sleep/sleep placement are: On Back, On Stomach, On Side, and Unknown.

Table 9: Sleep Positions Among Sleep-Related Asphyxia Deaths									
Position	Child Maltreatment Death n=93								
	Verified n=10			Not Substantiated n=26			No Indicators n=57		
	Usual n=10	Placed to Sleep n=10	Found n=10	Usual n=26	Placed to Sleep n=26	Found n=26	Usual n=57	Placed to Sleep n=57	Found n=57
On Back	6	4	3	9	9	2	28	26	12
On Stomach	1	2	4	4	7	10	15	19	32
On Side	1	0	1	2	3	3	1	4	6
Unknown/Missing	2	4	2	11	7	11	13	8	7

Figure 9: Sleep Position Among Sleep Related Asphyxia Deaths (n=93)



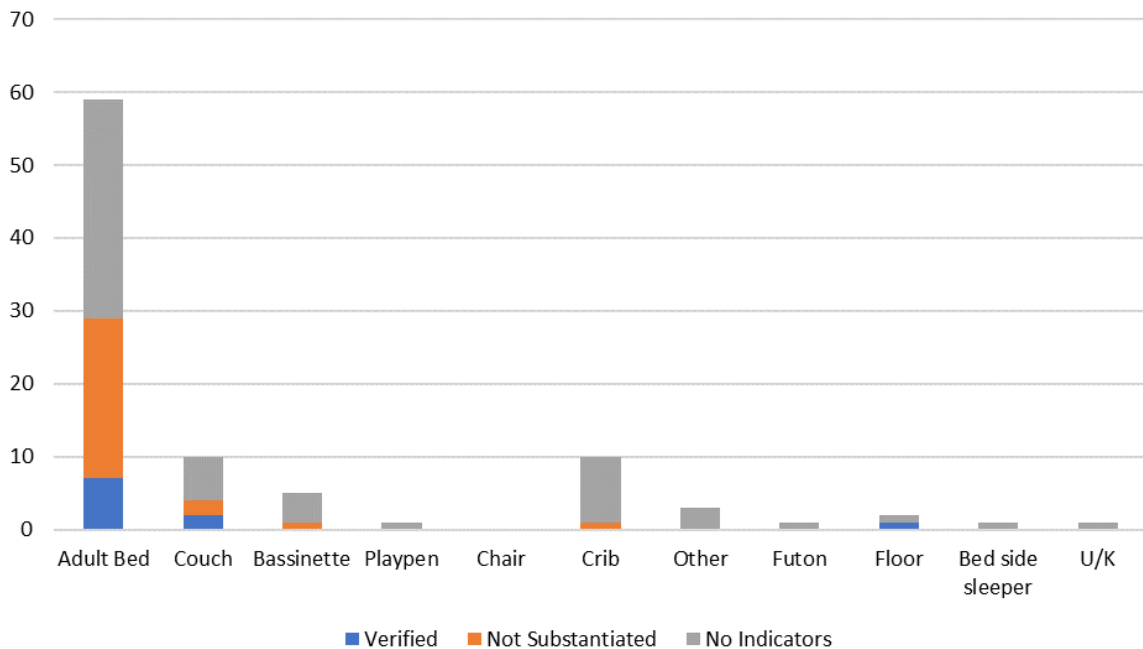
- On Back was the usual sleep placement position for 39 of 93 (41.9%) of children that died from asphyxia.
- On Stomach was the most likely reported sleep position when the child was found non-responsive or deceased for 46 of 93 (49.5%) of child deaths where sleep position at time of death was known.

Table 10 and Figure 10 denote the incident sleep place for sleep-related asphyxia deaths. Here, 70.0% of verified maltreatment deaths, 84.6% of not substantiated, and 52.6% of no indicators for maltreatment occurred in an adult bed for all reviewed sleep-related asphyxia deaths. Together, 63.4% of all sleep-related asphyxia

deaths took place in an adult bed. These statistics reinforce established concerns from extensive research regarding the risks of bed-sharing of adults with infants and toddlers.

Table 10: Incident Sleep Place for Sleep-Related Asphyxia Deaths			
Incident Sleep Place	Child Maltreatment Death n=93		
	Verified n=10	Not Substantiated n=26	No Indicators n=57
Adult Bed	7 (70.0%)	22 (84.6%)	30 (52.6%)
Couch	2 (20.0%)	2 (7.7%)	6 (10.5%)
Bassinette	0 (0%)	1 (3.8%)	4 (7.0%)
Playpen	0 (0%)	0 (0%)	1 (1.8%)
Chair	0 (0%)	0 (0%)	0 (0%)
Crib	0 (0%)	1 (3.8%)	9 (15.8%)
Other	0 (0%)	0 (0%)	3 (5.3%)
Futon	0 (0%)	0 (0%)	1 (1.8%)
Floor	1 (10.0%)	0 (0%)	1 (1.8%)
Bed side Sleeper	0 (0%)	0 (0%)	1 (1.8%)
Unknown/Missing	0 (0%)	0 (0%)	1 (1.8%)

Figure 10: Incident Sleep Place for Sleep-Related Asphyxia Deaths (n=93)



Focus on Prevention

- **63.4% of all sleep-related asphyxia deaths took place in an adult bed.**
- **Children <1 years of age made up 94.0% of all 2017 sleep-related asphyxia fatalities.**
- **61.0% of all sleep-related asphyxia deaths involved males.**
- **43.3% of children were placed on their back prior to sleep event and 50.5% were found on their stomach non-responsive or deceased.**

Weapon Related Death Incident Information

The death review process collects a variety of information related to weapon-related deaths, including information related to the type of weapon, firearms used (if applicable), and the person handling the weapon related to the child fatality. Note that fatalities associated with weapons include a wide range of weapons from firearms to “body parts,” such as fists, hands, or feet. This intentional bodily infliction of harm is captured in this category and remains a primary concern. The reader should note that when the data sample was collected, several cases were not yet available for review (64 cases were still open to DCF investigation). These cases remained open due to pending law enforcement investigation or judicial action and may be classified as weapon-related deaths. It is expected that figures presented on weapons will increase when all 2017 deaths are reviewed. Table 11 (with Figure 11) and Table 12 present information regarding type of weapon and firearm associated with weapons-related deaths.

Among the **verified** maltreatment weapon deaths (n=23):

- 8 of 23 (34.8%) weapons used were firearms. Among these firearm deaths:
 - 8 (100.0%) of the firearms were handguns.
 - 5 (62.5%) of the firearms used were owned by males.
- 12 of 23 (52.2%) weapons used were “body parts” (indicating physical abuse).
- 1 of 23 (4.4%) weapons used were blunt instruments.
- 2 of 23 (8.7%) were unknown or missing.

Among the **not substantiated** and **no indicators** of maltreatment deaths combined (n=7):

- 6 (85.7%) weapons used were firearms.
- 1 (14.3%) weapon was a rope.

For detailed information for this category, see Appendix G.

Table 11: Type of Weapon by Maltreatment Verification Status

Type of Weapon	Child Maltreatment Death n=30		
	Verified n=23	Not Substantiated n=1	No Indicators n=6
Firearm	8	1	5
Sharp Instrument	0	0	0
Blunt Instrument	1	0	0
Persons Body Part	12	0	0
Explosive	0	0	0
Rope	0	0	1
Biological	0	0	0
Other	0	0	0
Unknown/Missing	2	0	0

Figure 11: Type of Weapon by Maltreatment Verification Status (N=30)

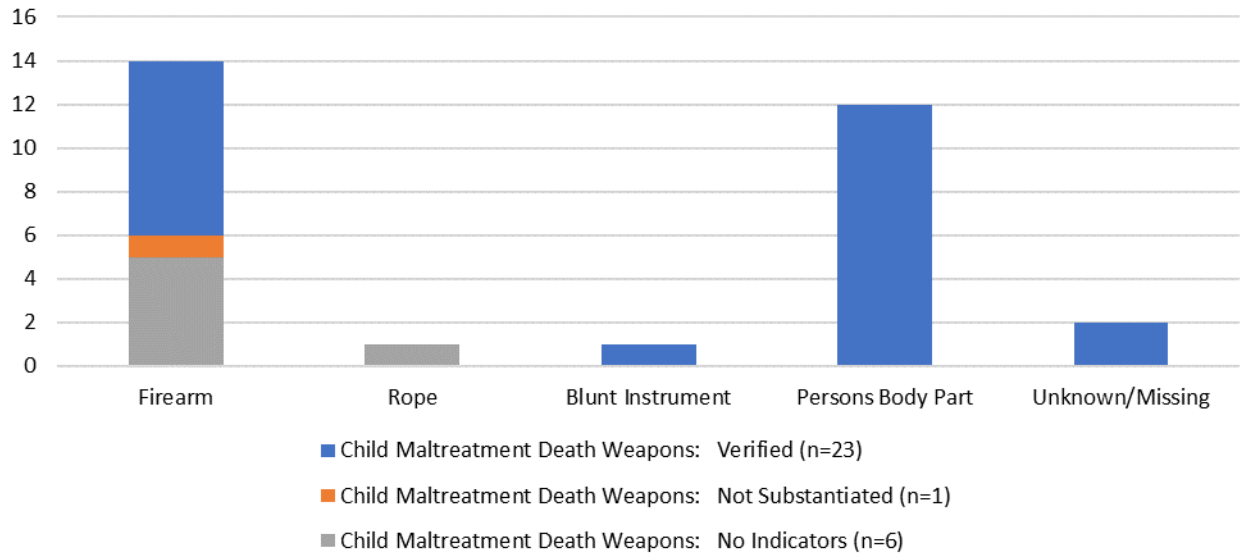


Table 12: Type of Firearm by Maltreatment Verification Status			
Type of Firearm	Child Maltreatment Death n=14		
	Verified n=8	Not Substantiated n=1	No Indicators n=5
Handgun	8	1	5
Shotgun	0	0	0
BB Gun	0	0	0
Hunting Rifle	0	0	0
Assault Rifle	0	0	0
Air Rifle	0	0	0
Sawed-Off Shotgun	0	0	0
Other	0	0	0
Unknown/Missing	0	0	0

Focus on Prevention

- **87.0% of homicides were committed utilizing a weapon or a body part used as a weapon.**
- **46.7% of weapons utilized during death incidents were firearms.**
- **100.0% of weapons identified as a firearm were handguns.**
- **40.0% of weapons utilized during death incidents were “body parts.”**

CHILD CHARACTERISTICS

The following section highlights analyses associated with select child characteristics.

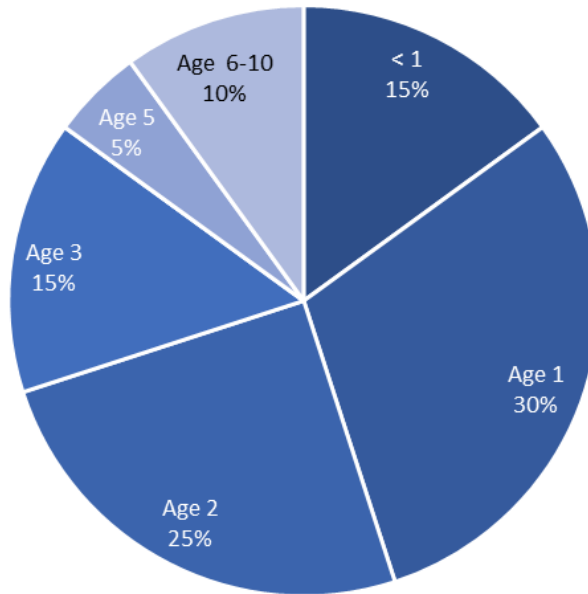
Age of Child

Regardless of verification status, children under age five had the highest risk for all forms of death. Table 13 and Figure 12 show that among drowning deaths, 85.0% of verified maltreatment deaths were children three years of age and younger. 72.7% of not substantiated and 60.0% no indicators of maltreatment drowning deaths were three years of age and younger.

Table 13: Age of Children by Maltreatment Verification Status and Primary Cause of Death

Age	Child Maltreatment Status n=356											
	Verified n=79				Not Substantiated n=86				No Indicators n=191			
	Drowning n=20	Asphyxia n=11	Body Parts/ Weapon n=23	Other Undetermined Unknown n=25	Drowning n=22	Asphyxia n=32	Body Parts/ Weapon n=1	Other Undetermined Unknown n=31	Drowning n=25	Asphyxia n=68	Body Parts/ Weapon n=6	Other Undetermined Unknown n=92
< 1	15.0%	100.0%	30.4%	48.0%	0.0%	90.6%	0.0%	64.5%	0.0%	94.1%	0.0%	65.2%
1	30.0%	0.0%	17.4%	16.0%	13.6%	6.3%	0.0%	6.5%	28.0%	0.0%	0.0%	12.0%
2	25.0%	0.0%	8.7%	4.0%	31.8%	0.0%	0.0%	12.9%	20.0%	1.5%	0.0%	7.6%
3	15.0%	0.0%	4.3%	8.0%	27.3%	0.0%	0.0%	6.5%	12.0%	1.5%	0.0%	4.3%
4	0.0%	0.0%	4.3%	4.0%	9.1%	0.0%	0.0%	0.0%	16.0%	0.0%	16.7%	2.2%
5	5.0%	0.0%	4.3%	4.0%	13.6%	0.0%	0.0%	3.2%	8.0%	0.0%	0.0%	1.1%
6-10	10.0%	0.0%	21.7%	4.0%	0.0%	3.1%	0.0%	3.2%	16.0%	2.9%	16.7%	3.3%
11-15	0.0%	0.0%	8.7%	12.0%	4.5%	0.0%	100.0%	3.2%	0.0%	0.0%	33.3%	3.3%
16+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	1.1%

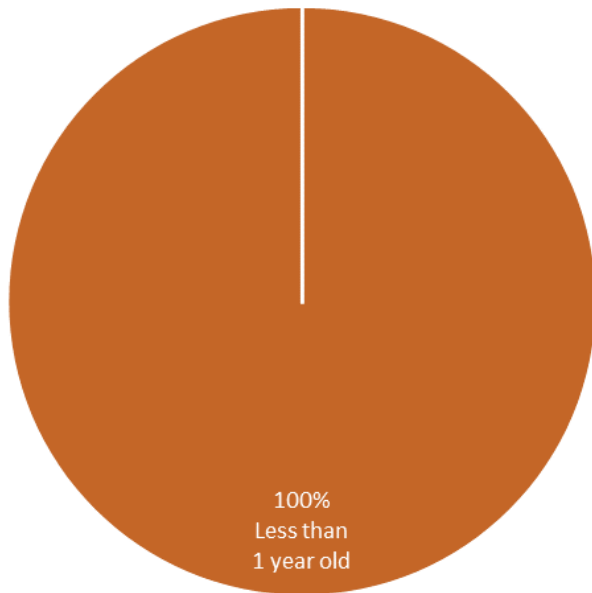
Figure 12: Verified Maltreatment Drowning Deaths by Age of Child (n=20)



As shown in Table 13 and Figure 13, the overwhelming majority of children dying from asphyxia were less than 1 year old. Notable data include:

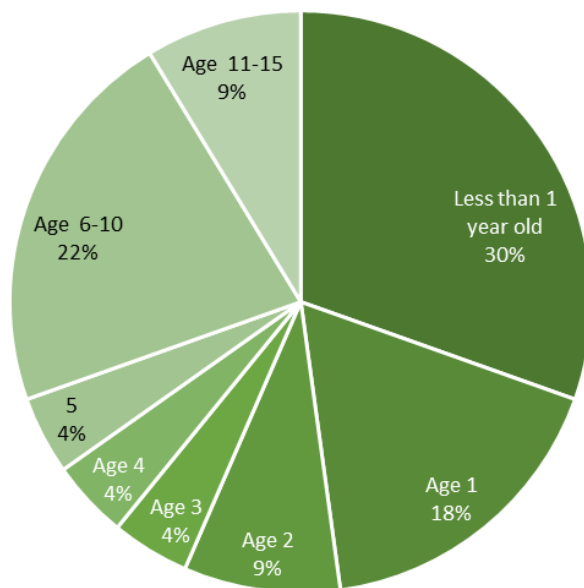
- 100.0% (n=11) of asphyxia deaths verified as child maltreatment involved children under the age of 1.
- 90.6% (n=32) of asphyxia deaths not substantiated as maltreatment involved children under the age of 1.
- 94.1% (n=64) of asphyxia deaths with no indicators of child maltreatment involved children under the age of 1.

Figure 13: Verified Maltreatment Asphyxia Deaths by Age of Child (n=11)



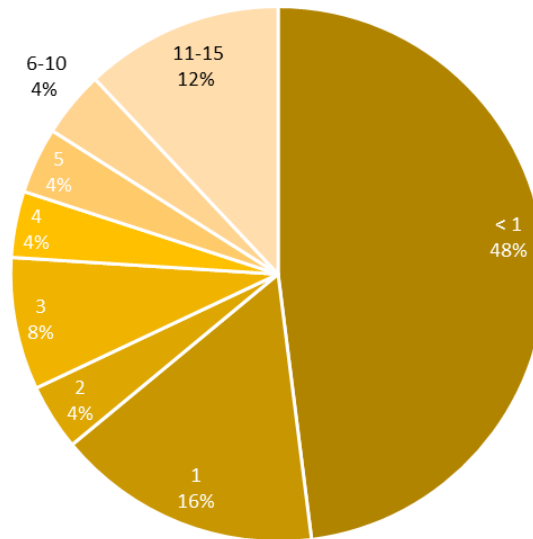
Most children who died from a weapon related cause (see Table 13 and Figure 14) were four years of age or younger (65.1% for verified maltreatment cases). 83.3% (5 of 6) of weapon deaths with “no indicators” of maltreatment involved children 6 years of age and older.

Figure 14: Verified Maltreatment Body Parts/ Weapon Deaths by Age of Child (n=23)



As with asphyxia deaths, most child deaths (across child maltreatment verification statuses) attributed to “other” causes (most likely to be medical related events) were under the age of 1 year (see Table 13 and Figure 15). Among verified “other” maltreatment deaths, 48.0% were under the age of 1 year (64.0% age 1 and younger). Among not substantiated “other” deaths, 64.5% were under the age of 1 year (71.0% age 1 and younger). Finally, among no indicator of maltreatment “other” deaths, 65.2% were under the age of 1 (77.2% age 1 and younger).

Figure 15: Verified Maltreatment Other Deaths by Age of Child (n=25)



Race of Child and Hispanic or Latino Origin

Child death case reviews result in the collection of data on race and ethnicity as they relate to child maltreatment fatalities. Among all child deaths investigated, 42.4% of the children were identified as black and 53.1% were identified as white (see Table 14 and Figures 16 and 17).

Data on ethnicity of the child were also analyzed. Of all **verified** maltreatment fatalities, those children identified to be of **Hispanic or Latino** origin represented:

- 15.0% of drowning deaths
- 9.1% of asphyxia deaths
- 21.7% of weapon deaths
- 12.0% of other deaths

Table 14: Race and Ethnicity (Hispanic/Latino Origin) of Children by Primary Cause of Death and Maltreatment Verification Status

Race	Child Maltreatment Death n=356											
	Verified n=79				Not Substantiated n=86				No Indicators n=191			
	Drowning n=20	Asphyxia n=11	Body Parts/ Weapon n=23	Other Undetermined Unknown n=25	Drowning n=22	Asphyxia n=32	Body Parts/ Weapon n=1	Other Undetermined Unknown n=31	Drowning n=25	Asphyxia n=68	Body Parts/ Weapon n=6	Other Undetermined Unknown n=92
Black	35.0%	36.4%	43.5%	56.0%	50.0%	50.0%	0.0%	32.3%	24.0%	47.1%	16.7%	43.5%
White	60.0%	54.5%	52.2%	44.0%	45.5%	50.0%	100.0%	64.5%	68.0%	45.6%	83.3%	52.2%
Other	5.0%	9.1%	4.3%	0.0%	4.5%	0.0%	0.0%	3.2%	8.0%	7.4%	0.0%	4.3%
Hispanic or Latino Origin												
Hispanic or Latino	15.0%	9.1%	21.7%	12.0%	9.1%	9.4%	100.0%	16.1%	24.0%	16.2%	33.3%	20.7%

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

Figure 16: Race and Ethnicity of Child for Verified Maltreatment Deaths Across Primary Causes of Death (N=79)

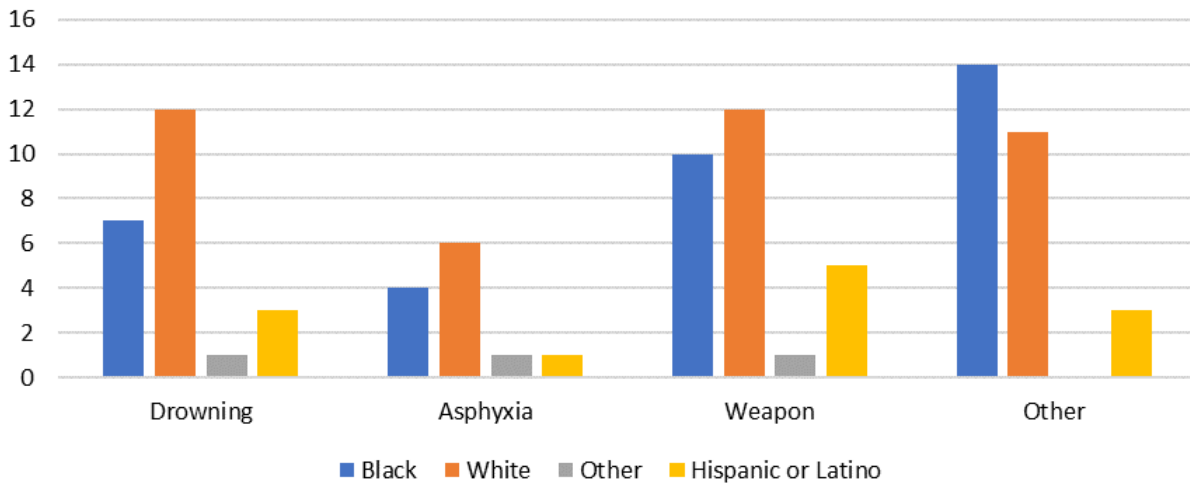
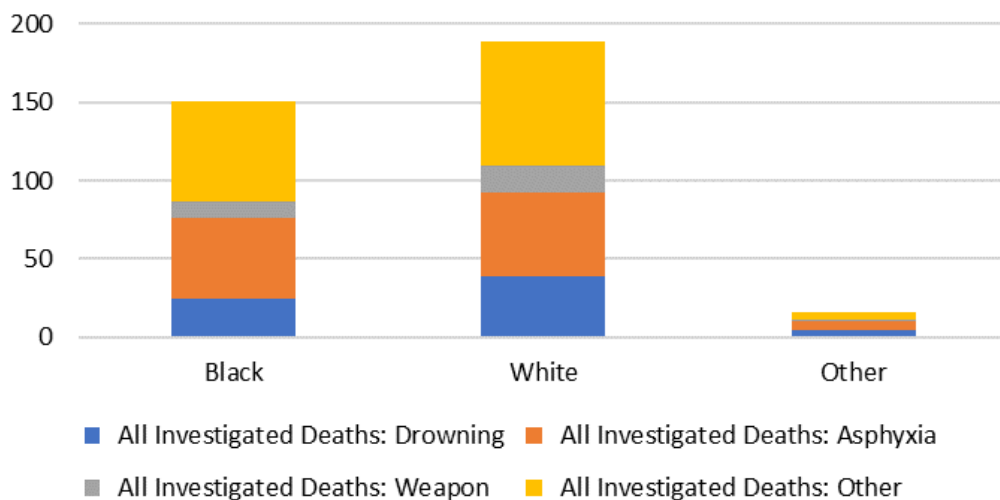


Figure 17: Race of Child Across All Investigated Deaths (n=356)



Sex of Child

Males (see Table 15 and Figures 18 through 21) were disproportionately represented among child fatalities across all primary causes of death (regardless of maltreatment verification status).

Table 15: Sex of Children by Maltreatment Verification Status and Primary Cause of Death												
Child Sex	Child Maltreatment Death n=356											
	Verified n=79				Not Substantiated n=86				No Indicators n=191			
	Drowning n=20	Asphyxia n=11	Body Parts/ Weapon n=23	Other Undetermined Unknown n=25	Drowning n=22	Asphyxia n=32	Body Parts/ Weapon n=1	Other Undetermined Unknown n=31	Drowning n=25	Asphyxia n=68	Body Parts/ Weapon n=6	Other Undetermined Unknown n=92
Female	10.0%	27.3%	47.8%	24.0%	27.3%	46.9%	0.0%	35.5%	32.0%	36.8%	50.0%	42.4%
Male	90.0%	72.7%	52.2%	76.0%	72.7%	53.1%	100.0%	64.5%	68.0%	63.2%	50.0%	57.6%

Figure 18: Sex of Child for All Investigated Drowning Deaths (N=67)

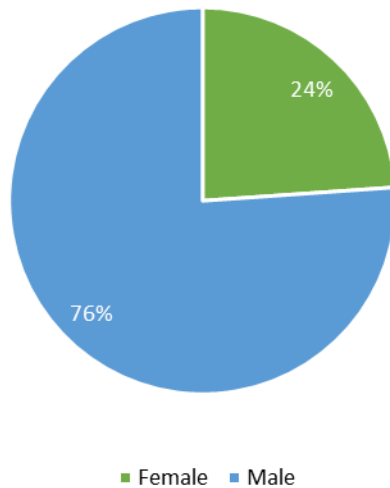


Figure 19: Sex of Child for All Investigated Asphyxia Deaths (N=111)

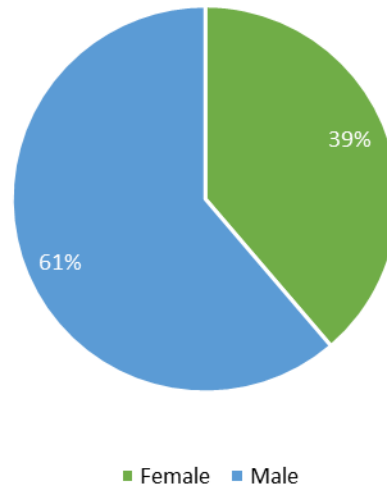


Figure 20: Sex of Child for All Investigated Weapon Deaths (N=30)

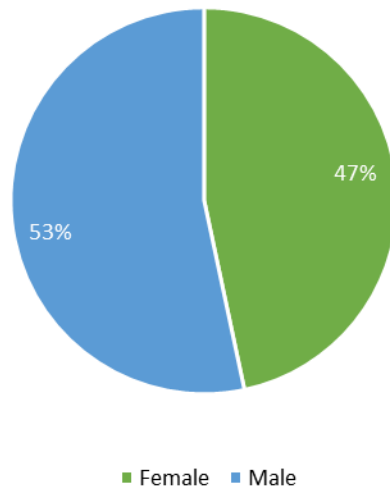
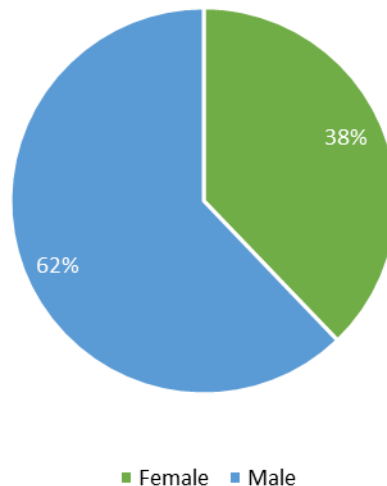


Figure 21: Sex of Child for All Investigated Other Deaths (N=148)



Type of Residence and New Residence

The overwhelming majority (83.1%) of all children who are the subject of this report resided in their parental home. In 5 verified, 5 not substantiated, and 15 no indicators of maltreatment deaths, children lived with non-parental relatives. In total, 3 children resided in a relative foster home (2 not substantiated and 1 no indicator verification status category) and 19 children (6 verified, 8 not substantiated, and 5 no indicators) resided in “other” situations not classified by the case reporting form. These “other” situations included residence within hotel/motel (n=2), babysitter/paramour’s home (n=1), family friend (n=1) and a residential drug treatment program (n=1). Statewide information on whether the child’s residence was a new residence (occupied within the 30 days prior to the incident) was reportedly known for 300 cases for which only 37 (12.3%) of the residences were considered new residences. Among these 37 cases, 7 were associated with verified maltreatment fatalities.

Is Child from Multiple Birth?

Data on multiple births apply only to those deaths for which the child was under the age of one year. Statewide, 11 cases (5 not substantiated and 6 no indicators deaths) were identified to be from multiple births.

Child Problems in School?

This question was deemed not applicable for 138 children. Of these, 132 children were five years of age or younger and likely have not been enrolled in school. Among applicable children, 11 of 86 (12.8%) were identified as having a school problem which were identified as academic (n=5), behavioral (n=7) and/or suspensions (n=2). It is important to note that children can have multiple school problems identified.

Disability or Chronic Illness of Child

Statewide, 39 of 356 children (11.0%) were identified as having a disability or chronic illness (5 verified, 9 not substantiated, and 25 no indicators). Please note that information on this data element was unknown or missing for 25 children (7.0%). Among the 39 children identified to have a disability or chronic illness, where the type of disability or illness was classified*:

- 22 had physical disabilities
- 14 had cognitive/intellectual disabilities
- 5 had mental health disabilities
- 3 had sensory disabilities

** Note: Some children had multiple disabilities.*

Child’s Mental Health

Information was collected regarding whether a deceased child had been receiving “current” mental health services, if a child had received mental health services in the past, if a child was on medications for mental health issues/illnesses, and if there were issues that prevented a child from receiving mental health services. For most cases reviewed, these inquiries were not applicable due to the age of the child. For the valid responses received, the following was identified:

- 8 children had received prior mental health services (1 was verified, 2 not substantiated, and 5 were no indicator cases).
- 5 children were currently receiving mental health services (1 was verified, 1 not substantiated, and 3 were no indicator cases).
- 3 children were identified as currently on medications for mental health issues (All were no indicator cases).
- 1 child was identified to have been prevented from receiving needed mental health services (No indicator case).

Child's History of Substance Abuse

For most child fatalities reviewed 128 of 356 (36.0%) questions related to the child's history of substance use and abuse were deemed not applicable. Responses to child substance abuse questions were left blank for 175 cases and identified as unknown for 3 cases. Among the remaining 50 cases, there were three children (1 verified and 2 not substantiated) identified to have had a history of substance abuse.

Child's History as Victim of Child Maltreatment

Information related to the child's history of child maltreatment was solicited from two data sources. First, each local committee was asked to report on this history (within the National Child Death Review Reporting System) given their review of all case information. Second, efforts were made to gather data from the Florida Department of Children and Families (DCF) on the number of prior reports of child maltreatment for each child whose death was investigated and the subject of 2017 case reviews.

History of child maltreatment was known for 307 cases, and unknown or not reported for 49 cases. Among the 307 cases for which this history was reported, 81 children (26.4%) had a known history of child maltreatment. Of these 81 children with a known history of maltreatment:

- 32.0% (26 of 81) were classified as **verified** maltreatment deaths.
- 30.9% (25 of 81) were verified as **not substantiated** maltreatment deaths.
- 37.0% (30 of 81) were classified as **no indicators** of maltreatment deaths.

The distribution (using actual counts and percentage) of known past maltreatment incidents across maltreatment verification status and primary cause of death is shown in Appendix G.

Table 16 and Figure 22 highlight the number and percentage of child deaths (across verification and primary cause of death categories) for which a prior DCF report of child maltreatment exists. The reader should note that the number of cases for which these data apply include those for which valid information (i.e. known history of prior maltreatment incident exists) could be matched with cases reviewed by local committees. ***Further, local committees can use information other than known priors investigated by DCF (e.g. investigations in other states, unreported history made known following the child's death, etc.) in determining if there was a history of child maltreatment (reported above).*** Per DCF information, there were a total of 81 children (of those who are the subject of this report, not all 2017 deaths) for which there was a prior maltreatment incident investigated by DCF. Of these 81 children with prior maltreatment incidents:

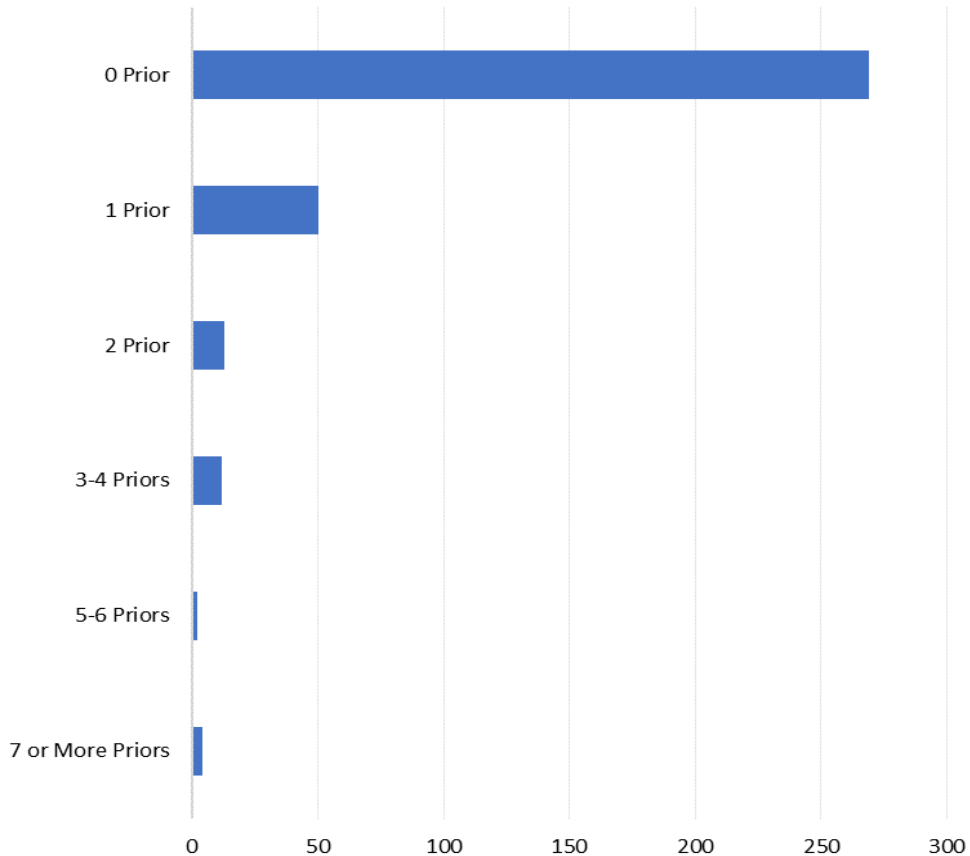
- 32.0% (26 of 81) were classified as **verified** maltreatment deaths.
- 29.6% (24 of 81) were verified as **not substantiated** maltreatment deaths.
- 38.3% (31 of 81) were classified as **no indicators** of maltreatment death.

Among those children with known prior child maltreatment incidents, the majority (61.7% or 50 of 81) of children had one prior child maltreatment incident. A total of 13 (16.0%) had two known priors, 12 (14.8%) had three to four known priors, and six (7.4%) had five or more known priors.

Table 16: Number of Prior Reports on Child by Maltreatment Verification Status and Primary Cause of Death

Prior Report	Child Maltreatment Death n=356											
	Verified n=79				Not Substantiated n=86				No Indicators n=191			
	Drowning n=20	Asphyxia n=11	Body Part/ Weapon n=23	Other Undetermined Unknown n=25	Drowning n=22	Asphyxia n=32	Body Part/ Weapon n=1	Other n=31	Drowning n=25	Asphyxia n=68	Body Part/ Weapon n=6	Other n=92
Yes	30.0%	36.4%	26.1%	40.0%	22.7%	15.6%	100.0%	41.9%	8.0%	8.8%	100.0%	18.5%
No	70.0%	63.6%	73.9%	56.0%	77.3%	84.4%	0.0%	54.8%	92.0%	89.7%	0.0%	78.3%
Unknown/Missing	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%	3.2%	0.0%	1.5%	0.0%	3.3%
Number of Reported Incidents	If Yes, Verified Child Maltreatment Deaths (n=26)				If Yes, Not Substantiated as Child Maltreatment Deaths (n=24)				If Yes, No Indicators that Child Maltreatment Deaths (n=31)			
	Drowning n=6	Asphyxia n=4	Body Part/ Weapon n=6	Other Undetermined Unknown n=10	Drowning n=5	Asphyxia n=5	Body Part/ Weapon n=1	Other n=13	Drowning n=2	Asphyxia n=6	Body Part/ Weapon n=6	Other n=17
1	50.0%	75.0%	50.0%	70.0%	60.0%	60.0%	100.0%	69.2%	50.0%	66.7%	66.7%	52.9%
2	0.0%	25.0%	16.7%	10.0%	0.0%	20.0%	0.0%	15.4%	50.0%	16.7%	0.0%	29.4%
3	50.0%	0.0%	33.3%	10.0%	20.0%	0.0%	0.0%	15.4%	0.0%	0.0%	16.7%	5.9%
4	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.9%
5	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	16.7%	0.0%	0.0%
6	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
7	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%	0.0%
8+	0.0%	0.0%	0.0%	10.0%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.9%

Figure 22: Total Number of Prior Reported Incidents (n=356)



DCF Case Status at Time of Death and Past Placement History for Child and Siblings

Among the cases reviewed, there were 31 cases reported by the local committees with open child protective services cases at the time of the child death. Of these 31 cases, 9 (29.0%) of these child deaths were classified as **verified** maltreatment deaths, 9 (29.0%) were classified as **not substantiated**, and 13 (42.0%) were identified as **no indicators** of maltreatment deaths.

Among cases reviewed, there were 26 cases reported by the local committees where the children were placed outside the home at any time prior to the death (not necessarily at the time of the death). Of these 26 cases, 10 (38.4%) of these child deaths were classified as **verified** maltreatment deaths, 10 (38.4%) were classified as **not substantiated**, and 6 (23.2%) were identified as **no indicators** of maltreatment deaths.

Among cases reviewed, there were 40 cases reported by the local committees where siblings had been placed outside of the home prior to the child's death. Of these 40 cases, 17 (42.5%) of these child deaths were classified as **verified** maltreatment deaths, 12 (30.0%) were classified as **not substantiated**, and 11 (27.5%) were identified as **no indicators** of maltreatment deaths.

Focus on Prevention

- ***58.0% of all child fatalities reported to the DCF hotline were <1 years old.***
- ***64.0% of all child fatalities reported to the DCF hotline were classified as male.***
- ***42.0% of all child fatalities reported to the DCF hotline were identified as African American (within the state of Florida, African Americans comprise 22.0% of the population aged 0 through 17 years old).***
- ***Most children (75.6%) reported to the DCF hotline had zero prior involvement with DCF pertaining to child maltreatment.***

CAREGIVER AND SUPERVISOR CHARACTERISTICS

Information collected on the caregivers and the supervisor of the child at the time of the incident leading to the child's death is obtained during case reviews. **Caregivers** are identified as the child's "primary caregivers" regardless of their involvement in the child's death. Opportunities are provided for the local committees to collect information on up to two primary caregivers. The **supervisor** of the child is the person primarily responsible for monitoring the child at the time of the death incident. This person may or may not be one of the primary caregivers. It is important to note that person(s) may be represented more than once and in various combinations across these two classifications.

Number of Caregivers Present

At least one primary caregiver was identified for all child fatality cases. See Appendix G, which summarizes the percentage of child fatality cases where one or two caregivers were identified.

Average Age of Caregivers and Supervisors

The average age of all caregivers and supervisors across all primary causes of death ranges from a low of 26.9 years (for supervisors of no indicators asphyxia related death) to a high of 44.1 years (for caregivers for no indicators weapon related deaths) with the average age in the late twenties and early thirties for most other categories. See Appendix G for average ages of caregivers and supervisors.

Gender of Caregivers and Supervisors

Females made up the majority caregivers for children across all categories of death and verification status categories. Most supervisors of children for drowning, asphyxia, and other death cases were female. There was an equal distribution (16.7% each) of male and female supervisors in weapons related deaths for no indicators of maltreatment deaths with 66.7% being unknown or missing.

Note that the Case Report Form does not collect data on relationship or marital status, so head of household status was unknown. The State CADR Committee recommends adding this data element to the Case Report Form for Florida cases, if possible. Collecting relationship and marital status data will aid in understanding how marital status and household living situations may impact child maltreatment.

Substance Abuse History of Caregivers and Supervisors

Local committees were asked to identify, using information available, whether any caregiver or supervisors had an identified substance abuse history. Note that “history” of substance abuse does not necessarily indicate that the individual was using substances during the death incident.

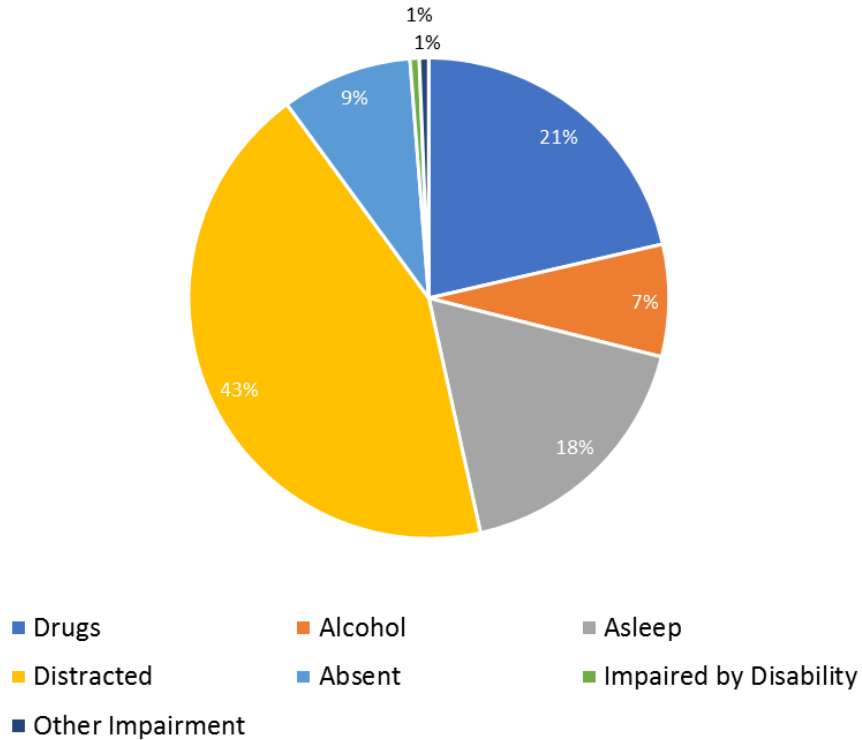
For **verified** child maltreatment cases:

- 38.5% of caregivers were known to have a substance abuse history.
- 47.5% of supervisors were known to have a substance abuse history.

Note that the above figures are conservative estimates based only on information that could be collected during the case review. The incidence is likely much higher. See Appendix G for detailed information related to substance abuse history of all caregivers and supervisors.

Information is collected regarding whether the supervisor of the child at the time of the death incident was impaired. Here, supervisor impairment was identified for 31.5% (112 of 356) of cases, not identified for 44.7% (159 of 356) of cases, and unknown or missing for 23.9% (85 of 356) of cases. Among the 112 cases where the supervisor was impaired, 34 were associated with **verified** maltreatment deaths, 35 with **not substantiated**, and 43 with **no indicators** of maltreatment deaths. Impairment can take several forms. Figure 23 provides a breakdown of the distribution of types of supervisor impairment across all investigated deaths. In total, 159 impairments were identified for 112 supervisors for which 61.6% of the impairments were associated with the supervisor being distracted, followed by being under the influence of drugs (21.4%) and asleep (17.6%).

Figure 23: Supervisor Impairment at Time of Death Incident
(n=159 Impairments for 112 Supervisors)



Mental Health History of Caregivers and Supervisors

Collection of data regarding mental health history can be challenging for several reasons. There are likely differences in how this data element may be interpreted and collected by each committee (i.e., requiring a formal diagnosis versus collateral information). In addition, individuals with a past diagnosis of mental illness may be reluctant to share this information. Thus, mental health history is often under-reported, leading to case sample sizes that are too small to make valid conclusions. For example, among all caregivers (first and second) identified across all child fatality cases reviewed, information on the history of chronic illness (including mental health history) is unknown for 76 caregivers (denoted in tables). However, there were an additional 114 caregivers (11 first and 103 second) for which data (not reflected in tables) were missing on this question (i.e. data element). These figures highlight the need for better collection of information regarding mental health history of family members associated with a child fatality case.

When information was available, committees collected mental health history data across all investigated deaths. Of those cases where the presence of disability or chronic illness was identified, **verified** maltreatment deaths resulting from **drowning** show the following:

- 66.7% of caregivers were known to have a mental health history (4 out of 6 caregivers).
- 66.7% of supervisors were known to have a mental health history (2 out of 3 supervisors).

Mental health histories were prevalent in asphyxia cases, particularly those verified as maltreatment. For **verified** maltreatment deaths resulting from **asphyxia** (of those cases where the presence of disability or chronic illness was identified):

- 50.0% of caregivers were known to have mental health history (2 of 4 caregivers).
- 50.0% of supervisors were known to have mental health history (1 of 2 supervisors).

For **verified** maltreatment deaths resulting from **weapons**:

- No caregivers were known to have a mental health history (0 out of 2 caregivers).
- No supervisors were known to have a mental health history (0 out of 2 supervisors).

As noted earlier, given the small number of those identified with mental health histories and the number of 2017 cases still to be reviewed, these findings should be considered tentative estimates.

Disability or Chronic Illness Occurrence of Caregivers and Supervisors

The Case Report Form collects information on the occurrence of disability or chronic illness among the categories identified above; however, the presence of such a disability or illness does not mean that the condition was related to the death incident. Most caregivers and supervisors were noted not to have a disability at the time of a child's death. For more information on disability or chronic illness data element, see Appendix G.

Additional Characteristics of Caregivers and Supervisors

Located in Appendix G is detailed information on the following:

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

History as Victim of Child Maltreatment among Caregivers and Supervisors

Local committees were asked to identify from available information whether caregivers and supervisors responsible for the death of a child were past victims of child maltreatment. Local committees reported on 462 caregivers identified (up to two caregivers could be identified per case) for the 356 cases reviewed for which information on history as a victim of child maltreatment was available. Historical information was unknown for 133 and missing for 76 (21.3%) primary caregivers and 174 (48.9%) secondary caregivers.

When history as a victim of child maltreatment was examined for supervisors associated with **verified** maltreatment deaths:

- 11 of 52 (21.2%) were past child victims of maltreatment.
- 11 of 54 (20.4%) supervisors of **not substantiated** maltreatment had a history as a victim of child maltreatment.
- 45 of 129 (34.9%) supervisors of **no indicators** maltreatment deaths had a history as a victim of child maltreatment.

History as Perpetrator of Child Maltreatment among Caregivers and Supervisors

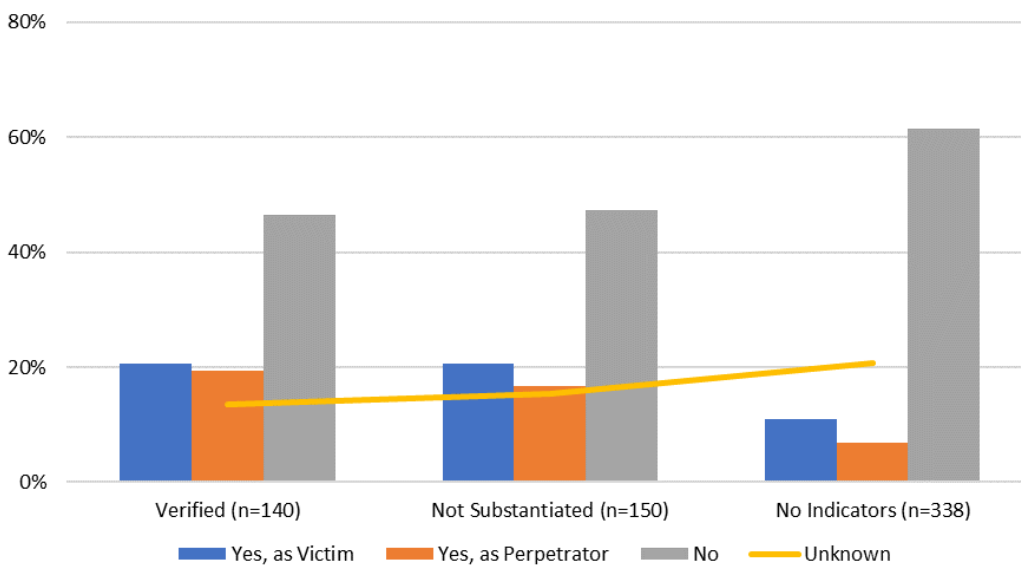
Local committees were asked to identify whether caregivers and supervisors responsible for a child's death have a history as a perpetrator of child maltreatment. For **verified** maltreatment cases, the following had a history as a perpetrator: caregivers (45.5%) and supervisors (46.8%).

