Prevention Through Understanding:
Investigating Unexpected Child Death
Preface and Acknowledgments

The Sudden Unexplained Child Death Act, signed into law in May 2001 and amended in April 2002, states that all emergency medical technicians, firefighters, and law enforcement officers must receive training on the handling of cases of sudden, unexplained infant death as part of their basic and continuing training requirements (Tenn. Code Ann. § 68-1-1102, 2001 and supp. 2002). In June 2005, Tenn. Code Ann. § 68-1-1103 was signed into law, requiring an investigation into the sudden, unexplained death of any child from birth through age 17. The laws mandate that the Tennessee Departments of Health and Children’s Services, in cooperation with the state’s Medical Examiner’s Office, develop the training program, rules, and minimum standards needed to comply with the law. Prevention Through Understanding: Investigating Unexpected Child Death is the result.

In addition to responding to the law, these materials may also be used to learn about Sudden Infant Death Syndrome (SIDS) and Sudden Unexplained Infant Death (SUID).

The welfare of Tennessee's children is important to all of us, and the death of even one child is a tragedy. By developing a more uniform approach to death investigation, we can more accurately determine the cause, manner, and circumstances of sudden, unexpected infant and child deaths. Prevention Through Understanding will provide emergency medical technicians, firefighters, and law enforcement personnel the information they need to respond appropriately and respectfully to one of the most professionally and personally challenging situations faced in death scene investigation.

On behalf of the Office of the State Chief Medical Examiner and the Departments of Health and Children’s Services, we wish to acknowledge those who gave their time, energy, and expertise to make this program possible. We thank the Center for Health and Human Services, the College of Education and Behavioral Science, and the University College at Middle Tennessee State University for developing the training video and manuals. We also thank the members of the Advisory Group for their invaluable assistance and all those associated with the making of the program’s video presentation.

We hope these materials will be of interest and use to you as you perform the unique and difficult duties of your profession. We welcome your feedback and comments.

For more information about the educational video and manual, contact the University College, Middle Tennessee State University, Attn: Prevention Through Understanding: Investigating Unexpected Child Death, MTSU Box 54, 1301 East Main Street, Murfreesboro, Tennessee 37132, (615) 898-2177.
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Tennessee Medical Examiner

The Office of the State Chief Medical Examiner (OSCME) is staffed by two full-time board-certified forensic pathologist and two board-certified medicolegal death investigators. The mission of the office is to improve death investigation by achieving a high degree of consistency and standardization throughout the state while increasing credibility and working toward obtaining more comprehensive, accessible statistical death investigative information.

Services provided by the Office of the Chief Medical Examiner:

- Educating and training county medical examiners, county medical examiner investigators, and law enforcement in death investigation
- Consulting service to the public; law enforcement; clinicians; and friends and family of the deceased
- Archiving county medical examiner and autopsy reports from throughout Tennessee
- Supplying copies of autopsy reports and/or reports of investigation by county medical examiners to the public
- Investigating cases of interest to the state, including mass fatalities and threats to public health

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Section I—Introduction

Purpose

The purpose of this program is to help reduce the incidence of injury and death to infants and children by accurately identifying the cause and manner of death for those under 18 years of age. This will be accomplished by requiring that a death scene investigation be performed in all cases of sudden, unexpected infant and child death.

Overview of the Law

According to the law, all emergency medical technicians (EMTs), professional firefighters, and law enforcement officers shall receive training on the handling of cases of sudden, unexplained child death—including being sensitive to the grief of family members—as part of their basic and/or continuing training requirements. (Throughout this manual these professionals will also be described as “first responders.”) For every sudden, unexplained death of a child under 18, the attending physician or any other person with knowledge of the death shall notify the county medical examiner, who will coordinate the death investigation with local law enforcement according to the protocol developed by the chief medical examiner. The chief medical examiner’s protocol is presented to you through this in-service program.

Why Target First Responders?

Like any other emergency situation, it is important to prepare for responding to a sudden infant or child death scene. This preparation should include an evaluation component to guide future performance. For example, if an infant death is due to Sudden Infant Death Syndrome (SIDS), it is important that first responders handle those tragedies with great care, giving families and care providers the empathy and support they deserve. Conversely, despite the presence of grieving parents and a lack of visible trauma, occasionally a child’s death can be the result of a criminal act or negligence. First responders have the difficult task of balancing the need for a thorough investigation with the concerns of the family and others involved in the event, recognizing that only a complete autopsy, medical history, and review of the death scene can determine the cause of an unexpected child death.

What Is Included in This Curriculum?