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

When available, local committees collected information about caregivers' history with intimate partner violence (IPV) as a victim and/or perpetrator. It is unclear whether the caregivers were victims or perpetrators near the time of the child's death or if caregiver history was determined by historical information gathered by local teams

during case reviews. In total, 29 of the 140 (20.7%) caregivers were known to be victims and 27 of 140 (9.3%) caregivers were known to be perpetrators of intimate violence among those affiliated with verified maltreatment deaths (Figure 24). With respect to caregivers in not substantiated maltreatment deaths, 31 of 150 (20.7%) were past victims and 25 of 150 (16.7%) were past perpetrators of intimate partner violence (Figure 24). In contrast, 37 of 338 (11.8%) and 23 of the 338 (6.8%) caregivers in no indicators of maltreatment deaths have histories as victims and perpetrators (respectively) of intimate partner violence (Figure 24).

Figure 24: History of Intimate Partner Violence with All Caregivers by Maltreatment Verification Status (N=628)



Appendix G provides more detailed information regarding the history of IPV (as victim and perpetrator) among caregivers and supervisors.

National research suggests that exposure to IPV as a child, particularly for male children, is a risk factor for perpetrating violence on one’s family members as an adult. However, many children who grow up in abusive homes will never abuse their family members and are often outspoken in their efforts to prevent such violence. It is recommended that supplemental analyses are conducted in future reports regarding the contextual factors in these cases to gain additional insight that will help to prevent such deaths in the future.

Past Criminal History of Caregivers and Supervisors

Among caregivers associated with verified maltreatment death, 56 of the 119 (47.1%) had committed a criminal offense in the past. Among those with a criminal history, those with drug offenses were represented from a low of 4.0% for caregivers associated with verified asphyxia deaths to a high of 47.0% of those caregivers associated with drowning deaths.

Among supervisors associated with verified maltreatment deaths, 40.0% (30 of 79) had committed a criminal offense in the past. Among those with a criminal history, those with drug offenses were represented from a low of 17.0% for supervisors associated with verified body parts/weapons deaths to a high of 57.0% of those supervisors associated with asphyxia deaths.

Focus on Prevention

- *Relating to verified maltreatment, 47.5% of supervisors and 38.5% of caregivers reported having a substance abuse history.*
- *Relating to verified maltreatment, 47.1% of caregivers and 40.0% of supervisors reported having a criminal past.*
- *43.0% of supervisors were reportedly distracted during the death incident.*

SECTION FOUR: FUTURE ANALYTIC PLANS

Updates to 2018 Annual Report

The data analysis sections represent a renewed effort in aligning prevention initiatives to the information collected from 2017 cases that were called into the Florida Abuse Hotline pertaining to child fatalities. These efforts have resulted in several enhancements to previous data processes implemented during past reporting years, while also maintaining the core data elements stratified by child maltreatment status and primary cause of death.

In April 2018, the National Fatality Review Case Reporting System database was updated from Version 4.1 to Version 5.0. Similar to past system updates, Version 5.0 has been amended to restructure various categories to provide new data elements designed to improve subsequent data analysis. While some changes between Version 4.1 and Version 5.0 were minor, there were several large migrations of data elements that created logistical challenges during the 2018 annual review process. Efforts are in place to thoroughly evaluate the enhanced version of the database and provide recommendations regarding future statistical evaluations which are dependent on the needs of identified prevention strategies.

Augment the 2018 Annual Report with In-depth Supplemental Analysis

The State CADR Committee recommends further supplemental analysis to increase our understanding of contributing factors to child fatalities to better inform prevention practices.

- Expand the “Asphyxia Death Information” to include all deaths related to sleep environment. Fidelity checks show that stratification based solely on asphyxia as the primary cause of death excludes incidents where the death incident is reportedly related to sleeping or the sleep environment. The disparities between the classification of these events can be due to the difficulty in determining the primary cause of death by the medical examiner. In these cases, the primary cause of death will be designated as Undetermined or Unknown, and subsequently removed during the stratification process used in past analyses. To overcome this, future analysis performed on sleep-related incidents will be conducted with the primary focus on the action and the environment in which the event took place. The “Asphyxia Death Information” section will be augmented to include sleep-related deaths classified as Other, Undetermined and Unknown in additional analyses. The new section will be changed to “Asphyxia and Sleep-related Death Incident Information.”
- To expand the current understanding of the actions related to child fatalities classified as homicide, a more descriptive profile is necessary. These descriptive profiles may result in the reclassification of cases for select analyses.
- “Focus on Prevention” boxes included throughout Section Three were designed to highlight the key prevention statistics from each in-depth breakdown.

Trend Analysis

The 2018 annual report represents the fourth year in a row where analysis was performed on data elements entered into the national database system. The national database provides an invaluable quantity of information wherein data elements remain relatively consistent. The consistency creates the perfect substructure to perform thorough analysis on several years’ worth of information. Trend-analysis through multiple years of data collection can be a vital tool in the design and implementation of life saving prevention strategies. These studies will afford stakeholders at the local and state levels an exclusive opportunity to gauge the success of active or previously implemented prevention strategies, evaluate the benefit-cost ratio associated with these initiatives and share program successes and failures with other local municipalities.

As previously mentioned, the trend-analysis process begins with a comprehensive understanding of the data elements being analyzed. Efforts will continue to focus on complete breakdowns of the primary causes of death indicated as Other, Undetermined or Unknown. These breakdowns will provide an opportunity to concentrate energies toward action of death, providing valuable information regarding the death incident regardless of (but including) primary cause of death classification.

Dynamic vs Static Data

Enhancing the data infrastructure of the CADR for local committees with an emphasis on data access will continue to be a primary focus of the state CADR team. Implementation of data portals and dashboards through statistical analysis and presentation software such as Tableau and ArcGIS will provide local committees access to all information pertaining to child fatalities while simultaneously permitting dynamic control over the data elements. Complete access, dynamic control and the pinpoint location of CADR data will empower local committees and child well-being stakeholders to develop and implement prevention strategies designed to reduce child death incidents within the state of Florida.

Statewide Population Statistics

As previously mentioned in the 2017 annual report, an ongoing effort to provide an in-depth analysis of statewide population data will offer an exclusive look at groups of children who are disproportionately at risk for maltreatment and specific fatality incidents based on gender, race, age and other factors as compared to the total population. These analyses will be instrumental in determining whether specific demographics or social determinants associated with child fatalities are over or under-represented as compared to statewide populations. In addition, providing local CADR committees with statistical breakdowns and conducting more localized and comparative analyses will allow local committees to visualize the key causes of child maltreatment and death impacting their specific regions. This comprehensive analysis will enable the local committees to compare the significant complications impacting their local regions with statewide data, allowing local committees to create more tailored action plans.

State CADR Recommendations

In addition to the analytical directions outlined above, the State CADR Committee has made the following recommendations for future analyses:

- Maintain cross-sectional analyses on core data elements stratified by child maltreatment verification status and primary cause of death, with an emphasis on data-driven prevention recommendations from each data element.
- Provide a thorough trend-analysis of all sleep-related death incidents from 2014-2017 as a supplemental report to the 2018 annual CADR report.
- Augment data pertaining to cases of child fatalities to provide local committees with all-encompassing information related to their circuits death incidents. These efforts will be developed and implemented in a collaborative setting where the state level CADR team and the Office of Child Welfare (OCW) will review child fatalities in vital statistics as compared to the fatalities that are reported to the Florida Abuse Hotline. This will help to determine if there is under reporting of child maltreatment-related fatalities; or over reporting of non-maltreatment related fatalities.
- Perform supplemental analyses on select data elements including, but not limited to, multi-year analysis on 2015, 2016 and 2017 fatalities when the remaining child fatality cases are closed and reviewed by local committees.
- Examine the influence of brain injury and trauma patterns within a family on maltreatment and fatality likelihood.

- Measure the impact of parental (primarily maternal) substance misuse/abuse on a child, from conception through the child's formative years.
- Analyze risk factors for infants who are substance exposed (who are more likely to be diagnosed with ADHD, learning problems, etc.) on likelihood for maltreatment.
- Evaluate community prevention initiatives focused on safe sleep and drowning.
- Focus on deaths and surrounding circumstances as opposed (or in addition) to the primary cause of death as a stratification factor for analyses.
- Conduct supplemental analyses on cases with Undetermined as cause of death to identify patterns or trends (if any) in death classification across judicial circuits/counties given circumstances of deaths.
- Look more carefully at social determinants of health with respect to case reviews and child fatalities (and specific causes or types of death) and the focus and impact of targeted prevention initiatives.
- Explore the importance of mental health history/issues as a potential contributing factor requiring attention and study. This will require a review of local committee processes to ensure that mental health history (formal diagnosis, self-report, etc.) as a core element is considered and documented in material/case files received for review.

SECTION FIVE: CURRENT LANDSCAPE OF FLORIDA'S CHILD WELFARE SYSTEM

Florida's approach to the reduction of child fatalities has evolved over time. Through continuous analysis of data and timely reviews of the latest research, our child welfare system shifts, adapts, and continually seeks to improve our collective capacity to meet the ever-changing needs of a diverse population.

DCF: ADDRESSING ROOT CAUSES

Substance use and mental health disorders within family systems are clearly contributing factors to child maltreatment. This is especially significant as Florida continues to battle a widespread opioid epidemic throughout the state. To address this challenge, DCF established several initiatives:

One initiative that has been a DCF priority since 2014, aims to improve the integration of child welfare and behavioral health services. DCF regions are continuing to refine Plans of Action based on self-assessments, peer reviews and a common framework for services integration. These Plans of Action address screening, behavioral health assessments, family focused treatment, planning, team work and leadership. Each DCF region received a grant funded Behavioral Health Consultant who is housed with child welfare. This resource has been proven to be extremely helpful to the Child Protective Investigators in determining the behavioral health needs for families.

DCF was awarded a federal grant for a major prevention effort to improve responses to the opioid epidemic. The Florida Partnership for Success (PFS) is a grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The objective of the grant is to reduce substance misuse and strengthen prevention capacity at the state and community levels. The program enables substance abuse prevention systems to work with community partners and prevention-related resources to set and achieve measurable goals to reduce these prevention priorities. The DCF Substance Abuse and Mental Health (SAMH) Program Office and SAMHSA provide technical support, training opportunities, and oversight for participating community substance abuse prevention coalitions. This pilot program began in 2016 and continues through October 2021. Currently, the counties involved in the program include five urban counties (Broward, Duval, Hillsborough, Manatee, and Palm Beach) and three rural counties (Franklin, Walton, and Washington).

In 2019, DCF will begin to implement the Family First Prevention Services Act (FFPSA). The Act offers support for keeping families together by incentivizing preventative measures for children who are at-risk of entering foster care. With the passage of this federal bill, more funding will be available for at-home parenting classes, mental health counseling and substance abuse treatment.

Since 2015, DCF and community partners have taken an active role in assessing child deaths which involved families already served by the child welfare system. Critical Incident Rapid Response Teams (CIRRT) provide an immediate onsite investigation for all child deaths reported to DCF if the child or another child in his or her family was the subject of a verified report of suspected abuse or neglect during the previous 12 months. The Secretary of DCF may also direct an investigation for other cases involving serious injury to a child and those involving a child death fatality that occurred during an active investigation. The multiagency team is tasked with providing an immediate assessment to identify root causes and rapidly determine the need to change policies and practices related to child protection and child welfare. Each team consists of at least five professionals with expertise in child protection, child welfare, and organizational management. This initiative continues to provide ground-level insight, promoting positive change within the child welfare system.

DOH: IMPROVING PUBLIC HEALTH

DOH seeks to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts. Given the unique and varied demographics of the population within Florida, public health practice continues to address health inequities and social determinants that impact health outcomes for all Floridians.

To adequately address any public health issue, applying the information we have available is critical. The data help to understand the problem, how to best direct prevention resources, and to monitor the ultimate impact of any interventions.

Individuals and their communities should strive to promote safe, stable environments and nurturing relationships for children and families. Individuals and communities must be committed to supporting such relationships and willing to take action in the prevention of child abuse and neglect. According to the American Journal of Public Health, the biggest obstacle to improving health throughout a community is often not the shortage of funds or the absence of “programs,” but rather the lack of commitment to do something about it. Subsequently, the steps to support these safe, stable, environments and nurturing relationships is dependent upon commitment, which is the foundation for any meaningful public health initiative. This commitment does not stop at awareness, but moves along a continuum from identifying the problem to coming up with a solution. Commitment, cooperation, and leadership from numerous sectors can bring about the collaboration needed to achieve upstream prevention of a critical public health issue.

Providing safe, stable, environments and nurturing relationships for all children requires a change in attitude, behaviors, social norms, and policies. The current strategies based on the best available evidence should include strengthening economic supports to families; changing social norms to support parents and positive parenting; providing quality care and education early in life; enhancing parenting skills to promote healthy child development; and intervening to lessen harms and prevent future risk. These strategies support the CDC’s Essentials for Childhood framework for preventing child abuse and neglect.

DOH’s Healthy Start Program has been assisting pregnant woman, infants, and children for the past 25 years to ensure access to the health care and social supports needed to reduce the risks for poor maternal and child health outcomes. Healthy Start offers a range of services to families with children under the age of three, including a universal risk screening for all Florida pregnant women and infants to ensure that families in need of support are detected. Healthy Start has published a research-based brochure on safe sleep practices that is printed in three different languages: English, Spanish and Creole.

This year marks the 40th Anniversary of the Child Protection Teams (CPT) Program, which is a medically-directed, multi-disciplinary program that supplements investigation activities in cases of reported child abuse and neglect mandated by Chapter 39.303, Florida Statutes. Currently, 22 CPTs serve all 67 counties in Florida, serving thousands of children each year. CPT services may include medical evaluation and diagnosis, forensic and specialized interviews of children and their caregivers, multi-disciplinary staffing, psychological evaluations and expert court testimony.

COLLABORATIVE PARTNERSHIPS:

Child maltreatment and preventable fatalities are issues that reach well beyond the scope of one or two agencies. Strategies to prevent child maltreatment must be implemented using a multi-level, multi-sector approach. Public health, social services, health care, education, justice, and even non-traditional partners such as businesses and service organizations need to work together to prevent child maltreatment and its

consequences. This collaborative approach ensures consistency of messaging, encourages the pooling of resources, and reduces duplicative efforts.

CADR unit staff recently met with the DCF Office of Child Welfare (OCW) to discuss the collaboration of future data. This collaboration will allow CADR and OCW to complete a review of child fatalities in vital statistics as compared to the fatalities that are reported to the Florida Abuse Hotline. This will help to determine if there is under reporting of child maltreatment-related fatalities or over reporting of non-maltreatment related fatalities.

SECTION SIX: IMPLEMENTATION OF PREVIOUS RECOMMENDATIONS

ACTION PLANS IN MOTION

The CADR Cycle (Section Two) is the driving framework that local committees use to guide the process of the collection and analysis of data to the development and implementation of prevention activities. CADR data and corresponding recommendations continue to play a pivotal role in development of prevention strategies at both state and local levels.

PREVENTION ACTIVITIES AT THE LOCAL LEVEL

To better understand the scope and direction of community-based prevention activities in Florida, CADR support staff conducted a content analysis of local CADR committee action plans based on the following categories:

- Safe Sleep – media campaigns, pack-n-plays, training, etc.
- Water Safety – media campaigns, swim lessons, watcher tags, pool/door alarms, etc.
- Violence Prevention – shaken baby/coping with crying, gun safety, positive discipline
- Family Support – parent education and support, bike safety, swim lessons, car seat installation, concrete goods
- Substance Abuse – drug treatment programs, facilitated access to treatment, partner education
- Mental Health – mental health treatment, facilitated access to treatment, partner education
- Domestic Violence (DV) – intimate partner violence prevention, access to domestic violence prevention advocates
- System Improvements – sustainable changes in processes or system, funding for position, etc.

Historically, CADR prevention strategies primarily focused on safe sleep and water safety education; recently committees succeeded in expanding their involvement in the provision of family support and system improvements. System improvements and the provision of family support are often venues that provide an opportunity to tackle the factors that contribute to child maltreatment. The actions taken to enhance system improvements not only coincided with the specific targeting of safe sleep and water safety, but also addressed other areas known to be contributing factors to preventable child death.

Based on CADR data analysis and recommendations, many local committees demonstrated an increase in addressing preventable child death through community collaboration. As stated in the Recent Developments in Section One, collaborative partnerships with various community organizations are vital to the reduction of preventable child maltreatment fatalities through widespread circulation of prevention messaging. Collaborative efforts have resulted in the publication of numerous public service announcements (PSA) utilizing a variety of platforms such as news and public broadcasting stations, pediatric offices, movie theaters, schools, and social media.

Programs that support the enhancement of parenting skills, such as Healthy Families Florida (HFF) have been working in communities to eliminate hazards within homes where children reside. To provide a recent example of these efforts: HFF Family Support Workers (FSW) in the Tampa area have provided window/door alarms to families in the community to assist with safety and supervision of children in the home. Part of this process requires families to complete a door alarm distribution survey. This survey further educates the families on drowning prevention efforts. Even if the families who receive these alarms do not have a pool or lake nearby, these alarms contribute to the overall supervision of children in the home.

Although significant prevention activities have been implemented at the local level over the course of the year, room for improvement exists in expanding preventative efforts to include violence prevention (inflicted trauma), substance abuse, mental health, and domestic violence. Additional analysis will serve to identify gaps in prevention strategies in areas where these specific factors are significant enough to warrant further attention. Integration of innovative data provided to local CADR committees, specifically, ArcGIS heat maps, provide a visual representation of child death incident locations at the ZIP code level. This offers local committees a visual tool to identify and address gaps, deficiencies, or inadequacies in the availability or delivery of services to children and their families within a community.

PREVENTION ACTIVITIES AT THE STATE LEVEL

CADR data findings and recommendations also significantly influence programmatic policies and processes at the state level. CADR findings help determine training needs for statewide staff, inform decisions regarding prioritization of effort, and assist in the development of policies to support and protect the well-being of Florida's children.

The following are examples of the many statewide efforts which have been acted upon over the past year. These statewide efforts are in direct correlation to the recommendations included in the 2017 CADR Annual Report.

Statewide Safe Sleep Initiatives

- **Safe Sleep Letter:** DOH Statewide Medical Director, Dr. Bruce McIntosh, created a Safe Sleep Letter which was endorsed by the State Surgeon General. The letter was sent to over 10,000 pediatricians, obstetricians, and gynecologists throughout the state. The letter was drafted as a result of the staggering number of preventable sleep-related child deaths. See Appendix H.
- **Safe Sleep Hospital Certification Project:** The literature shows health care providers oftentimes give patients incorrect information about safe sleep. In partnership with Cribs for Kids, DOH County Health Departments are working to help birthing hospitals become Safe Sleep Certified, a recognition awarded by Cribs for Kids. To date, six County Health Departments have volunteered to recruit hospitals and train hospital staff on safe sleep. This project will be evaluated and is expected to grow in the future.
- **African-American Greek Organization Collaboration Project:** To enhance community outreach activities, DOH is partnering with the nine African-American sororities and fraternities to promote safe sleep and breastfeeding in Florida. These Greek organizations will organize and facilitate educational events at churches and community baby showers, using resources that DOH, Florida State University (FSU), and the National Institute of Child Health Quality (NICHQ) will provide. DOH will provide materials to distribute, FSU will provide a PowerPoint presentation, and NICHQ will provide a short list of safe sleep recommendations based on American Academy of Pediatrics (AAP) guidelines.
- **NICHQ's National Action Partnership to Promote Safe Sleep:** Improvement and Innovation Network (NAPPSS-INN): This national initiative aims to increase safe infant sleep and breastfeeding practices as recommended by AAP. In 2017, NICHQ selected Florida as one of five states to participate. DOH recently assembled a "Community of Practice" (stakeholders group) of 14 leaders from public and private agencies in Florida to support the NICHQ NAPPSS-INN project.
- **Healthy Families Florida (HFF) Safe Sleep Efforts:** HFF has adopted the Safe BabySM curriculum to address the risk of unsafe-sleep related deaths and to promote protective practices with all caregivers. Safe BabySM curriculum materials, created by the Healthy Start Coalition of Hillsborough County, are designed specifically to educate families about safe sleep practices, choosing a safe caregiver, and coping with crying (preventing shaken baby syndrome). This addresses two of the three most common

causes of abuse related child deaths in Florida: unsafe sleep and abusive trauma. Healthy Families Home visitors use Safe BabySM with all families during home visits before the baby is born, on the first home visit after the baby comes home after birth, and again if unsafe sleep practices are noted in the home.

- **Prevent Child Abuse Florida:** In 2018, Prevent Child Abuse (PCA) Florida, along with HFF, created two new social media campaigns and printed materials to address water safety and safe sleep. These new campaigns each feature an educational video series, social media content and printed materials.

Drowning Prevention Initiatives

The DOH Violence and Injury Prevention Program (VIPP) has engaged in a number of activities to reduce drowning fatalities, including the following:

- **The WaterSmartFL.com website** was updated to include new materials and information. The VIPP worked with the DOH Office of Communications to develop new or updated materials, and worked with the Division of Community Health Promotion IT staff to update the site. Materials are available for free download, and high-resolution images can be requested if needed.
- **Safety Around Water Project:** The legislature provided funding to encourage water safety. As a result, the following successes were achieved:
 - The WaterSmart Florida statewide drowning prevention task force was formed. Although the funding period has ended, the task force continues to meet via monthly conference calls.
 - Almost 2,000 children received free swim lessons.
 - Seven local drowning prevention partnerships were started or strengthened through grant funding.
- **A statewide awareness campaign** was developed with a PSA for statewide use. Local initiatives featured major league baseball players promoting drowning prevention.
- **A two-year Pool Safety Grant** from the Consumer Product Safety Commission was awarded to VIPP. The grant will be used to train enforcement personnel and educate community members about pool safety requirements and drowning prevention measures.
- **Safe Kids Florida** participated in the following statewide events in 2018: April Pools Day, National Drowning Prevention Awareness Month (May), the National Drowning Prevention Alliance Conference, and the Southwest Florida Water Safety Symposium. In 2019, Safe Kids Florida will be participating in the upcoming Great Naples Duck Race and Water Safety Festival.
- **Drowning Prevention Resources** were distributed by VIPP. Over the past year, the VIPP distributed the following materials:
 - 200 Water Safety flyers – English
 - 150 Water Safety flyers – Spanish
 - 20 Water Safety posters – English
 - 11 Water Safety posters – Spanish
 - 583 Water Watcher tags – English
 - 250 Water Watcher tags – Spanish
 - 188 Water Watcher tags – Haitian-Creole

Additional Statewide Prevention Efforts

- **Florida Alcohol and Drug Abuse Association (FADAA) Substance Abuse Prevention:** In an effort to expand education regarding the opioid epidemic and its effects on child welfare, Dr. Jason Fields and

State CADR Committee Member, Linda Mann, presented at the 2018 Child Protection Summit. The presentation, “*Understanding Opioid Misuse and Medication Assisted Treatment for Families in the Child Welfare System,*” covered the effects of opioids and Medication and Addition Treatment (MAT) on parenting and how coordination between systems of care will enhance both behavioral health and child welfare outcomes for parents with opioid misuse. FADAA also produced and disseminated a comprehensive, six-module on-line training entitled “*Child Welfare and Family Court Opioid Use Disorders Training.*”

- **Prevent Child Abuse Florida – Resilience Screenings:** In an effort to educate communities about the impacts of adverse childhood experiences and toxic stress, PCA Florida holds multiple licenses for the documentary “*Resilience*” and has sponsored dozens of screenings and community conversations throughout the state.

The above examples represent only a fraction of ongoing state efforts to reduce the incidence of child maltreatment and subsequent child death. Each State CADR Committee member, through the agencies they represent, serves as an advocate to seek positive change for this important cause.

SECTION SEVEN: PREVENTION RECOMMENDATIONS

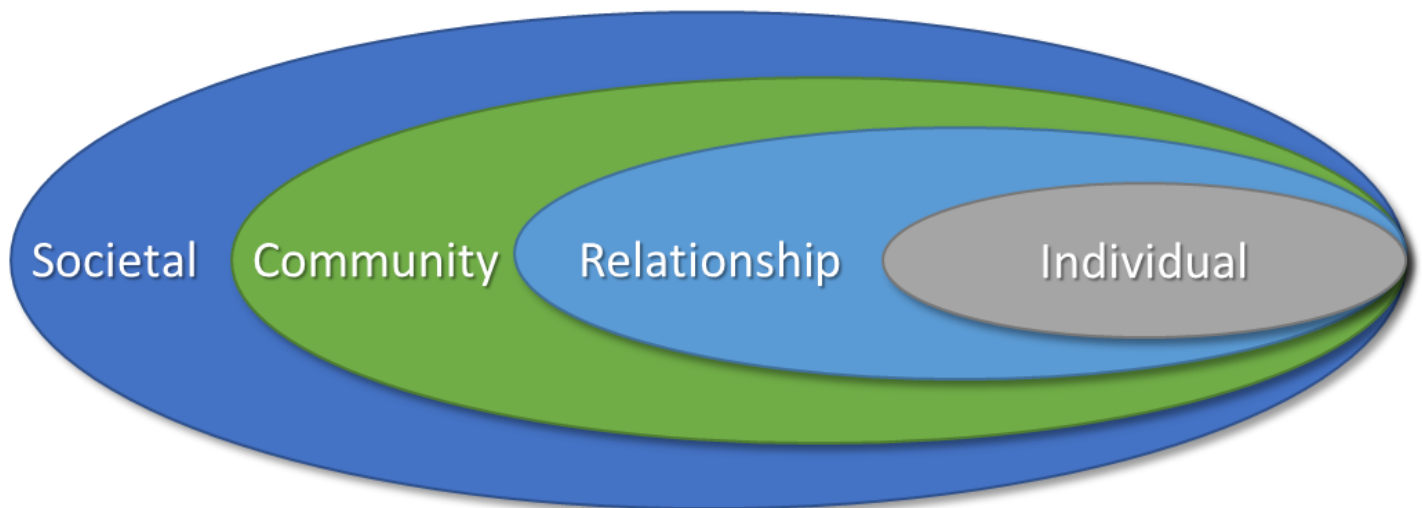
MOVING FORWARD: A SOCIAL ECOLOGICAL MODEL FOR CHANGE

As outlined in the Data Section (Section Three) of this report, the top three categories of preventable child fatalities in Florida continue a trend that has persisted over the last several years. These categories include child fatalities that occur as a result of:

- Asphyxiation
- Drowning
- Inflicted Trauma (Weapons/Body Parts)

The following prevention recommendations are based on an analysis of Florida's CADR findings for 2017 cases reviewed by September 30, 2018, as well as input provided by state and local CADR committees, and a review of literature and the most current research on prevention strategies as outlined by our nation's foremost experts.

As reflected within this report, successful strategies to prevent child maltreatment are best implemented using a highly collaborative, comprehensive, multi-level, and multi-sector approach. In order to adequately address each level of intervention, approaches to prevention can be organized using the following framework known as the Social Ecological Model for Change.



This four-level model, as presented by the CDC, serves as a framework for prevention and illustrates the various factors that interact, overlap, and ultimately impact our understanding of societal issues (such as interpersonal violence). The above graphic also reflects the need to act across multiple levels of the model to achieve sustainable change. Societal, community, relationship, and individual levels of social ecology must all be considered during the development of prevention strategies.

The following key prevention strategies and approaches recommended by the CDC cut across all levels of the social ecology model and engage a wide range of societal sectors in prevention efforts.

Strategy	Approaches	Lead Sectors
Strengthen economic supports to families	Strengthening household financial security Family-friendly work policies	<ul style="list-style-type: none"> • Government (Local, State, Federal) • Business/Labor
Change social norms to support parents and positive parenting	Public engagement and education campaigns Legislative approaches to reduce corporal punishment	<ul style="list-style-type: none"> • Public Health • Government (Local, State, Federal)
Provide quality care and education early in life	Preschool enrichment with family engagement Improved quality of child care through licensing and accreditation	<ul style="list-style-type: none"> • Social Services • Public Health • Business/Labor • Government (Local, State, Federal)
Enhance parenting skills to promote healthy child development	Early childhood home visitation Parenting skill and family relationship approaches	<ul style="list-style-type: none"> • Public Health • Social Services • Health Care
Intervene to lessen harms and prevent future risk	Enhanced primary care Behavioral parent training programs Treatment to lessen harms of abuse and neglect exposure Treatment to prevent problem behavior and later involvement in violence	<ul style="list-style-type: none"> • Public Health • Social Services • Health Care • Justice

* Table adapted from an expanded version outlined in *Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities*, developed by the by the National Center for Injury Prevention and Control with the Centers for Disease Control (CDC), 2016.

In response to a thorough review of the data presented in this year’s report, the State CADR Committee also makes the following recommendations, all of which will serve to reduce the incidence of preventable child death by targeting drowning, unsafe sleep practices, inflicted trauma, and research-based contributing factors (i.e., substance use, mental health disorders, intimate partner violence) that increase the likelihood of such preventable deaths.

CADR PREVENTION RECOMMENDATIONS BASED ON 2017 CHILD FATALITY DATA

❖ Expand Efforts to Relay Timely Information to Parents Regarding the Safety of Children

The State CADR Committee recommends that communities consider providing timely messaging to parents regarding potential risks to children. Considering the many attractions in Florida, hotels and resorts have a unique opportunity to relay safe sleep and water safety education. Through various methods of message delivery, hotel and resort staff have the potential to reach thousands of caregivers each week, possibly saving the life of a child.

Partnering with the business sector, such as pool supply companies, may provide a venue to distribute additional water safety information during the purchase of pool and spa supplies. Similarly, safe sleep information could be provided at point-of-sale as they purchase cribs and other infant supplies.

Safe sleep and water safety messaging needs to be consistent statewide. Given Florida's diverse population, messages should also be culturally-responsive and considerate of language barriers.

❖ ***Encourage Participation in Existing Child Maltreatment Trainings for First Responders***

First responders play a key role in prevention efforts, as evidenced by several locally-based prevention strategies seeking to intervene during hazardous situations that place children at risk. First responders can assess for adequate supervision, substance misuse, and other factors that contribute to child death. The Florida Criminal Justice and Training Commission provides a number of courses which contain content related to recognizing and investigating child abuse. Through these courses, law enforcement officers have numerous opportunities to receive valuable training throughout their careers. With that, the State CADR Committee recommends that the leaders of law enforcement agencies encourage and support participation in the available training courses addressing child abuse related cases and incidents. The committee also recommends an assessment of the trainings provided to non-law enforcement first responders.

The State CADR Committee also recommends training on the CDC's SUIDI model, including the SUIDI Reporting Form and doll reenactments, be provided to all law enforcement agencies, Medical Examiners, and Medical Examiner Investigators who respond to the unexpected deaths of infants or children.

❖ ***Use Social Media to Provide Timely Messaging and Support to Parents***

Parenting programs and awareness campaigns should continue to leverage social media as it remains to be a powerful communication tool, especially among young parents. Expanding upon this platform, location services and targeted messaging could be used to alert parents to potential hazards in their environment. This potential targeted messaging should be further explored.

❖ ***Leverage the Power of Shared Data***

Agencies such as Department of Health (DOH), Department of Children and Families (DCF) community-based care agencies, and substance-abuse and mental health managing entities must capitalize on the vast amounts of data collected on children, including aspects of child welfare involvement and health outcomes. Matching child death data with other data-rich systems such as Florida Safe Families Network (FSFN), Florida Community Health Resource Tool (FLCHARTS), and DOH vital statistics data could further inform prevention strategies.

Data findings could be expanded for further analysis to assess for racial disproportionality and health inequities and will increase understanding of how social determinants for health may play into the occurrence of preventable child death. Additional analysis can help determine if any preventable deaths are under-reported in certain areas. The sharing of data between agencies is crucial to this expanded effort.

The State CADR Committee recommends that sufficient resources be provided to the above-mentioned agencies to ensure data quality. This would enable the committee to further drill-down into specific maltreatments that lead to child death. While much of the CADR data and related prevention strategies target asphyxia and drowning, the dynamics behind inflicted trauma should be further explored. This knowledge will improve the ability to provide the appropriate support to families and caregivers and prevent violence within the home.

❖ ***Continue to Encourage Collaborative Partnerships at both the State and Community Levels***

As demonstrated within this report, the well-being and protection of Florida's children is a shared responsibility, involving numerous agencies and professional services. Collective responses are necessary to fully meet the needs of at-risk children. A prime example of such efforts is a community-based approach provided by the National Alliance for Drug-Endangered Children (DEC). The National Alliance for Drug Endangered Children

targets drug endangered children who are at risk of suffering physical or emotional harm as a result of illegal drug use, possession, manufacturing, cultivation, or distribution. This includes children whose caretaker's substance misuse interferes with the caretaker's ability to parent and provide a safe and nurturing environment. DEC provides training and support to communities seeking to protect these children via a multi-agency, multidisciplinary response to drug crises. In 2018, DEC provided 9 trainings to different counties throughout Florida.

In addition to the recommendation of continued collaboration with DEC, the State CADR Committee recognizes a vital need to ensure open communication and collaboration between law enforcement and child protective services. This requires exploration of the means and mechanisms to ensure local law enforcement is aware of any current and/or open DCF investigations and cases as they respond to calls for service.

Another useful venue for state and local collaboration would be the continuation of the CADR Summit. The Summit provides opportunities to share ideas, best practices and troubleshoot concerns at the state and local levels.

At the local level, partnering with other agencies, councils, and task forces is a necessity. This allows local committees to compare data, decide on consistent prevention messaging, and develop collaborative community-based action plans to target the specific needs of their community.

❖ ***Continue to Support the Integration of Behavioral Health Services into the Child Welfare System***

Substance use disorders, mental health disorders, and dynamics associated with Intimate Partner Violence (IPV) can both independently and collectively impact parental capacity and child well-being while greatly increasing the risk of child harm. Research has shown that the integration of substance abuse treatment services and child welfare services have led to the best outcomes for child welfare involved families, including increased retention in treatment, increased likeliness of a reduction in substance use, and increased likelihood of reunification. Readily accessible and appropriate interventions for families at higher risk of dealing with substance abuse, mental health disorders, and IPV is a critical step toward ensuring a safe, stable, and nurturing environment for children. Community-based systems of care must take the necessary steps to ensure behavioral health services and domestic violence services are comprehensively integrated into the service delivery system to sufficiently meet the needs of their client population.

The Family Intensive Treatment (FIT) team model is designed to provide intensive team-based, family-focused, comprehensive services to families in the child welfare system with parental substance use disorders. FIT includes components of family engagement, individualized treatment and case plans, comprehensive community services, and flexible financing strategies. The FIT model includes cross-system collaboration between child welfare, judicial, and behavioral health systems.

❖ ***Continue to Support Programs that Enhance Parenting Skills***

Programs such as Healthy Families Florida (HFF), and Prevent Child Abuse Florida (PCA Florida), serve families at risk and reinforce those protective factors that offset the risk of child maltreatment and preventable child death. The services provided by such programs are wide in scope and timely address all potential causes of maltreatment death. Prevention programs such as HFF and PCA Florida ensure an efficient and strategic use of our state's resources. These programs offer brochures and other printed materials addressing safe sleep, parent-child bonding, water safety and coping with crying. PCA Florida also provides free training and technical support to Circle of Parents support groups which provide friendly, supportive environments led by parents and caregivers to discuss the successes and challenges of raising children.

The State CADR committee recommends the use of home safety checklists which are designed to help parents and child welfare professionals identify hazardous conditions within the home that could pose a risk to the child/children. Healthy Families Florida's home safety checklist comprises questions for a Family Support Worker to ask the parent/caregiver during a home visit when a child reaches developmental milestones or

when a family moves to a new home. An additional home safety checklist developed by Dr. McIntosh, Statewide Medical Director for Child Protection Teams, is broken down by developmental stage/age group and provides observations and rationales for each specific hazard type.

SECTION EIGHT: CONCLUSIONS AND NEXT STEPS

The astonishing and heartbreaking results of this study indicate a grave public health concern. To address a concern of this magnitude, system improvements that will support at-risk families and the challenges faced by the growing population need to be deeply considered. Preventing the deaths of innocent children must become a priority for all members of society. Efforts to create sustainable change through positively influencing societal and cultural norms will require a wide-ranging, collaborative, multi-sector approach that addresses all levels of the Social Ecological Model for Change. Furthermore, these deaths must inspire us to act upon the data and recommendations presented in this report to ensure a safe future for the children of Florida.

In conjunction with the application of data-driven prevention strategies, we must strive to identify and take advantage of opportunities for early intervention. Each day, law enforcement officers, medical professionals, school system employees, and many others are presented with opportunities to provide potentially life-saving information to families with children far before the involvement of the child welfare system.

We urge the readers of this report to heed the prevention recommendations included, as they will help us achieve successful outcomes for our children. Evidence-based prevention programs and practices should be adopted, and new innovative practices should be evaluated. To eliminate preventable child fatalities in Florida by better understanding the complexities of child maltreatment fatalities, state and local CADR committees will continue to leverage evidence-based knowledge and available data sets to guide current and future prevention strategies.

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

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

APPENDICES

ANNUAL REPORT

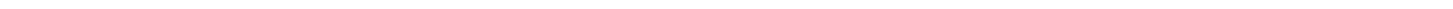
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APPENDIX A:

Section 383.402, Florida Statutes



Section 383.402, Florida Statutes

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

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

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

(2) STATE CHILD ABUSE DEATH REVIEW COMMITTEE. —

(a) Membership. —

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

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

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

- a. The Department of Health Statewide Child Protection Team Medical Director.
 - b. A public health nurse.
 - c. A mental health professional who treats children or adolescents.
-

- d. An employee of the Department of Children and Families who supervises family services counselors and who has at least 5 years of experience in child protective investigations.
- e. The medical director of a child protection team.
- f. A member of a child advocacy organization.
- g. A social worker who has experience in working with victims and perpetrators of child abuse.
- h. A person trained as a paraprofessional in patient resources who is employed in a child abuse prevention program.
- i. A law enforcement officer who has at least 5 years of experience in children's issues.
- j. A representative of the Florida Coalition Against Domestic Violence.
- k. A representative from a private provider of programs on preventing child abuse and neglect.
- l. A substance abuse treatment professional.

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

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

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

1. Develop a system for collecting data from local committees on deaths that are reported to the central abuse hotline. The system must include a protocol for the uniform collection of data statewide, which must, at a minimum, use the National Child Death Review Case Reporting System administered by the National Center for the Review and Prevention of Child Deaths.
 2. Provide training to cooperating agencies, individuals, and local child abuse death review committees on the use of the child abuse death data system.
 3. Provide training to local child abuse death review committee members on the dynamics and impact of domestic violence, substance abuse, or mental health disorders when there is a co-occurrence of child abuse. Training must be provided by the Florida Coalition Against Domestic Violence, the Florida Alcohol and Drug Abuse Association, and the Florida Council for Community Mental Health in each entity's respective area of expertise.
 4. Develop statewide uniform guidelines, standards, and protocols, including a protocol for standardized data collection and reporting, for local child abuse death review committees and provide training and technical assistance to local committees.
 5. Develop statewide uniform guidelines for reviewing deaths that are the result of child abuse, including guidelines to be used by law enforcement agencies, prosecutors, medical examiners, health care practitioners, health care facilities, and social service agencies.
 6. Study the adequacy of laws, rules, training, and services to determine what changes are needed to decrease the incidence of child abuse deaths and develop strategies and recruit partners to implement these changes.
 7. Provide consultation on individual cases to local committees upon request.
-

8. Educate the public regarding the provisions of chapter 99-168, Laws of Florida, the incidence and causes of child abuse death, and ways by which such deaths may be prevented.
9. Promote continuing education for professionals who investigate, treat, and prevent child abuse or neglect.
10. Recommend, when appropriate, the review of the death certificate of a child who died as a result of abuse or neglect.

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

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

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

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

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

1. Assist the state committee in collecting data on deaths that are the result of child abuse, in accordance with the protocol established by the state committee. The local committee shall complete, to the fullest extent possible, the individual case report in the National Child Death Review Case Reporting System.
 2. Submit written reports as required by the state committee. The reports must include:
 - a. Nonidentifying information from individual cases.
 - b. Identification of any problems with the data system uncovered through the review process and the committee's recommendations for system improvements and needed resources, training, and information dissemination, where gaps or deficiencies may exist.
-

c. All steps taken by the local committee and private and public agencies to implement necessary changes and improve the coordination of services and reviews.

3. Submit all records requested by the state committee at the conclusion of its review of a death resulting from child abuse.
4. Abide by the standards and protocols developed by the state committee.
5. On a case-by-case basis, request that the state committee review the data of a particular case.

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

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

(5) ACCESS TO AND USE OF RECORDS. —

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

1. Patient records in the possession of a public or private provider of medical, dental, or mental health care, including, but not limited to, a facility licensed under chapter 393, chapter 394, or chapter 395, or a health care practitioner as defined in s. 456.001. Providers may charge a fee for copies not to exceed 50 cents per page for paper records and \$1 per fiche for microfiche records.
2. Information or records of any state agency or political subdivision which might assist a committee in reviewing a child's death, including, but not limited to, information or records of the Department of Children and Families, the Department of Health, the Department of Education, or the Department of Juvenile Justice.

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

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

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

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

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

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

(6) DEPARTMENT OF HEALTH RESPONSIBILITIES. —

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

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

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

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

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

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

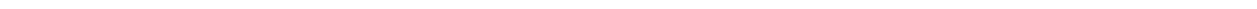
- (c) Working with the committee to ensure that the reviews are thorough and that all issues are appropriately addressed.
- (d) Maintaining a system of logging child abuse deaths covered by this procedure and tracking cases during the child abuse death review process.
- (e) Conducting or arranging for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

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

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

APPENDIX B:

State and Local Committee Membership



Florida Child Abuse Death Review State Committee Membership

Social Worker

Robin Perry, PhD, Chairperson

Department of Health

Patricia Boswell, MPH

Department of Legal Affairs

Stephanie Bergen, JD

Department of Children and Families

Patricia Medlock

Department of Law Enforcement

Jeremy Gordon, Inspector

Department of Education

Iris Williams, MSW

Florida Prosecuting Attorneys Association

Thomas Bakkedahl, JD

Florida Medical Examiners Commission

Anthony Jose Clark, MD

**Child Protection Team Statewide Medical
Director**

Bruce McIntosh, MD

Public Health Nurse

Deborah Hogan, RN, MPH

Mental Health Professional

April Lott, LCSW

**Department of Children and Families
Supervisor**

Erika Summerfield

Medical Director, Child Protection Team

Carol Sekhon, MD

Child Advocacy Organization

Jennifer Ohlsen, MS

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

Maria Lesvia Alaniz

Law Enforcement Officer

Deputy Jason Comans

Florida Coalition Against Domestic Violence

Brandy Carlson, MSW

Child Abuse Prevention Program

Zackary Gibson

Substance Abuse Professional

Linda Mann, LCSW, CAP

Florida Child Abuse Death Review Local Committee Leadership

Committee 1

Karena Karshbaum
Kirsten Bucey
Sandra Park-O'Hara, ARNP

Jennifer Clark
Erika Cathey
Karen Chapman, MD

Committee 2

Holly Kirsch
Gail Stewart
Claudia Blackburn, MPH, RN,
CPM

Committee 3

Cheriese Brown
Mr. Kerry Waldron, MPA

Committee 4

Vicki Whitfield
Funmi Borisade
Erin Hess

Committee 5

Janine Hammett
TeDra Miller
Robin Napier

Committee 6

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

Committee 7

Vicki Whitfield
Elaine Mathews
Dawn Allicock, MD

Committee 8

Stephanie Cox
Barbara Locke, RN, MSN,
MPH

Committee 9

Joy Chuba
Brienne Bell
Anne Johnson
Kevin Sherin, MD

Committee 10

David Acevedo
Deedree Zerfas
Stephen Nelson, MD
Joy Jackson, MD

Committee 11

Lauren Lazarus-Sabatino
Lauren Villalba
Keya Brandon
Alyssa Falise
Lillian Rivera, PhD

Committee 12

Maj. Connie Shingledecker
Katie Powers
Jennifer Bencie, MD

Laura McIntyre
Catherine Duff
Jennifer Bencie, MD

Committee 13

Jane Murphy
Alice Horton
Douglas Holt, MD

Committee 14

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

Committee 15

Sharon Greene
Alina Alonso, MD

Committee 16

Lauren Lazarus-Sabatino
Lauren Villalba
Keya Brandon
Mary Vanden Brook
Bob Eadie, JD

Committee 17

Barbara Lesh
Dawn Liberta
Paula Thaqi, MD

Committee 18

Jeanie Raciti
Maria Stahl, DNP, RN

Odies Grant
Karla Orozco
Donna Walsh, MPA

Committee 19

Michelle Akins
Miranda C. Hawker, MPH

Committee 20

Francine Donnorummo
Sally Kreuzscher
Danelle Rodriguez
Stephenie Vick, MS, BSN,
RN

APPENDIX C:

Guidelines for the State Committee



Guidelines for the State Committee

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

Child Abuse Death Review Committee

Working to eliminate preventable
child abuse and neglect deaths in Florida

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CHAPTER I

PURPOSE OF CHILD ABUSE DEATH REVIEW COMMITTEES

1.1 Background and Description

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

1.2 Mission Statement

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

1.3 Operating Principle

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

The state and local review committees shall work cooperatively.

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

1.4 Goal

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

1.5 Objectives

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

CHAPTER 2

STATE REVIEW COMMITTEE MEMBERSHIP AND DUTIES

2.1 Introduction

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

2.2 Statutory Membership

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

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

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

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

2.3 Term of Membership

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

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

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

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

2.4 Consultants

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

2.5 Election of State Chairperson

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

2.6 Reimbursement

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

2.7 Terminating State Committee Membership

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

2.8 State Review Committee Duties

Chairperson

- Chair Committee meetings
- Ensure that the Committee operates according to guidelines and protocols

- Ensure that all new Committee members and ad hoc members sign a confidentiality agreement

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

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

All Committee Members

- Develop a system for collecting data from local committees on deaths that are reported to the central abuse hotline. The system must include a protocol for the uniform collection of data statewide, which must, at a minimum, use the National Child Death Review Case Reporting System administered by the National Center for the Review and Prevention of Child Deaths, deaths that are reported to the central abuse hotline
- Provide training to cooperating agencies, individuals and local child abuse death review committees on the use of the child abuse death data system
- ANNUAL STATISTICAL REPORT— prepare and submit a comprehensive statistical report by December 1 of each year to the Governor, the President of the Senate, and the Speaker of the House of Representatives which includes data, trends, analysis, findings, and recommendations for state and local action regarding deaths from child abuse. Data must be presented on an individual calendar year basis and in the context of a multiyear trend. At a minimum, the report must include:
 - (a) Descriptive statistics, including demographic information regarding victims and caregivers, and the causes and nature of deaths.
 - (b) A detailed statistical analysis of the incidence and causes of deaths.
 - (c) Specific issues identified within current policy, procedure, rule, or statute and recommendations to address those issues from both the state and local committees.
 - (d) Other recommendations to prevent deaths from child abuse based on an analysis of the data presented in the report.
- Encourage and assist in developing the local child abuse death review committees and provide consultation on individual cases to local committees upon request
- Develop guidelines, standards and protocols, including a protocol for data collection for local child abuse death review committees and provide training technical assistance to local committees upon request
- Provide training on the dynamics and impact of domestic violence, substance abuse or mental health disorders when there is a co-occurrence of child abuse. Training shall be provided by the Florida Coalition Against Domestic Violence, the Florida Alcohol and Drug Abuse Association, and the Florida Council for Community Mental Health in each entity's respective area of expertise
- Develop guidelines for reviewing deaths that are the result of child abuse, including guidelines to be used by law enforcement agencies, prosecutors, medical examiners, health care practitioners, health care facilities and social service agencies
- Study the adequacy of laws, rules, training and services to determine what changes are needed to decrease the incidence of child abuse deaths and develop strategies and recruit partners to implement these changes

- Educate the public regarding the incidence and causes of child abuse death, and the ways to prevent such deaths
- Provide continuing education for professionals who investigate, treat and prevent child abuse or neglect
- Recommend, when appropriate, the review of the death certificate of a child who is suspected to have died of abuse or neglect

CHAPTER 3

MAINTAINING AN EFFECTIVE COMMITTEE

3.1 Conducting an Effective Meeting

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

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

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

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

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

3.2 Focus on Prevention

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

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

CHAPTER 4

COMMITTEE OPERATING PROCEDURES

4.1 Obtaining Data from Local Committee Reviews

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

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

4.2 Record Keeping and Retention

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

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

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

4.3 Child Abuse Death Review Case Reporting System

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

CHAPTER 5

CONFIDENTIALITY AND ACCESS TO INFORMATION

5.1 Introduction

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

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

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

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

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

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

5.2 Confidentiality Statements

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

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

5.3 Protecting Family Privacy

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

5.4 Document Storage and Security

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

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

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

5.5 Media Relations and Public Records Request

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

CHAPTER 6

CHILD ABUSE DEATH REVIEW ANNUAL REPORT

6.1 Guidelines for Report

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

A) Background

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

B) Method

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

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

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

D) Conclusions

E) Prevention Recommendations

F) Summary

APPENDIX D:

Guidelines for Local Committees

Guidelines for Local Committees



Child Abuse Death Review Committee

Working to eliminate preventable
child abuse and neglect deaths in Florida

October 2018

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CHAPTER I

PURPOSE OF CHILD ABUSE DEATH REVIEW COMMITTEES

1.1 Background and Description

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

1.2 Mission Statement

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

1.3 Operating Principle

A public health approach to child maltreatment is needed to address the range of conditions that place children at risk of harm. The circumstances involved in most child abuse and neglect deaths are multidimensional and require a data driven systematic review to identify successful prevention and intervention strategies. The state and local review committees shall work cooperatively. The primary function of the local review committees is to conduct individual case reviews of deaths, generate information, make recommendations, and implement improvements at the local level.

1.4 Goal

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

1.5 Objectives

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

CHAPTER 2

LOCAL REVIEW COMMITTEE MEMBERSHIP AND DUTIES

2.1 Committee Membership

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

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

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

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

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

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

2.2 Term of Membership

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

2.3 Consultants

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

2.4 Ad Hoc Members

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

2.5 Local Review Committee Duties

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

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

2.6 Local Committee Member Responsibilities

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

- Contribute information from his or her records, in accordance with Section 383.402, *Florida Statutes* (see Appendix A)
- Serve as a liaison to respective professional counterparts
- Provide definitions or professional terminology
- Interpret agency procedures and policies
- Explain the legal responsibilities or limitations of his or her profession

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

2.7 Orientation and Training of Local Committee Members

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

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

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

- Provide training to cooperating agencies, individuals, and local child abuse death review committees on the use of the child abuse death data system.
- Provide training to local child abuse death review committee members on the dynamics and impact of domestic violence, substance abuse, or mental health disorders when there is a co-occurrence of child abuse.
- Develop guidelines for reviewing deaths that are the result of child abuse, including guidelines to be used by law enforcement agencies, prosecutors, medical examiners, health care practitioners, health care facilities, and social service agencies.

- Study the adequacy of laws, rules, training, and services to determine what changes are needed to decrease the incidence of child abuse deaths and develop strategies and recruit partners to implement these changes.

2.8 Support and Technical Assistance for Local Committees

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

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

CHAPTER 3

MAINTAINING AN EFFECTIVE COMMITTEE

3.1 Conducting an Effective Meeting

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

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

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

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

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

3.2 Beginning the Meeting

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

3.3 Sharing Information

Reviews are conducted by discussing each child abuse death individually. It can be helpful to establish the order in which information will be presented. This will help the meetings and reviews to run more smoothly

and make completing the data form easier. Each participant provides information from their agency's records. If any information is distributed, it must be collected before the end of the meeting.

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

3.4 Community Education and Prevention

The state and local Child Abuse Death Review Committees review and analyze information on the nature of child abuse deaths in Florida. The key to good prevention is leadership at the local level. Local committees identify trends in child abuse death statistics for their own communities and develop and implement community education and prevention plans that are data-driven. Prevention efforts can range from simply changing one agency practice or policy or setting up more complex interventions for high-risk parents.

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

CHAPTER 4

COMMITTEE OPERATING PROCEDURES

4.1 Information Sharing

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

4.2 Committee Chairperson

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

Chairperson duties:

- Call and chair committee meetings. At least one regular monthly meeting (e.g., every 1st Friday of each month) will be scheduled. Regularly scheduled monthly meetings can be cancelled if there are no cases to review. At least quarterly meetings must be held to discuss community prevention initiatives (even when there are no case files for review). Case reviews should be scheduled for review within 30 days of receipt of a case file.
- Send meeting notices to committee members.
- Chairperson is to ensure that meetings are conducted according to Section 286.011, *Florida Statutes* (Florida's Government in the Sunshine Law).
- Work with DOH staff to obtain names and compile the summary sheet of child abuse deaths to be reviewed for distribution to committee members two weeks prior to each meeting.
- Obtain all records needed for the local reviews in accordance Section 383.402, *Florida Statutes*.
- Submit completed child abuse death review data forms with attached materials to the Department of Health, Death Review Coordinator for the State CADR or designee and/or enter data collected from the case review/CDR Report Form

into the National Fatality Review Case Reporting System within 15 calendar days of the fatality review.

- Ensure that the Committee operates according to protocols as adapted by the Committee.
- Ensure that all new Committee members and ad hoc members sign a confidentiality agreement.
- Maintain attendance records, current roster, and resumes or CVs detailing qualifications and experience of members.
- Ensure secure transfer of all records to new Chairperson upon transfer of duties.

4.3 Meeting Attendance

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

4.4 Obtaining Names for Committee Reviews

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

4.5 Record Keeping and Retention

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

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

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

4.6 Child Abuse Death Review Case Reporting System

The Child Abuse Death Review Committees utilize the Child Death Review (CDR) Report Form within the National Fatality Review Case Reporting System to record and track data from child death reviews. The System Guide provides instructions for completing the data form. The CDR Report Form must be completed

on all child abuse deaths reviewed. The committee chair should review the data form to ensure that all information is accurate, that the case review is complete, and ensure that data entry takes place within 15 calendar days of the fatality case review.

CHAPTER 5

CONFIDENTIALITY AND ACCESS TO INFORMATION

5.1 Introduction

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

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

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

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

5.2 Confidentiality Statements

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

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

5.3 Protecting Family Privacy

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

5.4 Document Storage and Security

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

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

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

5.5 Media Relations and Public Records Request

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

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

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

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

(2) STATE CHILD ABUSE DEATH REVIEW COMMITTEE.—

(a) Membership.—

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

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

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

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

3. The members of the state committee shall be appointed to staggered terms not to exceed 2 years each, as determined by the State Surgeon General. Members may be appointed to no more than three consecutive terms. The state committee shall elect a chairperson from among its members to serve for a

2-year term, and the chairperson may appoint ad hoc committees as necessary to carry out the duties of the committee.

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

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

1. Develop a system for collecting data from local committees on deaths that are reported to the central abuse hotline. The system must include a protocol for the uniform collection of data statewide, which must, at a minimum, use the National Child Death Review Case Reporting System administered by the National Center for the Review and Prevention of Child Deaths.

2. Provide training to cooperating agencies, individuals, and local child abuse death review committees on the use of the child abuse death data system.

3. Provide training to local child abuse death review committee members on the dynamics and impact of domestic violence, substance abuse, or mental health disorders when there is a co-occurrence of child abuse. Training must be provided by the Florida Coalition Against Domestic Violence, the Florida Alcohol and Drug Abuse Association, and the Florida Council for Community Mental Health in each entity's respective area of expertise.

4. Develop statewide uniform guidelines, standards, and protocols, including a protocol for standardized data collection and reporting, for local child abuse death review committees and provide training and technical assistance to local committees.

5. Develop statewide uniform guidelines for reviewing deaths that are the result of child abuse, including guidelines to be used by law enforcement agencies, prosecutors, medical examiners, health care practitioners, health care facilities, and social service agencies.

6. Study the adequacy of laws, rules, training, and services to determine what changes are needed to decrease the incidence of child abuse deaths and develop strategies and recruit partners to implement these changes.

7. Provide consultation on individual cases to local committees upon request.

8. Educate the public regarding the provisions of Chapter 99-168, Laws of Florida, the incidence and causes of child abuse death, and ways by which such deaths may be prevented.

9. Promote continuing education for professionals who investigate, treat, and prevent child abuse or neglect.

10. Recommend, when appropriate, the review of the death certificate of a child who died as a result of abuse or neglect.

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

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

1. The state attorney's office.

2. The medical examiner's office.

3. The local Department of Children and Families child protective investigations unit.

4. The Department of Health child protection team.

5. The community-based care lead agency.

6. State, county, or local law enforcement agencies.

7. The school district.

8. A mental health treatment provider.

9. A certified domestic violence center.

10. A substance abuse treatment provider.

11. Any other members that are determined by guidelines developed by the State Child Abuse Death Review Committee.

To the extent possible, individuals from these organizations or entities who, in a professional capacity, dealt with a child whose death is verified as caused by abuse or neglect, or with the family of the child, shall attend any meetings where the child's case is reviewed. The members of a local committee shall be appointed to 2-year terms and may be reappointed. Members shall serve without compensation but may

receive reimbursement for per diem and travel expenses incurred in the performance of their duties as provided in s. 112.061 and to the extent that funds are available.

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

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

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

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

(5) ACCESS TO AND USE OF RECORDS.—

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

1. Patient records in the possession of a public or private provider of medical, dental, or mental health care, including, but not limited to, a facility licensed under Chapter 393, Chapter 394, or Chapter 395, or a health care practitioner as defined in s. 456.001. Providers may charge a fee for copies not to exceed 50 cents per page for paper records and \$1 per fiche for microfiche records.
2. Information or records of any state agency or political subdivision which might assist a committee in reviewing a child's death, including, but not limited to, information or records of the Department of Children and Families, the Department of Health, the Department of Education, or the Department of Juvenile Justice.

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

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

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

deceased child's family, if necessary, as part of the committee's review. A member of the deceased child's family may voluntarily provide records or information to the state committee or a local committee.

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

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

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

(6) DEPARTMENT OF HEALTH RESPONSIBILITIES.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Appendix B

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

383.412 Public records and public meetings exemptions.—

- (1) For purposes of this section, the term “local committee” means a local child abuse death review committee or a panel or committee assembled by the State Child Abuse Death Review Committee or a local child abuse death review committee pursuant to s. 383.402.
- (2)(a) Any information held by the State Child Abuse Death Review Committee or a local committee which reveals the identity of the surviving siblings of a deceased child whose death occurred as the result of a verified report of abuse or neglect is confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.
- (b) Any information held by the State Child Abuse Death Review Committee or a local committee which reveals the identity of a deceased child whose death has been reported to the central abuse hotline but determined not to be the result of abuse or neglect, or the identity of the surviving siblings, family members, or others living in the home of such deceased child, is confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.
- (c) Information made confidential or exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution which is obtained by the State Child Abuse Death Review Committee or a local committee shall retain its confidential or exempt status.
- (3)(a) Portions of meetings of the State Child Abuse Death Review Committee or a local committee at which information made confidential and exempt pursuant to subsection (2) is discussed are exempt from s. 286.011 and s. 24(b), Art. I of the State Constitution. The closed portion of a meeting must be recorded, and no portion of the closed meeting may be off the record. The recording shall be maintained by the State Child Abuse Death Review Committee or a local committee.
- (b) The recording of a closed portion of a meeting is exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.
- (4) The State Child Abuse Death Review Committee and local committees may share information made confidential and exempt by this section:
- (a) With each other;
- (b) With a governmental agency in furtherance of its duties; or
- (c) With any person or entity authorized by the Department of Health to use such relevant information for bona fide research or statistical purposes. A person or entity who is authorized to obtain such relevant information for research or statistical purposes must enter into a privacy and security agreement with the Department of Health and comply with all laws and rules governing the use of such records and information for research or statistical purposes. Anything identifying the subjects of such relevant information must be treated as confidential by the person or entity and may not be released in any form.
- (5) Any person who knowingly or willfully makes public or discloses to any unauthorized person any information made confidential and exempt under this section commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.
- (6) This section is subject to the Open Government Sunset Review Act in accordance with s. 119.15, and shall stand repealed on October 2, 2020, unless reviewed and saved from repeal through reenactment by the Legislature.

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

Appendix D

Statement of Confidentiality

Name:

Date:

I understand the following:

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

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

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

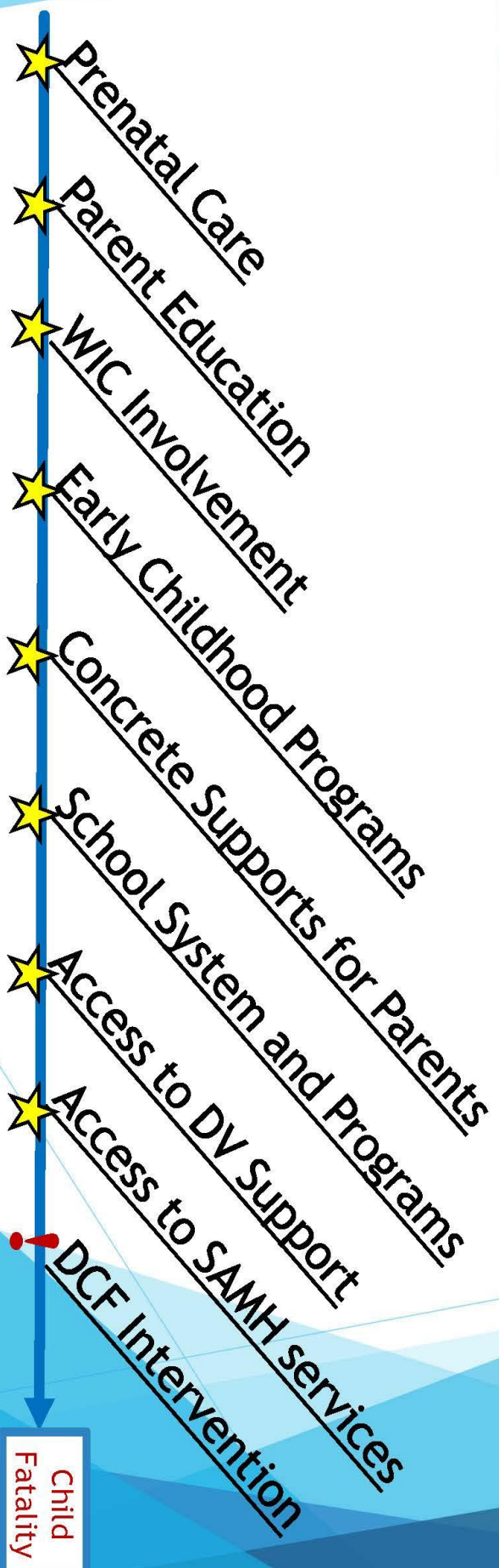
(Signature)

(Agency)

APPENDIX E:

POTENTIAL POINTS OF INTERVENTION

What are the potential points of intervention prior to a child fatality? Consider partners specifically in your area....



APPENDIX F:

CASE REPORTING FORM VERSION 5.0



CDR Report Form
National Fatality Review
Case Reporting System

Version 5.0



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

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

SAVING LIVES TOGETHER

Instructions:

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

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

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

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

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

HIPAA 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 our Data Use Agreements. 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: <input type="radio"/> Death <input type="radio"/> Near death/serious injury <input type="radio"/> Not born alive (fetal/stillborn) <input type="checkbox"/> Child never left hospital following birth	Death Certificate Number: Birth Certificate Number: ME/Coroner Number: Date Team Notified of Death:

A. CHILD INFORMATION

A1. CHILD INFORMATION (COMPLETE FOR ALL AGES)

1. Child's name: First: _____ Middle: _____ Last: _____ <input type="checkbox"/> U/K						
2. Date of birth: <input type="checkbox"/> U/K mm / dd / yyyy	3. Date of death: <input type="checkbox"/> U/K mm / dd / yyyy	4. Age: <input type="radio"/> Years <input type="radio"/> Months <input type="radio"/> Days <input type="radio"/> Hours <input type="radio"/> Minutes <input type="radio"/> U/K	5. Race, check all that apply: <input type="checkbox"/> U/K <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian, specify: _____ <input type="checkbox"/> American Indian, Tribe: _____ <input type="checkbox"/> Alaskan Native, Tribe: _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander, specify: _____	6. Hispanic or Latino origin? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	7. Sex: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K	
8. Residence address: <input type="checkbox"/> U/K Street: _____ Apt. _____ City: _____ State: _____ Zip: _____ County: _____			9. Child's weight at death: <input type="checkbox"/> U/K <input type="radio"/> Pounds/ounces _____ <input type="radio"/> Grams/kilograms _____		11. State of death: _____	
			10. Child's height at death: <input type="checkbox"/> U/K <input type="radio"/> Feet/inches _____ <input type="radio"/> Cm _____		12. County of death: _____	
13. Child had disability or chronic illness? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Physical/orthopedic, specify: _____ <input type="checkbox"/> Mental health/substance abuse, specify: _____ <input type="checkbox"/> Cognitive/intellectual, specify: _____ <input type="checkbox"/> Sensory, specify: _____ <input type="checkbox"/> U/K If yes, was child receiving Children's Special Health Care Needs services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K				15. Child's health insurance, check all that apply: <input type="checkbox"/> None <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Private <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Medicaid <input type="checkbox"/> U/K <input type="checkbox"/> State plan		
14. Were any siblings placed outside of the home prior to this child's death? <input type="radio"/> N/A <input type="radio"/> Yes, # _____ <input type="radio"/> No <input type="radio"/> U/K				16. Was the child up to date with Academy of Pediatrics Immunization Schedule? <input type="radio"/> NA <input type="radio"/> Yes <input type="radio"/> No, specify: _____ <input type="radio"/> U/K		

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

17. Type of residence: <input type="radio"/> Parental home <input type="radio"/> Relative home <input type="radio"/> Jail/detention <input type="radio"/> Licensed group home <input type="radio"/> Living on own <input type="radio"/> Other, specify: _____ <input type="radio"/> Licensed foster home <input type="radio"/> Shelter <input type="radio"/> Relative foster home <input type="radio"/> Homeless <input type="radio"/> U/K		18. New residence in past 30 days? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	19. Residence overcrowded? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	21. Number of other children living with child: _____ <input type="checkbox"/> U/K																				
			20. Child ever homeless? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K																					
22. Child had history of child maltreatment? If yes, check all that apply: <table border="0"> <tr> <td><u>As Victim</u></td> <td><u>As Perpetrator</u></td> <td><u>As Victim</u></td> <td><u>As Perpetrator</u></td> </tr> <tr> <td><input type="radio"/> N/A</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="radio"/> Yes</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="radio"/> No</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="radio"/> U/K</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> If yes, how was history identified: <input type="radio"/> Physical <input type="radio"/> Through CPS <input type="radio"/> Neglect <input type="radio"/> Other sources <input type="radio"/> Sexual <input type="radio"/> Emotional/psychological If through CPS: <u>As Victim</u> _____ # CPS referrals <u>As Perpetrator</u> _____ # Substantiations			<u>As Victim</u>	<u>As Perpetrator</u>	<u>As Victim</u>	<u>As Perpetrator</u>	<input type="radio"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> U/K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Was there an open CPS case with child at time of death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	
<u>As Victim</u>	<u>As Perpetrator</u>	<u>As Victim</u>	<u>As Perpetrator</u>																					
<input type="radio"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
<input type="radio"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
<input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
<input type="radio"/> U/K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
			24. Was child ever placed outside of the home prior to the death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K																					

A2. COMPLETE FOR CHILDREN OVER ONE YEAR OLD

25. Child's highest education level: <input type="radio"/> N/A <input type="radio"/> Drop out <input type="radio"/> None <input type="radio"/> HS graduate <input type="radio"/> Preschool <input type="radio"/> College <input type="radio"/> Grade K-8 <input type="radio"/> Other, specify: _____ <input type="radio"/> Grade 9-12 <input type="radio"/> U/K <input type="radio"/> Home schooled, K-8 <input type="radio"/> Home schooled, 9-12	26. Child's work status: <input type="radio"/> N/A <input type="radio"/> Employed <input type="radio"/> Full time <input type="radio"/> Part time <input type="radio"/> U/K <input type="radio"/> Not working <input type="radio"/> U/K	27. Did child have problems in school? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Academic <input type="checkbox"/> Behavioral <input type="checkbox"/> Truancy <input type="checkbox"/> Expulsion <input type="checkbox"/> Suspensions <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> U/K	28. Child had history of intimate partner violence? Check all that apply: <input type="checkbox"/> N/A <input type="checkbox"/> Yes, as victim <input type="checkbox"/> Yes, as perpetrator <input type="checkbox"/> No <input type="checkbox"/> U/K
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<p>29. Child's mental health (MH):</p> <p>Child had received prior MH services? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>Child was receiving MH services? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>Child on medications for MH illness? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>Issues prevented child from receiving MH services? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, specify: _____</p>		<p>30. Child had history of substance abuse? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Alcohol <input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana <input type="checkbox"/> U/K</p> <p><input type="checkbox"/> Methamphetamine <input type="checkbox"/> Opiates</p> <p><input type="checkbox"/> Prescription drugs <input type="checkbox"/> Over-the-counter drugs</p>		<p>31. Child had delinquent or criminal history? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Assaults <input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> Robbery <input type="checkbox"/> Drugs <input type="checkbox"/> U/K</p>																																																																									
<p>32. Child spent time in juvenile detention? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>																																																																													
<p>33. Child acutely ill in the two weeks before death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>																																																																													
<p>A3. COMPLETE FOR ALL FETAL/INFANTS UNDER ONE YEAR</p>																																																																													
<p>34. Was this case reviewed by both a Fetal/Infant Mortality Review (FIMR) and Child Death Review (CDR/CFR) team? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>																																																																													
<p>35. Gestational age: <input type="checkbox"/> U/K _____ # weeks</p>		<p>36. Birth weight: <input type="checkbox"/> U/K <input type="radio"/> Grams/kilograms _____ <input type="radio"/> Pounds/ounces _____</p>		<p>37. Multiple gestation? <input type="radio"/> Yes, # _____ <input type="radio"/> No <input type="radio"/> U/K</p>																																																																									
<p>38. Including the deceased infant, how many pregnancies did the birth mother have? # _____ <input type="checkbox"/> U/K</p>		<p>39. Including the deceased infant, how many live births did the birth mother have? # _____ <input type="checkbox"/> U/K</p>																																																																											
<p>40. Not including the deceased infant, number of children birth mother still has living? # _____ <input type="checkbox"/> U/K</p>		<p>41. Prenatal care provided during pregnancy of deceased infant? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, number of prenatal visits kept: # _____ <input type="checkbox"/> U/K</p> <p>If yes, month of first prenatal visit: Specify 1-9 : _____ <input type="checkbox"/> U/K</p>																																																																											
<p>42. Were there access or compliance issues related to prenatal care? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply:</p> <p><input type="checkbox"/> Lack of money for care <input type="checkbox"/> Language barriers <input type="checkbox"/> Lack of family/social support <input type="checkbox"/> Didn't think she was pregnant</p> <p><input type="checkbox"/> Limitations of health insurance coverage <input type="checkbox"/> Couldn't get provider to take as patient <input type="checkbox"/> Services not available <input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> Lack of transportation <input type="checkbox"/> Multiple providers, not coordinated <input type="checkbox"/> Distrust of health care system</p> <p><input type="checkbox"/> No phone <input type="checkbox"/> Couldn't get an earlier appointment <input type="checkbox"/> Unwilling to obtain care <input type="checkbox"/> U/K</p> <p><input type="checkbox"/> Cultural differences <input type="checkbox"/> Lack of child care <input type="checkbox"/> Didn't know where to go</p>																																																																													
<p>43. During pregnancy, did mother have any medical conditions/complications? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Cardiovascular</td> <td><input type="checkbox"/> Endocrine/Metabolic</td> <td><input type="checkbox"/> STI (continued)</td> <td><input type="checkbox"/> Gynecologic (continued)</td> </tr> <tr> <td><input type="checkbox"/> Hypertension - gestational</td> <td><input type="checkbox"/> Diabetes, type 1 chronic</td> <td><input type="checkbox"/> Group B strep</td> <td><input type="checkbox"/> Placental problems</td> </tr> <tr> <td><input type="checkbox"/> Hypertension - chronic</td> <td><input type="checkbox"/> Diabetes, type 2 chronic</td> <td><input type="checkbox"/> HIV/AIDS</td> <td><input type="checkbox"/> Abrupton</td> </tr> <tr> <td><input type="checkbox"/> Pre-eclampsia</td> <td><input type="checkbox"/> Diabetes, gestational</td> <td><input type="checkbox"/> Other STI, specify: _____</td> <td><input type="checkbox"/> Previa</td> </tr> <tr> <td><input type="checkbox"/> Eclampsia</td> <td><input type="checkbox"/> Thyroid</td> <td><input type="checkbox"/> Gynecologic</td> <td><input type="checkbox"/> Other placental, specify: _____</td> </tr> <tr> <td><input type="checkbox"/> Clotting disorder</td> <td><input type="checkbox"/> Polycystic ovarian disease</td> <td><input type="checkbox"/> Uterine/vaginal bleeding</td> <td><input type="checkbox"/> Other Condition/Complication</td> </tr> <tr> <td><input type="checkbox"/> Hematologic</td> <td><input type="checkbox"/> Neurologic/Psychiatric</td> <td><input type="checkbox"/> Chorioamnionitis</td> <td><input type="checkbox"/> UTI</td> </tr> <tr> <td><input type="checkbox"/> Folic acid deficiency</td> <td><input type="checkbox"/> Addiction disorder</td> <td><input type="checkbox"/> Oligohydramnios</td> <td><input type="checkbox"/> Decreased fetal movement</td> </tr> <tr> <td><input type="checkbox"/> Sickle cell disease</td> <td><input type="checkbox"/> Eating disorder</td> <td><input type="checkbox"/> Polyhydramnios</td> <td><input type="checkbox"/> HELLP syndrome</td> </tr> <tr> <td><input type="checkbox"/> Anemia (iron deficiency)</td> <td><input type="checkbox"/> Depression</td> <td><input type="checkbox"/> Intrauterine growth restriction (IUGR)</td> <td><input type="checkbox"/> Maternal developmental delay</td> </tr> <tr> <td><input type="checkbox"/> Respiratory</td> <td><input type="checkbox"/> Seizure disorder</td> <td><input type="checkbox"/> Premature rupture of membranes (PROM)</td> <td><input type="checkbox"/> Oral health/dental or gum infection</td> </tr> <tr> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> Sexually Transmitted Infection (STI)</td> <td><input type="checkbox"/> Preterm premature rupture of membranes (PPROM)</td> <td><input type="checkbox"/> Gastrointestinal</td> </tr> <tr> <td><input type="checkbox"/> Pulmonary embolism</td> <td><input type="checkbox"/> Bacterial vaginosis (BV)</td> <td><input type="checkbox"/> Incompetent cervix</td> <td><input type="checkbox"/> Maternal genetic disorder</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Chlamydia</td> <td><input type="checkbox"/> Umbilical cord complications</td> <td><input type="checkbox"/> Abnormal MSAFP</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Gonorrhea</td> <td><input type="checkbox"/> Prolapse</td> <td><input type="checkbox"/> Preterm labor</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Herpes</td> <td><input type="checkbox"/> Nuchal cord</td> <td><input type="checkbox"/> Other, specify: _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> HPV</td> <td><input type="checkbox"/> Other cord, specify: _____</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Syphilis</td> <td></td> <td></td> </tr> </table>						<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Endocrine/Metabolic	<input type="checkbox"/> STI (continued)	<input type="checkbox"/> Gynecologic (continued)	<input type="checkbox"/> Hypertension - 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<p>44. Did the mother experience any medical complications in previous pregnancies? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply:</p> <p><input type="checkbox"/> Previous preterm birth <input type="checkbox"/> Previous small for gestational age</p> <p><input type="checkbox"/> Previous low birth weight birth <input type="checkbox"/> Previous large for gestational age (greater than 4000 grams)</p>																																																																													
<p>45. Did the mother use any medications, drugs or other substances during pregnancy? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Over-the-counter meds</td> <td><input type="checkbox"/> Anti-epileptic</td> <td><input type="checkbox"/> Nausea/vomiting medications</td> <td><input type="checkbox"/> Cocaine</td> <td><input type="checkbox"/> Meds to treat drug addiction</td> </tr> <tr> <td><input type="checkbox"/> Allergy medications</td> <td><input type="checkbox"/> Anti-hypertensives</td> <td><input type="checkbox"/> Cholesterol medications</td> <td><input type="checkbox"/> Heroin</td> <td><input type="checkbox"/> Opiates</td> </tr> <tr> <td><input type="checkbox"/> Antibiotics</td> <td><input type="checkbox"/> Anti-hypothyroidism</td> <td><input type="checkbox"/> Sleeping pills</td> <td><input type="checkbox"/> Marijuana</td> <td><input type="checkbox"/> Other pain meds</td> </tr> <tr> <td><input type="checkbox"/> Anti-flu/antivirals</td> <td><input type="checkbox"/> Arthritis medications</td> <td><input type="checkbox"/> Meds to treat preterm labor</td> <td><input type="checkbox"/> Methamphetamine</td> <td><input type="checkbox"/> Other, specify: _____</td> </tr> <tr> <td><input type="checkbox"/> Anti-depressants/anti-anxiety/anti-psychotics</td> <td><input type="checkbox"/> Diabetes medications</td> <td><input type="checkbox"/> Meds used during delivery</td> <td><input type="checkbox"/> Alcohol</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Asthma medications</td> <td><input type="checkbox"/> Progesterone/P17</td> <td colspan="2"><input type="checkbox"/> If alcohol, infant born with fetal effects or syndrome?</td> </tr> </table> <p>If any item is checked, please indicate the generic or brand name of the medications or drugs: _____</p>						<input type="checkbox"/> Over-the-counter meds	<input type="checkbox"/> Anti-epileptic	<input type="checkbox"/> Nausea/vomiting medications	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Meds to treat drug addiction	<input type="checkbox"/> Allergy medications	<input type="checkbox"/> Anti-hypertensives	<input type="checkbox"/> Cholesterol medications	<input type="checkbox"/> Heroin	<input type="checkbox"/> Opiates	<input type="checkbox"/> Antibiotics	<input type="checkbox"/> Anti-hypothyroidism	<input type="checkbox"/> Sleeping pills	<input type="checkbox"/> Marijuana	<input type="checkbox"/> Other pain meds	<input type="checkbox"/> Anti-flu/antivirals	<input type="checkbox"/> Arthritis medications	<input type="checkbox"/> Meds to treat preterm labor	<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Anti-depressants/anti-anxiety/anti-psychotics	<input type="checkbox"/> Diabetes medications	<input type="checkbox"/> Meds used during delivery	<input type="checkbox"/> Alcohol	<input type="checkbox"/> U/K		<input type="checkbox"/> Asthma medications	<input type="checkbox"/> Progesterone/P17	<input type="checkbox"/> If alcohol, infant born with fetal effects or syndrome?																																											
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<p>46. Was the infant born drug exposed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>																																																																													
<p>47. Did the infant have neonatal abstinence syndrome (NAS)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>																																																																													

<p>48. Level of birth hospital:</p> <p><input type="radio"/> 1°</p> <p><input type="radio"/> 2°</p> <p><input type="radio"/> 3°</p> <p><input type="radio"/> Free-standing birth hospital</p> <p><input type="radio"/> Home birth</p> <p><input type="radio"/> Other, specify:</p> <p><input type="radio"/> U/K</p>	<p>49. At discharge from the birth hospital, was a case manager assigned to the mother?</p> <p><input type="radio"/> N/A, mother did not go to a birth hospital <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <hr/> <p>50. Did the mother attend a postpartum visit? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <hr/> <p>51. Did the infant have a NICU stay of more than one day? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, for what reason(s)? Check all that apply:</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Prematurity</td> <td><input type="checkbox"/> Apnea</td> <td><input type="checkbox"/> Hypothermia</td> <td><input type="checkbox"/> Meconium aspiration</td> </tr> <tr> <td><input type="checkbox"/> Low birth weight</td> <td><input type="checkbox"/> Sepsis</td> <td><input type="checkbox"/> Jaundice</td> <td><input type="checkbox"/> Congenital anomalies</td> </tr> <tr> <td><input type="checkbox"/> Tachypnea</td> <td><input type="checkbox"/> Feeding difficulties</td> <td><input type="checkbox"/> Anemia</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Drug/alcohol exposure</td> </tr> </table>	<input type="checkbox"/> Prematurity	<input type="checkbox"/> Apnea	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Meconium aspiration	<input type="checkbox"/> Low birth weight	<input type="checkbox"/> Sepsis	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Congenital anomalies	<input type="checkbox"/> Tachypnea	<input type="checkbox"/> Feeding difficulties	<input type="checkbox"/> Anemia	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Drug/alcohol exposure																
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<input type="checkbox"/> Drug/alcohol exposure																														
<p>52. Did mother smoke in the 3 months before pregnancy?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, ___ Avg # cigarettes/day (20 cigarettes in pack)</p> <p><input type="checkbox"/> U/K quantity</p>	<p>53. Did the mother smoke at any time during pregnancy?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Trimester 1</td> <td style="text-align: center;">Trimester 2</td> <td style="text-align: center;">Trimester 3</td> <td></td> </tr> <tr> <td colspan="3">If yes, _____</td> <td style="text-align: right;">Avg # cigarettes/day (20 cigarettes in pack)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/> U/K quantity</td> </tr> </table>	Trimester 1	Trimester 2	Trimester 3		If yes, _____			Avg # cigarettes/day (20 cigarettes in pack)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> U/K quantity																
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<p>54. Was mother injured during pregnancy?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, describe:</p>		<p>55. Did the mother have postpartum depression?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>																												
If this was a fetal death, go to Section B.																														
<p>56. Infant ever breastfed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, any breast milk at 3 months? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p style="padding-left: 20px;">If yes, exclusively? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, any breast milk at 6 months? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p style="padding-left: 20px;">If yes, exclusively? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If ever, was infant receiving breast milk at time of death?</p> <p style="padding-left: 40px;"><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>57. Did infant have abnormal metabolic newborn screening results?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, describe any abnormality such as a fatty acid oxidation error:</p>																													
If the infant never left the hospital following birth, go to Section B.																														
<p>58. At any time prior to the infant's last 72 hours, did the infant have a history of (check all that apply):</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Cyanosis</td> </tr> <tr> <td><input type="checkbox"/> Infection</td> <td><input type="checkbox"/> Seizures or convulsions</td> </tr> <tr> <td><input type="checkbox"/> Allergies</td> <td><input type="checkbox"/> Cardiac abnormalities</td> </tr> <tr> <td><input type="checkbox"/> Abnormal growth, weight gain/loss</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Apnea</td> <td><input type="checkbox"/> U/K</td> </tr> </table>	<input type="checkbox"/> None	<input type="checkbox"/> Cyanosis	<input type="checkbox"/> Infection	<input type="checkbox"/> Seizures or convulsions	<input type="checkbox"/> Allergies	<input type="checkbox"/> Cardiac abnormalities	<input type="checkbox"/> Abnormal growth, weight gain/loss	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Apnea	<input type="checkbox"/> U/K	<p>59. In the 72 hours prior to death, did the infant have any of the following? Check all that apply:</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Vomiting</td> <td><input type="checkbox"/> Cyanosis</td> </tr> <tr> <td><input type="checkbox"/> Fever</td> <td><input type="checkbox"/> Choking</td> <td><input type="checkbox"/> Seizures or convulsions</td> </tr> <tr> <td><input type="checkbox"/> Excessive sweating</td> <td><input type="checkbox"/> Diarrhea</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Lethargy/sleeping more than usual</td> <td><input type="checkbox"/> Stool changes</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Fussiness/excessive crying</td> <td><input type="checkbox"/> Difficulty breathing</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Decrease in appetite</td> <td><input type="checkbox"/> Apnea</td> <td></td> </tr> </table>		<input type="checkbox"/> None	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Cyanosis	<input type="checkbox"/> Fever	<input type="checkbox"/> Choking	<input type="checkbox"/> Seizures or convulsions	<input type="checkbox"/> Excessive sweating	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Lethargy/sleeping more than usual	<input type="checkbox"/> Stool changes		<input type="checkbox"/> Fussiness/excessive crying	<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> U/K	<input type="checkbox"/> Decrease in appetite	<input type="checkbox"/> Apnea	
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<p>60. In the 72 hours prior to death, was the infant injured?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, describe cause and injuries:</p>	<p>61. In the 72 hours prior to death, was the infant given any vaccines?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, list name(s) of vaccines:</p>	<p>62. In the 72 hours prior to death, was the infant given any medications or remedies? Include herbal, prescription and over-the-counter medications and home remedies.</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, list name and last dose given:</p>																												
<p>63. What did the infant have for his/her last meal? Check all that apply:</p> <p><input type="checkbox"/> Breast milk</p> <p><input type="checkbox"/> Formula, type:</p> <p><input type="checkbox"/> Baby food, type:</p> <p><input type="checkbox"/> Cereal, type:</p> <p><input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> U/K</p>																														
<p>This space left intentionally blank.</p>																														