*Prevention Through Understanding: Investigating Unexpected Child Death* provides an educational video presentation as well as written information for trainers and trainees. The program manual includes the following:

1. Program Objectives
2. Recommended Program Format
3. Materials Needed for Presenting the Program
4. A Section Focused on Teaching the Program
5. A Postassessment Questionnaire
6. In-Service Tracking and Evaluation Forms
7. Appendices and References
Objectives of the In-Service Program

Upon completion of this program, first responders and county medical examiner investigators should be able to conduct a child death scene investigation using the Sudden Unexplained Infant/Child Death Investigation (SUIDI) form developed by the Centers for Disease Control and Prevention and the Tennessee Medical Examiner. All first responder participants should be able to

1. discuss the Tennessee law requiring (a) an investigation of all sudden unexplained child deaths in the state, and (b) training of current and future EMT, firefighter, and law enforcement personnel;
2. define Sudden Infant Death Syndrome, or SIDS, and be able to describe what SIDS is and what SIDS is not;
3. identify specific risk factors for sudden infant death;
4. describe the roles of EMTs, firefighters, and law enforcement personnel as witnesses and investigators at a scene and describe how to respond appropriately and obtain information as required by the state medical examiner;
5. identify the critical surroundings and environment when responding to a scene;
6. demonstrate sensitivity and a nonjudgmental approach to family members and caregivers;
7. describe the role of Child Protective Services (CPS) and its investigations relating to child abuse and neglect;
8. describe the importance of the Child Fatality Review (CFR) Team; and
9. identify resources for grieving families and care providers and support for professionals.

What to Consider While Watching the Video

While viewing the video, please be aware of the following:

1. the collaborative nature of the work of all first responders—EMTs, firefighters, and law enforcement—and the significant duties each professional has when responding to the scene of a nonresponsive child;
2. the importance of observing the surroundings and preserving the scene environment, understanding that law enforcement officers are typically responsible for investigating a child death scene while EMTs and firefighters are witnesses to the scene;
3. specific procedures and requirements for investigating a death scene, including interviewing techniques;
4. the roles and responsibilities of Child Protective Services (CPS) and Child Fatality Review (CFR) teams; and
5. the sensitivity and support shown to family members and care providers.
Suggested In-Service Discussion Questions

1. Discuss the Sudden Unexplained Child Death Act. What is its purpose? What are the major elements of the law?
2. What is Sudden Infant Death Syndrome? Are all unexplained infant deaths due to SIDS?
3. Was there any section of the video that you found particularly meaningful? Please describe it and why it struck you as significant.
4. In your experiences with a child's death, what are your memories, what have you learned, and what advice would you pass on to other professionals?
5. Discuss the roles of emergency medical technicians, firefighters, and law enforcement at an unexpected child death scene.
6. Discuss the role of child protective services and the importance of the scene investigation for the child fatality review team.
7. What system does your service have in place for contacting families in the event of acute illness or injury?
8. What approach have you found helpful in comforting parents/caregivers in their grief over the loss of an infant or child?
9. For law enforcement and other investigators, what questions do you have about using the SUIDI form?

SIDS Online Training Courses

This course is also available in a self-guided format. It is designed for participants to take the course individually and completely online. There are no registration fees but it is required for you to complete a registration process online and score 70% or more to receive credit for this training. Upon successful completion a certificate will be mailed to the address you provided to verify your credit for completing the course.

To Register visit www.sidstrainingtn.com.

Available course:

1. **Prevention Through Understanding: Investigating Unexpected Infant Death**
   Upon completion of this course, you will receive credit for the training requirements mandated by the State of Tennessee in response to the Sudden Unexplained Child Death Act.

2. **Sudden, Unexplained Infant Death Investigation: Guidelines for the Investigator**
   The purpose of this course is to provide uniform guidelines for the death scene investigators to facilitate a properly documented and effective investigation.
Prevention Through Understanding: Investigating Unexpected Child Death
Section II–Teaching the Program

Understanding the Laws Governing Death Scene Investigation

The Sudden Unexplained Child Death Act, signed into law in May 2001 and amended in April 2002, mandates that first responders receive training on handling cases of sudden, unexplained infant death as part of their basic and continuing training requirements. (See Tenn. Code Ann. § 68-1-11, 68-142, 68-3-5, 2001 and 68-1-1102, Supp., 2002.) In June 2005, Tenn. Code Ann. § 68-1-1103 was signed into law, requiring an investigation into the sudden unexplained death of any child from birth through age 17. The purpose of the law is to help reduce the incidence of injury and death to infants and children by accurately identifying the cause and manner of death. This is accomplished by requiring that a death investigation be performed in all cases of sudden, unexpected child death.