B. BIOLOGICAL PARENT INFORMATION ● No information available, go to Section C

<p>1. Parents' race, check all that apply:</p> <table style="width: 100%;"> <tr> <td style="width: 33%;"><u>Female</u> <input type="checkbox"/></td> <td style="width: 33%;"><u>Male</u> <input type="checkbox"/></td> <td style="width: 33%;"><u>Female</u> <input type="checkbox"/></td> <td style="width: 33%;"><u>Male</u> <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Black</td> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Pacific Islander, specify:</td> </tr> <tr> <td><input type="checkbox"/> Asian, specify:</td> <td><input type="checkbox"/> American Indian, Tribe:</td> <td><input type="checkbox"/> U/K</td> <td><input type="checkbox"/> Alaskan Native, Tribe:</td> </tr> </table>	<u>Female</u> <input type="checkbox"/>	<u>Male</u> <input type="checkbox"/>	<u>Female</u> <input type="checkbox"/>	<u>Male</u> <input type="checkbox"/>	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Pacific Islander, specify:	<input type="checkbox"/> Asian, specify:	<input type="checkbox"/> American Indian, Tribe:	<input type="checkbox"/> U/K	<input type="checkbox"/> Alaskan Native, Tribe:	<p>2. Parents' Hispanic or Latino origin?</p> <table style="width: 100%;"> <tr> <td><u>Female</u> <input type="radio"/></td> <td><u>Male</u> <input type="radio"/></td> </tr> <tr> <td colspan="2">Yes, specify origin:</td> </tr> <tr> <td colspan="2"><input type="radio"/> No</td> </tr> <tr> <td colspan="2"><input type="radio"/> U/K</td> </tr> </table> <p>3. Parents' age in years at death:</p> <table style="width: 100%;"> <tr> <td><u>Female</u> _____</td> <td><u>Male</u> _____</td> </tr> <tr> <td colspan="2" style="text-align: center;"># Years</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> U/K</td> </tr> </table>	<u>Female</u> <input type="radio"/>	<u>Male</u> <input type="radio"/>	Yes, specify origin:		<input type="radio"/> No		<input type="radio"/> U/K		<u>Female</u> _____	<u>Male</u> _____	# Years		<input type="checkbox"/> U/K		<p>4. Parents' employment status:</p> <table style="width: 100%;"> <tr> <td><u>Female</u> <input type="radio"/></td> <td><u>Male</u> <input type="radio"/></td> </tr> <tr> <td colspan="2">Employed</td> </tr> <tr> <td colspan="2"><input type="radio"/> Unemployed</td> </tr> <tr> <td colspan="2"><input type="radio"/> On disability</td> </tr> <tr> <td colspan="2"><input type="radio"/> Stay-at-home</td> </tr> <tr> <td colspan="2"><input type="radio"/> Retired</td> </tr> <tr> <td colspan="2"><input type="radio"/> U/K</td> </tr> </table>	<u>Female</u> <input type="radio"/>	<u>Male</u> <input type="radio"/>	Employed		<input type="radio"/> Unemployed		<input type="radio"/> On disability		<input type="radio"/> Stay-at-home		<input type="radio"/> Retired		<input type="radio"/> U/K		<p>5. Parents' income:</p> <table style="width: 100%;"> <tr> <td><u>Female</u> <input type="radio"/></td> <td><u>Male</u> <input type="radio"/></td> </tr> <tr> <td colspan="2">High</td> </tr> <tr> <td colspan="2"><input type="radio"/> Medium</td> </tr> <tr> <td colspan="2"><input type="radio"/> Low</td> </tr> <tr> <td colspan="2"><input type="radio"/> U/K</td> </tr> </table>	<u>Female</u> <input type="radio"/>	<u>Male</u> <input type="radio"/>	High		<input type="radio"/> Medium		<input type="radio"/> Low		<input type="radio"/> U/K																																							
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<p>6. Parents' education:</p> <table style="width: 100%;"> <tr> <td><u>Female</u> <input type="radio"/></td> <td><u>Male</u> <input type="radio"/></td> </tr> <tr> <td colspan="2">< High school</td> </tr> <tr> <td colspan="2"><input type="radio"/> High school</td> </tr> <tr> <td colspan="2"><input type="radio"/> College</td> </tr> <tr> <td colspan="2"><input type="radio"/> Post graduate</td> </tr> <tr> <td colspan="2"><input type="radio"/> U/K</td> </tr> </table>	<u>Female</u> <input type="radio"/>	<u>Male</u> <input type="radio"/>	< High school		<input type="radio"/> High school		<input type="radio"/> College		<input type="radio"/> Post graduate		<input type="radio"/> U/K		<p>7. Parents speak and understand English?</p> <table style="width: 100%;"> <tr> <td><u>Female</u> <input type="radio"/></td> <td><u>Male</u> <input type="radio"/></td> </tr> <tr> <td colspan="2">Yes</td> </tr> <tr> <td colspan="2"><input type="radio"/> No</td> </tr> <tr> <td colspan="2"><input type="radio"/> U/K</td> </tr> </table> <p>If no, language spoken: _____</p>	<u>Female</u> <input type="radio"/>	<u>Male</u> <input type="radio"/>	Yes		<input type="radio"/> No		<input type="radio"/> U/K		<p>8. Parents first generation immigrant?</p> <table style="width: 100%;"> <tr> <td><u>Female</u> <input type="radio"/></td> <td><u>Male</u> <input type="radio"/></td> </tr> <tr> <td colspan="2">Yes, country of origin: _____</td> </tr> <tr> <td colspan="2"><input type="radio"/> No</td> </tr> <tr> <td colspan="2"><input type="radio"/> U/K</td> </tr> </table> <p>9. Parents on active military duty?</p> <table style="width: 100%;"> <tr> <td><u>Female</u> <input type="radio"/></td> <td><u>Male</u> <input type="radio"/></td> </tr> <tr> <td colspan="2">Yes, specify branch: _____</td> </tr> <tr> <td colspan="2"><input type="radio"/> No</td> </tr> <tr> <td colspan="2"><input type="radio"/> U/K</td> </tr> </table>	<u>Female</u> <input type="radio"/>	<u>Male</u> <input type="radio"/>	Yes, country of origin: _____		<input type="radio"/> No		<input type="radio"/> U/K		<u>Female</u> <input type="radio"/>	<u>Male</u> <input type="radio"/>	Yes, specify branch: _____		<input type="radio"/> No		<input type="radio"/> U/K		<p>10. Parents receive social services in the past twelve months?</p> <table style="width: 100%;"> <tr> <td><u>Female</u> <input type="radio"/></td> <td><u>Male</u> <input type="radio"/></td> </tr> <tr> <td colspan="2">Yes</td> </tr> <tr> <td colspan="2"><input type="radio"/> No</td> </tr> <tr> <td colspan="2"><input type="radio"/> U/K</td> </tr> </table> <p>If yes, check all that apply:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>WIC</td> <td>Home visiting, specify:</td> </tr> <tr> <td><input type="checkbox"/></td> <td>TANF</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Medicaid</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Food stamps/SNAP/EBT</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other, specify: _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>U/K</td> </tr> </table>	<u>Female</u> <input type="radio"/>	<u>Male</u> <input type="radio"/>	Yes		<input type="radio"/> No		<input type="radio"/> U/K		<input type="checkbox"/>	<input type="checkbox"/>	WIC	Home visiting, specify:	<input type="checkbox"/>	TANF	<input type="checkbox"/>	Medicaid	<input type="checkbox"/>	Food stamps/SNAP/EBT	<input type="checkbox"/>	Other, specify: _____	<input type="checkbox"/>	U/K																														
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<p>11. Parents have substance abuse history?</p> <table style="width: 100%;"> <tr> <td><u>Female</u> <input type="radio"/></td> <td><u>Male</u> <input type="radio"/></td> </tr> <tr> <td colspan="2">Yes</td> </tr> <tr> <td colspan="2"><input type="radio"/> No</td> </tr> <tr> <td colspan="2"><input type="radio"/> U/K</td> </tr> </table> <p>If yes, check all that apply:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Alcohol</td> <td>Cocaine</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Marijuana</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Methamphetamine</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Opiates</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prescription drugs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Over-the-counter</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other, specify: _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>U/K</td> </tr> </table>	<u>Female</u> <input type="radio"/>	<u>Male</u> <input type="radio"/>	Yes		<input type="radio"/> No		<input type="radio"/> U/K		<input type="checkbox"/>	<input type="checkbox"/>	Alcohol	Cocaine	<input type="checkbox"/>	Marijuana	<input type="checkbox"/>	Methamphetamine	<input type="checkbox"/>	Opiates	<input type="checkbox"/>	Prescription drugs	<input type="checkbox"/>	Over-the-counter	<input type="checkbox"/>	Other, specify: _____	<input type="checkbox"/>	U/K	<p>12. Parents ever victim of child maltreatment?</p> <table style="width: 100%;"> <tr> <td><u>Female</u> <input type="radio"/></td> <td><u>Male</u> <input type="radio"/></td> </tr> <tr> <td colspan="2">Yes</td> </tr> <tr> <td colspan="2"><input type="radio"/> No</td> </tr> <tr> <td colspan="2"><input type="radio"/> U/K</td> </tr> </table> <p>If yes, check all that apply:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Physical</td> <td>Neglect</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sexual</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Emotional/psychological</td> </tr> <tr> <td><input type="checkbox"/></td> <td>U/K</td> </tr> </table> <p>_____ # CPS referrals</p> <p>_____ # Substantiations</p> <p><input type="checkbox"/> Ever in foster care or adopted</p>	<u>Female</u> <input type="radio"/>	<u>Male</u> <input type="radio"/>	Yes		<input type="radio"/> No		<input type="radio"/> U/K		<input type="checkbox"/>	<input type="checkbox"/>	Physical	Neglect	<input type="checkbox"/>	Sexual	<input type="checkbox"/>	Emotional/psychological	<input type="checkbox"/>	U/K	<p>13. Parents ever perpetrator of maltreatment?</p> <table style="width: 100%;"> <tr> <td><u>Female</u> <input type="radio"/></td> <td><u>Male</u> <input type="radio"/></td> </tr> <tr> <td colspan="2">Yes</td> </tr> <tr> <td colspan="2"><input type="radio"/> No</td> </tr> <tr> <td colspan="2"><input type="radio"/> U/K</td> </tr> </table> <p>If yes, check all that apply:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Physical</td> <td>Neglect</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sexual</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Emotional/psychological</td> </tr> <tr> <td><input type="checkbox"/></td> <td>U/K</td> </tr> </table> <p>_____ # CPS referrals</p> <p>_____ # Substantiations</p> <p><input type="checkbox"/> CPS prevention services</p> <p><input type="checkbox"/> Family preservation services</p> <p><input type="checkbox"/> Children ever removed</p>	<u>Female</u> <input type="radio"/>	<u>Male</u> <input type="radio"/>	Yes		<input type="radio"/> No		<input type="radio"/> U/K		<input type="checkbox"/>	<input type="checkbox"/>	Physical	Neglect	<input type="checkbox"/>	Sexual	<input type="checkbox"/>	Emotional/psychological	<input type="checkbox"/>	U/K	<p>14. Parents have disability or chronic illness?</p> <table style="width: 100%;"> <tr> <td><u>Female</u> <input type="radio"/></td> <td><u>Male</u> <input type="radio"/></td> </tr> <tr> <td colspan="2">Yes</td> </tr> <tr> <td colspan="2"><input type="radio"/> No</td> </tr> <tr> <td colspan="2"><input type="radio"/> U/K</td> </tr> </table> <p>If yes, check all that apply:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Physical/orthopedic, specify:</td> <td>Mental health/substance abuse, specify:</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Cognitive/intellectual, specify:</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Sensory, specify:</td> </tr> <tr> <td><input type="checkbox"/></td> <td>U/K</td> </tr> </table> <p>If mental health/substance abuse, was parent receiving MH services?</p> <table style="width: 100%;"> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td colspan="2">Yes</td> </tr> <tr> <td colspan="2"><input type="radio"/> No</td> </tr> <tr> <td colspan="2"><input type="radio"/> U/K</td> </tr> </table>	<u>Female</u> <input type="radio"/>	<u>Male</u> <input type="radio"/>	Yes		<input type="radio"/> No		<input type="radio"/> U/K		<input type="checkbox"/>	<input type="checkbox"/>	Physical/orthopedic, specify:	Mental health/substance abuse, specify:	<input type="checkbox"/>	Cognitive/intellectual, specify:	<input type="checkbox"/>	Sensory, specify:	<input type="checkbox"/>	U/K	<input type="radio"/>	<input type="radio"/>	Yes		<input type="radio"/> No		<input type="radio"/> U/K	
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<p>15. Parents have prior child deaths?</p> <table style="width: 100%;"> <tr> <td><u>Female</u> <input type="radio"/></td> <td><u>Male</u> <input type="radio"/></td> </tr> <tr> <td colspan="2">Yes</td> </tr> <tr> <td colspan="2"><input type="radio"/> No</td> </tr> <tr> <td colspan="2"><input type="radio"/> U/K</td> </tr> </table> <p>If yes, cause(s): Check all that apply:</p> <table style="width: 100%;"> <tr> <td><u>Female</u> <input type="checkbox"/></td> <td><u>Male</u> <input type="checkbox"/></td> <td><u>Female</u> <input type="checkbox"/></td> <td><u>Male</u> <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Child abuse # _____</td> <td colspan="2">Suicide # _____</td> </tr> <tr> <td colspan="2">Child neglect # _____</td> <td colspan="2">SIDS # _____</td> </tr> <tr> <td colspan="2">Accident # _____</td> <td colspan="2">Undetermined cause # _____</td> </tr> </table> <p>_____ Other # _____</p> <p>_____ Other, specify: _____</p> <p>_____ U/K</p>				<u>Female</u> <input type="radio"/>	<u>Male</u> <input type="radio"/>	Yes		<input type="radio"/> No		<input type="radio"/> U/K		<u>Female</u> <input type="checkbox"/>	<u>Male</u> <input type="checkbox"/>	<u>Female</u> <input type="checkbox"/>	<u>Male</u> <input type="checkbox"/>	Child abuse # _____		Suicide # _____		Child neglect # _____		SIDS # _____		Accident # _____		Undetermined cause # _____																																																																	
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<p>16. Parents have history of intimate partner violence?</p> <table style="width: 100%;"> <tr> <td><u>Female</u> <input type="checkbox"/></td> <td><u>Male</u> <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Yes, as victim</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Yes, as perpetrator</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> U/K</td> </tr> </table>	<u>Female</u> <input type="checkbox"/>	<u>Male</u> <input type="checkbox"/>	Yes, as victim		<input type="checkbox"/> Yes, as perpetrator		<input type="checkbox"/> No		<input type="checkbox"/> U/K		<p>17. Parents have delinquent/criminal history?</p> <table style="width: 100%;"> <tr> <td><u>Female</u> <input type="radio"/></td> <td><u>Male</u> <input type="radio"/></td> </tr> <tr> <td colspan="2">Yes</td> </tr> <tr> <td colspan="2"><input type="radio"/> No</td> </tr> <tr> <td colspan="2"><input type="radio"/> U/K</td> </tr> </table> <p>If yes, check all that apply:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Assaults</td> <td>Robbery</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Drugs</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other, specify: _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>U/K</td> </tr> </table>	<u>Female</u> <input type="radio"/>	<u>Male</u> <input type="radio"/>	Yes		<input type="radio"/> No		<input type="radio"/> U/K		<input type="checkbox"/>	<input type="checkbox"/>	Assaults	Robbery	<input type="checkbox"/>	Drugs	<input type="checkbox"/>	Other, specify: _____	<input type="checkbox"/>	U/K																																																														
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C. PRIMARY CAREGIVER(S) INFORMATION																																												
1. Primary caregiver(s): Select only one each in columns one and two.						2. Caregiver(s) age in years:																																						
<u>One</u> <u>Two</u> <input type="radio"/> Self, go to Section D <input type="radio"/> Biological mother, go to Section D <input type="radio"/> Biological father, go to Section D <input type="radio"/> Adoptive parent <input type="radio"/> Stepparent		<u>One</u> <u>Two</u> <input type="radio"/> Foster parent <input type="radio"/> Mother's partner <input type="radio"/> Father's partner <input type="radio"/> Grandparent <input type="radio"/> Sibling		<u>One</u> <u>Two</u> <input type="radio"/> Other relative <input type="radio"/> Friend <input type="radio"/> Institutional staff <input type="radio"/> Other, specify: <input type="radio"/> U/K		<u>One</u> <u>Two</u> _____ # Years <input type="checkbox"/> <input type="checkbox"/> U/K																																						
						3. Caregiver(s) sex:																																						
						<u>One</u> <u>Two</u> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K																																						
4. Caregiver(s) race, check all that apply:			5. Caregiver(s) Hispanic or Latino origin?		6. Caregiver(s) employment status:		7. Caregiver(s) income:																																					
<u>One</u> <u>Two</u> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian, specify: <input type="checkbox"/> American Indian, Tribe: <input type="checkbox"/> Alaskan Native, Tribe:			<u>One</u> <u>Two</u> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander, specify: <input type="checkbox"/> U/K		<u>One</u> <u>Two</u> <input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> On disability <input type="radio"/> Stay-at-home <input type="radio"/> Retired <input type="radio"/> U/K		<u>One</u> <u>Two</u> <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low <input type="radio"/> U/K																																					
8. Caregiver(s) education:		9. Do caregiver(s) speak and understand English?		10. Caregiver(s) first generation immigrant?		12. Caregiver(s) receive social services in the past twelve months?																																						
<u>One</u> <u>Two</u> <input type="radio"/> < High school <input type="radio"/> High school <input type="radio"/> College <input type="radio"/> Post graduate <input type="radio"/> U/K		<u>One</u> <u>Two</u> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If no, language spoken:		<u>One</u> <u>Two</u> <input type="radio"/> Yes, country of origin: <input type="radio"/> No <input type="radio"/> U/K		<u>One</u> <u>Two</u> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <table border="0"> <tr> <td><input type="checkbox"/> WIC</td> <td><input type="checkbox"/> Home visiting, specify:</td> </tr> <tr> <td><input type="checkbox"/> TANF</td> <td><input type="checkbox"/> Medicaid</td> </tr> <tr> <td><input type="checkbox"/> Food stamps/SNAP/EBT</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> U/K</td> <td></td> </tr> </table>				<input type="checkbox"/> WIC	<input type="checkbox"/> Home visiting, specify:	<input type="checkbox"/> TANF	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Food stamps/SNAP/EBT	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> U/K																												
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				11. Caregiver(s) on active military duty?																																								
				<u>One</u> <u>Two</u> <input type="radio"/> Yes, specify branch: <input type="radio"/> No <input type="radio"/> U/K																																								
13. Caregiver(s) have substance abuse history?			14. Caregiver(s) ever victim of child maltreatment?		15. Caregiver(s) ever perpetrator of maltreatment?		16. Caregiver(s) have disability or chronic illness?																																					
<u>One</u> <u>Two</u> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <table border="0"> <tr><td><input type="checkbox"/> Alcohol</td></tr> <tr><td><input type="checkbox"/> Cocaine</td></tr> <tr><td><input type="checkbox"/> Marijuana</td></tr> <tr><td><input type="checkbox"/> Methamphetamine</td></tr> <tr><td><input type="checkbox"/> Opiates</td></tr> <tr><td><input type="checkbox"/> Prescription drugs</td></tr> <tr><td><input type="checkbox"/> Over-the-counter</td></tr> <tr><td><input type="checkbox"/> Other, specify:</td></tr> <tr><td><input type="checkbox"/> U/K</td></tr> </table>			<input type="checkbox"/> Alcohol	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Marijuana	<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Opiates	<input type="checkbox"/> Prescription drugs	<input type="checkbox"/> Over-the-counter	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> U/K	<u>One</u> <u>Two</u> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <table border="0"> <tr><td><input type="checkbox"/> Physical</td></tr> <tr><td><input type="checkbox"/> Neglect</td></tr> <tr><td><input type="checkbox"/> Sexual</td></tr> <tr><td><input type="checkbox"/> Emotional/psychological</td></tr> <tr><td><input type="checkbox"/> U/K</td></tr> <tr><td>_____ # CPS referrals</td></tr> <tr><td>_____ # Substantiations</td></tr> <tr><td><input type="checkbox"/> Ever in foster care or adopted</td></tr> </table>		<input type="checkbox"/> Physical	<input type="checkbox"/> Neglect	<input type="checkbox"/> Sexual	<input type="checkbox"/> Emotional/psychological	<input type="checkbox"/> U/K	_____ # CPS referrals	_____ # Substantiations	<input type="checkbox"/> Ever in foster care or adopted	<u>One</u> <u>Two</u> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <table border="0"> <tr><td><input type="checkbox"/> Physical</td></tr> <tr><td><input type="checkbox"/> Neglect</td></tr> <tr><td><input type="checkbox"/> Sexual</td></tr> <tr><td><input type="checkbox"/> Emotional/psychological</td></tr> <tr><td><input type="checkbox"/> U/K</td></tr> <tr><td>_____ # CPS referrals</td></tr> <tr><td>_____ # Substantiations</td></tr> <tr><td><input type="checkbox"/> CPS prevention services</td></tr> <tr><td><input type="checkbox"/> Family preservation services</td></tr> <tr><td><input type="checkbox"/> Children ever removed</td></tr> </table>		<input type="checkbox"/> Physical	<input type="checkbox"/> Neglect	<input type="checkbox"/> Sexual	<input type="checkbox"/> Emotional/psychological	<input type="checkbox"/> U/K	_____ # CPS referrals	_____ # Substantiations	<input type="checkbox"/> CPS prevention services	<input type="checkbox"/> Family preservation services	<input type="checkbox"/> Children ever removed	<u>One</u> <u>Two</u> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <table border="0"> <tr><td><input type="checkbox"/> Physical/orthopedic, specify:</td></tr> <tr><td><input type="checkbox"/> Mental health/substance abuse, specify:</td></tr> <tr><td><input type="checkbox"/> Cognitive/intellectual, specify:</td></tr> <tr><td><input type="checkbox"/> Sensory, specify:</td></tr> <tr><td><input type="checkbox"/> U/K</td></tr> </table> If mental health/substance abuse, was caregiver receiving MH services? <table border="0"> <tr><td><input type="radio"/> Yes</td></tr> <tr><td><input type="radio"/> No</td></tr> <tr><td><input type="radio"/> U/K</td></tr> </table>			<input type="checkbox"/> Physical/orthopedic, specify:	<input type="checkbox"/> Mental health/substance abuse, specify:	<input type="checkbox"/> Cognitive/intellectual, specify:	<input type="checkbox"/> Sensory, specify:	<input type="checkbox"/> U/K	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> U/K
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<input type="radio"/> No																																												
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17. Caregiver(s) have prior child deaths?			If yes, cause(s): Check all that apply:		18. Caregiver(s) have history of intimate partner violence?		19. Caregiver(s) have delinquent/criminal history?																																					
<u>One</u> <u>Two</u> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K			<u>One</u> <u>Two</u> <input type="checkbox"/> Child abuse # _____ <input type="checkbox"/> Child neglect # _____ <input type="checkbox"/> Accident # _____ <input type="checkbox"/> Suicide # _____ <input type="checkbox"/> SIDS # _____ <input type="checkbox"/> Undetermined cause # _____ <input type="checkbox"/> Other # _____ Other, specify: <input type="checkbox"/> U/K		<u>One</u> <u>Two</u> <input type="checkbox"/> Yes, as victim <input type="checkbox"/> Yes, as perpetrator <input type="checkbox"/> No <input type="checkbox"/> U/K		<u>One</u> <u>Two</u> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <table border="0"> <tr><td><input type="checkbox"/> Assaults</td></tr> <tr><td><input type="checkbox"/> Robbery</td></tr> <tr><td><input type="checkbox"/> Drugs</td></tr> <tr><td><input type="checkbox"/> Other, specify:</td></tr> <tr><td><input type="checkbox"/> U/K</td></tr> </table>			<input type="checkbox"/> Assaults	<input type="checkbox"/> Robbery	<input type="checkbox"/> Drugs	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> U/K																														
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<input type="checkbox"/> U/K																																												

D. SUPERVISOR INFORMATION Answer this section only if the child ever left the hospital following birth

<p>1. Did child have supervision at time of incident leading to death?</p> <p><input type="radio"/> Yes, answer D2-16</p> <p><input type="radio"/> No, not needed given developmental age or circumstances, go to Sec. E</p> <p><input type="radio"/> No, but needed, answer D3-16</p> <p><input type="radio"/> Unable to determine, try to answer D3-16</p>	<p>2. How long before incident did supervisor last see child?</p> <p>Select one:</p> <p><input type="radio"/> Child in sight of supervisor</p> <p><input type="radio"/> Minutes _____ <input type="radio"/> Days _____</p> <p><input type="radio"/> Hours _____ <input type="radio"/> U/K</p>																
<p>3. Is supervisor listed in a previous section?</p> <p><input type="radio"/> Yes, biological mother, go to D15</p> <p><input type="radio"/> Yes, biological father, go to D15</p> <p><input type="radio"/> Yes, caregiver one, go to D15</p> <p><input type="radio"/> Yes, caregiver two, go to D15</p> <p><input type="radio"/> No</p>	<p>4. Primary person responsible for supervision at the time of incident? Select only one:</p> <p><input type="radio"/> Adoptive parent <input type="radio"/> Grandparent <input type="radio"/> Institutional staff, go to D15</p> <p><input type="radio"/> Stepparent <input type="radio"/> Sibling <input type="radio"/> Babysitter</p> <p><input type="radio"/> Foster parent <input type="radio"/> Other relative <input type="radio"/> Licensed child care worker</p> <p><input type="radio"/> Mother's partner <input type="radio"/> Friend <input type="radio"/> Other, specify:</p> <p><input type="radio"/> Father's partner <input type="radio"/> Acquaintance <input type="radio"/> U/K</p> <p><input type="radio"/> Hospital staff, go to D15</p>																
<p>5. Supervisor's age in years:</p> <p>_____ <input type="checkbox"/> U/K</p>	<p>6. Supervisor's sex:</p> <p><input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K</p>	<p>7. Supervisor speaks and understands English?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If no, language spoken:</p>	<p>8. Supervisor on active military duty?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, specify branch:</p>														
<p>9. Supervisor has substance abuse history?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Cocaine</p> <p><input type="checkbox"/> Marijuana</p> <p><input type="checkbox"/> Methamphetamine</p> <p><input type="checkbox"/> Opiates</p> <p><input type="checkbox"/> Prescription drugs</p> <p><input type="checkbox"/> Over-the-counter</p> <p><input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> U/K</p>	<p>10. Supervisor has history of child maltreatment?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; border-bottom: 1px solid black;">As Victim</th> <th style="text-align: center; border-bottom: 1px solid black;">As Perpetrator</th> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Yes</td> <td style="text-align: center;"><input type="radio"/> Yes</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> No</td> <td style="text-align: center;"><input type="radio"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> U/K</td> <td style="text-align: center;"><input type="radio"/> U/K</td> </tr> </table> <p>If yes, check all that apply:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Physical</td> <td><input type="checkbox"/> Neglect</td> </tr> <tr> <td><input type="checkbox"/> Sexual</td> <td><input type="checkbox"/> Emotional/psychological</td> </tr> <tr> <td><input type="checkbox"/> U/K</td> <td><input type="checkbox"/> U/K</td> </tr> </table> <p>_____ # CPS referrals</p> <p>_____ # Substantiations</p> <p><input type="checkbox"/> Ever in foster care/adopted</p> <p><input type="checkbox"/> CPS prevention services</p> <p><input type="checkbox"/> Family preservation services</p> <p><input type="checkbox"/> Children ever removed</p>	As Victim	As Perpetrator	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> U/K	<input type="radio"/> U/K	<input type="checkbox"/> Physical	<input type="checkbox"/> Neglect	<input type="checkbox"/> Sexual	<input type="checkbox"/> Emotional/psychological	<input type="checkbox"/> U/K	<input type="checkbox"/> U/K	<p>11. Supervisor has disability or chronic illness?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Physical/orthopedic, specify:</p> <p><input type="checkbox"/> Mental health/substance abuse, specify:</p> <p><input type="checkbox"/> Cognitive/intellectual, specify:</p> <p><input type="checkbox"/> Sensory, specify:</p> <p><input type="checkbox"/> U/K</p> <p>If mental health/substance abuse, was supervisor receiving MH services?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> U/K</p>	<p>12. Supervisor has prior child deaths?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Child abuse # _____</p> <p><input type="checkbox"/> Child neglect # _____</p> <p><input type="checkbox"/> Accident # _____</p> <p><input type="checkbox"/> Suicide # _____</p> <p><input type="checkbox"/> SIDS # _____</p> <p><input type="checkbox"/> Undetermined cause # _____</p> <p><input type="checkbox"/> Other # _____</p> <p>Other, specify:</p> <p><input type="checkbox"/> U/K</p>
As Victim	As Perpetrator																
<input type="radio"/> Yes	<input type="radio"/> Yes																
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<input type="checkbox"/> Sexual	<input type="checkbox"/> Emotional/psychological																
<input type="checkbox"/> U/K	<input type="checkbox"/> U/K																
<p>13. Supervisor has history of intimate partner violence?</p> <p><input type="checkbox"/> Yes, as victim</p> <p><input type="checkbox"/> Yes, as perpetrator</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> U/K</p>	<p>14. Supervisor has delinquent or criminal history?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Assault</p> <p><input type="checkbox"/> Robbery</p> <p><input type="checkbox"/> Drugs</p> <p><input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> U/K</p>	<p>15. At the time of the incident, was the supervisor asleep?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, select the most appropriate description of the supervisor's sleeping period at incident:</p> <p><input type="radio"/> Night time sleep</p> <p><input type="radio"/> Day time nap, describe:</p> <p><input type="radio"/> Day time sleep (for example, supervisor is night shift worker), describe:</p> <p><input type="radio"/> Other, describe:</p>	<p>16. At time of incident was supervisor impaired?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Drug impaired, specify:</p> <p><input type="checkbox"/> Alcohol impaired</p> <p><input type="checkbox"/> Distracted</p> <p><input type="checkbox"/> Absent</p> <p><input type="checkbox"/> Impaired by illness, specify:</p> <p><input type="checkbox"/> Impaired by disability, specify:</p> <p><input type="checkbox"/> Other, specify:</p>														

E. INCIDENT INFORMATION Answer this section only if the child ever left the hospital following birth

<p>1. Was the date of the incident the same as the date of death?</p> <p><input type="radio"/> Yes, same as date of death</p> <p><input type="radio"/> No, different than date of death. Enter date of incident: _____</p> <p style="text-align: center;">mm / dd / yyyy</p>	<p>2. Approximate time of day that incident occurred?</p> <p><input type="radio"/> AM</p> <p>Hour, specify 1-12 _____ <input type="radio"/> PM</p> <p><input type="radio"/> U/K</p>																														
<p>3. Place of incident, check all that apply:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Child's home</td> <td><input type="checkbox"/> Licensed child care center</td> <td><input type="checkbox"/> Indian reservation/trust lands</td> <td><input type="checkbox"/> Driveway</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Relative's home</td> <td><input type="checkbox"/> Licensed child care home</td> <td><input type="checkbox"/> Military installation</td> <td><input type="checkbox"/> Other parking area</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Friend's home</td> <td><input type="checkbox"/> Unlicensed child care home</td> <td><input type="checkbox"/> Jail/detention facility</td> <td><input type="checkbox"/> State or county park</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Licensed foster care home</td> <td><input type="checkbox"/> Farm/ranch</td> <td><input type="checkbox"/> Sidewalk</td> <td><input type="checkbox"/> Sports area</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Relative foster care home</td> <td><input type="checkbox"/> School</td> <td><input type="checkbox"/> Roadway</td> <td><input type="checkbox"/> Other recreation area</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Licensed group home</td> <td><input type="checkbox"/> Place of work</td> <td></td> <td><input type="checkbox"/> Hospital</td> <td></td> </tr> </table>	<input type="checkbox"/> Child's home	<input type="checkbox"/> Licensed child care center	<input type="checkbox"/> Indian reservation/trust lands	<input type="checkbox"/> Driveway	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Relative's home	<input type="checkbox"/> Licensed child care home	<input type="checkbox"/> Military installation	<input type="checkbox"/> Other parking area		<input type="checkbox"/> Friend's home	<input type="checkbox"/> Unlicensed child care home	<input type="checkbox"/> Jail/detention facility	<input type="checkbox"/> State or county park		<input type="checkbox"/> Licensed foster care home	<input type="checkbox"/> Farm/ranch	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Sports area	<input type="checkbox"/> U/K	<input type="checkbox"/> Relative foster care home	<input type="checkbox"/> School	<input type="checkbox"/> Roadway	<input type="checkbox"/> Other recreation area		<input type="checkbox"/> Licensed group home	<input type="checkbox"/> Place of work		<input type="checkbox"/> Hospital		<p>4. Type of area:</p> <p><input type="radio"/> Urban</p> <p><input type="radio"/> Suburban</p> <p><input type="radio"/> Rural</p> <p><input type="radio"/> Frontier</p> <p><input type="radio"/> U/K</p>
<input type="checkbox"/> Child's home	<input type="checkbox"/> Licensed child care center	<input type="checkbox"/> Indian reservation/trust lands	<input type="checkbox"/> Driveway	<input type="checkbox"/> Other, specify:																											
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<input type="checkbox"/> Licensed group home	<input type="checkbox"/> Place of work		<input type="checkbox"/> Hospital																												

5. Incident state:	7. Did the death occur due to a natural disaster or mass fatality? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, describe:	8. Was the incident witnessed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UK If yes, by whom? <input type="checkbox"/> Parent/relative <input type="checkbox"/> Health care professional, if death occurred in a hospital setting <input type="checkbox"/> Other caretaker/babysitter <input type="checkbox"/> Teacher/coach/athletic trainer <input type="checkbox"/> Stranger <input type="checkbox"/> Other acquaintance <input type="checkbox"/> Other, specify:																																																
6. Incident county:																																																		
9. Was 911 or local emergency called? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K																																																		
10. Was resuscitation attempted? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K																																																		
If yes, by whom? <input type="checkbox"/> EMS <input type="checkbox"/> Parent/relative <input type="checkbox"/> Other caretaker/babysitter <input type="checkbox"/> Teacher/coach/athletic trainer <input type="checkbox"/> Other acquaintance <input type="checkbox"/> Health care professional, if death occurred in a hospital setting	If yes, type of resuscitation: <input type="checkbox"/> Stranger <input type="checkbox"/> Other, specify: <input type="checkbox"/> CPR <input type="checkbox"/> Automated External Defibrillator (AED) If no AED, was AED available/accessible? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If AED, was shock administered? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, how many shocks were administered? _____ <input type="checkbox"/> Rescue medications, specify type: <input type="checkbox"/> Other, specify:	If yes, was a rhythm recorded? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, what was the rhythm? _____																																																
11. At time of incident leading to death, had child used drugs or alcohol? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Alcohol <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Opiate <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Over-the-counter drugs <input type="checkbox"/> Other, specify:		12. Child's activity at time of incident, check all that apply: <input type="checkbox"/> Sleeping <input type="checkbox"/> Working <input type="checkbox"/> Driving/vehicle occupant <input type="checkbox"/> U/K <input type="checkbox"/> Playing <input type="checkbox"/> Eating <input type="checkbox"/> Other, specify:																																																
		13. Total number of deaths at incident event, including child: _____ Children, ages 0-18 <input type="radio"/> U/K _____ Adults																																																
F. INVESTIGATION INFORMATION																																																		
1. Was a death investigation conducted? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Medical examiner <input type="checkbox"/> Coroner <input type="checkbox"/> ME investigator <input type="checkbox"/> Coroner investigator <input type="checkbox"/> Law enforcement <input type="checkbox"/> Fire investigator <input type="checkbox"/> EMS <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K	2. Death referred to: <input type="radio"/> Medical examiner <input type="radio"/> Coroner <input type="radio"/> Not referred <input type="radio"/> U/K	3. Person declaring official cause and manner of death: <input type="radio"/> Medical examiner <input type="radio"/> Coroner <input type="radio"/> Hospital physician <input type="radio"/> Other physician <input type="radio"/> Mortician <input type="radio"/> Other, specify: <input type="radio"/> U/K																																																
4. Autopsy performed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, conducted by: <input type="radio"/> Forensic pathologist <input type="radio"/> Pediatric pathologist <input type="radio"/> General pathologist <input type="radio"/> Unknown type pathologist <input type="radio"/> Other physician <input type="radio"/> Other, specify: <input type="radio"/> U/K		6. Were any of these additional tests performed at or prior to the autopsy? Please list any abnormalities/significant findings in F9. <table style="width:100%;"><tr><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td><td style="text-align: center;">U/K</td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr></table>	Yes	No	U/K	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																								
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5. Were the following assessed either through the autopsy or through information collected prior to the autopsy? Please list any abnormalities/significant findings in F9. <table style="width:100%;"><tr><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td><td style="text-align: center;">U/K</td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr></table>		Yes	No	U/K	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. Were any of these additional tests performed at or prior to the autopsy? Please list any abnormalities/significant findings in F9. <table style="width:100%;"><tr><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td><td style="text-align: center;">U/K</td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr></table>	Yes	No	U/K	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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7. Was any toxicology testing performed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, what were the results? <input type="checkbox"/> Negative <input type="checkbox"/> Alcohol <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana <input type="checkbox"/> Opiates <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Opiates <input type="checkbox"/> Too high Rx drug, specify: <input type="checkbox"/> Too high OTC drug, specify: <input type="checkbox"/> Other, specify: Check all that apply: <input type="checkbox"/> U/K																																																		
8. Was the child's medical history reviewed as part of the autopsy? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, did this include: <input type="checkbox"/> Review of the newborn metabolic screen results? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <input type="radio"/> Not performed <input type="checkbox"/> Review of neonatal CCHD screen results? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <input type="radio"/> Not performed		9. Describe any abnormalities or other significant findings noted in the autopsy:																																																
10. What additional information would the team like to have known about the autopsy?	12. Was a death scene investigation conducted at the place of the incident? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, which of the following death scene investigation components were completed? <table style="width:100%;"><tr><td style="text-align: center;">Yes</td><td style="text-align: center;">No</td><td style="text-align: center;">U/K</td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr></table> If yes, shared with review team? <input type="radio"/> Yes <input type="radio"/> No		Yes	No	U/K	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																					
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11. Was there agreement between the cause of death listed on the pathology report and on the death certificate? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If no, describe the differences:	13. What additional information would the team like to have known about the death scene investigation?																																																	

14. Was a CPS record check conducted as a result of death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K		
15. Did any investigation find evidence of prior abuse? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, from what source? Check all that apply: <input type="checkbox"/> X-rays <input type="checkbox"/> U/K <input type="checkbox"/> Autopsy <input type="checkbox"/> CPS review <input type="checkbox"/> Law enforcement	16. CPS action taken because of death? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, highest level of action taken because of death: <input type="radio"/> Report screened out and not investigated <input type="radio"/> Unsubstantiated <input type="radio"/> Inconclusive <input type="radio"/> Substantiated If yes, what services or actions resulted? Check all that apply: <input type="checkbox"/> Voluntary services offered <input type="checkbox"/> Court-ordered out of home placement <input type="checkbox"/> Voluntary services provided <input type="checkbox"/> Court-ordered services provided <input type="checkbox"/> Voluntary out of home placement <input type="checkbox"/> Parental rights terminated <input type="checkbox"/> U/K	17. If death occurred in licensed setting (see E3), indicate action taken: <input type="radio"/> No action <input type="radio"/> License suspended <input type="radio"/> License revoked <input type="radio"/> Investigation ongoing <input type="radio"/> Other, specify: <input type="radio"/> U/K
G. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH		
1. Enter the cause of death code (ICD-10) assigned to this case by Vital Records using a capital letter and corresponding number (e.g., V75 or V94.4) and include up to one decimal place if applicable: _____ <input type="checkbox"/> U/K		
2. Enter the following information exactly as written on the death certificate: <input type="checkbox"/> U/K Immediate cause (final disease or condition resulting in death): a. Sequentially list any conditions leading to immediate cause of death. In other words, list underlying disease or injury that initiated events resulting in death: b. c. d.		
3. Enter other significant conditions contributing to death but not the underlying cause(s) listed in G2 exactly as written on the death certificate: <input type="checkbox"/> U/K		
4. If injury, describe how injury occurred exactly as written on the death certificate: <input type="checkbox"/> U/K		
5. Official manner of death from the death certificate: <input type="radio"/> Natural <input type="radio"/> Accident <input type="radio"/> Suicide <input type="radio"/> Homicide <input type="radio"/> Undetermined <input type="radio"/> Pending <input type="radio"/> U/K	6. Primary cause of death: Choose only 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause. <input type="radio"/> <u>From an injury (external cause). Select one and answer G4:</u> <input type="radio"/> Motor vehicle and other transport, go to H1 <input type="radio"/> Fire, burn, or electrocution, go to H2 <input type="radio"/> Drowning, go to H3 <input type="radio"/> Unintentional asphyxia, go to H4 <input type="radio"/> Assault, weapon or person's body part, go to H5 <input type="radio"/> Fall or crush, go to H6 <input type="radio"/> Poisoning, overdose or acute intoxication, go to H7 <input type="radio"/> Undetermined injury, go to I1 <input type="radio"/> Other cause, go to H9 <input type="radio"/> U/K, go to I1 <input type="radio"/> <u>From a medical cause. Select one:</u> <input type="radio"/> Asthma/respiratory, specify and go to H8 <input type="radio"/> Cancer, specify and go to H8 <input type="radio"/> Cardiovascular, specify and go to H8 <input type="radio"/> Congenital anomaly, specify and go to H8 <input type="radio"/> Diabetes, go to H8 <input type="radio"/> HIV/AIDS, go to H8 <input type="radio"/> Influenza, go to H8 <input type="radio"/> Low birth weight, go to H8 <input type="radio"/> Malnutrition/dehydration, go to H8 <input type="radio"/> Neurological/seizure disorder, go to H8 <input type="radio"/> Pneumonia, specify and go to H8 <input type="radio"/> Prematurity, go to H8 <input type="radio"/> SIDS, go to H8 <input type="radio"/> Other infection, specify and go to H8 <input type="radio"/> Other perinatal condition, specify and go to H8 <input type="radio"/> Other medical condition, specify and go to H8 <input type="radio"/> Undetermined medical cause, go to H8 <input type="radio"/> U/K, go to H8 <input type="radio"/> <u>Undetermined if injury or medical cause, go to I1</u> <input type="radio"/> <u>U/K</u> <input type="radio"/> <u>go to I1</u>	

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

H1. MOTOR VEHICLE AND OTHER TRANSPORT

<p>a. Vehicles involved in incident: Total number of vehicles: _____</p> <table style="width:100%;"> <tr> <th style="text-align: left;">Child's</th> <th style="text-align: left;">Other primary vehicle</th> <th></th> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>None</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Car</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Van</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Sport utility vehicle</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Truck</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Semi/tractor trailer</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>RV</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>School bus</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Other bus</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Motorcycle</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Tractor</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Other farm vehicle</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>All terrain vehicle</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Snowmobile</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Bicycle</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Train</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Subway</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Trolley</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Other, specify:</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>U/K</td> </tr> </table>	Child's	Other primary vehicle		<input type="radio"/>	<input type="radio"/>	None	<input type="radio"/>	<input type="radio"/>	Car	<input type="radio"/>	<input type="radio"/>	Van	<input type="radio"/>	<input type="radio"/>	Sport utility vehicle	<input type="radio"/>	<input type="radio"/>	Truck	<input type="radio"/>	<input type="radio"/>	Semi/tractor trailer	<input type="radio"/>	<input type="radio"/>	RV	<input type="radio"/>	<input type="radio"/>	School bus	<input type="radio"/>	<input type="radio"/>	Other bus	<input type="radio"/>	<input type="radio"/>	Motorcycle	<input type="radio"/>	<input type="radio"/>	Tractor	<input type="radio"/>	<input type="radio"/>	Other farm vehicle	<input type="radio"/>	<input type="radio"/>	All terrain vehicle	<input type="radio"/>	<input type="radio"/>	Snowmobile	<input type="radio"/>	<input type="radio"/>	Bicycle	<input type="radio"/>	<input type="radio"/>	Train	<input type="radio"/>	<input type="radio"/>	Subway	<input type="radio"/>	<input type="radio"/>	Trolley	<input type="radio"/>	<input type="radio"/>	Other, specify:	<input type="radio"/>	<input type="radio"/>	U/K	<p>b. Position of child:</p> <p><input type="radio"/> Driver</p> <p><input type="radio"/> Passenger If passenger, relationship of driver to child:</p> <table style="width:100%;"> <tr> <td><input type="radio"/> Front seat</td> <td><input type="radio"/> Biological parent</td> </tr> <tr> <td><input type="radio"/> Back seat</td> <td><input type="radio"/> Adoptive parent</td> </tr> <tr> <td><input type="radio"/> Truck bed</td> <td><input type="radio"/> Stepparent</td> </tr> <tr> <td><input type="radio"/> Other, specify:</td> <td><input type="radio"/> Foster parent</td> </tr> <tr> <td><input type="radio"/> U/K</td> <td><input type="radio"/> Mother's partner</td> </tr> <tr> <td><input type="radio"/> On bicycle</td> <td><input type="radio"/> Father's partner</td> </tr> <tr> <td><input type="radio"/> Pedestrian</td> <td><input type="radio"/> Grandparent</td> </tr> <tr> <td><input type="radio"/> Walking</td> <td><input type="radio"/> Sibling</td> </tr> <tr> <td><input type="radio"/> Boarding/blading</td> <td><input type="radio"/> Other relative</td> </tr> <tr> <td><input type="radio"/> Other, specify:</td> <td><input type="radio"/> Friend</td> </tr> <tr> <td><input type="radio"/> U/K</td> <td><input type="radio"/> Other, specify:</td> </tr> <tr> <td><input type="radio"/> U/K</td> <td><input type="radio"/> U/K</td> </tr> </table>	<input type="radio"/> Front seat	<input type="radio"/> Biological parent	<input type="radio"/> Back seat	<input type="radio"/> Adoptive parent	<input type="radio"/> Truck bed	<input type="radio"/> Stepparent	<input type="radio"/> Other, specify:	<input type="radio"/> Foster parent	<input type="radio"/> U/K	<input type="radio"/> Mother's partner	<input type="radio"/> On bicycle	<input type="radio"/> Father's partner	<input type="radio"/> Pedestrian	<input type="radio"/> Grandparent	<input type="radio"/> Walking	<input type="radio"/> Sibling	<input type="radio"/> Boarding/blading	<input type="radio"/> Other relative	<input type="radio"/> Other, specify:	<input type="radio"/> Friend	<input type="radio"/> U/K	<input type="radio"/> Other, specify:	<input type="radio"/> U/K	<input type="radio"/> U/K	<p>c. Causes of incident, check all that apply:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Speeding over limit</td> <td><input type="checkbox"/> Back/front over</td> </tr> <tr> <td><input type="checkbox"/> Unsafe speed for conditions</td> <td><input type="checkbox"/> Flipover</td> </tr> <tr> <td><input type="checkbox"/> Recklessness</td> <td><input type="checkbox"/> Poor sight line</td> </tr> <tr> <td><input type="checkbox"/> Ran stop sign or red light</td> <td><input type="checkbox"/> Car changing lanes</td> </tr> <tr> <td><input type="checkbox"/> Driver distraction</td> <td><input type="checkbox"/> Road hazard</td> </tr> <tr> <td><input type="checkbox"/> Driver inexperience</td> <td><input type="checkbox"/> Animal in road</td> </tr> <tr> <td><input type="checkbox"/> Mechanical failure</td> <td><input type="checkbox"/> Cell phone use while driving</td> </tr> <tr> <td><input type="checkbox"/> Poor tires</td> <td><input type="checkbox"/> Racing, not authorized</td> </tr> <tr> <td><input type="checkbox"/> Poor weather</td> <td><input type="checkbox"/> Other driver error, specify:</td> </tr> <tr> <td><input type="checkbox"/> Poor visibility</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Drugs or alcohol use</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Fatigue/sleeping</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Medical event, specify:</td> <td></td> </tr> </table>	<input type="checkbox"/> Speeding over limit	<input type="checkbox"/> Back/front over	<input type="checkbox"/> Unsafe speed for conditions	<input type="checkbox"/> Flipover	<input type="checkbox"/> Recklessness	<input type="checkbox"/> Poor sight line	<input type="checkbox"/> Ran stop sign or red light	<input type="checkbox"/> Car changing lanes	<input type="checkbox"/> Driver distraction	<input type="checkbox"/> Road hazard	<input type="checkbox"/> Driver inexperience	<input type="checkbox"/> Animal in road	<input type="checkbox"/> Mechanical failure	<input type="checkbox"/> Cell phone use while driving	<input type="checkbox"/> Poor tires	<input type="checkbox"/> Racing, not authorized	<input type="checkbox"/> Poor weather	<input type="checkbox"/> Other driver error, specify:	<input type="checkbox"/> Poor visibility	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Drugs or alcohol use	<input type="checkbox"/> U/K	<input type="checkbox"/> Fatigue/sleeping		<input type="checkbox"/> Medical event, specify:	
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<p>d. Collision type:</p> <p><input type="radio"/> Child <i>not</i> in/on a vehicle, but struck by vehicle</p> <p><input type="radio"/> Child in/on a vehicle, struck by other vehicle</p> <p><input type="radio"/> Child in/on a vehicle that struck other vehicle</p> <p><input type="radio"/> Child in/on a vehicle that struck person/object</p> <p><input type="radio"/> Other event, specify:</p> <p><input type="radio"/> U/K</p>	<p>e. Driving conditions, check all that apply:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Inadequate lighting</td> </tr> <tr> <td><input type="checkbox"/> Loose gravel</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Muddy</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Ice/snow</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Fog</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Wet</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Construction zone</td> <td></td> </tr> </table>	<input type="checkbox"/> Normal	<input type="checkbox"/> Inadequate lighting	<input type="checkbox"/> Loose gravel	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Muddy	<input type="checkbox"/> U/K	<input type="checkbox"/> Ice/snow		<input type="checkbox"/> Fog		<input type="checkbox"/> Wet		<input type="checkbox"/> Construction zone		<p>f. Location of incident, check all that apply:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> City street</td> <td><input type="checkbox"/> Driveway</td> </tr> <tr> <td><input type="checkbox"/> Residential street</td> <td><input type="checkbox"/> Parking area</td> </tr> <tr> <td><input type="checkbox"/> Rural road</td> <td><input type="checkbox"/> Off road</td> </tr> <tr> <td><input type="checkbox"/> Highway</td> <td><input type="checkbox"/> RR xing/tracks</td> </tr> <tr> <td><input type="checkbox"/> Intersection</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> U/K</td> </tr> <tr> <td><input type="checkbox"/> Sidewalk</td> <td></td> </tr> </table>	<input type="checkbox"/> City street	<input type="checkbox"/> Driveway	<input type="checkbox"/> Residential street	<input type="checkbox"/> Parking area	<input type="checkbox"/> Rural road	<input type="checkbox"/> Off road	<input type="checkbox"/> Highway	<input type="checkbox"/> RR xing/tracks	<input type="checkbox"/> Intersection	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Shoulder	<input type="checkbox"/> U/K	<input type="checkbox"/> Sidewalk																																																																																						
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Other, specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																													

H2. FIRE, BURN, OR ELECTROCUTION			
<p>a. Ignition, heat or electrocution source:</p> <input type="radio"/> Matches <input type="radio"/> Heating stove <input type="radio"/> Lightning <input type="radio"/> Other explosives <input type="radio"/> Cigarette lighter <input type="radio"/> Space heater <input type="radio"/> Oxygen tank <input type="radio"/> Appliance in water <input type="radio"/> Utility lighter <input type="radio"/> Furnace <input type="radio"/> Hot cooking water <input type="radio"/> Other, specify: <input type="radio"/> Cigarette or cigar <input type="radio"/> Power line <input type="radio"/> Hot bath water <input type="radio"/> Candles <input type="radio"/> Electrical outlet <input type="radio"/> Other hot liquid, specify: <input type="radio"/> Cooking stove <input type="radio"/> Electrical wiring <input type="radio"/> Fireworks <input type="radio"/> U/K		<p>b. Type of incident:</p> <input type="radio"/> Fire, go to c <input type="radio"/> Scald, go to r <input type="radio"/> Other burn, go to t <input type="radio"/> Electrocution, go to s <input type="radio"/> Other, specify and go to t <input type="radio"/> U/K, go to t	
<p>d. Material first ignited:</p> <input type="radio"/> Upholstery <input type="radio"/> Mattress <input type="radio"/> Christmas tree <input type="radio"/> Clothing <input type="radio"/> Curtain <input type="radio"/> Other, specify: <input type="radio"/> U/K		<p>e. Type of building on fire:</p> <input type="radio"/> N/A <input type="radio"/> Single home <input type="radio"/> Duplex <input type="radio"/> Apartment <input type="radio"/> Trailer/mobile home <input type="radio"/> Other, specify: <input type="radio"/> U/K	
<p>f. Building's primary construction material:</p> <input type="radio"/> Wood <input type="radio"/> Steel <input type="radio"/> Brick/stone <input type="radio"/> Aluminum <input type="radio"/> Other, specify: <input type="radio"/> U/K		<p>g. Fire started by a person? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, person's age _____ Does person have a history of setting fires? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K </p>	
<p>h. Did anyone attempt to put out fire? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K </p>		<p>i. Did escape or rescue efforts worsen fire? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K </p>	
<p>j. Did any factors delay fire department arrival? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, specify: _____ </p>			
<p>k. Were barriers preventing safe exit? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Locked door <input type="checkbox"/> Window grate <input type="checkbox"/> Locked window <input type="checkbox"/> Blocked stairway <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K </p>		<p>l. Was building a rental property? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K </p>	
<p>m. Were building/rental codes violated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, describe in narrative. _____ </p>		<p>n. Were proper working fire extinguishers present? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K </p>	
<p>o. Was sprinkler system present? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, was it working? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K </p>		<p>p. Were smoke detectors present? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, what type? If yes, functioning properly? If not functioning properly, reason: <input type="checkbox"/> Removable batteries <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K Missing batteries Other U/K <input type="checkbox"/> Non-removable batteries <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hardwired <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> U/K <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other, specify: _____ If yes, was there an adequate number present? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K </p>	
<p>q. Suspected arson? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K </p>		<p>r. For scald, was hot water heater set too high? <input type="radio"/> N/A <input type="radio"/> Yes, temp. setting: _____ <input type="radio"/> No <input type="radio"/> U/K </p>	
<p>s. For electrocution, what cause: <input type="radio"/> Electrical storm <input type="radio"/> Faulty wiring <input type="radio"/> Wire/product in water <input type="radio"/> Child playing with outlet <input type="radio"/> Other, specify: <input type="radio"/> U/K </p>		<p>t. Other, describe in detail: _____</p>	
H3. DROWNING			
<p>a. Where was child last seen before drowning? Check all that apply: <input type="checkbox"/> In water <input type="checkbox"/> In yard <input type="checkbox"/> On shore <input type="checkbox"/> In bathroom <input type="checkbox"/> On dock <input type="checkbox"/> In house <input type="checkbox"/> Poolside <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K </p>		<p>b. What was child last seen doing before drowning? <input type="radio"/> Playing <input type="radio"/> Tubing <input type="radio"/> Boating <input type="radio"/> Waterskiing <input type="radio"/> Swimming <input type="radio"/> Sleeping <input type="radio"/> Bathing <input type="radio"/> Other, specify: <input type="radio"/> Fishing <input type="radio"/> Other, specify: <input type="radio"/> Surfing <input type="radio"/> U/K </p>	
<p>c. Was child forcibly submerged? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K </p>		<p>d. Drowning location: <input type="radio"/> Open water, go to e <input type="radio"/> U/K, go to n <input type="radio"/> Pool, hot tub, spa, go to i <input type="radio"/> Bathtub, go to w <input type="radio"/> Bucket, go to x <input type="radio"/> Well/cistern/septic, go to n <input type="radio"/> Toilet, go to z <input type="radio"/> Other, specify and go to n </p>	
<p>e. For open water, place: <input type="radio"/> Lake <input type="radio"/> Quarry <input type="radio"/> River <input type="radio"/> Gravel pit <input type="radio"/> Pond <input type="radio"/> Canal <input type="radio"/> Creek <input type="radio"/> U/K <input type="radio"/> Ocean </p>		<p>f. For open water, contributing environmental factors: <input type="radio"/> Weather <input type="radio"/> Drop off <input type="radio"/> Temperature <input type="radio"/> Rough waves <input type="radio"/> Current <input type="radio"/> Other, specify: <input type="radio"/> Riptide/undertow <input type="radio"/> U/K </p>	
<p>g. If boating, type of boat: <input type="radio"/> Sailboat <input type="radio"/> Commercial <input type="radio"/> Jet ski <input type="radio"/> Other, specify: <input type="radio"/> Motorboat <input type="radio"/> Canoe <input type="radio"/> Kayak <input type="radio"/> U/K <input type="radio"/> Raft </p>		<p>h. For boating, was the child piloting boat? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K </p>	
<p>i. For pool, type of pool: <input type="radio"/> Above ground <input type="radio"/> In-ground <input type="radio"/> Hot tub, spa <input type="radio"/> Wading <input type="radio"/> U/K </p>		<p>j. For pool, child found: <input type="radio"/> In the pool/hot tub/spa <input type="radio"/> On or under the cover <input type="radio"/> U/K </p>	
<p>k. For pool, ownership is: <input type="radio"/> Private <input type="radio"/> Public <input type="radio"/> U/K </p>		<p>l. Length of time owners had pool/hot tub/spa: <input type="radio"/> N/A <input type="radio"/> >1yr <input type="radio"/> <6 months <input type="radio"/> U/K <input type="radio"/> 6m-1 yr </p>	

<p>m. Flotation device used?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K		<p>If yes, check all that apply:</p> <input type="checkbox"/> Coast Guard approved <input type="checkbox"/> Jacket <input type="checkbox"/> Cushion <input type="checkbox"/> Lifesaving ring <input type="checkbox"/> Not Coast Guard approved <input type="checkbox"/> Swim rings <input type="checkbox"/> Inner tube <input type="checkbox"/> Air mattress <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> U/K		<p>n. What barriers/layers of protection existed to prevent access to water?</p> <p>Check all that apply:</p> <input type="checkbox"/> None <input type="checkbox"/> Alarm, go to r <input type="checkbox"/> Fence, go to o <input type="checkbox"/> Cover, go to s <input type="checkbox"/> Gate, go to p <input type="checkbox"/> U/K <input type="checkbox"/> Door, go to q	
<p>o. Fence:</p> <p>Describe type: Fence height in ft _____ Fence surrounds water on: <input type="radio"/> Four sides <input type="radio"/> Two or less sides <input type="radio"/> Three sides <input type="radio"/> U/K</p>	<p>p. Gate, check all that apply:</p> <input type="checkbox"/> Has self-closing latch <input type="checkbox"/> Has lock <input type="checkbox"/> Is a double gate <input type="checkbox"/> Opens to water <input type="checkbox"/> U/K	<p>q. Door, check all that apply:</p> <input type="checkbox"/> Patio door <input type="checkbox"/> Screen door <input type="checkbox"/> Steel door <input type="checkbox"/> Self-closing <input type="checkbox"/> Has lock <input type="checkbox"/> Opens to water <input type="checkbox"/> Barrier between door and water <input type="checkbox"/> U/K	<p>r. Alarm, check all that apply:</p> <input type="checkbox"/> Door <input type="checkbox"/> Window <input type="checkbox"/> Pool <input type="checkbox"/> Laser <input type="checkbox"/> U/K	<p>s. Type of cover:</p> <input type="radio"/> Hard <input type="radio"/> Soft <input type="radio"/> U/K	
<p>t. Local ordinance(s) regulating access to water?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>If yes, rules violated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>u. How were layers of protection breached? Check all that apply:</p> <input type="checkbox"/> No layers breached <input type="checkbox"/> Gate left open <input type="checkbox"/> Gate unlocked <input type="checkbox"/> Gate latch failed <input type="checkbox"/> Gap in gate <input type="checkbox"/> Climbed fence <input type="checkbox"/> Gap in fence <input type="checkbox"/> Damaged fence <input type="checkbox"/> Fence too short <input type="checkbox"/> Door left open <input type="checkbox"/> Door unlocked <input type="checkbox"/> Door broken <input type="checkbox"/> Door screen torn <input type="checkbox"/> Door self-closer failed <input type="checkbox"/> Window left open <input type="checkbox"/> Window screen torn <input type="checkbox"/> Alarm not working <input type="checkbox"/> Alarm not answered <input type="checkbox"/> Cover left off <input type="checkbox"/> Cover not locked <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> U/K				
<p>v. Child able to swim?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<p>w. For bathtub, child in a bathing aid?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>If yes, specify type: _____</p>	<p>x. Warning sign or label posted?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<p>y. Lifeguard present?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K		
<p>z. Rescue attempt made?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>If yes, who? Check all that apply:</p> <input type="checkbox"/> Parent <input type="checkbox"/> Other child <input type="checkbox"/> Lifeguard <input type="checkbox"/> Bystander <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> U/K	<p>aa. Did rescuer(s) also drown?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>If yes, number of rescuers that drowned: _____</p>	<p>bb. Appropriate rescue equipment present?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K			
<p>H4. UNINTENTIONAL ASPHYXIA</p>					
<p>a. Type of event:</p> <input type="radio"/> Suffocation, go to b <input type="radio"/> Strangulation, go to c <input type="radio"/> Choking, go to d <input type="radio"/> Other, specify and go to e <input type="radio"/> U/K, go to e	<p>b. If suffocation/asphyxia, action causing event:</p> <input type="radio"/> Sleep-related (e.g. bedding, overlay, wedged) <input type="radio"/> Covered in or fell into object, but not sleep-related <input type="radio"/> Plastic bag <input type="radio"/> Dirt/sand <input type="radio"/> Other, specify: _____ <input type="radio"/> U/K <input type="radio"/> Confined in tight space <input type="radio"/> Refrigerator/freezer <input type="radio"/> Toy chest <input type="radio"/> Automobile <input type="radio"/> Trunk <input type="radio"/> Other, specify: _____ <input type="radio"/> U/K <input type="radio"/> Swaddled in tight blanket, but not sleep-related <input type="radio"/> Wedged into tight space, but not sleep-related, specify: <input type="radio"/> Asphyxia by gas, go to H7g <input type="radio"/> Other, specify: _____ <input type="radio"/> U/K				
<p>c. If strangulation, object causing event:</p> <input type="radio"/> Clothing <input type="radio"/> Blind cord <input type="radio"/> Car seat <input type="radio"/> Stroller <input type="radio"/> High chair <input type="radio"/> Belt <input type="radio"/> Rope/string <input type="radio"/> Leash <input type="radio"/> Electrical cord <input type="radio"/> Person, go to H5q <input type="radio"/> Automobile power window or sunroof <input type="radio"/> Other, specify: _____ <input type="radio"/> U/K	<p>d. If choking, object causing choking:</p> <input type="radio"/> Food, specify: _____ <input type="radio"/> Toy, specify: _____ <input type="radio"/> Balloon <input type="radio"/> Other, specify: _____ <input type="radio"/> U/K	<p>e. Was asphyxia an autoerotic event?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>f. Was child participating in 'choking game' or 'pass out game'?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<p>g. History of seizures?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>If yes, witnessed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, # _____</p> <p>h. History of apnea?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>If yes, witnessed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, # _____</p> <p>i. Was Heimlich Maneuver attempted?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K		

H5. ASSAULT, WEAPON OR PERSON'S BODY PART

<p>a. Type of weapon:</p> <input type="radio"/> Firearm, go to b <input type="radio"/> Sharp instrument, go to j <input type="radio"/> Blunt instrument, go to k <input type="radio"/> Person's body part, go to l <input type="radio"/> Explosive, go to m <input type="radio"/> Rope, go to m <input type="radio"/> Pipe, go to m <input type="radio"/> Biological, go to m <input type="radio"/> Other, specify and go to m <input type="radio"/> U/K, go to m	<p>b. For firearms, type:</p> <input type="radio"/> Handgun <input type="radio"/> Shotgun <input type="radio"/> BB gun <input type="radio"/> Hunting rifle <input type="radio"/> Assault rifle <input type="radio"/> Air rifle <input type="radio"/> Sawed off shotgun <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>c. Firearm licensed?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<p>d. Firearm safety features, check all that apply:</p> <input type="checkbox"/> Trigger lock <input type="checkbox"/> Magazine disconnect <input type="checkbox"/> Personalization device <input type="checkbox"/> Minimum trigger pull <input type="checkbox"/> External safety/drop safety <input type="checkbox"/> Other, specify: <input type="checkbox"/> Loaded chamber indicator <input type="checkbox"/> U/K
<p>e. Where was firearm stored?</p> <input type="radio"/> Not stored <input type="radio"/> Under mattress/pillow <input type="radio"/> Locked cabinet <input type="radio"/> Other, specify: <input type="radio"/> Unlocked cabinet <input type="radio"/> U/K <input type="radio"/> Glove compartment <input type="radio"/> U/K			<p>f. Firearm stored with ammunition?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K
<p>g. Firearm stored loaded?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K			

<p>h. Owner of fatal firearm:</p> <input type="radio"/> U/K, weapon stolen <input type="radio"/> U/K, weapon found <input type="radio"/> Self <input type="radio"/> Biological parent <input type="radio"/> Adoptive parent <input type="radio"/> Stepparent <input type="radio"/> Foster parent <input type="radio"/> Mother's partner <input type="radio"/> Father's partner <input type="radio"/> Grandparent <input type="radio"/> Sibling <input type="radio"/> Spouse <input type="radio"/> Other relative <input type="radio"/> Friend <input type="radio"/> Acquaintance <input type="radio"/> Child's boyfriend or girlfriend <input type="radio"/> Classmate <input type="radio"/> Co-worker <input type="radio"/> Institutional staff <input type="radio"/> Neighbor <input type="radio"/> Rival gang member <input type="radio"/> Stranger <input type="radio"/> Law enforcement <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>i. Sex of fatal firearm owner:</p> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K	<p>j. Type of sharp object:</p> <input type="radio"/> Kitchen knife <input type="radio"/> Switchblade <input type="radio"/> Pocketknife <input type="radio"/> Razor <input type="radio"/> Hunting knife <input type="radio"/> Scissors <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>k. Type of blunt object:</p> <input type="radio"/> Bat <input type="radio"/> Club <input type="radio"/> Stick <input type="radio"/> Hammer <input type="radio"/> Rock <input type="radio"/> Household item <input type="radio"/> Other, specify: <input type="radio"/> U/K
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<p>l. What did person's body part do? Check all that apply:</p> <input type="checkbox"/> Beat, kick or punch <input type="checkbox"/> Drop <input type="checkbox"/> Push <input type="checkbox"/> Bite <input type="checkbox"/> Shake <input type="checkbox"/> Strangle/choke <input type="checkbox"/> Throw <input type="checkbox"/> Drown <input type="checkbox"/> Burn <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K	<p>m. Did person using weapon have history of weapon-related offenses?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>n. Does anyone in child's family have a history of weapon offenses or die of weapons-related causes?</p> <input type="radio"/> Yes, describe circumstances: <input type="radio"/> No <input type="radio"/> U/K	<p>o. Persons handling weapons at time of incident, check all that apply:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Fatal and/or Other weapon</th> <th style="text-align: left; border-bottom: 1px solid black;">Fatal and/or Other weapon</th> </tr> <tr> <td><input type="checkbox"/> Self</td> <td><input type="checkbox"/> Friend</td> </tr> <tr> <td><input type="checkbox"/> Biological parent</td> <td><input type="checkbox"/> Acquaintance</td> </tr> <tr> <td><input type="checkbox"/> Adoptive parent</td> <td><input type="checkbox"/> Child's boyfriend or girlfriend</td> </tr> <tr> <td><input type="checkbox"/> Stepparent</td> <td><input type="checkbox"/> Classmate</td> </tr> <tr> <td><input type="checkbox"/> Foster parent</td> <td><input type="checkbox"/> Co-worker</td> </tr> <tr> <td><input type="checkbox"/> Mother's partner</td> <td><input type="checkbox"/> Institutional staff</td> </tr> <tr> <td><input type="checkbox"/> Father's partner</td> <td><input type="checkbox"/> Neighbor</td> </tr> <tr> <td><input type="checkbox"/> Grandparent</td> <td><input type="checkbox"/> Rival gang member</td> </tr> <tr> <td><input type="checkbox"/> Sibling</td> <td><input type="checkbox"/> Stranger</td> </tr> <tr> <td><input type="checkbox"/> Spouse</td> <td><input type="checkbox"/> Law enforcement officer</td> </tr> <tr> <td><input type="checkbox"/> Other relative</td> <td><input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K</td> </tr> </table>	Fatal and/or Other weapon	Fatal and/or Other weapon	<input type="checkbox"/> Self	<input type="checkbox"/> Friend	<input type="checkbox"/> Biological parent	<input type="checkbox"/> Acquaintance	<input type="checkbox"/> Adoptive parent	<input type="checkbox"/> Child's boyfriend or girlfriend	<input type="checkbox"/> Stepparent	<input type="checkbox"/> Classmate	<input type="checkbox"/> Foster parent	<input type="checkbox"/> Co-worker	<input type="checkbox"/> Mother's partner	<input type="checkbox"/> Institutional staff	<input type="checkbox"/> Father's partner	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Rival gang member	<input type="checkbox"/> Sibling	<input type="checkbox"/> Stranger	<input type="checkbox"/> Spouse	<input type="checkbox"/> Law enforcement officer	<input type="checkbox"/> Other relative	<input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K	<p>p. Sex of person(s) handling weapon:</p> <p>Fatal weapon:</p> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K <p>Other weapon:</p> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K
Fatal and/or Other weapon	Fatal and/or Other weapon																										
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<input type="checkbox"/> Sibling	<input type="checkbox"/> Stranger																										
<input type="checkbox"/> Spouse	<input type="checkbox"/> Law enforcement officer																										
<input type="checkbox"/> Other relative	<input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K																										

q. Use of weapon at time, check all that apply:

<input type="checkbox"/> Self injury	<input type="checkbox"/> Child was a bystander	<input type="checkbox"/> Bullying	<input type="checkbox"/> Showing gun to others	<input type="checkbox"/> Loading weapon
<input type="checkbox"/> Commission of crime	<input type="checkbox"/> Argument	<input type="checkbox"/> Hunting	<input type="checkbox"/> Russian roulette	<input type="checkbox"/> Intervener assisting crime victim (Good Samaritan)
<input type="checkbox"/> Drug dealing/trading	<input type="checkbox"/> Jealousy	<input type="checkbox"/> Target shooting	<input type="checkbox"/> Gang-related activity	<input type="checkbox"/> Other, specify:
<input type="checkbox"/> Drive-by shooting	<input type="checkbox"/> Intimate partner violence	<input type="checkbox"/> Playing with weapon	<input type="checkbox"/> Self-defense	<input type="checkbox"/> U/K
<input type="checkbox"/> Random violence	<input type="checkbox"/> Hate crime	<input type="checkbox"/> Weapon mistaken for toy	<input type="checkbox"/> Cleaning weapon	

H6. FALL OR CRUSH

<p>a. Type:</p> <input type="radio"/> Fall, go to b <input type="radio"/> Crush, go to h	<p>b. Height of fall:</p> <p>_____ feet</p> <p>_____ inches</p> <p><input type="checkbox"/> U/K</p>	<p>c. Child fell from:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="radio"/> Open window</td> <td><input type="radio"/> Natural elevation</td> <td><input type="radio"/> Stairs/steps</td> <td><input type="radio"/> Moving object, specify:</td> <td><input type="radio"/> Animal, specify:</td> </tr> <tr> <td>Screen? <input type="radio"/> Screen</td> <td><input type="radio"/> Man-made elevation</td> <td><input type="radio"/> Furniture</td> <td><input type="radio"/> Bridge</td> <td><input type="radio"/> Other, specify:</td> </tr> <tr> <td><input type="radio"/> No screen</td> <td><input type="radio"/> Playground equipment</td> <td><input type="radio"/> Bed</td> <td><input type="radio"/> Overpass</td> <td></td> </tr> <tr> <td><input type="radio"/> U/K if screen</td> <td><input type="radio"/> Tree</td> <td><input type="radio"/> Roof</td> <td><input type="radio"/> Balcony</td> <td><input type="radio"/> U/K</td> </tr> </table>	<input type="radio"/> Open window	<input type="radio"/> Natural elevation	<input type="radio"/> Stairs/steps	<input type="radio"/> Moving object, specify:	<input type="radio"/> Animal, specify:	Screen? <input type="radio"/> Screen	<input type="radio"/> Man-made elevation	<input type="radio"/> Furniture	<input type="radio"/> Bridge	<input type="radio"/> Other, specify:	<input type="radio"/> No screen	<input type="radio"/> Playground equipment	<input type="radio"/> Bed	<input type="radio"/> Overpass		<input type="radio"/> U/K if screen	<input type="radio"/> Tree	<input type="radio"/> Roof	<input type="radio"/> Balcony	<input type="radio"/> U/K
<input type="radio"/> Open window	<input type="radio"/> Natural elevation	<input type="radio"/> Stairs/steps	<input type="radio"/> Moving object, specify:	<input type="radio"/> Animal, specify:																		
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<input type="radio"/> U/K if screen	<input type="radio"/> Tree	<input type="radio"/> Roof	<input type="radio"/> Balcony	<input type="radio"/> U/K																		

<p>d. Surface child fell onto:</p> <input type="radio"/> Cement/concrete <input type="radio"/> Grass <input type="radio"/> Gravel <input type="radio"/> Wood floor <input type="radio"/> Carpeted floor <input type="radio"/> Linoleum/vinyl <input type="radio"/> Marble/tile <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>e. Barrier in place:</p> <p>Check all that apply:</p> <input type="checkbox"/> None <input type="checkbox"/> Screen <input type="checkbox"/> Other window guard <input type="checkbox"/> Fence <input type="checkbox"/> Railing <input type="checkbox"/> Stairway <input type="checkbox"/> Gate <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K	<p>f. Child in a baby walker?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>g. Was child pushed, dropped or thrown?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>If yes, go to H5q</p>	<p>h. For crush, did child:</p> <input type="radio"/> Climb up on object <input type="radio"/> Pull object down <input type="radio"/> Hide behind object <input type="radio"/> Go behind object <input type="radio"/> Fall out of object <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>i. For crush, object causing crush:</p> <input type="radio"/> Appliance <input type="radio"/> Television <input type="radio"/> Furniture <input type="radio"/> Walls <input type="radio"/> Playground equipment <input type="radio"/> Animal <input type="radio"/> Tree branch <input type="radio"/> Boulders/rocks <input type="radio"/> Dirt/sand <input type="radio"/> Person, go to H5q <input type="radio"/> Commercial equipment <input type="radio"/> Farm equipment <input type="radio"/> Other, specify: <input type="radio"/> U/K
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H7. POISONING, OVERDOSE OR ACUTE INTOXICATION

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

Prescription drug	Over-the-counter drug	Illicit drugs	Other substances
<input type="checkbox"/> Antidepressant <input type="checkbox"/> Pain medication (opiate) <input type="checkbox"/> Pain medication (non-opiate) <input type="checkbox"/> Methadone <input type="checkbox"/> Other Rx, specify: If prescription, was it child's? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<input type="checkbox"/> Pain medication <input type="checkbox"/> Cold medicine <input type="checkbox"/> Other OTC, specify:	<input type="checkbox"/> Pain medication (opiate) <input type="checkbox"/> Pain medication (non-opiate) <input type="checkbox"/> Methadone <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> Other illicit drug, specify:	<input type="checkbox"/> Alcohol <input type="checkbox"/> Carbon monoxide, go to e <input type="checkbox"/> Other fume/gas/vapor <input type="checkbox"/> Other, specify:

<p>b. Where was the substance stored?</p> <input type="radio"/> Open area <input type="radio"/> Open cabinet <input type="radio"/> Closed cabinet, unlocked <input type="radio"/> Closed cabinet, locked <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>c. Was the product in its original container?</p> <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <p>d. Did container have a child safety cap?</p> <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<p>e. Was the incident the result of?</p> <input type="radio"/> Accidental overdose <input type="radio"/> Medical treatment mishap <input type="radio"/> Adverse effect, but not overdose <input type="radio"/> Deliberate poisoning <input type="radio"/> Acute intoxication <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>f. Was Poison Control called?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>If yes, who called:</p> <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Other caregiver <input type="radio"/> First responder <input type="radio"/> Medical person <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>g. For CO poisoning, was a CO detector present?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>If yes, how many? _____ Functioning properly? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K </p>
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H8. MEDICAL CONDITION

<p>a. How long did the child have the medical condition?</p> <input type="radio"/> In utero <input type="radio"/> Weeks <input type="radio"/> Since birth <input type="radio"/> Months <input type="radio"/> Hours <input type="radio"/> Years <input type="radio"/> Days <input type="radio"/> U/K	<p>b. Was death expected as a result of the medical condition?</p> <input type="radio"/> N/A, not previously diagnosed <input type="radio"/> Yes <input type="checkbox"/> But at a later date <input type="radio"/> No <input type="radio"/> U/K	<p>c. Was child receiving health care for the medical condition?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>If yes, within 48 hours of the death?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<p>d. Were the prescribed care plans appropriate for the medical condition?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No, specify: <input type="radio"/> U/K
<p>e. Was child/family compliant with the prescribed care plans?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>If no, what wasn't compliant? Check all that apply.</p> <input type="checkbox"/> Appointments <input type="checkbox"/> Medications, specify: <input type="checkbox"/> Medical equipment use, specify:	<p>f. Was the medical condition associated with an outbreak?</p> <input type="radio"/> Yes, specify: <input type="radio"/> No <input type="radio"/> U/K	<p>g. Was environmental tobacco exposure a contributing factor in death?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	
<p>h. Were there access or compliance issues related to the death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply:</p> <input type="checkbox"/> Lack of money for care <input type="checkbox"/> Limitations of health insurance coverage <input type="checkbox"/> Lack of transportation <input type="checkbox"/> No phone <input type="checkbox"/> Cultural differences <input type="checkbox"/> Language barriers <input type="checkbox"/> Couldn't get provider to take as patient <input type="checkbox"/> Multiple providers, not coordinated <input type="checkbox"/> Couldn't get an earlier appointment <input type="checkbox"/> Lack of child care <input type="checkbox"/> Lack of family/social support <input type="checkbox"/> Services not available <input type="checkbox"/> Caregiver distrust of health care system <input type="checkbox"/> Caregiver unskilled in providing care <input type="checkbox"/> Caregiver unwilling to provide care <input type="checkbox"/> Didn't know where to go <input type="checkbox"/> Mother didn't think she was pregnant <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K			<p>i. Was death caused by a medical misadventure?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K

H9. OTHER KNOWN INJURY CAUSE

Specify cause, describe in detail:

I. OTHER CIRCUMSTANCES OF INCIDENT - ANSWER RELEVANT SECTIONS

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

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

Section I1: OMB No. 0920-1092, Exp. Date: 12/31/2018

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1092)

a. Was this death:

- A homicide?
- A suicide?
- An overdose?
- A result of an external cause that was the obvious and only reason for the fatal injury?
- Expected within 6 months due to terminal illness?
- None of the above, go to I1b THIS IS AN SDY CASE
- Unknown, go to I1b

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

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

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

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

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

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

Yes No U/K If yes, describe:

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

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

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

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

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

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

<p><u>Deaths</u></p> <p><u>Y N U/K</u> <input type="radio"/> <input type="radio"/> <input type="radio"/> Sudden unexpected death before age 50</p> <p><u>Heart Disease</u></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Heart condition/heart attack or stroke before age 50 <input type="radio"/> <input type="radio"/> <input type="radio"/> Aortic aneurysm or aortic rupture <input type="radio"/> <input type="radio"/> <input type="radio"/> Arrhythmia (fast or irregular heart rhythm) <input type="radio"/> <input type="radio"/> <input type="radio"/> Cardiomyopathy <input type="radio"/> <input type="radio"/> <input type="radio"/> Congenital heart disease</p> <p><u>Neurologic Disease</u></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Epilepsy or convulsions/seizure <input type="radio"/> <input type="radio"/> <input type="radio"/> Other neurologic disease</p>	<p><u>Symptoms</u></p> <p><u>Y N U/K</u> <input type="radio"/> <input type="radio"/> <input type="radio"/> Febrile seizures <input type="radio"/> <input type="radio"/> <input type="radio"/> Unexplained fainting</p> <p><u>Other Diagnoses</u></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Congenital deafness <input type="radio"/> <input type="radio"/> <input type="radio"/> Connective tissue disease <input type="radio"/> <input type="radio"/> <input type="radio"/> Mitochondrial disease <input type="radio"/> <input type="radio"/> <input type="radio"/> Muscle disorder or muscular dystrophy <input type="radio"/> <input type="radio"/> <input type="radio"/> Thrombophilia (clotting disorder) <input type="radio"/> <input type="radio"/> <input type="radio"/> Other diseases that are genetic or run in families, specify:</p>
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If sudden unexpected death before age 50, describe the type of event, which relative, and relative's age at death (for example, brother at age 30 who died in an unexplained motor vehicle accident (driver of car)):

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:
Taken extra doses of prescribed medications N/A Yes No U/K
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:

<input type="checkbox"/> Over-the-counter medicine	<input type="checkbox"/> Supplements
<input type="checkbox"/> Recent/short term prescriptions	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Energy drinks	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Caffeine	<input type="checkbox"/> Illegal drugs
<input type="checkbox"/> Performance enhancers	<input type="checkbox"/> Legalized marijuana
<input type="checkbox"/> Diet assisting medications	<input type="checkbox"/> Other, specify:
	<input type="checkbox"/> U/K

If yes to any items above, describe:

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

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

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:

<input type="checkbox"/> Chest pain	<input type="checkbox"/> Headache
<input type="checkbox"/> Confusion	<input type="checkbox"/> Palpitations
<input type="checkbox"/> Convulsions/seizure	<input type="checkbox"/> Shortness of breath/difficulty breathing
<input type="checkbox"/> Dizziness/lightheadedness	<input type="checkbox"/> Other, specify:
<input type="checkbox"/> Fainting	<input type="checkbox"/> U/K

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

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

If yes:
Was it done within a year prior to death? Yes No U/K
Did the exam lead to restrictions for sports or otherwise? Yes No U/K
If yes, specify restrictions:

Questions p through v: Answer if "Epilepsy/Seizure Disorder" is answered Yes in question e above (Diagnosed for a medical condition)																																											
<p>p. How old was the child when diagnosed with epilepsy/seizure disorder? Age 0 (infant) through 20 years: _____ <input type="checkbox"/> U/K</p>	<p>r. What type(s) of seizures did the child have? Check all that apply:</p> <p><input type="checkbox"/> Non-convulsive <input type="checkbox"/> Convulsive (grand mal seizure or generalized tonic-clonic seizure) <input type="checkbox"/> Occur when exposure to strobe lights, video game, or flickering light (reflex seizure) <input type="checkbox"/> U/K</p>	<p>t. How many seizures did the child have in the year preceding death? <input type="radio"/> 0/never <input type="radio"/> 2 <input type="radio"/> More than 3 <input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> U/K</p> <p>u. Did treatment for seizures include anti-epileptic drugs? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, how many different types of anti-epileptic drugs did the child take? <input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> More than 6 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> U/K <input type="radio"/> 3 <input type="radio"/> 6</p>																																									
<p>q. What were the underlying cause(s) of the child's seizures? Check all that apply:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Brain injury/trauma, specify:</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Genetic/chromosomal</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Brain tumor</td> <td style="border: none;"><input type="checkbox"/> Mesial temporal sclerosis</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Cerebrovascular</td> <td style="border: none;"><input type="checkbox"/> Idiopathic or cryptogenic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Central nervous system infection</td> <td style="border: none;"><input type="checkbox"/> Other acute illness or injury other than epilepsy</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Degenerative process</td> <td style="border: none;"><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Developmental brain disorder</td> <td style="border: none;"><input type="checkbox"/> U/K</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Inborn error of metabolism</td> <td></td> </tr> </table>	<input type="checkbox"/> Brain injury/trauma, specify:	<input type="checkbox"/> Genetic/chromosomal	<input type="checkbox"/> Brain tumor	<input type="checkbox"/> Mesial temporal sclerosis	<input type="checkbox"/> Cerebrovascular	<input type="checkbox"/> Idiopathic or cryptogenic	<input type="checkbox"/> Central nervous system infection	<input type="checkbox"/> Other acute illness or injury other than epilepsy	<input type="checkbox"/> Degenerative process	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Developmental brain disorder	<input type="checkbox"/> U/K	<input type="checkbox"/> Inborn error of metabolism		<p>s. Describe the child's epilepsy/seizures (not including the seizure at time of death). Check all that apply:</p> <p><input type="checkbox"/> Last less than 30 minutes <input type="checkbox"/> Last more than 30 minutes (status epilepticus) <input type="checkbox"/> Occur in the presence of fever (febrile seizure) <input type="checkbox"/> Occur in the absence of fever <input type="checkbox"/> Occur when exposed to strobe lights, video game, or flickering light (reflex seizure)</p>		<p>v. Was night surveillance used? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>																										
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<input type="checkbox"/> Inborn error of metabolism																																											
<p>12. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE: WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT? <input type="radio"/> Yes, go to I2a <input type="radio"/> No, go to I2s <input type="radio"/> U/K, go to I2a</p>																																											
<p>a. Incident sleep place:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;"><input type="radio"/> Crib</td> <td style="width: 25%; border: none;"><input type="radio"/> Adult bed</td> <td style="width: 25%; border: none;"><input type="radio"/> Car seat</td> <td style="width: 25%; border: none;">If adult bed, what type?</td> </tr> <tr> <td style="border: none;">If crib, type:</td> <td style="border: none;"><input type="radio"/> Waterbed</td> <td style="border: none;"><input type="radio"/> Rock 'n Play</td> <td style="border: none;"><input type="radio"/> Twin</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Not portable</td> <td style="border: none;"><input type="radio"/> Futon</td> <td style="border: none;"><input type="radio"/> Stroller</td> <td style="border: none;"><input type="radio"/> Full</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Portable, e.g. Pack 'n Play</td> <td style="border: none;"><input type="radio"/> Playpen/other play structure, not a portable crib</td> <td style="border: none;"><input type="radio"/> Swing</td> <td style="border: none;"><input type="radio"/> Queen</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Unknown crib type</td> <td style="border: none;"><input type="radio"/> Bouncy chair</td> <td style="border: none;"><input type="radio"/> Other, specify:</td> <td style="border: none;"><input type="radio"/> King</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Bassinet</td> <td style="border: none;"><input type="radio"/> Couch</td> <td style="border: none;"><input type="radio"/> U/K</td> <td style="border: none;">If futon,</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Bed side sleeper</td> <td style="border: none;"><input type="radio"/> Chair</td> <td></td> <td style="border: none;"><input type="radio"/> Bed position</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Baby box</td> <td style="border: none;"><input type="radio"/> Floor</td> <td></td> <td style="border: none;"><input type="radio"/> Couch position</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="border: none;"><input type="radio"/> U/K</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="border: none;">If car seat, was car seat secured in seat of car? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</td> </tr> </table>				<input type="radio"/> Crib	<input type="radio"/> Adult bed	<input type="radio"/> Car seat	If adult bed, what type?	If crib, type:	<input type="radio"/> Waterbed	<input type="radio"/> Rock 'n Play	<input type="radio"/> Twin	<input type="radio"/> Not portable	<input type="radio"/> Futon	<input type="radio"/> Stroller	<input type="radio"/> Full	<input type="radio"/> Portable, e.g. Pack 'n Play	<input type="radio"/> Playpen/other play structure, not a portable crib	<input type="radio"/> Swing	<input type="radio"/> Queen	<input type="radio"/> Unknown crib type	<input type="radio"/> Bouncy chair	<input type="radio"/> Other, specify:	<input type="radio"/> King	<input type="radio"/> Bassinet	<input type="radio"/> Couch	<input type="radio"/> U/K	If futon,	<input type="radio"/> Bed side sleeper	<input type="radio"/> Chair		<input type="radio"/> Bed position	<input type="radio"/> Baby box	<input type="radio"/> Floor		<input type="radio"/> Couch position				<input type="radio"/> U/K				If car seat, was car seat secured in seat of car? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K
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<p>b. Child put to sleep:</p> <p><input type="radio"/> On back <input type="radio"/> On stomach <input type="radio"/> On side <input type="radio"/> U/K</p>	<p>c. Child found:</p> <p><input type="radio"/> On back <input type="radio"/> On stomach <input type="radio"/> On side <input type="radio"/> U/K</p>	<p>e. Usual sleep position:</p> <p><input type="radio"/> On back <input type="radio"/> On stomach <input type="radio"/> On side <input type="radio"/> U/K</p>	<p>f. Was there any type of crib, Pack 'n Play, bassinet, bed side sleeper or baby box in home for child? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>																																								
<p>d. Usual sleep place:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;"><input type="radio"/> Crib</td> <td style="width: 25%; border: none;"><input type="radio"/> Baby box</td> <td style="width: 25%; border: none;"><input type="radio"/> Floor</td> <td style="width: 25%; border: none;">If adult bed, what type?</td> </tr> <tr> <td style="border: none;">If crib, type:</td> <td style="border: none;"><input type="radio"/> Adult bed</td> <td style="border: none;"><input type="radio"/> Car seat</td> <td style="border: none;"><input type="radio"/> Twin</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Not portable</td> <td style="border: none;"><input type="radio"/> Waterbed</td> <td style="border: none;"><input type="radio"/> Rock 'n Play</td> <td style="border: none;"><input type="radio"/> Full</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Portable, e.g. Pack 'n Play</td> <td style="border: none;"><input type="radio"/> Futon</td> <td style="border: none;"><input type="radio"/> Stroller</td> <td style="border: none;"><input type="radio"/> Queen</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Unknown crib type</td> <td style="border: none;"><input type="radio"/> Playpen/other play structure, not a portable crib</td> <td style="border: none;"><input type="radio"/> Swing</td> <td style="border: none;"><input type="radio"/> King</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Bassinet</td> <td style="border: none;"><input type="radio"/> Bouncy chair</td> <td style="border: none;"><input type="radio"/> Other, specify:</td> <td style="border: none;"><input type="radio"/> Other, specify:</td> </tr> <tr> <td style="border: none;"><input type="radio"/> Bed side sleeper</td> <td style="border: none;"><input type="radio"/> Couch</td> <td style="border: none;"><input type="radio"/> U/K</td> <td style="border: none;">If futon,</td> </tr> <tr> <td></td> <td style="border: none;"><input type="radio"/> Chair</td> <td></td> <td style="border: none;"><input type="radio"/> Bed position</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="border: none;"><input type="radio"/> Couch position</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="border: none;"><input type="radio"/> U/K</td> </tr> </table>				<input type="radio"/> Crib	<input type="radio"/> Baby box	<input type="radio"/> Floor	If adult bed, what type?	If crib, type:	<input type="radio"/> Adult bed	<input type="radio"/> Car seat	<input type="radio"/> Twin	<input type="radio"/> Not portable	<input type="radio"/> Waterbed	<input type="radio"/> Rock 'n Play	<input type="radio"/> Full	<input type="radio"/> Portable, e.g. Pack 'n Play	<input type="radio"/> Futon	<input type="radio"/> Stroller	<input type="radio"/> Queen	<input type="radio"/> Unknown crib type	<input type="radio"/> Playpen/other play structure, not a portable crib	<input type="radio"/> Swing	<input type="radio"/> King	<input type="radio"/> Bassinet	<input type="radio"/> Bouncy chair	<input type="radio"/> Other, specify:	<input type="radio"/> Other, specify:	<input type="radio"/> Bed side sleeper	<input type="radio"/> Couch	<input type="radio"/> U/K	If futon,		<input type="radio"/> Chair		<input type="radio"/> Bed position				<input type="radio"/> Couch position				<input type="radio"/> U/K
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<p>g. Child in a new or different environment than usual? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, describe why:</p>	<p>h. Child last placed to sleep with a pacifier? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>i. Child wrapped or swaddled in blanket? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, describe:</p>																																									
<p>j. Child overheated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, outside temp ____ degrees F</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> Room too hot, temp ____ degrees F <input type="checkbox"/> Too much bedding <input type="checkbox"/> Too much clothing</p>		<p>k. Child exposed to second hand smoke? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, how often: <input type="radio"/> Frequently <input type="radio"/> U/K <input type="radio"/> Occasionally</p>																																								
<p>l. Child's face when found:</p> <p><input type="radio"/> Down <input type="radio"/> Up <input type="radio"/> To left or right side <input type="radio"/> U/K</p>	<p>m. Child's neck when found:</p> <p><input type="radio"/> Hyperextended (head back) <input type="radio"/> Hypoextended (chin to chest) <input type="radio"/> Neutral <input type="radio"/> Turned <input type="radio"/> U/K</p>	<p>n. Child's airway (includes nose, mouth, neck and/or chest):</p> <p><input type="radio"/> Unobstructed by person or object <input type="radio"/> Fully obstructed by person or object <input type="radio"/> Partially obstructed by person or object <input type="radio"/> U/K</p>	<p>If fully or partially obstructed, what was obstructed?</p> <p><input type="checkbox"/> Nose <input type="checkbox"/> Chest compressed <input type="checkbox"/> Mouth <input type="checkbox"/> U/K <input type="checkbox"/> Neck compressed</p> <p>If fully or partially obstructed, describe obstruction in detail:</p>																																								

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

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

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

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

r. 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: _____

s. Is there a scene re-creation photo available for upload? Yes No If yes, upload here. Only one photo allowed.
 Select photo that demonstrates position and location of child's body and airway (nose, mouth, neck, and chest). Size must be less than 6 mb and in .jpg or .gif format.

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

a. Describe product and circumstances:

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

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

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

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

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

a. Type of crime, check all that apply:

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

15. CHILD ABUSE, NEGLECT, POOR SUPERVISION AND EXPOSURE TO HAZARDS

<p>a. Did child abuse, neglect, poor or absent supervision or exposure to hazards cause or contribute to the child's death?</p> <p><input type="radio"/> Yes/probable <input type="radio"/> No, go to next section <input type="radio"/> U/K, go to next section</p> <p>If yes/probable, choose primary reason:</p> <p><input type="radio"/> Child abuse, go to 15b <input type="radio"/> Child neglect, go to 15f <input type="radio"/> Poor/absent supervision, go to 15h <input type="radio"/> Exposure to hazards, go to 15g</p>	<p>b. Type of child abuse, check all that apply:</p> <p><input type="checkbox"/> Abusive head trauma, go to 15c <input type="checkbox"/> Chronic Battered Child Syndrome, go to 15e <input type="checkbox"/> Beating/kicking, go to 15e <input type="checkbox"/> Scalding or burning, go to 15e <input type="checkbox"/> Munchausen Syndrome by Proxy, go to 15e <input type="checkbox"/> Sexual assault, go to 15h <input type="checkbox"/> Other, specify and go to 15h <input type="checkbox"/> U/K, go to 15e</p>	<p>c. For abusive head trauma, were there retinal hemorrhages? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>e. Events(s) triggering child abuse, check all that apply:</p> <p><input type="checkbox"/> None <input type="checkbox"/> Crying <input type="checkbox"/> Toilet training <input type="checkbox"/> Disobedience <input type="checkbox"/> Feeding problems <input type="checkbox"/> Domestic argument <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K</p>
<p>f. Child neglect, check all that apply:</p> <p><input type="checkbox"/> Failure to provide necessities</p> <p><input type="checkbox"/> Food <input type="checkbox"/> Shelter <input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> Failure to provide supervision <input type="checkbox"/> Emotional neglect, specify: <input type="checkbox"/> Abandonment, specify: <input type="checkbox"/> Failure to seek/follow treatment, specify:</p> <p>If yes, was this due to religious or cultural practices? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p><input type="checkbox"/> Exposure to hazards:</p> <p>Do not include child's own behavior.</p> <p><input type="radio"/> Hazard(s) in sleep environment (including sleep position and co-sleeping) <input type="radio"/> Fire hazard <input type="radio"/> Unsecured medication/poison <input type="radio"/> Firearm hazard <input type="radio"/> Water hazard <input type="radio"/> Motor vehicle hazard <input type="radio"/> Other hazard, specify:</p>	<p>d. For abusive head trauma, was the child shaken? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, was there impact? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>g. Exposure to hazards:</p> <p>Do not include child's own behavior.</p> <p><input type="radio"/> Hazard(s) in sleep environment (including sleep position and co-sleeping) <input type="radio"/> Fire hazard <input type="radio"/> Unsecured medication/poison <input type="radio"/> Firearm hazard <input type="radio"/> Water hazard <input type="radio"/> Motor vehicle hazard <input type="radio"/> Maternal substance use during pregnancy <input type="radio"/> Other hazard, specify:</p>
<p>h. Was poverty a factor? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, explain in Narrative</p>			

16. SUICIDE

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

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

b. For suicide, was there a history of acute or cumulative personal crises that may have contributed to the child's despondency? Check all that apply:

<input type="checkbox"/> None known <input type="checkbox"/> Family discord <input type="checkbox"/> Parents' divorce/separation <input type="checkbox"/> Argument with parents/caregivers <input type="checkbox"/> Argument with boyfriend/girlfriend <input type="checkbox"/> Breakup with boyfriend/girlfriend <input type="checkbox"/> Argument with other friends <input type="checkbox"/> Emotional neglect/abuse	<input type="checkbox"/> Rumor mongering <input type="checkbox"/> Suicide by friend or relative <input type="checkbox"/> Other death of friend or relative <input type="checkbox"/> Bullying as victim <input type="checkbox"/> Bullying as perpetrator <input type="checkbox"/> School failure <input type="checkbox"/> Move/new school <input type="checkbox"/> Other serious school problems	<input type="checkbox"/> Pregnancy <input type="checkbox"/> Physical abuse/assault <input type="checkbox"/> Rape/sexual abuse <input type="checkbox"/> Problems with the law <input type="checkbox"/> Drugs/alcohol <input type="checkbox"/> Sexual orientation/gender identity <input type="checkbox"/> Job problems <input type="checkbox"/> Money problems	<input type="checkbox"/> Involvement in computer or video games <input type="checkbox"/> Involvement with the Internet, specify: <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K
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J. PERSON RESPONSIBLE (OTHER THAN DECEDENT)

<p>1. Did a person or persons other than the child do something or fail to do something that caused or contributed to the death? <input type="radio"/> Yes/probable <input type="radio"/> No, go to Section K <input type="radio"/> U/K, go to Section K</p>		<p>2. What act(s)? Check only one per column and describe in narrative.</p> <table border="0"> <tr> <td><u>One</u></td><td><u>Two</u></td><td></td><td><u>One</u></td><td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Child abuse</td><td><input type="radio"/></td><td><input type="radio"/></td><td>Exposure to hazards</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Child neglect</td><td><input type="radio"/></td><td><input type="radio"/></td><td>Assault, not child abuse</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Poor/absent supervision</td><td><input type="radio"/></td><td><input type="radio"/></td><td>Other, specify: U/K</td> </tr> </table>				<u>One</u>	<u>Two</u>		<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	Child abuse	<input type="radio"/>	<input type="radio"/>	Exposure to hazards	<input type="radio"/>	<input type="radio"/>	Child neglect	<input type="radio"/>	<input type="radio"/>	Assault, not child abuse	<input type="radio"/>	<input type="radio"/>	Poor/absent supervision	<input type="radio"/>	<input type="radio"/>	Other, specify: U/K	<p>3. Did the team have information about the person(s)? <table border="0"> <tr> <td><u>One</u></td><td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Yes</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>No, go to Section K</td> </tr> </table> </p>		<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	Yes	<input type="radio"/>	<input type="radio"/>	No, go to Section K																																																												
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<p>4. Is person listed in a previous section? <table border="0"> <tr> <td><u>One</u></td><td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Yes, biological mother, go to J17</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Yes, biological father, go to J17</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Yes, caregiver one, go to J17</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Yes, caregiver two, go to J17</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Yes, supervisor, go to J19</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>No</td> </tr> </table> </p>		<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	Yes, biological mother, go to J17	<input type="radio"/>	<input type="radio"/>	Yes, biological father, go to J17	<input type="radio"/>	<input type="radio"/>	Yes, caregiver one, go to J17	<input type="radio"/>	<input type="radio"/>	Yes, caregiver two, go to J17	<input type="radio"/>	<input type="radio"/>	Yes, supervisor, go to J19	<input type="radio"/>	<input type="radio"/>	No	<p>5. Primary person(s) responsible for action(s): Select one for each person responsible.</p> <table border="0"> <tr> <td><u>One</u></td><td><u>Two</u></td><td></td><td><u>One</u></td><td><u>Two</u></td><td></td><td><u>One</u></td><td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Adoptive parent</td><td><input type="radio"/></td><td><input type="radio"/></td><td>Grandparent</td><td><input type="radio"/></td><td><input type="radio"/></td><td>Medical provider</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Stepparent</td><td><input type="radio"/></td><td><input type="radio"/></td><td>Sibling</td><td><input type="radio"/></td><td><input type="radio"/></td><td>Institutional staff</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Foster parent</td><td><input type="radio"/></td><td><input type="radio"/></td><td>Other relative</td><td><input type="radio"/></td><td><input type="radio"/></td><td>Babysitter</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Mother's partner</td><td><input type="radio"/></td><td><input type="radio"/></td><td>Friend</td><td><input type="radio"/></td><td><input type="radio"/></td><td>Licensed child care worker</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Father's partner</td><td><input type="radio"/></td><td><input type="radio"/></td><td>Acquaintance</td><td><input type="radio"/></td><td><input type="radio"/></td><td>Other, specify: U/K</td> </tr> <tr> <td></td><td></td><td></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Child's boyfriend or girlfriend</td><td><input type="radio"/></td><td><input type="radio"/></td><td></td> </tr> <tr> <td></td><td></td><td></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Stranger</td><td><input type="radio"/></td><td><input type="radio"/></td><td></td> </tr> </table>						<u>One</u>	<u>Two</u>		<u>One</u>	<u>Two</u>		<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	Adoptive parent	<input type="radio"/>	<input type="radio"/>	Grandparent	<input type="radio"/>	<input type="radio"/>	Medical provider	<input type="radio"/>	<input type="radio"/>	Stepparent	<input type="radio"/>	<input type="radio"/>	Sibling	<input type="radio"/>	<input type="radio"/>	Institutional staff	<input type="radio"/>	<input type="radio"/>	Foster parent	<input type="radio"/>	<input type="radio"/>	Other relative	<input type="radio"/>	<input type="radio"/>	Babysitter	<input type="radio"/>	<input type="radio"/>	Mother's partner	<input type="radio"/>	<input type="radio"/>	Friend	<input type="radio"/>	<input type="radio"/>	Licensed child care worker	<input type="radio"/>	<input type="radio"/>	Father's partner	<input type="radio"/>	<input type="radio"/>	Acquaintance	<input type="radio"/>	<input type="radio"/>	Other, specify: U/K				<input type="radio"/>	<input type="radio"/>	Child's boyfriend or girlfriend	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>	<input type="radio"/>	Stranger	<input type="radio"/>	<input type="radio"/>	
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<p>6. Person's age in years: <table border="0"> <tr> <td><u>One</u></td><td><u>Two</u></td> </tr> <tr> <td>_____</td><td>_____</td><td># Years</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>U/K</td> </tr> </table> </p>		<u>One</u>	<u>Two</u>	_____	_____	# Years	<input type="checkbox"/>	<input type="checkbox"/>	U/K	<p>7. Person's sex: <table border="0"> <tr> <td><u>One</u></td><td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Male</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Female</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>U/K</td> </tr> </table> </p>		<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	Male	<input type="radio"/>	<input type="radio"/>	Female	<input type="radio"/>	<input type="radio"/>	U/K	<p>8. Person speaks and understands English? <table border="0"> <tr> <td><u>One</u></td><td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Yes</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>No</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>U/K</td> </tr> </table> If no, language spoken: </p>		<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	Yes	<input type="radio"/>	<input type="radio"/>	No	<input type="radio"/>	<input type="radio"/>	U/K	<p>9. Person on active military duty? <table border="0"> <tr> <td><u>One</u></td><td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Yes</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>No</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>U/K</td> </tr> </table> If yes, specify branch: </p>		<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	Yes	<input type="radio"/>	<input type="radio"/>	No	<input type="radio"/>	<input type="radio"/>	U/K																																																		
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<p>10. Person(s) have history of substance abuse? <table border="0"> <tr> <td><u>One</u></td><td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Yes</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>No</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>U/K</td> </tr> </table> If yes, check all that apply: <input type="checkbox"/> Alcohol <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Opiates <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Over-the-counter <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K </p>		<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	Yes	<input type="radio"/>	<input type="radio"/>	No	<input type="radio"/>	<input type="radio"/>	U/K	<p>11. Person(s) have history of child maltreatment as victim? <table border="0"> <tr> <td><u>One</u></td><td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Yes</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>No</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>U/K</td> </tr> </table> If yes, check all that apply: <input type="checkbox"/> Physical <input type="checkbox"/> Neglect <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional/psychological <input type="checkbox"/> U/K _____ # CPS referrals _____ # Substantiations <input type="checkbox"/> Ever in foster care or adopted </p>		<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	Yes	<input type="radio"/>	<input type="radio"/>	No	<input type="radio"/>	<input type="radio"/>	U/K	<p>12. Person(s) have history of child maltreatment as a perpetrator? <table border="0"> <tr> <td><u>One</u></td><td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Yes</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>No</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>U/K</td> </tr> </table> If yes, check all that apply: <input type="checkbox"/> Physical <input type="checkbox"/> Neglect <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional/psychological <input type="checkbox"/> U/K _____ # CPS referrals _____ # Substantiations <input type="checkbox"/> CPS prevention services <input type="checkbox"/> Family preservation services <input type="checkbox"/> Children ever removed </p>		<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	Yes	<input type="radio"/>	<input type="radio"/>	No	<input type="radio"/>	<input type="radio"/>	U/K	<p>13. Person(s) have disability or chronic illness? <table border="0"> <tr> <td><u>One</u></td><td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Yes</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>No</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>U/K</td> </tr> </table> If yes, check all that apply: <input type="checkbox"/> Physical/orthopedic, specify: <input type="checkbox"/> Mental health/substance abuse, specify: <input type="checkbox"/> Cognitive/intellectual, specify: <input type="checkbox"/> Sensory, specify: <input type="checkbox"/> U/K If mental health/substance abuse, was person receiving MH services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K </p>		<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	Yes	<input type="radio"/>	<input type="radio"/>	No	<input type="radio"/>	<input type="radio"/>	U/K																																															
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<p>14. Person(s) have prior child deaths? <table border="0"> <tr> <td><u>One</u></td><td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Yes</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>No</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>U/K</td> </tr> </table> If yes, check all that apply: <table border="0"> <tr> <td><u>One</u></td><td><u>Two</u></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Child abuse # _____</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Child neglect # _____</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Accident # _____</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Suicide # _____</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>SIDS # _____</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Undetermined cause # _____</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Other # _____</td> </tr> <tr> <td></td><td></td><td>Other, specify:</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>U/K</td> </tr> </table> </p>		<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	Yes	<input type="radio"/>	<input type="radio"/>	No	<input type="radio"/>	<input type="radio"/>	U/K	<u>One</u>	<u>Two</u>	<input type="checkbox"/>	<input type="checkbox"/>	Child abuse # _____	<input type="checkbox"/>	<input type="checkbox"/>	Child neglect # _____	<input type="checkbox"/>	<input type="checkbox"/>	Accident # _____	<input type="checkbox"/>	<input type="checkbox"/>	Suicide # _____	<input type="checkbox"/>	<input type="checkbox"/>	SIDS # _____	<input type="checkbox"/>	<input type="checkbox"/>	Undetermined cause # _____	<input type="checkbox"/>	<input type="checkbox"/>	Other # _____			Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	U/K	<p>15. Person(s) have history of intimate partner violence? <table border="0"> <tr> <td><u>One</u></td><td><u>Two</u></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Yes, as victim</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Yes, as perpetrator</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>U/K</td> </tr> </table> </p>		<u>One</u>	<u>Two</u>	<input type="checkbox"/>	<input type="checkbox"/>	Yes, as victim	<input type="checkbox"/>	<input type="checkbox"/>	Yes, as perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	U/K	<p>16. Person(s) have delinquent/criminal history? <table border="0"> <tr> <td><u>One</u></td><td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Yes</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>No</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>U/K</td> </tr> </table> If yes, check all that apply: <input type="checkbox"/> Assaults <input type="checkbox"/> Robbery <input type="checkbox"/> Drugs <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K </p>		<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	Yes	<input type="radio"/>	<input type="radio"/>	No	<input type="radio"/>	<input type="radio"/>	U/K																												
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<p>17. At the time of the incident, was the person asleep? <table border="0"> <tr> <td><u>One</u></td><td><u>Two</u></td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Yes</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>No</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>U/K</td> </tr> </table> If yes, select the most appropriate description of the person's sleeping period at incident: </p>		<u>One</u>	<u>Two</u>	<input type="radio"/>	<input type="radio"/>	Yes	<input type="radio"/>	<input type="radio"/>	No	<input type="radio"/>	<input type="radio"/>	U/K	<table border="0"> <tr> <td rowspan="4">} _____ _____ _____ _____ </td> <td><u>One</u></td><td><u>Two</u></td><td></td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Night time sleep</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Day time nap, describe:</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td>Day time sleep (for example, person is night shift worker), describe:</td> </tr> <tr> <td></td><td><input type="radio"/></td><td><input type="radio"/></td><td>Other, describe:</td> </tr> </table>						} _____ _____ _____ _____	<u>One</u>	<u>Two</u>		<input type="radio"/>	<input type="radio"/>	Night time sleep	<input type="radio"/>	<input type="radio"/>	Day time nap, describe:	<input type="radio"/>	<input type="radio"/>	Day time sleep (for example, person is night shift worker), describe:		<input type="radio"/>	<input type="radio"/>	Other, describe:																																																															
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	<input type="radio"/>	<input type="radio"/>	Other, describe:																																																																																															