According to the law, all emergency medical technicians (EMTs), professional firefighters, and law enforcement officers should receive training on the handling of cases of sudden, unexplained child death—including being sensitive to the grief of family members—as part of their basic and continuing training requirements. (As of December 31, 2003, law enforcement officers were no longer required to receive this training as part of their continuing training requirements, but it is still part of their basic training. See Tenn. Code Ann. § 68-1-1102 (d), Supp., 2002, including compiler’s notes).

For every sudden, unexplained death of a child under 18 years of age, the attending physician or other person with knowledge of the death shall notify the county medical examiner, who will coordinate the death investigation with local law enforcement according to the protocol developed by the chief medical examiner. The law also permits the Tennessee Department of Health to reimburse county governments for autopsies performed in these investigations, provided the Sudden Unexplained Infant/Child Death Investigation (SUIDI) form is used to complete the investigation. The maximum allowable cost per autopsy is $1,250. Appendix A provides a copy of the full text of the laws. Please see page 9 for a copy of the SUIDI form.

Understanding Sudden Unexpected Infant Death

Definition of Sudden Unexpected Infant Death — This is an umbrella phrase that describes all infant deaths that happen suddenly and unexpectedly. The manner and cause of death are not clear before an investigation is done.

Definition of Sudden Infant Death Syndrome (SIDS) — This refers to the sudden death of an infant less than one year of age that can't be explained after a thorough investigation is conducted. This includes a complete autopsy, examination of the death scene, and review of the medical history. SIDS is considered a subset of SUID.

Definition of Sleep-Related Death — This refers to infant deaths caused by circumstances in the sleep environment such as pillows, blankets or stuffed animals in the crib, a baby sleeping on a surface other than a crib, or a baby sleeping with an adult, sibling, or animal.

Facts About SIDS

Studies have shown that many sudden unexpected infant deaths are caused by an unsafe sleep environment. These deaths are preventable when parents and caregivers follow these safe sleep recommendations:

• always be placed on their backs to sleep
• sleep alone in a crib or bassinet, although it can be in the same room as an adult caregiver
• no bumper pads, blankets, stuffed animals, toys, or pets in their cribs
• sleep on a firm crib mattress with the mattress covered only by a fitted sheet
SIDS in Tennessee Before and After the Back to Sleep Campaign

The Back to Sleep Campaign is named for its recommendation to place healthy babies on their backs to sleep. Placing babies on their backs to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). Originally recommended by the American Academy of Pediatrics in 1992, the Back to Sleep national public education campaign began in 1994. Since that time, there has been a dramatic decrease in SIDS cases nationwide. In the U.S., the incidence of SIDS has fallen approximately 50% since the Back to Sleep Campaign began. Appendix B provides data on SIDS and sleep-related deaths in Tennessee from 2005 to 2010.

The new national Safe to Sleep® campaign, formerly known as the Back to Sleep campaign, has helped educate millions of caregivers about ways to reduce the risk of SIDS and other sleep-related causes of infant death. The campaign builds on the successes of Back to Sleep to address SIDS and other sleep-related causes of infant death and to continue spreading safe sleep messages to members of all communities. These recommendations include sleeping alone and in a crib. Since the start of the campaign, SIDS rates in the United States have decreased by almost 50%, both overall and within various racial/ethnic groups.

Understanding Child Protective Services (CPS) and Abuse and Neglect Cases

The Department of Children's Services responds to over 37,000 reports of child abuse and neglect a year. Every day, more than 100 children are reported abused or neglected in Tennessee. The Child Protective Services (CPS) division strives to protect children whose lives or health are seriously jeopardized because of abusive acts or negligence. The division also supports the preservation of families. According to Tennessee law, all persons (including doctors, mental health professionals, child care providers, dentists, family members, and friends) must report suspected cases of child abuse or neglect to either the Department of Children's Services, the juvenile court judge of jurisdiction, or the county sheriff. Failure to report a suspected case is a violation of the law. Each year, the Tennessee Child Protective Services staff conducts over 30,000 child abuse and neglect investigations affecting more than 40,000 children. These investigations are conducted to determine the condition of the children, to assess their safety, to evaluate their risk of any future harm, and to plan for their well-being.

Department practices risk-oriented case management and considers the following issues:

- investigating referrals of child abuse or neglect
- identifying the risks that contributed to the abuse or neglect
- delivering appropriate services to reduce risks
- evaluating the success of the intervention
- continuing services, if necessary
- closing the case or reuniting the child/children and family

Appendix C provides additional information on Child Protective Services including 24-hour contact information for reporting abuse and neglect.