18. At time of incident was person impaired?
One Yes No U/K Two Yes No U/K
 If yes, check all that apply:
One Drug impaired, specify: Two Impaired by illness, specify:
 Alcohol impaired Impaired by disability, specify:
 Distracted Impaired by disability, specify:
 Absent Other, specify:

19. Person(s) have, check all that apply:
One Prior history of similar acts Two Prior arrests
 Prior convictions

20. Legal outcomes in this death, check all that apply:
One No charges filed Two Charges pending
 Charges filed, specify: Charges dismissed
 Confession Plead, specify:
 Not guilty verdict Guilty verdict, specify:
 Tort charges, specify: U/K

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

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

If yes, select one option per row:

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

L. PREVENTION INITIATIVES RESULTING FROM THE REVIEW Mark this case to edit/add prevention actions at a later date

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

If yes, select all that apply and describe:

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

2. Describe the risk factors in the death that the team feels need to be addressed:

3. What recommendations and/or initiatives resulted from the review? Check all that apply:
 No recommendations and/or initiatives made, go to L7

	Current Action Stage		Level of Action			
	<u>Recommendation</u>	<u>Implementation</u>	<u>Local</u>	<u>State</u>	<u>National</u>	
Education	Media campaign	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	School program	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Community safety project	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Provider education	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Parent education	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Public forum	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other education	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Law	New law/ordinance	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amended law/ordinance		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enforcement of law/ordinance		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environment	Modify a consumer product	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Recall a consumer product	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Modify a public space	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Modify a private space(s)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

5. Briefly describe recommendations and/or initiatives that will be or have been implemented as a result of the death:

6. Who was given the recommendation(s) and/or initiative(s) to implement? Check all that apply:

<input type="checkbox"/> N/A, no strategies	<input type="checkbox"/> Social services	<input type="checkbox"/> Other health care providers	<input type="checkbox"/> Elected official	<input type="checkbox"/> Youth group
<input type="checkbox"/> No one	<input type="checkbox"/> Mental health	<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Advocacy organization	<input type="checkbox"/> Other, specify:
<input type="checkbox"/> Community Action Team	<input type="checkbox"/> Schools	<input type="checkbox"/> Medical examiner	<input type="checkbox"/> Local community group	
<input type="checkbox"/> Health department	<input type="checkbox"/> Hospital	<input type="checkbox"/> Coroner	<input type="checkbox"/> New coalition/task force	<input type="checkbox"/> U/K

7. 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:

<input type="checkbox"/> Medical examiner/coroner	<input type="checkbox"/> CPS	<input type="checkbox"/> Other health care	<input type="checkbox"/> Mental health	<input type="checkbox"/> Child advocate
<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Other social services	<input type="checkbox"/> Fire	<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Military
<input type="checkbox"/> Prosecutor/district attorney	<input type="checkbox"/> Physician	<input type="checkbox"/> EMS	<input type="checkbox"/> Home visiting	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Public health	<input type="checkbox"/> Nurse	<input type="checkbox"/> Faith based organization	<input type="checkbox"/> Healthy Start	<input type="checkbox"/> Others, list:
<input type="checkbox"/> HMO/managed care	<input type="checkbox"/> Hospital	<input type="checkbox"/> Education	<input type="checkbox"/> Court	

5. Were the following data sources available at the review meeting? Check all that apply:

- CDC's SUIDI Reporting Form
- Jurisdictional equivalent of the CDC SUIDI Reporting Form
- Birth certificate - full form
- Death certificate
- Child's medical records or clinical history, including vaccinations
- Biological mother's obstetric and prenatal information
- Newborn screening results
- Law enforcement records
- Social service records
- Child protection agency records
- EMS run sheet
- Hospital records
- Autopsy/pathology reports
- Home visiting
- Mental health records
- School records
- Substance abuse treatment 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:

<input type="checkbox"/> Review led to additional investigation	<input type="checkbox"/> Review led to the delivery of services
<input type="checkbox"/> Team disagreed with official manner of death. What did team believe manner should be?	<input type="checkbox"/> Review led to changes in agency policies or practices
<input type="checkbox"/> Team disagreed with official cause of death. What did team believe cause should be?	<input type="checkbox"/> Review led to prevention initiatives being implemented
<input type="checkbox"/> Because of the review, the official cause or manner of death was changed	<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> National

N. SUID AND SDY CASE REGISTRY This section displays online based on your state's settings.

Section N: OMB No. 0920-1092, Exp. Date: 12/31/2018
 Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1092)

1. Is this an SDY or SUID case? 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, including case details that helped determine SDY categorization and any ways to improve the review:

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

<input type="checkbox"/> Cardiologist	<input type="checkbox"/> Death investigator	<input type="checkbox"/> Geneticist or genetic counselor	<input type="checkbox"/> Pediatrician
<input type="checkbox"/> CDR representative	<input type="checkbox"/> Epileptologist	<input type="checkbox"/> Mental health professional	<input type="checkbox"/> Public health representative
<input type="checkbox"/> Coroner	<input type="checkbox"/> Forensic pathologist/medical examiner	<input type="checkbox"/> Neonatologist	<input type="checkbox"/> 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

<p>7. Was a specimen sent to the SDY Case Registry biorepository? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>8. Did the family consent to have DNA saved as part of the SDY Case Registry? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If no, why not? <input type="radio"/> Consent was not attempted <input type="radio"/> Consent was attempted but follow up was unsuccessful <input type="radio"/> Consent was attempted but family declined <input type="radio"/> Other, specify:</p>
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9. Categorization for SDY Case Registry (choose only one):

<input type="radio"/> Excluded from SDY Case Registry	<input type="radio"/> Explained neurological	<input type="radio"/> Explained other, specify:	<input type="radio"/> Unexplained, SUDEP
<input type="radio"/> Incomplete case information	<input type="radio"/> Explained infant suffocation (under age 1)	<input type="radio"/> Unexplained, possible cardiac	<input type="radio"/> Unexplained infant death/SUID (under age 1)
<input type="radio"/> Explained cardiac		<input type="radio"/> Unexplained, possible cardiac and SUDEP	<input type="radio"/> Unexplained child death (age 1 and over)

<p>10. Categorization for SUID Case Registry (choose only one):</p> <ul style="list-style-type: none"> <input type="radio"/> Excluded (other explained causes, not suffocation) <input type="radio"/> Unexplained: No autopsy or death scene investigation <input type="radio"/> Unexplained: Incomplete case information <input type="radio"/> Unexplained: No unsafe sleep factors <input type="radio"/> Unexplained: Unsafe sleep factors <input type="radio"/> Unexplained: Possible suffocation with unsafe sleep factors <input type="radio"/> Explained: Suffocation with unsafe sleep factors 	<p>11. Check the box below when a SUID case is complete and ready for inclusion in the SUID data analyses. This box should be checked if a completed case is awaiting SDY Advanced Review or not going to SDY Advanced Review.</p> <p><input type="checkbox"/> SUID Case Registry Data Entry Complete</p>
--	---

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 MPH/NCFRP's data use agreement with your state, HIPAA identifying information should not be recorded in this field.

P. FORM COMPLETED BY:

Person:	Email:
Title:	Date completed:
Agency:	Data entry completed for this case? <input type="checkbox"/>
Phone:	

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

APPENDIX G:

ADDITIONAL CHILD ABUSE DEATH REVIEW DATA

CHILD DEATH INCIDENT INFORMATION

Location of Child Deaths

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

When information from Table G-1 is examined, there are five counties that account for almost half (39 of 79, 49.4%) of the verified child maltreatment deaths (across all primary causes of death) in Florida. These include Broward (n=10), Duval (n=10), Polk (n=8), Pinellas (n=6) and Orange (n=5). Verified child maltreatment deaths happened in 18 additional counties throughout Florida for a total of 23 of 79 (29.1%).

When primary cause of death among verified maltreatment cases are examined, all drowning deaths (thus far reviewed) took place in ten counties (n=20) with 9 of 20 (45.0%) having taken place in only two of the ten counties (Broward and Polk). Among verified maltreatment deaths involving asphyxia, all took place in eight counties; namely, Broward (n=3), Polk (n=2), Clay (n=1), Lee (n=1), Manatee (n=1), Pasco (n=1), Pinellas (n=1) and St. Lucie (n=1). The 23 verified maltreatment deaths by weapons are found across 12 different counties in Florida with the greatest number occurring in Duval county (n=5).

When the total number of child fatalities (regardless of verification status and primary cause of death) investigated for each county is examined (see Table G-2), there are 10 counties with more than ten investigated deaths that collectively account for 198 of 356 (55.6%) of all fatalities. These include: Duval (n=41), Orange (n=30), Hillsborough (n=30), Broward (n=25), Polk (n=24), Pinellas (n=19), Brevard (n=17), Palm Beach (n=16), Miami-Dade (n=14), Martin (n=14), Osceola (n=11), and St. Lucie (n=12).

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

County	Verified for Maltreatment n=79				Not Substantiated as Maltreatment n=86				No Indicators of Maltreatment n=191				Total
	Drowning	Asphyxia	Body Part/ Weapon	Other Undetermined Unknown	Drowning	Asphyxia	Body Part/ Weapon	Other Undetermined Unknown	Drowning	Asphyxia	Body Part/ Weapon	Other Undetermined Unknown	
Alachua						1							1
Baker													0
Bay						1		1		3			5
Bradford												1	1
Brevard	2		1	2		3		2		3		4	17
Broward	4	3	2	1	2			6	1			6	25
Calhoun													0
Charlotte										1		2	3
Citrus						1				1		3	5
Clay		1							1	1		1	4
Collier					1	1						2	4
Columbia													0
DeSoto													0
Dixie													0
Duval	1		5	4	5	2		3		14		7	41
Escambia						1				1		1	3
Flagler													0
Franklin												1	1
Gadsden													0
Gilchrist													0
Glades													0
Gulf													0
Hamilton													0
Hardee										1			1
Hendry													0
Hernando	1		2							1		4	8
Highlands	1					1				3			5
Hillsborough			2	2	2				1	13	1	9	30
Holmes													0
Indian River				1				2				1	4
Jackson													0
Jefferson													0
Lafayette													0
Lake							1			1	1	1	4
Lee		1	2			1				3			7
Leon								1		1		4	6
Levy				1								1	2
Liberty													0
Madison													0
Manatee		1	1	1	1		1		2	1		1	9
Marion						2			1	3		2	8
Martin				1									1
Miami-Dade			2	1	3	2		1		1	1	3	14
Monroe													0
Nassau													0
Okaloosa								2		1		1	4
Okeechobee													0
Orange			3	2				2	5			18	30
Osceola					1	1		1	3		1	4	11
Palm Beach	2			2	2	3		4		1		2	16
Pasco		1							3			2	6
Pinellas	1	1		4	1	5			2	2	1	2	19
Polk	5	2	1			3		1	2	9		1	24
Putnam				1	1			1				2	5
St Johns			1									1	2
St Lucie	2	1		1	2	2			2		1	1	12
Santa Rosa													0
Sarasota													0
Seminole			1	1				2	2	2		1	9
Sumter						1							1
Suwanee												1	1
Taylor													0
Union													0
Volusia	1				1	1		1		1		2	7
Wakulla													0
Walton													0
Washington													0
Total	20	11	23	25	22	32	1	31	25	68	6	92	356

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

County	Primary Cause of Death					Total (N=356)
	Drowning (N=67)	Asphyxia (N=111)	Body Part/Weapon (N=30)	Other (N=77)	Undetermined/Unknown (N=71)	
Alachua		1				1
Baker						0
Bay		4		1		5
Bradford					1	1
Brevard	2	6	1	4	4	17
Broward	7	3	2	5	8	25
Calhoun						0
Charlotte		1		2		3
Citrus		2		1	2	5
Clay	1	2			1	4
Collier	1	1		1	1	4
Columbia						0
DeSoto						0
Dixie						0
Duval	6	16	5	8	6	41
Escambia		2		1		3
Flagler						0
Franklin					1	1
Gadsden						0
Gilchrist						0
Glades						0
Gulf						0
Hamilton						0
Hardee		1				1
Hendry						0
Hernando	1	1	2	1	3	8
Highlands	1	4				5
Hillsborough	3	13	3	10	1	30
Holmes						0
Indian River				2	2	4
Jackson						0
Jefferson						0
Lafayette						0
Lake		1	1	1	1	4
Lee		5	2			7
Leon		1		2	3	6
Lew				1	1	2
Liberty						0
Madison						0
Manatee	3	2	2	2		9
Marion	1	5			2	8
Martin					1	1
Miami-Dade	3	3	3	5		14
Monroe						0
Nassau						0
Okaloosa		1		3		4
Okeechobee						0
Orange	5		3	10	12	30
Osceola	4	1	1	3	2	11
Palm Beach	4	4		3	5	16
Pasco	3	1		1	1	6
Pinellas	4	8	1	2	4	19
Polk	7	14	1	1	1	24
Putnam	1			3	1	5
St Johns			1	1		2
St Lucie	6	3	1	1	1	12
Santa Rosa						0
Sarasota						0
Seminole	2	2	1		4	9
Sumter		1				1
Suwanee				1		1
Taylor						0
Union						0
Volusia	2	2		1	2	7
Wakulla						0
Walton						0
Washington						0
Total	67	111	30	77	71	356

Drowning Death Incident Information

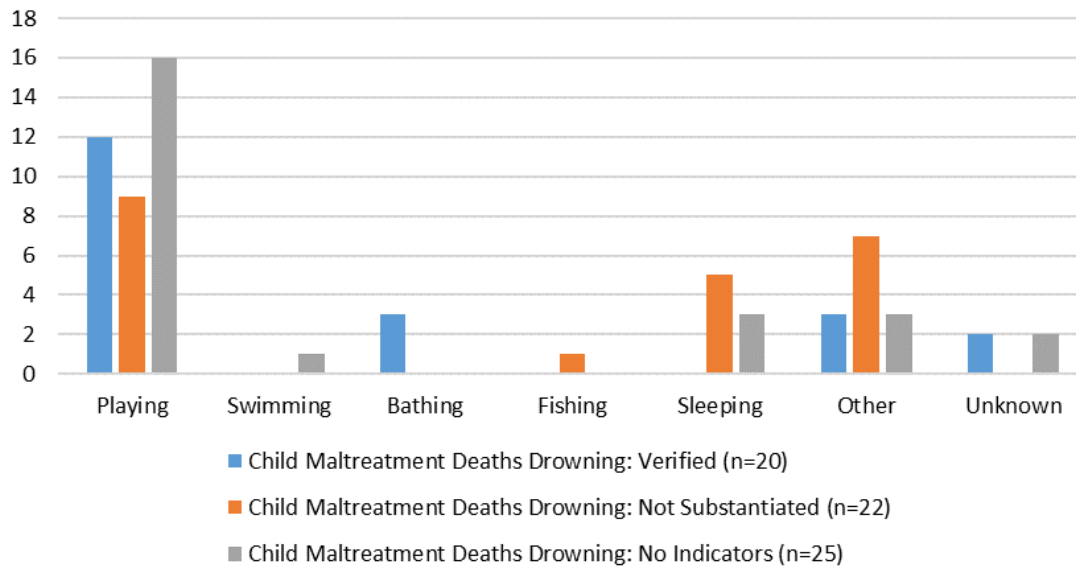
Where information was available, Tables G-3 and G-4 with Figure G-1 represent findings on the location and activity of child before drowning. As findings suggest in Table G-3, children (regardless of verification status) were most likely to be last documented in their house 31 of 67 (46.3%) or in the water 22 of the 67 (32.8%) deaths investigated prior to drowning. The majority of children (37 of 67 or 55.2%), across all verification status categories, were playing before drowning; there were 8 of 67 (11.9%) children who were sleeping prior to drowning.

Table G-3: Location of Child Before Drowning by Child Maltreatment Verification Status			
Location of Child Before Drowning	Child Maltreatment Deaths Drowning n=67		
	Verified (n=20)	Not Substantiated (n=22)	No Indicators (n=25)
In Water	12	4	6
On Shore	0	0	0
On Dock	0	0	0
Pool Side	3	1	5
In Yard	0	2	1
In Bathroom	3	1	0
In House	5	11	15
Other	2	3	0
Unknown/Missing	0	0	0

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

Table G-4: Activity of Child Before Drowning by Child Maltreatment Verification Status			
Activity Before Drowning	Child Maltreatment Deaths Drowning n=67		
	Verified (n=20)	Not Substantiated (n=22)	No Indicators (n=25)
Playing	12	9	16
Boating	0	0	0
Swimming	0	0	1
Bathing	3	0	0
Fishing	0	1	0
Surfing	0	0	0
Tubing	0	0	0
Water Skiing	0	0	0
Sleeping	0	5	3
Other	3	7	3
Unknown/Missing	2	0	2

Figure G-1: Activity of Child Before Drowning by Maltreatment Verification Status (N=67)



Sleep-Related Asphyxia Death Incident Information

Table G-5 provides a listing and associated counts of specific objects (including persons) that were reported in a child’s sleep environment and for objects identified to have blocked/obstructed a child’s airway among the reviewed sleep-related asphyxia cases (N=93) regardless of verification status. Please note that there may be more than one identified object present in the sleeping environment as well as more than one object(s) blocking the child’s airway contributing to death. Also, the data applies to sleep-related deaths pertaining to children under the age of five. There was a total of 105 objects blocking the airways of the 93 children who died from sleep-related asphyxia. Among these objects, 73 of 105 (70.0%) were associated with bedding-related objects (i.e., pillows, mattresses, comforters/quilts, sheets/thin blankets, bumper pads, etc.). A total of 77 adults were sleeping/present with the child at the time of the death incident; 18 of these 77 (23.4%) adults were the reported “object” blocking the airways of children that died.

Table G-5: Objects in Sleep Environment Among Sleep-Related Asphyxia Deaths (N=93)		
	Objects Present in Sleeping Environment	Objects Obstructing Child's Airway
Adult(s)	77	18
Other Children	26	6
Animal(s)	0	0
Mattress	94	16
Comforter	58	17
Sheet	39	7
Blanket	73	15
Pillow(s)	79	14
Cushion	7	2
Boppy or U-Shaped Pillow	8	2
Sleep Positioner	0	0
Bumper Pads	2	0
Clothing	11	2
Crib Railing/Side	5	0
Wall	10	2
Toy(s)	2	2
Other	12	2
The above data apply to sleep-related deaths if the child was under the age of five. Column totals may exceed number of children as multiple objects could be present or a source of obstruction.		

Body Part/Weapon-Related Death Incident Information

Tables G-6 through G-8 summarize information related to the sex of the firearm owner (in firearm deaths only), and the sex and relationship of the person handling the weapon related to the child fatality at the time of the incident. Most of the firearm owners 9 of 15 (60.0%) were male. When all weapons used in verified maltreatment deaths are considered, 15 of 23 (65.2%) were males who handled the weapon that was used in the child's fatality.

As highlighted in Table G-8 and Figure G-3 and G-4 the biological parent 7 of 23 (30.4%) was most often found verified to be the person handling the weapon at the time of death, followed by the mother's partner 5 of 23 (21.7%) and the child's sibling 2 of 23 (8.7%). In 6 of the 6 (100.0%) no indicators of maltreatment deaths, the child who died was handling the fatal weapon at the time of death incident.

Table G-6: Sex of Fatal Firearm Owner by Maltreatment Verification Status

Sex of Fatal Firearm Owner	Child Maltreatment Death Firearm Deaths n=15		
	Verified (n= 9)	Not Substantiated (n=1)	No Indicators (n=5)
Male	5	0	4
Female	2	1	1
Unknown/Missing	2	0	0

Table G-7: Sex of Person Handling Weapon by Maltreatment Verification Status

Sex of Person Handling Weapon	Child Maltreatment Death n=30		
	Verified (n=23)	Not Substantiated (n=1)	No Indicators (n= 6)
Male	15	1	3
Female	7	0	3
Unknown/Missing	1	0	0

Figure G-2: Sex of Person Handling Weapon by Maltreatment Verification Status (N=30)

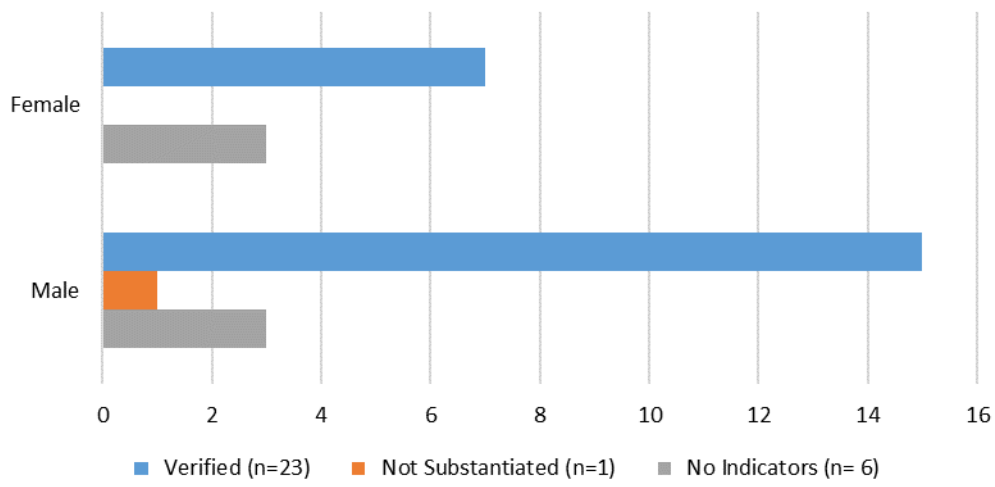


Table G-8: Person Handling Fatal Weapon at Time of Death Incident

Person Handling Fatal Weapon	Child Maltreatment Death (n=30)		
	Verified (n=23)	Not Substantiated (n=1)	No Indicators (n= 6)
Self/Child	2	0	6
Biological Parent	7	0	0
Adoptive Parent	0	0	0
Stepparent	1	0	0
Foster parent	1	0	0
Mother's Partner	5	0	0
Father's Partner	0	0	0
Grandparent	0	0	0
Sibling	2	1	0
Other relative	2	0	0
Other Non-relative	2	0	0
Unknown/Missing	1	0	0

Figure G-3: Person Handling Fatal Weapon at Time of Death (N=30)

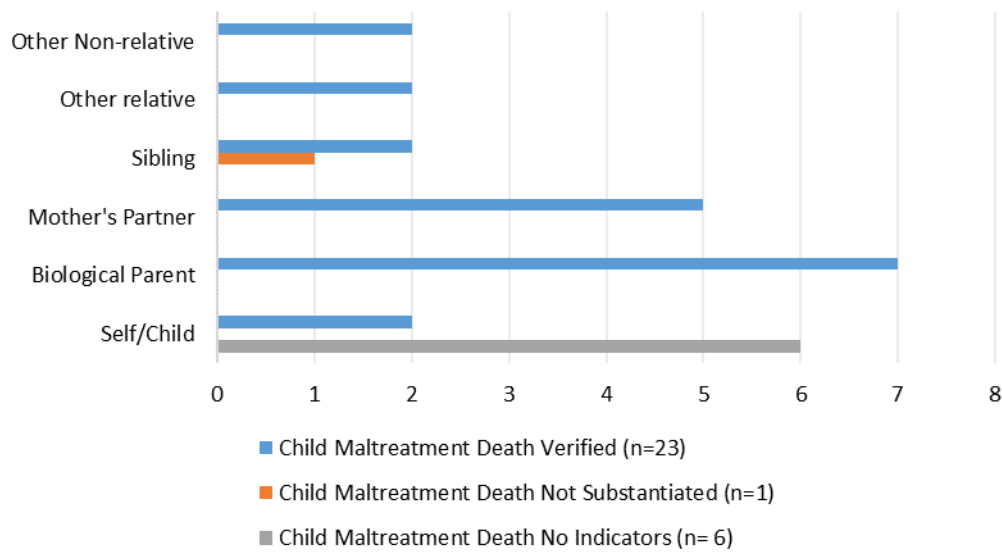
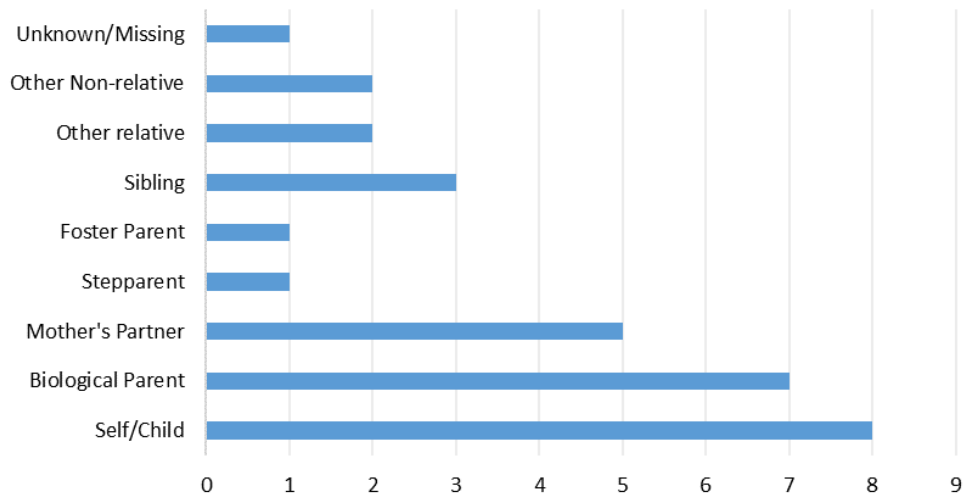


Figure G-4: Person Handling Fatal Weapon at Time of Fatal Death Incident Across All Investigated Cases (N=30)



CHILD CHARACTERISTICS

Age of Child

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

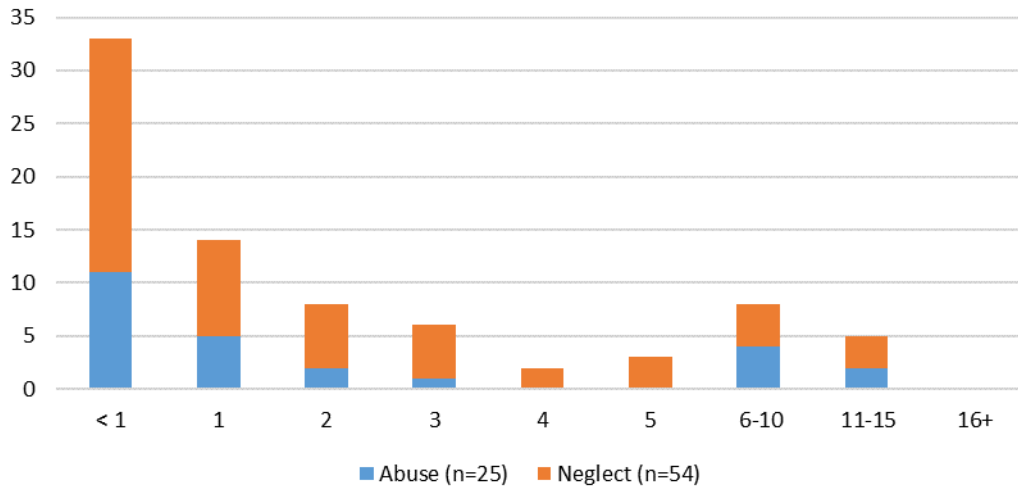
Table G-9: Age of Children with Verified Maltreatment by Primary Cause of Death and if Death Classified as Abuse or Neglect

Age	Verified Child Maltreatment Death n=79							
	Drowning n=20		Asphyxia n=11		Body Part/ Weapon n=23		Other Undetermined Unknown n=25	
	Abuse	Neglect	Abuse	Neglect	Abuse	Neglect	Abuse	Neglect
< 1	3	0	11	0	0	7	8	4
1	6	0	0	0	0	4	3	1
2	5	0	0	0	0	2	1	0
3	3	0	0	0	0	1	2	0
4	0	0	0	0	1	0	1	0
5	1	0	0	0	1	0	1	0
6-10	2	0	0	0	1	4	1	0
11-15	0	0	0	0	1	1	2	1
16+	0	0	0	0	0	0	0	0

Table G-10: Age of Children with Verified Maltreatment Death Classified as Abuse or Neglect

Age	Verified Child Maltreatment Death n=79	
	Abuse n=25	Neglect n=54
	< 1	11
1	5	9
2	2	6
3	1	5
4	0	2
5	0	3
6-10	4	4
11-15	2	3
16+	0	0

Figure G-5: Verified Maltreatment Deaths Classified as Abuse or Neglect by Age Group (N=79)

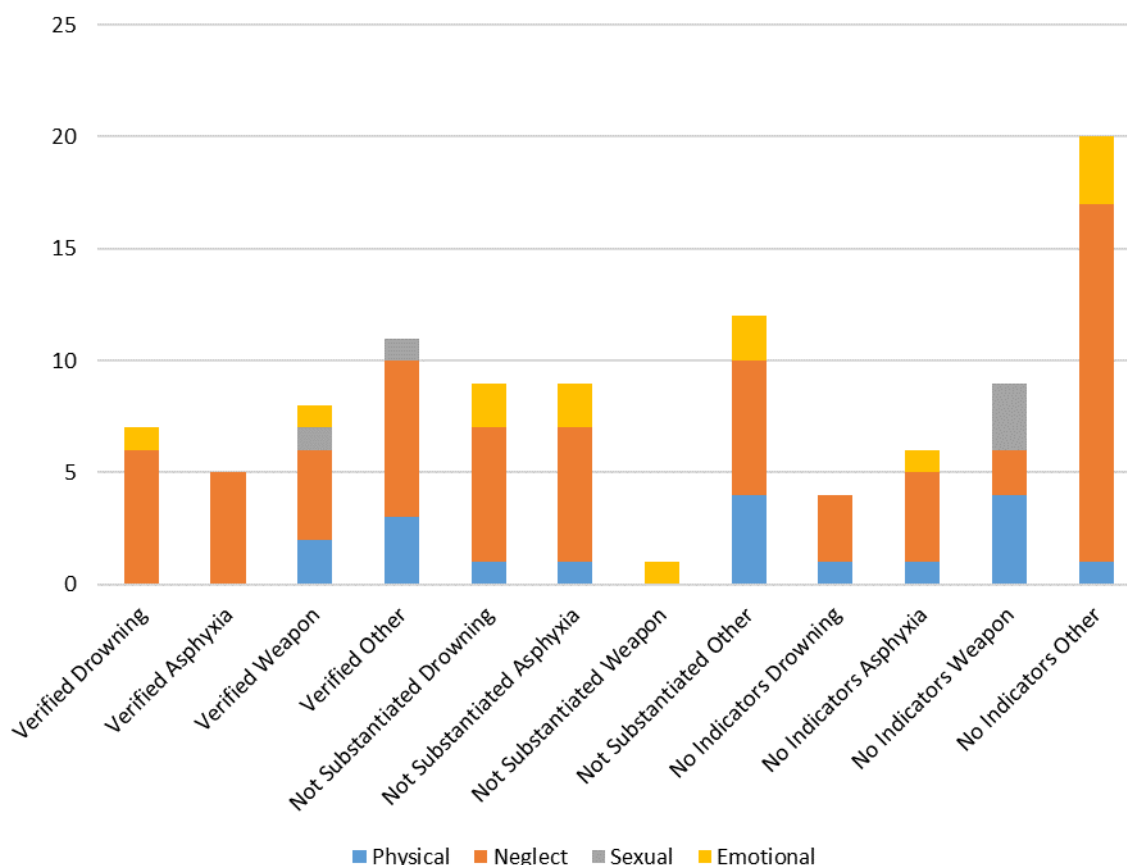


Child's History as Victim of Maltreatment

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

Type of Past Maltreatment	Child Maltreatment Death											
	Verified n=79				Not Substantiated n=86				No Indicators n=191			
	Drowning n=20	Asphyxia n=11	Body Part/ Weapon n=23	Other Undetermined Unknown n=25	Drowning n=22	Asphyxia n=32	Body Part/ Weapon n=1	Other Undetermined Unknown n=31	Drowning n=25	Asphyxia n=68	Body Part/ Weapon n=6	Other Undetermined Unknown n=92
Physical	0.0%	0.0%	8.7%	12.0%	4.5%	3.1%	0.0%	12.9%	4.0%	1.5%	66.7%	1.1%
Neglect	30.0%	45.5%	17.4%	28.0%	27.3%	18.8%	0.0%	19.4%	12.0%	5.9%	33.3%	17.4%
Sexual	0.0%	0.0%	4.3%	4.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%
Emotional	5.0%	0.0%	4.3%	0.0%	9.1%	6.3%	100.0%	6.5%	0.0%	1.5%	0.0%	3.3%

Figure G-6: Child's History as Victim of Maltreatment (n=101)



CAREGIVER AND SUPERVISOR CHARACTERISTICS

Table G-12 summarizes the percentage of child fatality cases where one or two caregivers were identified. At least one primary caregiver was identified for all child fatality cases. Among verified maltreatment deaths, between 68.0% (other deaths) and 78.3% (weapon deaths) of the children had a second caregiver present in the home. Most of the not substantiated and no indicators of maltreatment deaths had a second caregiver present in the home.

Caregiver Present	Child Maltreatment Death											
	Verified n=79				Not Substantiated n=86				No Indicators n=191			
	Drowning n=20	Asphyxia n=11	Body Part/ Weapon n=23	Other Undetermined Unknown n=25	Drowning n=22	Asphyxia n=32	Body Part/ Weapon n=1	Other Undetermined Unknown n=31	Drowning n=25	Asphyxia n=68	Body Part/ Weapon n=6	Other Undetermined Unknown n=92
One	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.8%	100.0%	100.0%	100.0%	100.0%
Two	70.0%	54.5%	78.3%	68.0%	77.3%	56.3%	0.0%	77.4%	100.0%	73.5%	83.3%	71.7%

Relationship to Child of Caregivers and Supervisors

Tables G-13 through G-15 and Figure G-7 demonstrate that the most likely caregiver(s) present across all causes of death were the biological parents of the child. Of the 615 caregivers identified for the 356 children, 518 (84.2%) were the child’s biological parents, followed by 23 (3.7%) grandparents.

Among verified child maltreatment deaths, the proportion of aggregate caregivers who are biological parent was 88.2% for drowning deaths, 82.3% for asphyxia deaths, 68.3% for weapons deaths and 84.3% for other deaths. These proportions are approximately paralleled for not substantiated and no indicators for maltreatment deaths.

Table G-13: Relationship to Child of All Identified Caregivers (Aggregate) by Maltreatment Verification Status and Primary Cause of Death												
Caregiver Relationship To Child (All Caregivers)	Child Maltreatment Death											
	Verified n=134				Not Substantiated n=144				No Indicators n=337			
	Drowning n=34	Asphyxia n=17	Body Part/ Weapon n=41	Other Undetermined Unknown n=42	Drowning n=39	Asphyxia n=50	Body Part/ Weapon n=1	Other Undetermined Unknown n=54	Drowning n=50	Asphyxia n=118	Body Part/ Weapon n=11	Other Undetermined Unknown n=158
Self	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Biological Mother	58.8%	52.9%	46.3%	47.6%	41.0%	54.0%	100.0%	50.0%	48.0%	54.2%	45.5%	52.5%
Biological Father	29.4%	29.4%	22.0%	35.7%	30.8%	34.0%	0.0%	33.3%	36.0%	34.7%	27.3%	34.8%
Adoptive Parent	0.0%	0.0%	0.0%	4.8%	0.0%	0.0%	0.0%	0.0%	0.0%	2.5%	0.0%	0.6%
Step-Parent	0.0%	0.0%	2.4%	2.4%	10.3%	0.0%	0.0%	0.0%	0.0%	0.0%	9.1%	0.6%
Foster Parent	0.0%	11.8%	0.0%	2.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Mother’s Partner	2.9%	0.0%	17.1%	2.4%	2.6%	2.0%	0.0%	0.0%	0.0%	4.2%	9.1%	0.6%
Father’s Partner	0.0%	0.0%	0.0%	0.0%	2.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.6%
Grandparent	8.8%	5.9%	0.0%	2.4%	7.7%	6.0%	0.0%	9.3%	6.0%	0.8%	0.0%	1.9%
Sibling	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.6%
Other Relative	0.0%	0.0%	7.3%	0.0%	0.0%	0.0%	0.0%	3.7%	10.0%	1.7%	0.0%	3.8%
Friend	0.0%	0.0%	2.4%	0.0%	2.6%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.9%
Institutional Staff	0.0%	0.0%	0.0%	2.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9.1%	0.0%
Other	0.0%	0.0%	2.4%	0.0%	0.0%	2.0%	0.0%	3.7%	0.0%	1.7%	0.0%	1.3%
Unknown/Missing	0.0%	0.0%	0.0%	0.0%	2.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.6%

Figure G-7: Caregiver (Aggregate) Relationship to Child by Child Maltreatment Verification Status (N=615)

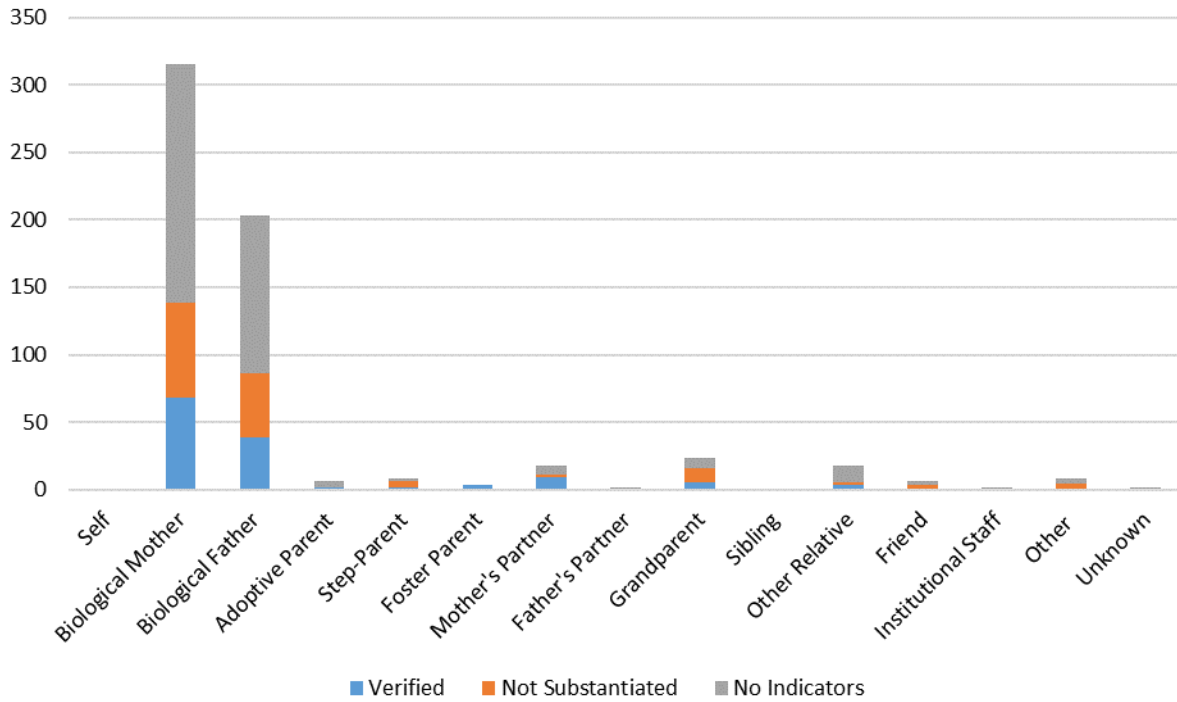


Table G-14: Relationship to Child of Primary (First) Caregiver Identified by Maltreatment Verification Status and Primary Cause of Death

Caregiver Relationship To Child (Caregiver 1 Only)	Child Maltreatment Death											
	Verified n=79				Not Substantiated n=86				No Indicators n=191			
	Drowning n=20	Asphyxia n=11	Body Part/ Weapon n=23	Other Undetermined Unknown n=25	Drowning n=22	Asphyxia n=32	Body Part/ Weapon n=1	Other Undetermined Unknown n=30	Drowning n=25	Asphyxia n=68	Body Part/ Weapon n=6	Other Undetermined Unknown n=92
Self	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Biological Mother	95.0%	81.8%	73.9%	76.0%	72.7%	81.3%	100.0%	83.3%	88.0%	94.1%	83.3%	90.2%
Biological Father	0.0%	9.1%	0.0%	8.0%	13.6%	6.3%	0.0%	6.7%	8.0%	1.5%	0.0%	1.1%
Adoptive Parent	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.9%	0.0%	1.1%
Step-Parent	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Foster Parent	0.0%	9.1%	0.0%	4.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Mother's Partner	0.0%	0.0%	8.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Father's Partner	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Grandparent	5.0%	0.0%	0.0%	4.0%	4.5%	6.3%	0.0%	6.7%	0.0%	0.0%	0.0%	2.2%
Sibling	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other Relative	0.0%	0.0%	8.7%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	2.2%
Friend	0.0%	0.0%	4.3%	0.0%	4.5%	3.1%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%
Institutional Staff	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	16.7%	0.0%
Other	0.0%	0.0%	4.3%	0.0%	0.0%	3.1%	0.0%	3.3%	0.0%	1.5%	0.0%	1.1%
Unknown/Missing	0.0%	0.0%	0.0%	0.0%	4.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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

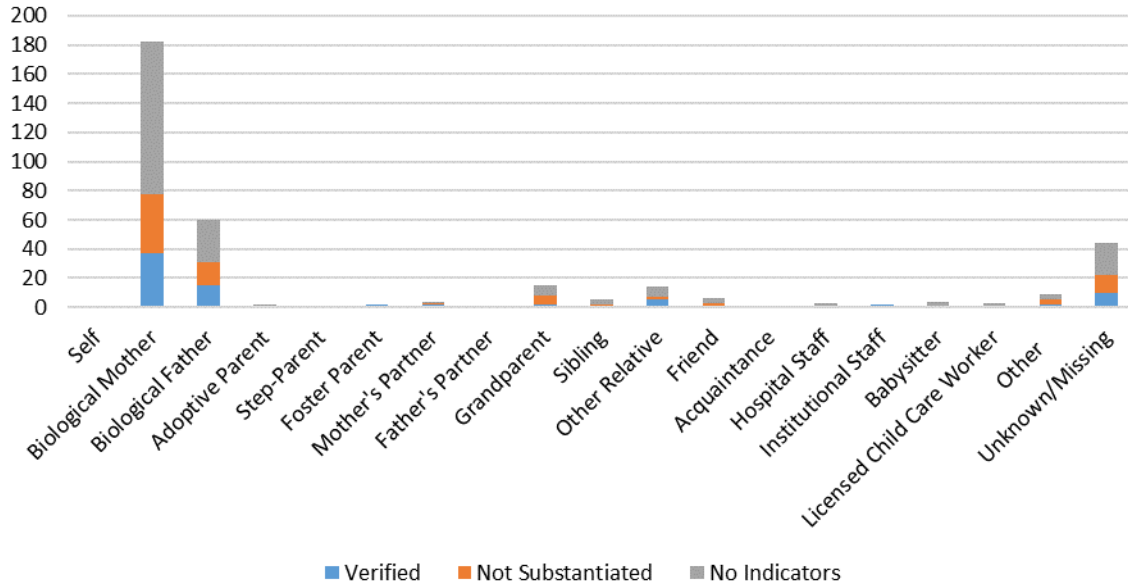
Caregiver Relationship To Child (Caregiver 2 only)	Child Maltreatment Death											
	Verified n=55				Not Substantiated n=59				No Indicators n=146			
	Drowning n=14	Asphyxia n=6	Body Part/Weapon n=18	Other Undetermined Unknown n=17	Drowning n=17	Asphyxia n=18	Body Part/Weapon n=0	Other Undetermined Unknown n=24	Drowning n=25	Asphyxia n=50	Body Part/Weapon n=5	Other Undetermined Unknown n=66
Self	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Biological Mother	7.1%	0.0%	11.1%	5.9%	0.0%	5.6%	0.0%	8.3%	8.0%	0.0%	0.0%	0.0%
Biological Father	71.4%	66.7%	50.0%	76.5%	52.9%	83.3%	0.0%	66.7%	64.0%	80.0%	60.0%	81.8%
Adoptive Parent	0.0%	0.0%	0.0%	5.9%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%	0.0%	0.0%
Step-Parent	0.0%	0.0%	5.6%	5.9%	23.5%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	1.5%
Foster Parent	0.0%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Mother's Partner	7.1%	0.0%	27.8%	5.9%	5.9%	5.6%	0.0%	0.0%	0.0%	10.0%	20.0%	1.5%
Father's Partner	0.0%	0.0%	0.0%	0.0%	5.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%
Grandparent	14.3%	16.7%	0.0%	0.0%	11.8%	5.6%	0.0%	12.5%	12.0%	2.0%	0.0%	1.5%
Sibling	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%
Other Relative	0.0%	0.0%	5.6%	0.0%	0.0%	0.0%	0.0%	8.3%	16.0%	4.0%	0.0%	6.1%
Friend	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%
Institutional Staff	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.2%	0.0%	2.0%	0.0%	1.5%
Unknown/Missing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%

Table G-16 and Figure G-8 focus on the relationship of the supervisor of the child at the time of the incident leading to the child's death. Here, some parallels exist with data associated with caregivers (see Table G-13). Among verified maltreatment deaths, the percentage of supervisors (across primary causes of death) who were biological parents ranges from 52.0% (for other deaths) to 81.8% (for asphyxia deaths); a large majority for each cause of death. Among verified maltreatment weapon deaths, 8.7% of the supervisors were the mother's partner with an additional 17.4% being other and unknown. Among verified maltreatment drownings, 80.0% were the child's biological parent, 15.0% other relative and another 5.0% being unknown.

Table G-16: Relationship to Child of Supervisor by Maltreatment Verification Status and Primary Cause of Death

Supervisor Relationship to Child	Child Maltreatment Death											
	Verified n=79				Not Substantiated n=86				No Indicators n=191			
	Drowning n=20	Asphyxia n=11	Body Part/ Weapon n=23	Other Undetermined Unknown n=25	Drowning n=22	Asphyxia n=32	Body Part/ Weapon n=1	Other Undetermined Unknown n=31	Drowning n=25	Asphyxia n=68	Body Part/ Weapon n=6	Other Undetermined Unknown n=92
Self	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Biological Mother	60.0%	54.5%	47.8%	32.0%	40.9%	59.4%	0.0%	41.9%	48.0%	72.1%	16.7%	45.7%
Biological Father	20.0%	27.3%	13.0%	20.0%	27.3%	12.5%	0.0%	19.4%	16.0%	11.8%	16.7%	17.4%
Adoptive Parent	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%
Step-Parent	0.0%	0.0%	0.0%	0.0%	4.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Foster Parent	0.0%	9.1%	0.0%	4.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Mother's Partner	0.0%	0.0%	8.7%	0.0%	0.0%	3.1%	0.0%	0.0%	0.0%	1.5%	0.0%	0.0%
Father's Partner	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Grandparent	0.0%	0.0%	0.0%	8.0%	9.1%	6.3%	0.0%	6.5%	16.0%	0.0%	0.0%	3.3%
Sibling	0.0%	0.0%	0.0%	0.0%	0.0%	3.1%	0.0%	3.2%	4.0%	0.0%	0.0%	2.2%
Other Relative	15.0%	0.0%	8.7%	0.0%	4.5%	0.0%	0.0%	3.2%	12.0%	2.9%	0.0%	2.2%
Friend	0.0%	0.0%	4.3%	0.0%	4.5%	3.1%	0.0%	0.0%	0.0%	1.5%	0.0%	2.2%
Acquaintance	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Hospital Staff	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.3%
Institutional Staff	0.0%	0.0%	0.0%	8.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Babysitter	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%	0.0%	3.3%
Licensed Child Care Worker	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.3%
Other	0.0%	0.0%	8.7%	0.0%	0.0%	3.1%	0.0%	6.5%	0.0%	1.5%	0.0%	3.3%
Unknown/Missing	5.0%	9.1%	8.7%	24.0%	9.1%	9.4%	100.0%	19.4%	4.0%	7.4%	66.7%	13.0%

Figure G-8: Supervisor Relationship to Child by Maltreatment Verification Status (N=356)



Average Age of Caregivers and Supervisors

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

Average Age (years)	Verified n=79				Not Substantiated n=86				No Indicators n=191			
	Drowning n=20	Asphyxia n=11	Body Part/ Weapon n=23	Other Undetermined Unknown n=25	Drowning n=22	Asphyxia n=32	Body Part/ Weapon n=1	Other Undetermined Unknown n=31	Drowning n=25	Asphyxia n=68	Body Part/ Weapon n=6	Other Undetermined Unknown n=92
Caregiver1	31.7	27.5	31.0	35.0	35.0	28.4	32.0	31.6	30.6	26.4	41.7	0.0
Caregiver2	36.1	36.0	30.8	37.6	38.6	31.5	0.0	37.3	36.0	28.5	46.6	0.0
All Caregivers	33.9	31.8	30.9	36.3	36.8	29.9	32.0	34.5	33.3	27.5	44.1	0.0
Supervisors	32.5	28.5	32.1	41.2	35.7	28.5	0.0	34.0	36.0	26.9	36.5	31.5

Gender of Caregivers and Supervisors

Observation of information summarized in Table G-18 reveals that most caregivers for children (across all primary cause of death categories) were female. Among verified maltreatment deaths, between 48.0% (for other deaths) and 57.5% (for drowning deaths) of caregivers were female. Among supervisors of verified child maltreatment deaths, 70.0% of drowning cases, 65.2% of weapon cases and 63.6% asphyxia cases were females (Table G-19).

Caregiver Gender	Child Maltreatment Death											
	Verified n=158				Not Substantiated n=172				No Indicators n=382			
	Drowning n=40	Asphyxia n=22	Body Part/ Weapon n=46	Other Undetermined Unknown n=50	Drowning n=44	Asphyxia n=64	Body Part/ Weapon n=2	Other Undetermined Unknown n=62	Drowning n=50	Asphyxia n=136	Body Part/ Weapon n=12	Other Undetermined Unknown n=184
Male	27.5%	27.3%	37.0%	34.0%	36.4%	28.1%	0.0%	35.5%	42.0%	35.3%	41.7%	33.7%
Female	57.5%	50.0%	52.2%	48.0%	50.0%	50.0%	50.0%	51.6%	58.0%	51.5%	50.0%	51.1%
Unknown/Missing	15.0%	22.7%	10.9%	18.0%	13.6%	21.9%	50.0%	12.9%	0.0%	13.2%	8.3%	15.2%

Supervisor Gender	Child Maltreatment Death											
	Verified n=79				Not Substantiated n=86				No Indicators n=191			
	Drowning n=20	Asphyxia n=11	Body Part/ Weapon n=23	Other Undetermined Unknown n=25	Drowning n=21	Asphyxia n=32	Body Part/ Weapon n=1	Other Undetermined Unknown n=31	Drowning n=25	Asphyxia n=68	Body Part/ Weapon n=6	Other Undetermined Unknown n=92
Male	25.0%	27.3%	26.1%	28.0%	38.1%	15.6%	0.0%	32.3%	32.0%	14.7%	16.7%	18.5%
Female	70.0%	63.6%	65.2%	40.0%	57.1%	75.0%	0.0%	48.4%	64.0%	76.5%	16.7%	65.2%
Unknown/Missing	5.0%	9.1%	8.7%	32.0%	9.5%	9.4%	100.0%	19.4%	4.0%	8.8%	66.7%	16.3%

Substance Abuse History of Caregivers and Supervisors

Tables G-20 through G-21 (with accompanying Figures G-9 through G-12) summarize information related to substance abuse history of all caregivers, supervisors and person(s) responsible. Findings from Table G-20 reveal that among the caregivers of children whose deaths were verified as child maltreatment, 62 of 158 (39.2%) are known to have a substance abuse history. This rate mirrors the percentage of caregivers with a substance abuse history among not substantiated maltreatment deaths 63 of 172 (36.6%); both of which are

significantly larger than the 28.7% of caregivers associated with no indicators of maltreatment deaths 103 of 382 (26.9%).¹ This suggests that the likelihood of a substance abuse history among caregivers of verified and not substantiated maltreatment deaths are similar.

Table G-20: Substance Abuse History of All Identified Caregivers of Children by Maltreatment Verification Status and Primary Cause of Death												
Substance Abuse History	Child Maltreatment Death											
	Verified n=158				Not Substantiated n=172				No Indicators n=382			
	Drowning n=40	Asphyxia n=22	Body Part/ Weapon n=46	Other Undetermined Unknown n=50	Drowning n=44	Asphyxia n=64	Body Part/ Weapon n=2	Other Undetermined Unknown n=62	Drowning n=50	Asphyxia n=136	Body Part/ Weapon n=12	Other Undetermined Unknown n=184
Yes	35.0%	50.0%	39.1%	38.0%	18.2%	45.3%	0.0%	41.9%	12.0%	33.8%	25.0%	26.1%
No	37.5%	9.1%	39.1%	32.0%	63.6%	18.8%	50.0%	33.9%	76.0%	43.4%	58.3%	43.5%
Unknown/Missing	27.5%	40.9%	21.7%	30.0%	18.2%	35.9%	50.0%	24.2%	12.0%	22.8%	16.7%	30.4%
Type of Substance	If Yes, Verified Child Maltreatment (n= 62)				If Yes, Not Substantiated as Child Maltreatment (n=63)				If Yes, No Indicators that Child Maltreatment (n=103)			
	Drowning n=14	Asphyxia n=11	Body Part/ Weapon n=18	Other Undetermined Unknown n=30	Drowning n=15	Asphyxia n=29	Body Part/ Weapon n=0	Other Undetermined Unknown n=26	Drowning n=61	Asphyxia n=46	Body Part/ Weapon n=3	Other Undetermined Unknown n=48
Alcohol	14.3%	18.2%	22.2%	40.0%	6.7%	24.1%	0.0%	15.4%	3.3%	6.5%	33.3%	4.2%
Cocaine	7.1%	45.5%	38.9%	36.7%	0.0%	20.7%	0.0%	23.1%	0.0%	10.9%	0.0%	12.5%
Marijuana	71.4%	81.8%	77.8%	43.3%	53.3%	69.0%	0.0%	73.1%	8.2%	87.0%	66.7%	85.4%
Methamphetamine	7.1%	18.2%	0.0%	0.0%	0.0%	10.3%	0.0%	11.5%	0.0%	4.3%	0.0%	4.2%
Opiates	28.6%	36.4%	5.6%	20.0%	20.0%	6.9%	0.0%	11.5%	1.6%	8.7%	0.0%	12.5%
Prescription	14.3%	36.4%	5.6%	6.7%	6.7%	3.4%	0.0%	11.5%	1.6%	6.5%	0.0%	10.4%
Over-the-Counter Drugs	0.0%	0.0%	0.0%	0.0%	0.0%	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	0.0%	18.2%	38.9%	10.0%	0.0%	10.3%	0.0%	15.4%	1.6%	6.5%	0.0%	8.3%
Unknown/Missing	0.0%	0.0%	0.0%	0.0%	0.0%	6.9%	0.0%	7.7%	0.0%	4.3%	0.0%	0.0%

¹ A series of tests of significance between two independent proportions (Z-Scores) were done to determine if the observed total proportion of caregivers with a substance abuse history for verified, not substantiated, and no indicators for maltreatment cases differed significantly (at p<.05, two-tailed test). The observed proportion differences between verified and no indicators (Z-Score=2.8177, p<.01) and not substantiated and no indicators for maltreatment (Z-Score=2.2975, p<.03) deaths were statistically significant.

Figure G-9: Substance Abuse History of All Caregivers by Maltreatment Verification Status (N=712)

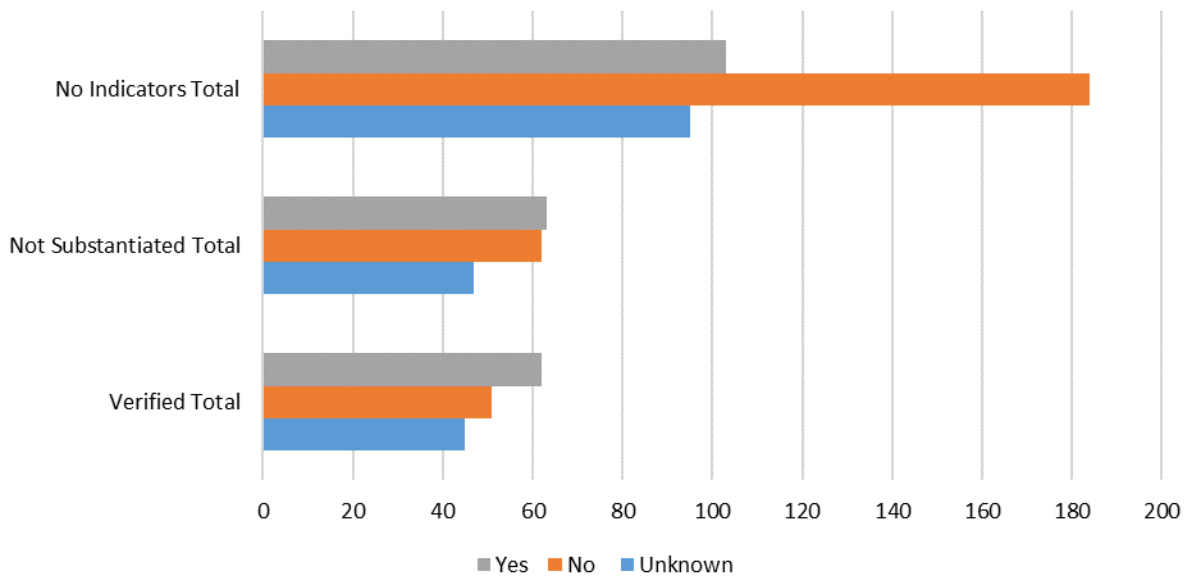
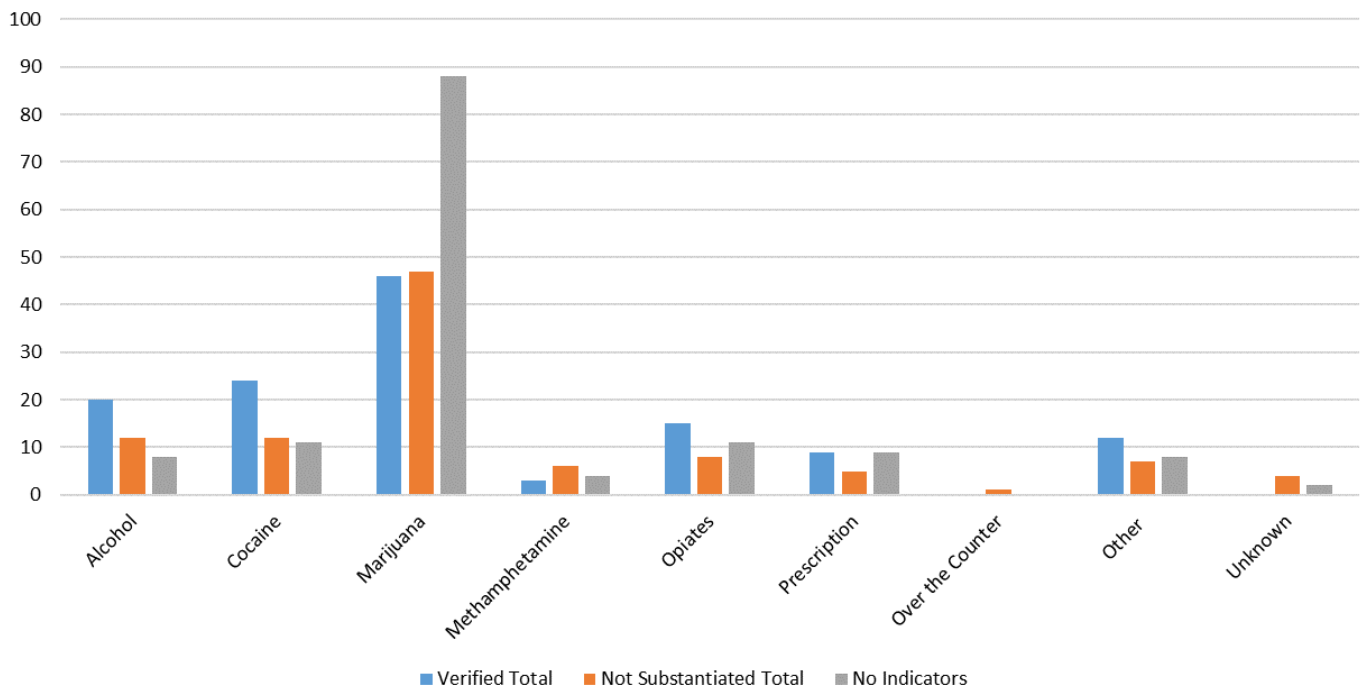


Figure G-10: Type of Substance Used by All Caregivers (with Substance Abuse History) by Maltreatment Verification Status (N=228)



When types of substances are examined (see Table G-20 and Figure G-10) for those with a substance abuse history, most of all caregivers of children whose deaths were verified as maltreatment had a history of marijuana use (from a low of 43.3% for other causes to high of 81.8% for asphyxia deaths). Similarly, high

percentages of caregiver use of marijuana are observed for all primary causes of death for not substantiated and no indicators of maltreatment deaths; from a low of 0.0% for not substantiated weapons deaths to a high of 87.0% for no indicator asphyxia deaths. When the substance abuse history of supervisors of children at the time of the child’s death is examined (see Table G-21), 28 of 79 (35.4%), 32 of 86 (37.2%) and 53 of the 191 (27.7%) supervisors in verified, not substantiated, and no indicators of maltreatment deaths (respectively) were known to have a substance abuse history.

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

Drug Abuse Supervisor	Child Maltreatment Death											
	Verified n=79				Not Substantiated n=86				No Indicators n=191			
	Drowning n=20	Asphyxia n=11	Body Part/ Weapon n=23	Other Undetermined Unknown n=25	Drowning n=22	Asphyxia n=32	Body Part/ Weapon n=1	Other Undetermined Unknown n=31	Drowning n=25	Asphyxia n=68	Body Part/ Weapon n=6	Other Undetermined Unknown n=92
Yes	35.0%	63.6%	30.4%	28.0%	18.2%	50.0%	0.0%	38.7%	16.0%	38.2%	0.0%	25.0%
No	45.0%	9.1%	39.1%	24.0%	72.7%	25.0%	0.0%	32.3%	72.0%	50.0%	33.3%	41.3%
Unknown/Missing	20.0%	27.3%	30.4%	48.0%	9.1%	25.0%	100.0%	29.0%	12.0%	11.8%	66.7%	33.7%
Type of Substance	If Yes, Verified Child Maltreatment (n=28)				If Yes, Not Substantiated as Child Maltreatment (n=32)				If Yes, No Indicators that Child Maltreatment (n=53)			
	Drowning n=7	Asphyxia n=7	Body Part/ Weapon n=7	Other Undetermined Unknown n=7	Drowning n=4	Asphyxia n=16	Body Part/ Weapon n=0	Other Undetermined Unknown n=12	Drowning n=4	Asphyxia n=26	Body Part/ Weapon n=0	Other Undetermined Unknown n=23
Alcohol	28.6%	28.6%	28.6%	71.4%	25.0%	25.0%	0.0%	16.7%	25.0%	3.8%	0.0%	4.3%
Cocaine	0.0%	42.9%	42.9%	57.1%	0.0%	18.8%	0.0%	25.0%	0.0%	7.7%	0.0%	13.0%
Marijuana	71.4%	85.7%	71.4%	57.1%	100.0%	68.8%	0.0%	58.3%	75.0%	84.6%	0.0%	91.3%
Methamphetamine	14.3%	28.6%	0.0%	0.0%	0.0%	18.8%	0.0%	8.3%	0.0%	3.8%	0.0%	8.7%
Opiates	28.6%	28.6%	0.0%	28.6%	50.0%	0.0%	0.0%	16.7%	25.0%	15.4%	0.0%	21.7%
Prescription	14.3%	28.6%	14.3%	0.0%	25.0%	6.3%	0.0%	0.0%	25.0%	7.7%	0.0%	8.7%
Over-the-Counter Drugs	0.0%	0.0%	0.0%	0.0%	0.0%	6.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	0.0%	14.3%	42.9%	28.6%	0.0%	6.3%	0.0%	8.3%	25.0%	7.7%	0.0%	8.7%
Unknown/Missing	0.0%	0.0%	0.0%	0.0%	0.0%	6.3%	0.0%	16.7%	0.0%	3.8%	0.0%	0.0%

When types of substances are examined, most supervisors of children whose death was verified as maltreatment used marijuana (from a low of 57.1% for other deaths to high of 85.7% for asphyxia deaths). As with caregivers, similarly high percentages of supervisor use of marijuana are observed for all primary causes of death for not substantiated and no indicators of maltreatment deaths; from a low of 0.0% for not substantiated weapons deaths to a high of 100.0% for not substantiated drowning deaths. A note is made of other substances supervisors of verified maltreatment deaths used. Among those supervisors with a substance abuse history, 28.6% of supervisors associated with drowning deaths used opiates and 28.6% reportedly had substance abuse issues associated with alcohol. 42.9% of supervisors associated with asphyxia deaths had substance abuse issues with cocaine; 42.9% of supervisors associated with weapons deaths had substance abuse issues with cocaine; and, supervisors of other verified deaths (with a substance abuse history) used alcohol (71.4%), cocaine (57.1%), and opiates (28.6%).

Disability or Chronic Illness Occurrence among Caregivers and Supervisors

Tables G-22 through G-23 highlight the distribution of caregivers and supervisors known to have an identified disability or chronic illness. Among all caregivers in deaths verified to have resulted from maltreatment, 18 of 158 (11.4%) were known to have an identified disability or chronic illness of which the predominant disability was associated with mental illness. Caregivers identified with mental illness ranged from a low of 0 of 2 (0.0%) associated with verified weapon deaths to a high of 5 of the 6 (83.3%) caregivers associated with other causes. The percentage of caregivers of verified maltreatment deaths with an identified disability or chronic

illness mirrors the observed rate of caregivers among not substantiated maltreatment deaths 15 of 172 (8.7%); 8.4% of caregivers associated with no indicators of maltreatment deaths (32 of 382).

Table G-22: Presence of Disability or Chronic Illness for All Caregivers by Maltreatment Verification Status and Primary Cause of Death

Disability All Caregivers	Child Maltreatment Death											
	Verified n=158				Not Substantiated n=172				No Indicators n=382			
	Drowning n=40	Asphyxia n=22	Body Part/ Weapon n=46	Other Undetermined Unknown n=50	Drowning n=44	Asphyxia n=64	Body Part/ Weapon n=2	Other Undetermined Unknown n=62	Drowning n=50	Asphyxia n=136	Body Part/ Weapon n=12	Other Undetermined Unknown n=184
Yes	15.0%	18.2%	4.3%	12.0%	6.8%	9.4%	0.0%	9.7%	4.0%	9.6%	0.0%	9.2%
No	60.0%	40.9%	76.1%	62.0%	79.5%	54.7%	50.0%	64.5%	76.0%	68.4%	50.0%	59.8%
Unknown/Missing	25.0%	40.9%	19.6%	26.0%	13.6%	35.9%	50.0%	25.8%	20.0%	22.1%	50.0%	31.0%
Type of Disability	If Yes, Verified Child Maltreatment (n=18)				If Yes, Not Substantiated as Child Maltreatment (n=15)				If Yes, No Indicators that Child Maltreatment (n=32)			
	Drowning n=6	Asphyxia n=4	Body Part/ Weapon n=2	Other Undetermined Unknown n=6	Drowning n=3	Asphyxia n=6	Body Part/ Weapon n=0	Other Undetermined Unknown n=6	Drowning n=2	Asphyxia n=13	Body Part/ Weapon n=0	Other Undetermined Unknown n=17
Physical	50.0%	25.0%	100.0%	33.3%	33.3%	16.7%	0.0%	16.7%	50.0%	46.2%	0.0%	41.2%
Mental	66.7%	50.0%	0.0%	83.3%	66.7%	83.3%	0.0%	50.0%	50.0%	38.5%	0.0%	41.2%
Sensory	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11.8%
Unknown/Missing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

When findings from Table G-23 are examined, 8 of 79 (10.1%) supervisors of children whose death was verified to result from maltreatment were identified as having a disability or chronic illness. This rate was similar to that observed with supervisors of not substantiated maltreatment deaths 9 of 86 (10.5%) and 20 of 153 (10.5%) of supervisors whose child related deaths showed no indicators of maltreatment.

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

Disability or Chronic Illness	Child Maltreatment Death											
	Verified n=79				Not Substantiated n=86				No Indicators n=191			
	Drowning n=20	Asphyxia n=11	Body Part/ Weapon n=23	Other Undetermined Unknown n=25	Drowning n=22	Asphyxia n=32	Body Part/ Weapon n=1	Other Undetermined Unknown n=31	Drowning n=25	Asphyxia n=68	Body Part/ Weapon n=6	Other Undetermined Unknown n=92
Yes	15.0%	18.2%	8.7%	4.0%	13.6%	9.4%	0.0%	9.7%	12.0%	13.2%	0.0%	8.7%
No	65.0%	54.5%	69.6%	56.0%	77.3%	59.4%	0.0%	67.7%	64.0%	70.6%	16.7%	60.9%
Unknown/Missing	20.0%	27.3%	21.7%	40.0%	9.1%	31.3%	100.0%	22.6%	24.0%	16.2%	83.3%	30.4%
Type of Disability	If Yes, Verified Child Maltreatment (n=8)				If Yes, Not Substantiated as Child Maltreatment (n=9)				If Yes, No Indicators that Child Maltreatment (n=20)			
	Drowning n=3	Asphyxia n=2	Body Part/ Weapon n=2	Other Undetermined Unknown n=1	Drowning n=3	Asphyxia n=3	Body Part/ Weapon n=0	Other Undetermined Unknown n=3	Drowning n=3	Asphyxia n=9	Body Part/ Weapon n=0	Other Undetermined Unknown n=8
Physical	33.3%	0.0%	100.0%	0.0%	33.3%	33.3%	0.0%	0.0%	66.7%	44.4%	0.0%	37.5%
Mental	66.7%	50.0%	0.0%	0.0%	66.7%	66.7%	0.0%	66.7%	33.3%	44.4%	0.0%	37.5%
Sensory	0.0%	50.0%	0.0%	100.0%	0.0%	0.0%	0.0%	33.3%	0.0%	22.2%	0.0%	50.0%
Unknown/Missing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Employment Status of Caregivers

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

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

Employment All Caregivers	Child Maltreatment Death											
	Verified n=158				Not Substantiated n=172				No Indicators n=382			
	Drowning n=32	Asphyxia n=16	Body Part/ Weapon n=36	Other Undetermined Unknown n=41	Drowning n=39	Asphyxia n=44	Body Part/ Weapon n=1	Other Undetermined Unknown n=48	Drowning n=47	Asphyxia n=108	Body Part/ Weapon n=11	Other Undetermined Unknown n=151
Employed	46.9%	31.3%	55.6%	36.6%	79.5%	50.0%	100.0%	47.9%	74.5%	54.6%	72.7%	57.0%
Unemployed	31.3%	62.5%	25.0%	36.6%	5.1%	29.5%	0.0%	33.3%	4.3%	21.3%	0.0%	21.2%
On Disability	3.1%	0.0%	0.0%	0.0%	2.6%	0.0%	0.0%	2.1%	2.1%	1.9%	0.0%	2.0%
Stay-at-Home Caregiver	15.6%	6.3%	5.6%	7.3%	2.6%	6.8%	0.0%	6.3%	10.6%	15.7%	0.0%	10.6%
Retired	0.0%	0.0%	2.8%	7.3%	2.6%	2.3%	0.0%	0.0%	2.1%	0.0%	9.1%	1.3%
Unknown/Missing	28.1%	37.5%	38.9%	34.1%	20.5%	56.8%	100.0%	39.6%	12.8%	32.4%	27.3%	29.8%

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

Employment (Caregiver 1)	Child Maltreatment Death											
	Verified n=79				Not Substantiated n=86				No Indicators n=191			
	Drowning n=20	Asphyxia n=11	Body Part/ Weapon n=23	Other Undetermined Unknown n=25	Drowning n=22	Asphyxia n=32	Body Part/ Weapon n=1	Other Undetermined Unknown n=31	Drowning n=25	Asphyxia n=68	Body Part/ Weapon n=6	Other Undetermined Unknown n=92
Employed	30.0%	36.4%	30.4%	24.0%	68.2%	31.3%	100.0%	32.3%	72.0%	36.8%	83.3%	42.4%
Unemployed	40.0%	54.5%	34.8%	40.0%	4.5%	37.5%	0.0%	35.5%	4.0%	25.0%	0.0%	23.9%
On Disability	5.0%	0.0%	0.0%	0.0%	4.5%	0.0%	0.0%	3.2%	0.0%	1.5%	0.0%	2.2%
Stay-at-Home Caregiver	20.0%	9.1%	8.7%	12.0%	4.5%	6.3%	0.0%	9.7%	16.0%	25.0%	0.0%	17.4%
Retired	0.0%	0.0%	4.3%	8.0%	4.5%	3.1%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%
Unknown/Missing	5.0%	0.0%	21.7%	16.0%	13.6%	21.9%	0.0%	19.4%	8.0%	11.8%	16.7%	13.0%

Table G-26: Employment Status of Second Caregiver Identified by Maltreatment Verification Status and Primary Cause of Death

Employment (Caregiver2)	Child Maltreatment Death											
	Verified n=79				Not Substantiated n=86				No Indicators n=191			
	Drowning n=20	Asphyxia n=11	Body Part/ Weapon n=23	Other Undetermined Unknown n=25	Drowning n=22	Asphyxia n=32	Body Part/ Weapon n=1	Other Undetermined Unknown n=31	Drowning n=25	Asphyxia n=68	Body Part/ Weapon n=6	Other Undetermined Unknown n=92
Employed	45.0%	9.1%	56.5%	36.0%	72.7%	37.5%	0.0%	41.9%	68.0%	50.0%	50.0%	51.1%
Unemployed	10.0%	36.4%	4.3%	20.0%	4.5%	3.1%	0.0%	16.1%	4.0%	8.8%	0.0%	10.9%
On Disability	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%	1.5%	0.0%	1.1%
Stay-at-Home Caregiver	5.0%	0.0%	0.0%	0.0%	0.0%	3.1%	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%
Retired	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	16.7%	1.1%
Unknown/Missing	40.0%	54.5%	39.1%	40.0%	22.7%	56.3%	100.0%	41.9%	16.0%	39.7%	33.3%	35.9%

Education Level of Caregivers

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

Table G-27: Education Level of All Identified Caregivers by Maltreatment Verification Status and Primary Cause of Death

Education - All Caregivers	Child Maltreatment Death											
	Verified n=158				Not Substantiated n=172				No Indicators n=382			
	Drowning n=40	Asphyxia n=22	Body Part/ Weapon n=46	Other Undetermined Unknown n=50	Drowning n=44	Asphyxia n=64	Body Part/ Weapon n=2	Other Undetermined Unknown n=62	Drowning n=50	Asphyxia n=136	Body Part/ Weapon n=12	Other Undetermined Unknown n=184
Less than High School	15.0%	9.1%	17.4%	6.0%	9.1%	12.5%	0.0%	11.3%	10.0%	15.4%	0.0%	8.7%
High School	20.0%	40.9%	26.1%	34.0%	38.6%	23.4%	0.0%	30.6%	22.0%	32.4%	0.0%	26.6%
College	22.5%	9.1%	8.7%	8.0%	18.2%	6.3%	0.0%	1.6%	14.0%	9.6%	33.3%	10.3%
Post Graduate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.0%	0.0%	8.3%	2.7%
Unknown/Missing	42.5%	40.9%	47.8%	52.0%	34.1%	57.8%	100.0%	56.5%	52.0%	42.6%	58.3%	51.6%

English Spoken by Caregivers and Supervisors

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

Table G-28: English Speaking by All Identified Caregivers by Maltreatment Verification Status and Primary Cause of Death

Can Caregiver Speak English- All Caregivers	Child Maltreatment Death											
	Verified n=158				Not Substantiated n=172				No Indicators n=382			
	Drowning n=40	Asphyxia n=22	Body Part/ Weapon n=46	Other Undetermined Unknown n=50	Drowning n=44	Asphyxia n=64	Body Part/ Weapon n=2	Other Undetermined Unknown n=62	Drowning n=50	Asphyxia n=136	Body Part/ Weapon n=12	Other Undetermined Unknown n=184
Yes	82.5%	77.3%	89.1%	80.0%	86.4%	68.8%	50.0%	87.1%	78.0%	80.1%	91.7%	81.5%
No	0.0%	0.0%	0.0%	0.0%	0.0%	3.1%	0.0%	0.0%	14.0%	4.4%	0.0%	2.7%
Unknown/Missing	17.5%	22.7%	10.9%	20.0%	13.6%	28.1%	50.0%	12.9%	8.0%	15.4%	8.3%	15.8%

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

Can Supervisor Speak English	Child Maltreatment Death											
	Verified n=79				Not Substantiated n=86				No Indicators n=191			
	Drowning n=20	Asphyxia n=11	Body Part/ Weapon n=23	Other Undetermined Unknown n=25	Drowning n=22	Asphyxia n=32	Body Part/ Weapon n=1	Other Undetermined Unknown n=31	Drowning n=25	Asphyxia n=68	Body Part/ Weapon n=6	Other Undetermined Unknown n=92
Yes	90.0%	90.9%	91.3%	64.0%	86.4%	81.3%	0.0%	80.6%	72.0%	86.8%	33.3%	80.4%
No	0.0%	0.0%	0.0%	0.0%	0.0%	3.1%	0.0%	0.0%	20.0%	4.4%	0.0%	3.3%
Unknown/Missing	10.0%	9.1%	8.7%	36.0%	13.6%	15.6%	100.0%	19.4%	8.0%	8.8%	66.7%	16.3%

Military Status of Caregivers and Supervisors

One of the core data elements the statewide committee requested to be reported on by the local committees was whether any caregivers or supervisors responsible for the death of a child were on active duty military. Among all caregivers, there were three caregivers (identified as the second caregiver) who were on active duty military where the one child fatality was classified as verified and two were classified as no indicators for maltreatment. Among supervisors of children at the time of the death, no person was identified as someone on active duty military.

Caregiver Receipt of Social Services in the Past Twelve Months

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

Table G-30: Receipt of Social Services by All Identified Caregivers of Children by Maltreatment Verification Status and Primary Cause of Death												
Receipt of Social Services	Child Maltreatment Death											
	Verified n=158				Not Substantiated n=172				No Indicators n=382			
	Drowning n=40	Asphyxia n=22	Body Part/ Weapon n=46	Other Undetermined Unknown n=50	Drowning n=44	Asphyxia n=64	Body Part/ Weapon n=2	Other Undetermined Unknown n=62	Drowning n=50	Asphyxia n=136	Body Part/ Weapon n=12	Other Undetermined Unknown n=184
Yes	40.0%	50.0%	23.9%	26.0%	6.8%	32.8%	0.0%	32.3%	8.0%	30.1%	0.0%	19.0%
No	20.0%	4.5%	13.0%	32.0%	61.4%	9.4%	0.0%	24.2%	24.0%	19.9%	50.0%	16.8%
Unknown	40.0%	45.5%	63.0%	42.0%	31.8%	57.8%	100.0%	43.5%	68.0%	50.0%	50.0%	64.1%
Type of Support	If Yes, Verified Child Maltreatment (n=51)				If Yes, Not Substantiated as Child Maltreatment (n=44)				If Yes, No Indicators that Child Maltreatment (n=80)			
	Drowning n=16	Asphyxia n=11	Body Part/ Weapon n=11	Other Undetermined Unknown n=13	Drowning n=3	Asphyxia n=21	Body Part/ Weapon n=0	Other Undetermined Unknown n=20	Drowning n=4	Asphyxia n=41	Body Part/ Weapon n=0	Other Undetermined Unknown n=35
WIC	37.5%	72.7%	45.5%	38.5%	66.7%	42.9%	0.0%	35.0%	25.0%	63.4%	0.0%	57.1%
TANF	31.3%	9.1%	9.1%	0.0%	0.0%	14.3%	0.0%	15.0%	25.0%	22.0%	0.0%	25.7%
Medicaid	75.0%	90.9%	54.5%	84.6%	100.0%	61.9%	0.0%	80.0%	75.0%	80.5%	0.0%	77.1%
Food Stamps	87.5%	63.6%	18.2%	23.1%	33.3%	42.9%	0.0%	45.0%	50.0%	53.7%	0.0%	51.4%
Other	18.8%	9.1%	0.0%	23.1%	0.0%	9.5%	0.0%	25.0%	0.0%	9.8%	0.0%	8.6%
Unknown	0.0%	9.1%	36.4%	0.0%	0.0%	9.5%	0.0%	0.0%	0.0%	0.0%	0.0%	5.7%

It is important to note that there were several caregivers across each primary cause of death for which receipt status of social services could not be identified (see first listed “unknown” row category in Table G-30). Regardless, findings from Table G-30 reveal that among the caregivers of children whose death was verified as child maltreatment, 51 of 152 (33.6%) are known to have received some form of social service support in the twelve months prior to the child’s death. This rate was not significantly higher than the 44 of 172 (25.5%) caregivers whose child’s death was not substantiated and the 80 of 382 (20.9%) caregivers whose child’s death showed no indicators of maltreatment.

When types of services received are examined across primary cause of the child’s death, most caregivers (that received some type of support) of children whose deaths were verified as maltreatment received Medicaid (from a low of 54.5% for weapon causes to high of 90.9% for asphyxia deaths).

History as Victim of Child Maltreatment among Caregivers and Supervisors

Local committees were asked to identify from available sources of information whether caregivers and supervisors responsible for the death of a child were past victims of child maltreatment. Collectively, it was known that 25 of the 152 (16.4%) caregivers (Table G-31) of children of verified maltreatment deaths were past child victims of maltreatment. This figure may underestimate the true proportion of caregivers with a history of maltreatment as a child victim as this status was unknown or missing for 52 of the 152 (34.2%) children where the child's death was verified as maltreatment.

There were no statistically significant differences in the percentage of caregivers associated with verified 25 of 158 (15.8%), not substantiated 25 of 172 (14.5%), and no indicator 69 of 382 (18.1%) maltreatment deaths in terms of their history as a victim of child maltreatment. When history as a victim of child maltreatment is examined for supervisors (Table G-32) associated with verified maltreatment deaths, it was known that 11 of 79 (13.9%) were past child victims of maltreatment, whereas 11 of 86 (12.8%) and 45 of the 191 (23.6%) supervisors of not substantiated and no indicators of maltreatment deaths had a history as a victim of child maltreatment.

Table G-31: Past History as Victim of Child Maltreatment for <u>All Caregivers</u> by Maltreatment Verification Status and Primary Cause of Death												
Caregiver Past Victim of Child Maltreatment	Child Maltreatment Death											
	Verified n=158				Not Substantiated n=172				No Indicators n=382			
	Drowning n=40	Asphyxia n=22	Body Part/ Weapon n=46	Other Undetermined Unknown n=50	Drowning n=44	Asphyxia n=64	Body Part/ Weapon n=2	Other Undetermined Unknown n=62	Drowning n=50	Asphyxia n=136	Body Part/ Weapon n=12	Other Undetermined Unknown n=184
Yes	10.0%	27.3%	15.2%	16.0%	13.6%	12.5%	0.0%	17.7%	8.0%	26.5%	0.0%	15.8%
No	52.5%	40.9%	58.7%	48.0%	68.2%	37.5%	0.0%	40.3%	68.0%	35.3%	50.0%	51.6%
Unknown/Missing	37.5%	31.8%	26.1%	36.0%	18.2%	50.0%	100.0%	41.9%	24.0%	38.2%	50.0%	32.6%
Type of Maltreatment	If Yes, Verified Child Maltreatment (n=25)				If Yes, Not Substantiated as Child Maltreatment (n=25)				If Yes, No Indicators that Child Maltreatment (n=69)			
	Drowning n=4	Asphyxia n=6	Body Part/ Weapon n=7	Other Undetermined Unknown n=8	Drowning n=6	Asphyxia n=8	Body Part/ Weapon n=0	Other Undetermined Unknown n=11	Drowning n=4	Asphyxia n=36	Body Part/ Weapon n=0	Other Undetermined Unknown n=29
Physical	25.0%	33.3%	71.4%	62.5%	50.0%	50.0%	0.0%	54.5%	50.0%	47.2%	0.0%	41.4%
Neglect	100.0%	83.3%	57.1%	75.0%	0.0%	62.5%	0.0%	72.7%	50.0%	52.8%	0.0%	44.8%
Sexual	50.0%	16.7%	28.6%	25.0%	33.3%	37.5%	0.0%	18.2%	25.0%	27.8%	0.0%	34.5%
Emotional/ Psychological	50.0%	0.0%	14.3%	12.5%	16.7%	0.0%	0.0%	18.2%	100.0%	5.6%	0.0%	20.7%
Unknown/Missing	0.0%	0.0%	0.0%	0.0%	16.7%	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%	6.9%

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

Cargiver Past Victim of Child Maltreatment	Child Maltreatment Death											
	Verified n=79				Not Substantiated n=86				No Indicators n=191			
	Drowning n=20	Asphyxia n=11	Body Part/ Weapon n=23	Other Undetermined Unknown n=25	Drowning n=22	Asphyxia n=32	Body Part/ Weapon n=1	Other Undetermined Unknown n=31	Drowning n=25	Asphyxia n=68	Body Part/ Weapon n=6	Other Undetermined Unknown n=92
Yes	15.0%	45.5%	0.0%	12.0%	9.1%	12.5%	0.0%	16.1%	12.0%	36.8%	0.0%	18.5%
No	50.0%	36.4%	65.2%	48.0%	72.7%	46.9%	0.0%	38.7%	68.0%	32.4%	33.3%	46.7%
Unknown/Missing	35.0%	18.2%	34.8%	40.0%	18.2%	40.6%	100.0%	45.2%	20.0%	30.9%	66.7%	34.8%
Type of Maltreatment	If Yes, Verified Child Maltreatment (n=11)				If Yes, Not Substantiated as Child Maltreatment (n=11)				If Yes, No Indicators that Child Maltreatment (n=45)			
	Drowning n=3	Asphyxia n=5	Body Part/ Weapon n=0	Other Undetermined Unknown n=3	Drowning n=2	Asphyxia n=4	Body Part/ Weapon n=0	Other Undetermined Unknown n=5	Drowning n=3	Asphyxia n=25	Body Part/ Weapon n=0	Other Undetermined Unknown n=17
	Physical	33.3%	40.0%	0.0%	0.0%	100.0%	50.0%	0.0%	40.0%	0.0%	48.0%	0.0%
Neglect	100.0%	80.0%	0.0%	66.7%	0.0%	75.0%	0.0%	60.0%	66.7%	48.0%	0.0%	41.2%
Sexual	66.7%	20.0%	0.0%	33.3%	0.0%	50.0%	0.0%	0.0%	0.0%	32.0%	0.0%	41.2%
Emotional/ Psychological	33.3%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	33.3%	4.0%	0.0%	17.6%
Unknown/Missing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12.0%	0.0%	11.8%

History as Perpetrator of Child Maltreatment among Caregivers and Supervisors

Local committees were asked to identify from available sources and reports whether caregivers and supervisors responsible for a child’s death have a history as a perpetrator of child maltreatment. When the aggregate of caregivers is examined (Table G-33), 56 of 158 (36.8%) caregivers of children whose death was verified to result from child maltreatment were identified as past perpetrators of child maltreatment. This rate is not significantly higher than the 47 of 172 (27.3%) caregivers of not substantiated child maltreatment deaths with a perpetrator past. However, the percentage of caregivers of no indicator child maltreatment deaths with a perpetrator past 81 of 382 (21.2%) is significantly lower than the rates observed with the other two maltreatment verification categories.²

Among identified verified maltreatment cases, the type of maltreatment the perpetrator inflicted on children in the past was most likely to be neglect, from a low of 54.5% of caregivers associated with weapons deaths to a high of 81.8% of caregivers associated with asphyxia deaths. Neglect was the most prevalent form of maltreatment observed among those caregivers with a perpetrator history associated with not substantiated and no indicator of maltreatment deaths.

² A series of tests of significance between independent proportions (Z-Scores) were done to determine if the observed total proportion of caregivers with a history as a perpetrator for verified, not substantiated, and no indicators for maltreatment cases differed significantly (at $p < .05$, two-tailed test). The observed proportion differences between verified and no indicators (Z-Score=3.4595, $p < .01$) was statistically significant.

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

Caregiver Has History as Perpetrator	Child Maltreatment Death											
	Verified n=158				Not Substantiated n=172				No Indicators n=382			
	Drowning n=40	Asphyxia n=22	Body Part/ Weapon n=46	Other Undetermined Unknown n=50	Drowning n=44	Asphyxia n=64	Body Part/ Weapon n=2	Other Undetermined Unknown n=62	Drowning n=50	Asphyxia n=136	Body Part/ Weapon n=12	Other Undetermined Unknown n=184
Yes	37.5%	50.0%	23.9%	38.0%	18.2%	28.1%	0.0%	33.9%	12.0%	23.5%	25.0%	21.7%
No	42.5%	27.3%	58.7%	34.0%	68.2%	45.3%	50.0%	32.3%	78.0%	55.9%	41.7%	54.3%
Unknown/Missing	20.0%	22.7%	17.4%	28.0%	13.6%	26.6%	50.0%	33.9%	10.0%	20.6%	33.3%	23.9%
Type of Maltreatment	If Yes, Verified Child Maltreatment (n=56)				If Yes, Not Substantiated as Child Maltreatment (n=47)				If Yes, No Indicators that Child Maltreatment (n=81)			
	Drowning n=15	Asphyxia n=11	Body Part/ Weapon n=11	Other Undetermined Unknown n=19	Drowning n=8	Asphyxia n=18	Body Part/ Weapon n=0	Other Undetermined Unknown n=21	Drowning n=6	Asphyxia n=32	Body Part/ Weapon n=3	Other Undetermined Unknown n=40
Physical	26.7%	18.2%	54.5%	21.1%	50.0%	22.2%	0.0%	33.3%	33.3%	40.6%	66.7%	32.5%
Neglect	80.0%	81.8%	54.5%	78.9%	62.5%	66.7%	0.0%	76.2%	100.0%	59.4%	33.3%	85.0%
Sexual	0.0%	0.0%	18.2%	10.5%	12.5%	0.0%	0.0%	0.0%	0.0%	3.1%	33.3%	7.5%
Emotional/ Psychological	33.3%	0.0%	36.4%	26.3%	37.5%	11.1%	0.0%	14.3%	0.0%	12.5%	0.0%	15.0%
Unknown/Missing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.8%	0.0%	0.0%	0.0%	2.5%

When the history of supervisors as a perpetrator is examined (see Table G-34), 29 of 79 (36.7%) supervisors of children whose death was verified to result from child maltreatment were identified as past perpetrators of child maltreatment (with neglect being most prominent). This observed rate is not significantly higher than the 28 of 86 (32.6%) supervisors of not substantiated child maltreatment deaths with a perpetrator past. However, the percentage of supervisors of no indicators of child maltreatment deaths with a perpetrator past, 37 of 191 (19.4%) is significantly lower than the rates observed with the other two maltreatment verification categories.³

³ A series of tests of significance between independent proportions (Z-Scores) were done to determine if the observed total proportion of supervisors with a history as a perpetrator for verified, not substantiated, and no indicators for maltreatment cases differed significantly (at $p < .05$, two-tailed test). The observed proportion differences between verified and no indicators (Z-Score=3.0158, $p < .01$) and not substantiated and no indicators for maltreatment (Z-Score=2.3961, $p < .02$) deaths were statistically significant.

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

Supervisor Has History as Perpetrator	Child Maltreatment Death											
	Verified n=79				Not Substantiated n=86				No Indicators n=191			
	Drowning n=20	Asphyxia n=11	Body Part/ Weapon n=23	Other Undetermined Unknown n=25	Drowning n=22	Asphyxia n=32	Body Part/ Weapon n=1	Other Undetermined Unknown n=31	Drowning n=25	Asphyxia n=68	Body Part/ Weapon n=6	Other Undetermined Unknown n=92
Yes	40.0%	72.7%	26.1%	28.0%	27.3%	34.4%	0.0%	35.5%	4.0%	29.4%	0.0%	17.4%
No	50.0%	18.2%	60.9%	28.0%	63.6%	46.9%	0.0%	32.3%	80.0%	58.8%	33.3%	56.5%
Unknown/Missing	10.0%	9.1%	13.0%	44.0%	9.1%	18.8%	100.0%	32.3%	16.0%	11.8%	66.7%	26.1%
Type of Maltreatment	If Yes, Verified Child Maltreatment (n=29)				If Yes, Not Substantiated as Child Maltreatment (n=28)				If Yes, No Indicators that Child Maltreatment (n=37)			
	Drowning n=8	Asphyxia n=8	Body Part/ Weapon n=6	Other Undetermined Unknown n=7	Drowning n=6	Asphyxia n=11	Body Part/ Weapon n=0	Other Undetermined Unknown n=11	Drowning n=1	Asphyxia n=20	Body Part/ Weapon n=0	Other Undetermined Unknown n=16
	Physical	12.5%	12.5%	50.0%	28.6%	50.0%	27.3%	0.0%	27.3%	0.0%	50.0%	0.0%
Neglect	100.0%	87.5%	66.7%	71.4%	66.7%	54.5%	0.0%	72.7%	100.0%	70.0%	0.0%	75.0%
Sexual	0.0%	0.0%	16.7%	14.3%	16.7%	0.0%	0.0%	0.0%	0.0%	5.0%	0.0%	0.0%
Emotional/ Psychological	37.5%	0.0%	33.3%	14.3%	33.3%	9.1%	0.0%	0.0%	0.0%	20.0%	0.0%	12.5%
Unknown/Missing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	9.1%	0.0%	0.0%	0.0%	6.3%

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

Table G-35 highlights the distribution of caregivers' history with intimate partner violence as a victim and/or perpetrator. In total, 29 of the 158 (18.4%) caregivers were known to be victims and 27 of the 158 (17.1%) were known to be perpetrators of intimate violence among those affiliated with verified maltreatment deaths. With respect to caregivers in not substantiated maltreatment deaths, 31 of 172 (18.0%) were past victims and 25 of 172 (14.5%) were past perpetrators of intimate partner violence. In contrast, 37 of the 382 (9.7%) and 23 of the 382 (6.0%) caregivers in no indicators of maltreatment deaths have histories as victims and perpetrators (respectively) of intimate partner violence. Statistical tests suggest that the proportion of caregivers known to be victims of intimate violence among verified child maltreatment deaths (18.4%) and not substantiated (18.0%) maltreatment deaths were significantly higher than the 6.0% of caregivers associated with no indicators of maltreatment deaths. Similar differences were observed among groups as such related to the percentage of caregivers with a history as a perpetrator.⁴

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

History of Intimate Partner Violence	Child Maltreatment Death											
	Verified n=158				Not Substantiated n=172				No Indicators n=382			
	Drowning n=40	Asphyxia n=22	Body Part/ Weapon n=46	Other Undetermined Unknown n=50	Drowning n=44	Asphyxia n=64	Body Part/ Weapon n=2	Other Undetermined Unknown n=62	Drowning n=50	Asphyxia n=136	Body Part/ Weapon n=12	Other Undetermined Unknown n=184
Yes, as Victim	17.5%	18.2%	17.4%	20.0%	15.9%	12.5%	50.0%	24.2%	4.0%	11.8%	8.3%	9.8%
Yes, as Perpetrator	15.0%	22.7%	15.2%	18.0%	13.6%	12.5%	0.0%	17.7%	0.0%	10.3%	8.3%	4.3%
No	47.5%	36.4%	45.7%	34.0%	61.4%	40.6%	0.0%	29.0%	62.0%	52.2%	25.0%	56.0%
Unknown/Missing	20.0%	22.7%	21.7%	28.0%	9.1%	34.4%	50.0%	29.0%	34.0%	25.7%	58.3%	29.9%

⁴ A series of tests of significance between independent proportions (Z-Scores) were done to determine if the observed total proportion of caregivers with a history as a perpetrator of IPV for verified, not substantiated, and no indicators for maltreatment cases differed significantly (at $p < .05$, two-tailed test). The observed proportion differences between verified and no indicators (Z-Score=2.4213, $p < .01$) and not substantiated and no indicators for maltreatment (Z-Score=2.7670, $p < .01$) deaths were statistically significant.

Figure G-11: History of Intimate Partner Violence with All Caregivers by Maltreatment Verification Status (N=628)

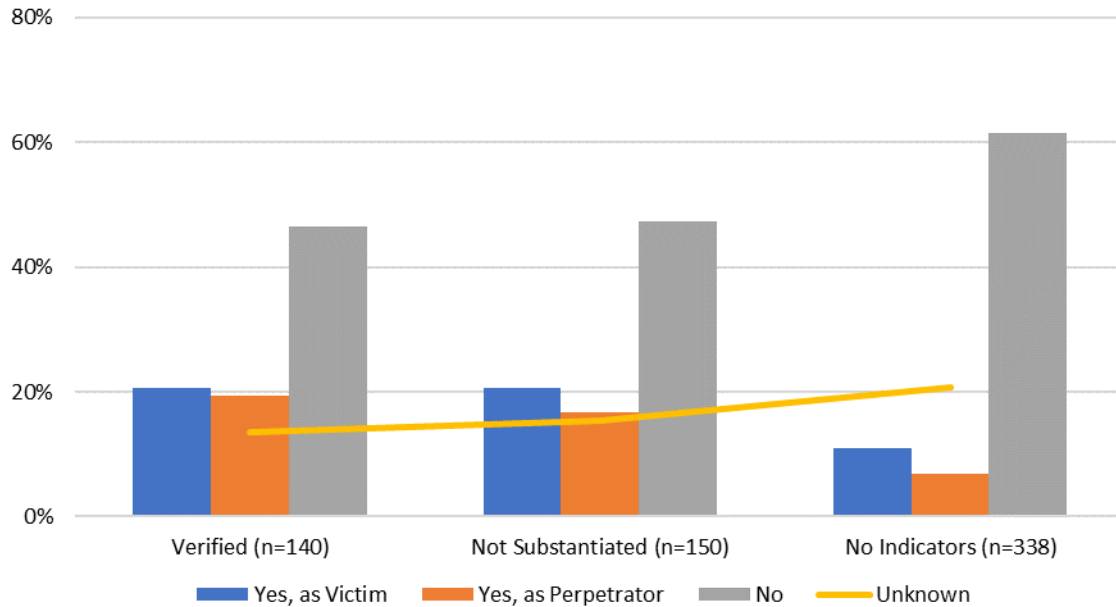


Table G-36 highlights the distribution of supervisors' history with intimate partner violence as a victim and/or perpetrator.

History of Intimate Partner Violence	Child Maltreatment Death											
	Verified n=79				Not Substantiated n=86				No Indicators n=191			
	Drowning n=20	Asphyxia n=11	Body Part/ Weapon n=23	Other Undetermined Unknown n=25	Drowning n=22	Asphyxia n=32	Body Part/ Weapon n=1	Other Undetermined Unknown n=31	Drowning n=25	Asphyxia n=68	Body Part/ Weapon n=6	Other Undetermined Unknown n=92
Yes, as Victim	20.0%	18.2%	21.7%	16.0%	18.2%	12.5%	0.0%	22.6%	8.0%	17.6%	0.0%	8.7%
Yes, as Perpetrator	20.0%	36.4%	8.7%	12.0%	18.2%	9.4%	0.0%	12.9%	0.0%	7.4%	0.0%	4.3%
No	40.0%	36.4%	39.1%	40.0%	54.5%	50.0%	0.0%	29.0%	60.0%	58.8%	16.7%	53.3%
Unknown/Missing	20.0%	9.1%	30.4%	32.0%	9.1%	28.1%	100.0%	35.5%	32.0%	16.2%	83.3%	33.7%

Past Criminal History of Caregivers and Supervisors

When the criminal history of caregivers is examined (Table G-37), 56 of the 158 (35.4%), 58 of the 172 (33.7%) and 97 of the 382 (25.4%) caregivers associated with verified, not substantiated, and no indicators child maltreatment deaths (respectively) have a past criminal history.⁵ When primary cause of maltreatment deaths is observed, the highest proportion of caregivers for verified maltreatment cases with a criminal past

⁵ A series of tests of significance between independent proportions (Z-Scores) were done to determine if the observed total proportion of caregivers with a criminal history for verified, not substantiated, and no indicators for maltreatment cases differed significantly (at p<.05, two-tailed test). The observed proportion differences between verified and no indicators (Z-Score=2.358, p<.02) and not substantiated and no indicators for maltreatment (Z-Score=2.0205, p<.05) deaths were statistically significant.

were those affiliated with other deaths (42.0%), followed by asphyxia deaths (40.9%). The types of offenses (for verified cases) that caregivers committed vary in proportional representation across primary cause of death. Among those with a criminal history, those with drug offenses were represented from a low of 21.4% for caregivers associated with verified body parts/weapons deaths to a high of 66.7% of those caregivers associated with asphyxia deaths. Please note that the column totals for the type of offense across each category of primary cause of death may exceed 100% as individual caregivers may have more than one past criminal offense.

Table G-37: Past Criminal History of Caregivers by Maltreatment Verification Status and Primary Cause of Death												
Criminal History of Caregivers	Child Maltreatment Death											
	Verified n=158				Not Substantiated n=172				No Indicators n=382			
	Drowning n=40	Asphyxia n=22	Body Part/ Weapon n=46	Other Undetermined Unknown n=50	Drowning n=44	Asphyxia n=64	Body Part/ Weapon n=2	Other Undetermined Unknown n=62	Drowning n=50	Asphyxia n=136	Body Part/ Weapon n=12	Other Undetermined Unknown n=184
Yes	30.0%	40.9%	30.4%	42.0%	31.8%	28.1%	0.0%	41.9%	18.0%	26.5%	16.7%	27.2%
No	47.5%	36.4%	47.8%	28.0%	54.5%	32.8%	50.0%	33.9%	64.0%	53.7%	66.7%	51.6%
Unknown/Missing	22.5%	22.7%	21.7%	30.0%	13.6%	39.1%	50.0%	24.2%	18.0%	19.9%	16.7%	21.2%
Type of Offense	If Yes, Verified Child Maltreatment (n=56)				If Yes, Not Substantiated as Child Maltreatment (n=58)				If Yes, No Indicators that Child Maltreatment (n=97)			
	Drowning n=12	Asphyxia n=9	Body Part/ Weapon n=14	Other Undetermined Unknown n=21	Drowning n=14	Asphyxia n=18	Body Part/ Weapon n=0	Other Undetermined Unknown n=26	Drowning n=9	Asphyxia n=36	Body Part/ Weapon n=2	Other Undetermined Unknown n=50
Assaults	33.3%	33.3%	50.0%	38.1%	42.9%	38.9%	0.0%	26.9%	33.3%	36.1%	50.0%	28.0%
Robbery	33.3%	44.4%	35.7%	52.4%	42.9%	66.7%	0.0%	61.5%	77.8%	50.0%	0.0%	60.0%
Drugs	58.3%	66.7%	21.4%	57.1%	50.0%	55.6%	0.0%	46.2%	22.2%	30.6%	0.0%	32.0%
Other	33.3%	55.6%	78.6%	76.2%	78.6%	50.0%	0.0%	69.2%	88.9%	69.4%	50.0%	66.0%
Unknown/Missing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Figure G-12: Criminal Background History of All Caregivers (N=712)

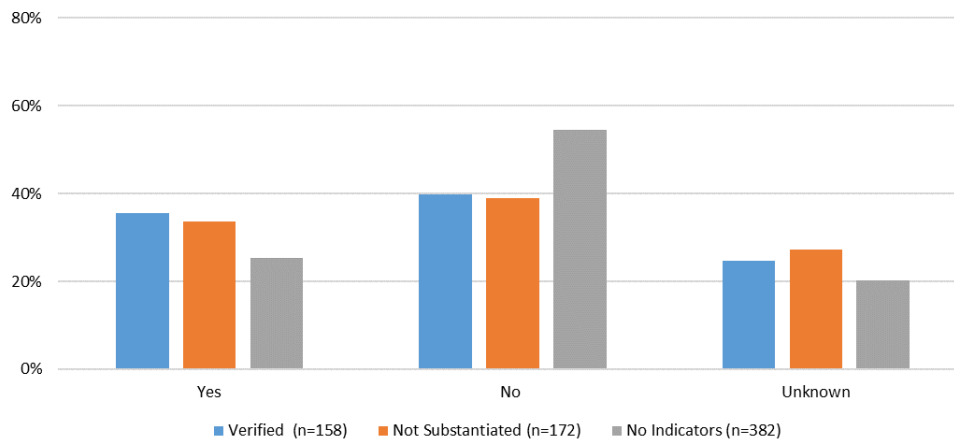
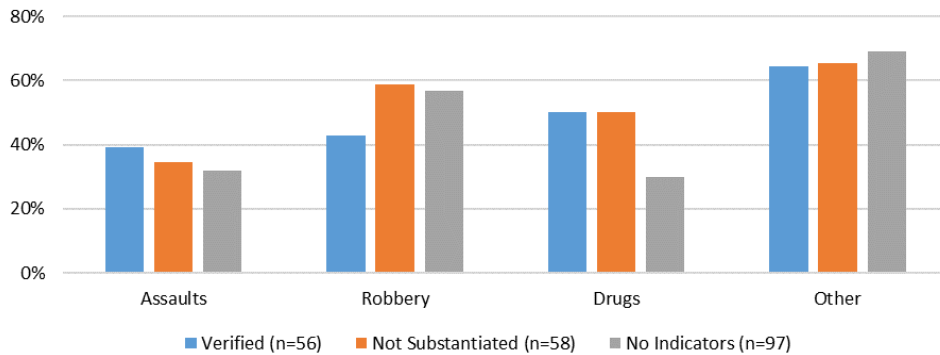


Figure G-13: Offense Type for Those Caregivers With Criminal Background (N=211)



When the criminal history of supervisors is examined (See Table G-38), 30 of 79 (40.0%), 27 of 86 (31.4%) and 36 of 191 (18.8%) supervisors associated with verified, not substantiated, and no indicators of child maltreatment deaths (respectively) have a past criminal history. Only the observed difference in percentage of supervisors with a criminal history for not substantiated and no indicators of maltreatment deaths were statistically significant.⁶ When primary cause of maltreatment deaths is observed, the highest proportion of supervisors for verified maltreatment cases with a criminal past were those affiliated with asphyxia deaths (63.6%) and drowning (40.0%). The types of offenses (for verified cases) that supervisors committed vary in proportional representation across primary cause of death. Among those with a criminal history, those with drug offenses were represented from a low of 16.7% for supervisors associated with verified weapon to a high of 57.1% of those supervisors associated with asphyxia deaths. Please note that the column totals for the type of offense for each category of primary cause of death may exceed 100% as individual caregivers may have more than one past criminal offense.

⁶ A series of tests of significance between independent proportions (Z-Scores) were done to determine if the observed total proportion of caregivers with a criminal history for verified, not substantiated, and no indicators for maltreatment cases differed significantly (at $p < .05$, two-tailed test). The observed proportion differences between verified and no indicators (Z-Score=3.3271, $p < .01$) and not substantiated and no indicators for maltreatment (Z-Score=2.3050, $p < .03$) deaths were statistically significant.

Table G-38: Past Criminal History Associated with Supervisors by Maltreatment Verification Status and Primary Cause of Death

Criminal History of Supervisors	Child Maltreatment Death											
	Verified n=79				Not Substantiated n=86				No Indicators n=191			
	Drowning n=20	Asphyxia n=11	Body Part/ Weapon n=23	Other Undetermined Unknown n=25	Drowning n=22	Asphyxia n=32	Body Part/ Weapon n=1	Other Undetermined Unknown n=31	Drowning n=25	Asphyxia n=68	Body Part/ Weapon n=6	Other Undetermined Unknown n=92
Yes	40.0%	63.6%	26.1%	36.0%	31.8%	25.0%	0.0%	38.7%	24.0%	30.9%	16.7%	22.8%
No	50.0%	27.3%	56.5%	28.0%	59.1%	46.9%	0.0%	35.5%	60.0%	57.4%	16.7%	55.4%
Unknown/Missing	10.0%	9.1%	17.4%	36.0%	9.1%	28.1%	100.0%	25.8%	16.0%	11.8%	66.7%	21.7%
Type of Offense	If Yes, Verified Child Maltreatment (n=30)				If Yes, Not Substantiated as Child Maltreatment (n=27)				If Yes, No Indicators that Child Maltreatment (n=36)			
	Drowning n=8	Asphyxia n=7	Body Part/ Weapon n=6	Other Undetermined Unknown n=9	Drowning n=7	Asphyxia n=8	Body Part/ Weapon n=0	Other Undetermined Unknown n=12	Drowning n=6	Asphyxia n=21	Body Part/ Weapon n=1	Other Undetermined Unknown n=21
	Assaults	37.5%	28.6%	50.0%	22.2%	42.9%	50.0%	0.0%	16.7%	33.3%	33.3%	0.0%
Robbery	0.0%	14.3%	0.0%	22.2%	28.6%	37.5%	0.0%	8.3%	0.0%	14.3%	0.0%	23.8%
Drugs	37.5%	57.1%	16.7%	44.4%	14.3%	37.5%	0.0%	41.7%	33.3%	19.0%	0.0%	23.8%
Other	37.5%	57.1%	83.3%	77.8%	57.1%	50.0%	0.0%	66.7%	83.3%	71.4%	100.0%	66.7%
Unknown/Missing	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Past Child Death Associated with Caregivers and Supervisors

Table G-39 highlights the distribution of caregivers with past child death events. In total, 5 of 158 (3.2%) caregivers in association with verified maltreatment deaths were known to have a past child death. With respect to caregivers in not substantiated maltreatment deaths, 2 of 172 (1.2%) were identified as having a past child death event. Lastly, 8 of 382 (2.1%) caregivers stratified as no indicators of maltreatment deaths have histories of child death events.

Table G-39: Past Child Death Associated with Caregivers by Maltreatment Verification Status and Primary Cause of Death

Past Child Death with Caregiver	Child Maltreatment Death											
	Verified n=158				Not substantiated n=172				No Indicators n=382			
	Drowning n=40	Asphyxia n=22	Body Part/ Weapon n=46	Other Undetermined Unknown n=50	Drowning n=44	Asphyxia n=64	Body Part/ Weapon n=2	Other Undetermined Unknown n=62	Drowning n=50	Asphyxia n=136	Body Part/ Weapon n=12	Other Undetermined Unknown n=184
Yes	2.5%	13.6%	0.0%	2.0%	0.0%	0.0%	0.0%	3.2%	0.0%	2.9%	16.7%	1.1%
No	77.5%	63.6%	82.6%	80.0%	84.1%	71.9%	50.0%	75.8%	72.0%	74.3%	66.7%	72.3%
Unknown/Missing	20.0%	22.7%	17.4%	18.0%	15.9%	28.1%	50.0%	21.0%	28.0%	22.8%	16.7%	26.6%

Table G-40 highlights the distribution of supervisors with past child death events. In total, 3 of 79 (3.8%) supervisors in association with verified maltreatment deaths were known to have a past child death. With respect to supervisors in not substantiated maltreatment deaths, none were identified as having any association with a past child death event. Lastly, 6 of 191 (3.1%) supervisors stratified as no indicators of maltreatment deaths have histories with child death events.

Table G-40: Past Child Death Associated with Supervisors by Maltreatment Verification Status and Primary Cause of Death

Past Child Death with Supervisor	Child Maltreatment Death											
	Verified n=79				Not Substantiated n=86				No Indicators n=191			
	Drowning n=20	Asphyxia n=11	Body Part/ Weapon n=23	Other Undetermined Unknown n=25	Drowning n=22	Asphyxia n=32	Body Part/ Weapon n=1	Other Undetermined Unknown n=31	Drowning n=25	Asphyxia n=68	Body Part/ Weapon n=6	Other Undetermined Unknown n=92
Yes	0.0%	18.2%	0.0%	4.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.4%	16.7%	2.2%
No	85.0%	72.7%	82.6%	64.0%	81.8%	78.1%	0.0%	80.6%	80.0%	82.4%	16.7%	70.7%
Unknown/Missing	15.0%	9.1%	17.4%	32.0%	18.2%	21.9%	100.0%	19.4%	20.0%	13.2%	66.7%	27.2%

APPENDIX H:

DOH SAFE SLEEP LETTER

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

August 31, 2018

Dear Colleague:

I am requesting your assistance in addressing one of the greatest threats to children in the state of Florida. Unsafe sleep practices continue to be the leading cause of preventable death in infants. In 2016, there were 85 such deaths in Florida,¹ each one a family tragedy and a loss to our society. Nationwide there are approximately 3,500 such deaths each year. As a result, the American Academy of Pediatrics (AAP) recently updated its guidelines for the prevention of Sudden Infant Death Syndrome (SIDS) and other sleep-related infant deaths.² These guidelines encourage all health care providers to endorse and model these risk-reduction recommendations from birth onward. I am asking that you and your staff actively promote these safe sleep recommendations to the families for whom you provide care.

Enclosed is a summary of these evidence-based recommendations. They apply ideally to infants for the whole first year, but for the first six months of life at a minimum. The Florida Department of Health collaborated with community partners to develop patient education materials on safe sleep practices to reinforce the one-on-one counseling you and your staff can provide to parents. An electronic copy of our safe sleep brochure can be accessed at https://www.ounce.org/pdfs/safe_sleep.pdf. Additional resources can be ordered at https://www.ounce.org/order_here.asp.

As a physician, you are a trusted source of information for parents on health and safety. Your influence is extended by the ARNPs, Physician Assistants and other staff members who work with you. Families continually re-examine decisions about how best to care for their infants and often receive conflicting messages from other family members and the media. Safe sleep information is worth repeating at each encounter.

By working together to inform families and caregivers about safe sleep practices, the tragedy of preventable infant death can be significantly reduced. Thank you for joining this effort to protect Florida's future and our most precious new residents.

Sincerely,

Celeste Philip, MD, MPH
Surgeon General and Secretary

Enclosure

Summary of Recommendations for Safe Sleep, based on updated AAP Guidelines

1. Infants should be placed down to sleep on their backs for every sleep episode by every caretaker until they reach 1 year of age. Sleeping on the back has been proven to decrease the risk of sleep-related deaths, and SIDS numbers have plateaued since this was implemented. It does not increase the risk of choking and aspiration, a concern often raised by caregivers and some health care professionals. This applies to pre-term as well as term infants. Sleeping on the side is not safe and is not recommended. It is important that families instruct temporary caregivers that their infant needs to be put down to sleep on their back; especially if they are individuals who raised children prior to this guidance. Once infants are able to roll over in both directions, they can be left in the position they assume.
2. Infants should sleep on a firm sleep surface such as a mattress with a fitted sheet in a safety-approved crib. There should be no loose bedding, blankets, quilts, comforters, sheepskins, pillows or other soft objects in the crib as these present a risk for suffocation. This includes bumper pads that connect to the crib rails and which have been implicated in strangulation and entrapment deaths. Likewise, infants should not be left to sleep on sofas or armchairs, or share this surface with their caregiver during that time. This sleeping arrangement has led to numerous suffocation deaths as a result of the infants' faces becoming wedged in corners, or between the caregiver and sofa.
3. Infants should sleep in the parents' room but on a separate surface, not in the parents' bed. The best way to accomplish this is with a crib or bassinette in the parents' room, near the bed. Bed-sharing with parents, siblings, or pets is a common cause of suffocation and entrapment deaths. When speaking with parents it is a good idea to discuss "room sharing" which is good as opposed to "bed sharing" which is dangerous. The older term "co-sleeping" is discouraged because it is ambiguous and could refer to either practice.
4. Breastfeeding should be encouraged. The American Academy of Pediatrics (AAP), the American Academy of Family Physicians and the American College of Obstetricians and Gynecologists all strongly endorse breastfeeding for its many health benefits which include a measure of protection from SIDS.^{3, 4, 5} All health care providers should actively promote breastfeeding. It is critically important, however, that breastfeeding should not result in the infant and mother sleeping in the same bed. Ideally, this recommendation should be given at the same time breastfeeding is initiated soon after delivery, and reinforced consistently throughout the post-partum hospitalization period. An all-too-common story in infant death cases is the history that the mother fell asleep while breastfeeding and awakened to find the infant dead. This is especially true of infants less than 4 months of age. If parents choose to breastfeed infants less than 4 months of age in bed, they must take care not to fall asleep, and if they do fall asleep, they should place the infant back in their crib or bassinette as soon as they awaken.
5. Parents should be cautioned regarding the use of commercial products that claim to reduce the risk of SIDS or to make it safe to bed-share. Companies may promote various wedges, positioners and other devices to be placed in the parents' bed to separate the infant from others. The American Academy of Pediatrics finds that there is no evidence that these devices reduce the risk of SIDS or suffocation. The AAP, the US Food and Drug Administration and the Consumer Product Safety Council all concur that manufacturers should not claim that a product or device protects against SIDS unless they have scientific evidence that proves that to be true.

In summary, the safest way for babies to sleep is on their back, alone, on a firm surface free of clutter and soft accessories.

References

1. Florida Child Abuse Death Review Committee Annual Report, December 2017. *Note: Florida Child Abuse Death Review Committee reviews exclusively those child fatalities which have been reported to the Florida Abuse Hotline. Therefore, the total number of sleep-related deaths may exceed the number indicated above.
2. American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome. SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Sleeping Environment. Pediatrics, November 2016, Volume 138.
3. American Academy of Pediatrics Section on Breastfeeding. Pediatrics, March 2012, Volume 129.
4. American Academy of Family Physicians. AAFP Releases Position Paper on Breastfeeding. American Family Physician, January 1, 2015, Volume 91, Number 1, p.56.
5. American College of Obstetrics and Gynecology, Breastfeeding Expert Work Group Committee on Obstetric Practice. Optimizing support for breastfeeding as part of obstetric practice. ACOG Committee Opinion No. 756. American College of Obstetricians and Gynecologists. Obstet Gynecol 2018;132:e187–96.

APPENDIX I:

HEALTHY FAMILIES FLORIDA
HOME SAFETY CHECKLIST

Home Safety Checklist

Today's Date: _____

Check the time you are conducting the home safety check based on your child's age:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Prenatal or less than 3 months old | <input type="checkbox"/> 3-years-old |
| <input type="checkbox"/> 4 to 6-months-old: Getting ready to crawl | <input type="checkbox"/> 4-years-old |
| <input type="checkbox"/> 9 to 12-months-old: Getting ready to walk | <input type="checkbox"/> New home |
| <input type="checkbox"/> 2-years-old | <input type="checkbox"/> Other: _____ |

Check "yes," "no" or "N/A" (for not applicable), based on what you see.

HOME SAFETY

Walk around to check the safety of the home (bathroom, kitchen, bedroom, etc.) by answering the questions below.

-
1. Yes No Are electrical cords intact and away from the reach of children?
-
2. Yes No Are electrical appliances away from a filled tub, sink or running water?
-
3. Yes No Are painted surfaces (including walls and furniture) free from chalking, flaking and peeling, which could indicate the presence of lead-based paint?
-
4. Yes No Are all exterior doors, including pet doors if applicable, childproofed (latches, high locks or alarms, etc.)?
-
5. Yes No Are all stairways and floor space for walking clear from obstruction and in a non-slippery condition?
-
6. Yes No N/A Is there railing protecting all stairways and elevated landings (top and bottom of stairs)?
-
7. Yes No N/A If there are railing slats greater than 2-3/8 inches apart, are they covered with a piece of wood or hard plastic?
-
8. Yes No Is there a safe place for the child to sleep?
-
9. Yes No N/A If there is a crib, are the gaps between the slats on the crib 2-3/8 inches or less?
-
10. Yes No N/A If there is a child under 1 year of age, is the sleeping area free of soft bedding (including bumper pads), pillows, blankets and stuffed animals?
-
11. Yes No N/A If there is a crib, does the crib sheet and mattress fit tightly to avoid entrapment and suffocation?
-
12. Yes No N/A Are all houseplants out of the reach of children?
-
13. Yes No N/A Are all ashtrays out of the reach of children?
-
14. Yes No N/A Are emergency numbers readily accessible? (See list of phone numbers)
-
15. Yes No Are knives and other sharp objects out of the reach of children or in a childproofed drawer?
-

16. Yes No Are plastic bags out of the reach of children?
-
17. Yes No Are sharp edges and corners covered (i.e., fireplace, tables, etc.)?
-
18. Yes No Are there safety plugs in all unused electrical outlets?
-
19. Yes No N/A Are hair dryers and curling irons out of the reach of children?
-
20. Yes No N/A Are the iron and ironing board out of the reach of children?
-
21. Yes No Are all chemicals and cleaning supplies stored in original containers? (Some examples of dangerous products include paint thinner, antifreeze, gasoline, turpentine, bleach, insect spray, fertilizer, poison.)
-
22. Yes No Are all chemicals and cleaning supplies stored out of the reach of children or in a childproofed cabinet?
-
23. Yes No Are all vitamins, over-the-counter and prescription medication stored out of the reach of children or in a childproofed drawer/cabinet?
-
24. Yes No N/A Are all alcoholic beverages stored out of the reach of children or in a childproofed cabinet?
-
25. Yes No N/A Are cosmetics stored out of the reach of children or in a childproofed drawer/ cabinet?
-
26. Yes No N/A Are curtain and blind cords kept out of the reach of children?
-
27. Yes No N/A If residence is not on the ground floor, is furniture that a child could climb on away from windows, or are there window guards installed?
-

FIRE SAFETY

28. Yes No Are smoke alarm(s) in working order and located on every floor?
-
29. Yes No N/A Are space heaters in good repair and are they at least 4 feet from clothing, curtains/ drapes or any flammable material?
-
30. Yes No Are there two unrestricted exits (windows or doors) that can be used in case of fire?
-

WATER SAFETY

Look at all outdoor areas with water (pool, hot tub, retention pond and/or fountain). Measurements are based on current Florida Building Code 424.2.17.

31. Yes No N/A If there is an in-ground pool, is there at least a 4-foot barrier with gaps of no more than 4 inches?
-
32. Yes No N/A If there is an in-ground pool, is there two inches or less between the ground and the bottom of the pool barrier?
-
33. Yes No N/A If there is a door from the house that leads into an area with water, is there an exit alarm or a lock located at least 54 inches above the floor?

34. Yes No N/A If there is a barrier around the pool, are large objects outside of the barrier (such as tables, chairs or ladders) far enough away from the barrier to prevent children from using them to climb over the barrier and into the pool area?
-
35. Yes No N/A If there is a gate into the area with water, is there a latch on the gate that closes automatically? Is the latch located on the side with the water? Is the latch located at least 54 inches above the bottom of the gate?
-
36. Yes No N/A If there is a window that is accessible to the area with water, is there an exit alarm and/or is the base of the window at least 48 inches from the interior floor (can be 42 inches if there is a cabinet beneath a screened or protected pass-through window)?
-
37. Yes No N/A Are toys and objects that may attract children kept out of the water when not in use?
-
38. Yes No N/A Are there life saving devices near the pool such as a hook, pole or flotation device?
-
39. Yes No N/A Are pool chemicals kept away from heat sources and out of the reach of children?
-
40. Yes No Is the property free from containers of water or other fluid left uncovered or accessible to a child (i.e., inflatable "kiddie pool", buckets, etc.)?

This Home Safety Checklist was developed by Healthy Families Florida

APPENDIX J:

DCF HOME SAFETY CHECKLIST



State of Florida
Department of Children and Families

Rick Scott
Governor

Mike Carroll
Secretary

Home Safety Checklist

Infants Less Than 6 Months Old

Although much child protection work focuses on the problem of abuse, unintentional injuries resulting from negligent care actually cause twice as many infant and child deaths each year. Negligent supervision of children and hazardous conditions in the home also cause numerous non-fatal injuries. Many parents are unaware of the dangers to children present in the home. You can help them to identify these dangers and prevent future injuries and deaths.

Safe Sleep: *Unsafe sleep conditions are the most common cause of preventable death in infants less than 6 months old.* Bed-sharing with adults, sleeping on the stomach and sleeping in places not intended for safe sleep are all common causes of death in infants. In 2015, 79 infants died as a result of the unsafe sleeping arrangements described below.

Observation	Rationale
<input type="checkbox"/> Crib, Bassinet or Playpen: In good repair. free of toys, blankets, bumper pads, stuffed animals and away from hanging window cords. Mattress fits snugly against rails.	Cribs, bassinets and playpens are the safest places for infants to sleep. Any object in the sleeping area is a suffocation or strangulation hazard.
<input type="checkbox"/> Parent expresses an understanding of the importance of placing the infant down to sleep on his/her back.	Infants who sleep on their stomachs are more likely to die in their sleep of Sudden Infant Death Syndrome (SIDS).
<input type="checkbox"/> Parent expresses an understanding of the importance of the infant sleeping in a crib, bassinet or playpen and not in bed or elsewhere with an adult or older child.	Parents sleeping with their babies often suffocate them as they sleep. This happened to 39 infants in Florida in 2015. Sleeping in the same <u>room</u> is good.
<input type="checkbox"/> Parent expresses an understanding of the importance of the infant sleeping in a crib, bassinet or playpen and not on a sofa, couch or chair.	Babies sleeping on couches and chairs often get their faces wedged in places where they suffocate. This happened to 12 babies in 2015.

Fall Prevention: Although household falls rarely cause death, they cause many bumps, bruises, broken bones and even skull fractures. Many parents first find that their baby has learned to roll over when he or she is hurt falling off of a bed, couch or changing table.

<input type="checkbox"/> Parent expresses an understanding of the importance of never leaving the infant on any raised surface from which he or she could fall.	Even young infants can scoot and squirm and can fall from beds, couches and changing tables.
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Burn Prevention: Many infants suffer burns from hot liquids, hot objects and cigarettes handled carelessly around them.

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|--------------------------|--|---|
| <input type="checkbox"/> | Parent expresses an understanding that he/she should not smoke or drink hot coffee or tea while holding the infant. | Babies wave their arms and kick their legs and may cause spills or come in contact with hot things. |
| <input type="checkbox"/> | Parent expresses an understanding that the hot water heater should be set to a temperature no higher than 120 degrees. | If the hot water heater is set at a hotter temperature, scald burns can happen in seconds. Parent, friend or landlord can adjust. |

Automobile Safety: Many serious injuries and fatal accidents to infants and children occur when the car or truck they are riding in is involved in a collision.

- | | | |
|--------------------------|---|--|
| <input type="checkbox"/> | Parent has a car seat and knows how to install it and the baby correctly. | Improperly restrained infants in improperly installed car seats are not protected. |
| <input type="checkbox"/> | Parent expresses an understanding that the infant must be restrained in the car every time he or she travels. | You can never predict when a car accident will happen. It is never Safe to carry an infant in one's arms or otherwise unrestrained in a car. |



State of Florida
Department of Children and Families

Rick Scott
Governor

Mike Carroll
Secretary

Home Safety Check List

Infants 6 – 12 Months Old

Although much child protection work focuses on the problem of abuse, unintentional injuries resulting from negligent care actually cause twice as many infant and child deaths each year. Negligent supervision of children and hazardous conditions in the home also cause numerous non-fatal injuries. Many parents are unaware of the dangers to children present in the home. You can help them to identify these dangers and prevent future injuries and deaths.

Safe Sleep: *Unsafe sleep conditions are the most common cause of preventable death in infants less than 12 months old.* Bed-sharing with adults and sleeping in places not intended for safe sleep are common causes of death in infants in this age group. In 2015, 79 infants died as a result of the unsafe sleeping arrangements described below.

Observation	Rationale
<input type="checkbox"/> Crib, Bassinet or Playpen: In good repair. free of toys, blankets, bumper pads, stuffed animals and away from hanging window cords. Mattress fits snugly against rails.	Cribs, bassinets and playpens are the safest places for infants to sleep. Any object in the sleeping area is a suffocation or strangulation hazard.
<input type="checkbox"/> Parent expresses an understanding of the importance of the infant sleeping in a crib, bassinet or playpen and not in bed with an adult.	Parents sleeping with their babies often suffocate them as they sleep. This happened to 39 babies in Florida in 2015.
<input type="checkbox"/> Parent expresses an understanding of the importance of the infant sleeping in a crib, bassinet or playpen and not on a sofa, couch or chair.	Babies sleeping on couches and chairs often get their faces wedged in places where they suffocate. This happened to 12 babies in 2015.

Fall Prevention: Infants in this age group are very mobile. Not only can they roll over, but most will be crawling and some will be cruising or walking before they are a year old.

<input type="checkbox"/> Parent expresses an understanding of the importance of never leaving the infant on any raised surface from which he or she could fall.	There is no maybe: Infants in this age range <u>will</u> fall and get hurt if they are left on beds and couches.
<input type="checkbox"/> Parent has barrier gates on steps or stairs to prevent falls.	Infants in this age range can start crawling up or down stairs and can fall, hurting themselves
<input type="checkbox"/> Parent is not putting the infant in an infant walker.	Infants in walkers suffer more falls and injuries. They are also slower learning to walk. Stationary infant play stations are safer.

Drowning Prevention: Because they are starting to move around and cannot recognize danger, infants in this age range will drown if given a chance to get into water.

<input type="checkbox"/> Parent expresses an understanding that	In Florida in 2015, 6 infants drowned
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- | | | |
|--------------------------|---|---|
| | the infant should never be left in a bath either alone or with another child. | when they were left unsupervised in bathtubs. |
| <input type="checkbox"/> | Parent expresses an understanding that buckets of water are a drowning danger for children in this age group. | Infants who can crawl will sometimes pull up on the side of a bucket of water and fall in head first. |
| <input type="checkbox"/> | If there is a swimming pool of any kind on the property, there are doors or gates with secure locks and latches on them separating the living areas from the water. | Smart, mobile infants will find a way to get to water very quickly when a parent's back is turned. |

Poisoning Prevention: Infants learn about the world by tasting it. They may eat or drink anything they can get their hands on.

- | | | |
|--------------------------|--|---|
| <input type="checkbox"/> | Kitchen, bathroom and other cabinets all have child-proof latches on them. | Insecticides, drain cleaners and other things stored in these locations can cause severe injuries or death. |
| <input type="checkbox"/> | All medications, both prescription and over-the-counter, are kept in their child-proof containers. | Many medications look like candy. Infants will eat them if they can get them. |

Choking Prevention: Infants in this age range are moving around the house. They will put anything they find in their mouths. They may choke to death.

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|--------------------------|--|-------------------------------|
| <input type="checkbox"/> | The floor and furniture are free of small objects that would fit in the infant's mouth, including older children's small toys. | Small objects choke children. |
|--------------------------|--|-------------------------------|

Burn Prevention: Many infants suffer burns from hot liquids, hot objects and cigarettes handled carelessly around them. Adults and children alike may die in home fires, often from smoke inhalation.

- | | | |
|--------------------------|--|---|
| <input type="checkbox"/> | Parent expresses an understanding that He/she should not smoke or drink hot or tea while holding the infant. | Babies wave their arms and kick their legs and may cause spills or come in contact with hot things. |
| <input type="checkbox"/> | The home has smoke alarms with working batteries to provide early warning of fire. | When homes catch fire, infants and children often die in back bedrooms while adults are driven out by flames and smoke. |

Automobile Safety: Many serious injuries and fatal accidents to infants and children occur when the car or truck they are riding in is involved in a collision. Some infants approaching a year of age may be outgrowing their infant car seats.

- | | | |
|--------------------------|---|--|
| <input type="checkbox"/> | Parent has a car seat and knows how to install it and the baby correctly. | Improperly restrained infants in improperly installed car seats are not protected. |
| <input type="checkbox"/> | Parent expresses an understanding that the infant must be restrained in the car every time he or she travels. | You can never predict when a car accident will happen. It is never Safe to carry an infant in one's arms or otherwise unrestrained in a car. |



**State of Florida
Department of Children and Families**

Rick Scott
Governor

Mike Carroll
Secretary

Home Safety Check List

Toddlers 12 – 24 Months Old

Although much child protection work focuses on the problem of abuse, unintentional injuries resulting from negligent care actually cause twice as many infant and child deaths each year. Negligent supervision of children and hazardous conditions in the home also cause numerous non-fatal injuries. Many parents are unaware of the dangers to children present in the home. You can help them to identify these dangers and prevent future injuries and deaths.

Drowning Prevention: *Drowning is the leading cause of preventable death in children in Florida.* In 2015 the deaths of 85 children in Florida were caused by negligent supervision around water, inadequate locks and gates to keep them in the home or inadequate barriers around water. Active toddlers will find a way to get into water if not protected.

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|--------------------------|--|--|
| <input type="checkbox"/> | Parent expresses an understanding that buckets of water are a drowning danger for children in this age group. | Toddlers will sometimes fall head first into half-filled buckets of water and drown. |
| <input type="checkbox"/> | Parent expresses an understanding that the child should never be left in a bath tub either alone or with another child. | In Florida in 2015, 6 infants drowned when they were left unsupervised in bath tubs. |
| <input type="checkbox"/> | If there is a body of water of any type nearby, the parent expresses an understanding that doors to the outdoors and barrier gates must be kept closed and latched. | Doors, gates and latches do no good if they are not secured. Older toddlers may learn to open latches, they can reach, so additional higher latches may be needed. In Florida in 2015, 47 children drowned after getting out of the home undetected. |
| <input type="checkbox"/> | If there is a body of water of any type, the parent expresses an understanding that when the child is outdoors there must be constant eyes-on supervision of the child. | Children can drown in minutes if they are not watched constantly around water when outdoors. In Florida in 2015, 30 children drowned while not being supervised outdoors. |
| <input type="checkbox"/> | If there is a body of water of any type (pool, retention pond, river, lake or ocean), there are fences and gates with secure locks separating the living areas from the water. | It is difficult to keep active toddlers in sight every moment. There must be effective barriers to keep them away from water when the parent is busy cooking or in the bathroom. |

Choking Prevention: Toddlers are constantly on the move and will put anything they find in their mouths. They may choke to death. They do not have a full set of chewing teeth and can choke on some foods and candies.

- | | | |
|--------------------------|--|--|
| <input type="checkbox"/> | The floor and furniture are free of small objects that would fit in the child's mouth, small toys. | Small objects choke children. A good rule of thumb is that if some including older children's thing will fit through a toilet paper roll it is too small for a toddler to play with. |
|--------------------------|--|--|

- | | |
|--|---|
| <input type="checkbox"/> The parent expresses an understanding that foods given to the child must be cut up in small pieces or soft enough that the child can safely swallow them without chewing. | Chunks of hot dog, whole grapes and hard candies are common causes of choking deaths in small children. |
|--|---|

Burn Prevention: Toddlers exploring their environments are especially likely to be burned by hot objects left where they can touch them.

- | | |
|---|---|
| <input type="checkbox"/> The parent expresses an understanding that flat irons and curling irons should always be put away immediately after use. | Many toddlers are burned by hot irons left on the floor or bed or that they pull down off an ironing board. |
| <input type="checkbox"/> The parent expresses an understanding that a playpen can be used to keep the child from being burned while meals are being prepared. | Toddlers may be burned when they pull pots from the stove or touch open oven doors. |
| <input type="checkbox"/> There are plugs in all accessible electrical outlets. | Toddlers like to put wet fingers and metal objects into outlets. |
| <input type="checkbox"/> The home has smoke alarms with working batteries to provide early warning of fire. | When homes catch fire, infants and children often die in back bedrooms while adults are driven out by flames and smoke. |

Poisoning Prevention: Toddlers explore the world by tasting it. They may eat or drink anything they can get their hands on.

- | | |
|---|--|
| <input type="checkbox"/> Kitchen, bathroom and other cabinets all have child-proof latches on them. | Insecticides, drain cleaners and other things stored in these locations can cause severe injuries. |
| <input type="checkbox"/> All medications, both prescription and over-the-counter, are kept in their child-proof containers. | Many medications look like candy. Toddlers will eat them if they can get them. |
| <input type="checkbox"/> The parent has access to the Florida Poison Control Center phone number, 1-800-222-1222. (Provide a copy.) | Parents should have this on hand just in case the child gets into something despite precautions. |

Fall Prevention: Toddlers are very mobile and like to climb.

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|--|---|
| <input type="checkbox"/> Parent has barrier gates on steps or stairs to prevent falls. | Toddlers typically like to crawl up and down stairs and may fall. |
|--|---|

Automobile Safety: The American Academy of Pediatrics now recommends that for maximum protection toddlers stay in rear-facing car safety seats until they are 2 years old or reach the maximum height and weight of their seat.

- | | | |
|--------------------------|--|--|
| <input type="checkbox"/> | Parent has a car seat and knows how to install it and the child correctly. | Improperly restrained toddlers in improperly installed car seats are not protected. |
| <input type="checkbox"/> | Parent expresses an understanding that the infant must be restrained in the car every time he or she travels. | You can never predict when a car accident will happen. It is never safe to carry an infant in one's arms or otherwise unrestrained in a car. |
| <input type="checkbox"/> | Parent expresses an understanding that the child should ride facing backwards until he or she is 2 years old or gets too big for their car seat. | This position provides more support for the head and neck in the event of a collision. |
| <input type="checkbox"/> | The child does not exceed the maximum height and weight limits printed on the seat. | A car seat cannot provide good protection for a child who is too big for it. |



**State of Florida
Department of Children and Families**

Rick Scott
Governor

Mike Carroll
Secretary

Child Protection Team Home Safety Check List

Pre-School Children 2-6 Years Old

Although much child protection work focuses on the problem of abuse, unintentional injuries resulting from negligent care actually cause twice as many infant and child deaths each year. Negligent supervision of children and hazardous conditions in the home also cause numerous non-fatal injuries. Many parents are unaware of the dangers to children present in the home. You can help them to identify these dangers and prevent future injuries and deaths.

Drowning Prevention: *Drowning is the leading cause of preventable death in children in Florida.* In 2015 the deaths of 85 children in Florida were caused by negligent supervision around water, inadequate locks and gates to keep them in the home or inadequate barriers around water.

- | | | |
|--------------------------|--|--|
| <input type="checkbox"/> | If there is a body of water of any type (pool, retention pond, river, lake or ocean), there are fences and gates with secure locks separating the living areas from the water. | It is difficult to keep active children in sight every moment. There must be effective barriers to keep them away from water when the parent is busy cooking or in the bathroom. |
| <input type="checkbox"/> | If there is a body of water of any type, the parent expresses an understanding that doors to the outdoors and barrier gates must be kept closed and latched. | Doors, gates and latches do no good if they are not secured. In Florida in 2015, 47 children drowned after getting out of the home undetected. |
| <input type="checkbox"/> | The parent expresses an understanding that at any gathering near water where children are present, an adult not using alcohol or drugs must be responsible specifically for watching the children. | Children often drown while adults are nearby but distracted by party activities. In Florida in 2015, 30 children drowned while not being supervised outdoors. |
| <input type="checkbox"/> | The parent expresses an understanding that it would be desirable for the child to take swimming lessons. | Children who know how to swim less likely to drown. |

Burn Prevention: Pre-school children are curious about adult activities like cooking, smoking and fire-starting. They like to imitate adults in doing these things and may get burned.

- | | | |
|--------------------------|--|---|
| <input type="checkbox"/> | The home has smoke alarms with working batteries to provide early warning of fire. | When homes catch fire, infants and children often die in back bedrooms while adults are driven out by flames and smoke. |
| <input type="checkbox"/> | Matches and cigarette lighters are safely stored where the child cannot get them. | Children will play with matches and lighters if given a chance. |
| <input type="checkbox"/> | The parent expresses an understanding that flat irons and curling irons should always be put away immediately after use. | Many children are burned by hot irons left on the floor or bed or that they pull down off an ironing board. |

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| <input type="checkbox"/> | The parent expresses an understanding that a playpen can be used to keep the child from being burned while meals are being prepared. | Children may be burned when they pull pots from the stove or touch open oven doors. |
| <input type="checkbox"/> | There are plugs in all accessible electrical outlets. | Children like to put wet fingers and metal objects in outlets. |

Poisoning Prevention: Children may eat or drink anything they can get their hands on. In this age group, medications belonging to parents and grandparents are a special danger.

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| <input type="checkbox"/> | Kitchen, bathroom and other cabinets all have child-proof latches on them. | Insecticides, drain cleaners and other things stored in these locations can cause severe injuries. |
| <input type="checkbox"/> | All medications, both prescription and over-the-counter, are kept in their child-proof containers. | Many medications look like candy. Toddlers will eat them if they can get them. |
| <input type="checkbox"/> | The parent has access to the Florida Poison Control Center phone number, 1-800-222-1222. (Provide a copy.) | Parents should have this on hand just in case the child gets into something despite precautions. |

Automobile Safety: After age 2 years, children can ride in forward-facing car safety seats. As they outgrow seats, appropriate new restraints must be used.

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| <input type="checkbox"/> | Parent has a car safety seat appropriate for the child's age and weight and knows how to use it. (Check limits printed on seat.) | Improperly restrained children in improperly installed car seats are not protected. |
| <input type="checkbox"/> | Parent expresses an understanding that the child must be restrained in the car every time he or she travels. | You can never predict when an car accident will happen. It is never safe to let a child be unrestrained. |
| <input type="checkbox"/> | If the child is too big for a car safety seat, a belt-positioning booster seat is used. | Car seat belts should go over child's lap or pelvis and chest, not over the tummy, face or |