Understanding Child Fatality Review (CFR) Teams

The Child Fatality Review and Prevention Act of 1995 established a statewide network of child fatality review teams. These multidiscipline, multiagency teams have been established in the 31 judicial districts in Tennessee to review all deaths of children 17 years of age or younger. The purpose of the child fatality review teams is to promote an understanding of the causes of childhood deaths, identify deficiencies in the delivery of services to children and families, and make and carry out recommendations that will prevent future child deaths.

The state child fatality review team reviews reports from local teams, analyzes statistics of the incidence and causes of child deaths, and makes recommendations to the governor and General Assembly to promote the safety and well-being of children. Tennessee is part of a national movement to identify why children are dying and what preventive measures can be taken.
Law enforcement investigators and county medical examiner investigators who fill out the SUIDI form completely and accurately play an important role in helping the Medical Examiner’s Office and Child Fatality Review teams confirm or determine the actual cause of a child’s death.

Appendix C provides child fatality review team information, a copy of the current CFR data collection form, and fatality review judicial districts.

**How to Respond to an Unexpected Child Death Scene**

When responding to the scene of an unexpected infant or child death, it is important to maintain nonjudgmental, compassionate interaction with families and caregivers. If resources allow, it may be helpful to make an additional health care provider or professional available to support and assist the family in gathering items for the trip to the hospital. Calling on clergy or other community support persons for this may require that someone stay behind at the scene until additional resources arrive.

Key on-scene actions include
1. observing the scene for the position of the child when first responders arrive;
2. noting on the baby the presence of any markings, color changes, or bleeding as well as the color and consistency of other body fluids;
3. recording the presence of any objects in close proximity that may have been involved in the scene;
4. noting the behavior of persons present; and
5. documenting all observations and interactions with the family or caregiver in a factual, objective manner, while keeping in mind that all written documentation may be collected as evidence in the investigation.

Most cases of sudden unexplained infant death are transported to the hospital. A complete scene response includes examination of the body at the hospital by the medical examiner or his or her investigator and prompt evaluation of the scene in which the baby was found unresponsive, including a doll re-enactment.

Some families may want to be in the room during resuscitation efforts. However, their presence can transform a focused, technical environment into a highly emotional one. Remember that the health care provider’s first responsibility is to the child patient. Many elements need to be in place so that a family’s presence during resuscitation does not jeopardize patient care, including
1. available staff to stay with the family to explain and continually assess the family members’ ability to withstand this additional trauma;
2. a controlled environment, relatively free of chaos; and
3. continued assessment of the appropriateness of the presence of family members and a willingness to remove them if the situation requires it (Minnesota Sudden Infant Death Center, 2003).

**Compassionate Interaction**

Compassionate interaction is crucial in a death scene investigation. A parent or caregiver’s immediate reaction to a child’s death may be shock, denial, disbelief, or a sense of numbness or unreality. These are completely normal and cushion the impact of the loss until the parents are ready to face the devastating reality of their child’s death. Although grief is a normal process and not an illness, often it is helpful for those who are grieving to share what they are feeling with someone outside the family. Doctors, social workers, and other counselors, nurses, and clergy can all be sympathetic. Demonstrating concern for the family/caregiver is helpful, but health care providers must be careful not to place the family/caregiver in a position of having to console the provider or first responder. Tears are acceptable as long as the provider is still able to function and does not seek comfort from the bereaved. Allow the family members to react in their own manner without trying to control their behavior. The grieving process is unique to each individual and to each culture. The variety of reactions should be respected as long as family members do not pose a danger to themselves or to others. Appendix B provides additional information on SIDS and grief. Appendix D and the Bereavement Support Services booklet offer local and national support and information resources.
Conducting an Infant or Child Death Scene Investigation

Child death investigation is different than many other types of investigations. It involves a combination of witness interviews, unique types of scene evidence, and medical evidence. A thorough investigation is a team effort. All first responders have a duty to perform resuscitation efforts or seek medical help, secure the scene, identify potential witnesses, and determine what, if any, evidence needs to be preserved. Law enforcement personnel have jurisdiction over the scene; medical examiners and their investigator have jurisdiction over the body. It is important to remember that in most cases the death is due to natural or accidental causes. Parents will be in shock and may blame themselves for the death of their child. You are initially there to interview, not interrogate. Approach the scene with compassion and concern.

The Centers for Disease Control and Prevention's Infant Death Scene Investigation: Guidelines for the Scene Investigator publication included in this kit gives guidelines for conducting a re-enactment scene with dolls. By ensuring photographic documentation of the infant at the scene, a permanent record of the body is created, and the infant's terminal position, appearance, and any external trauma is included in this documentation. As explained in the publication, when the infant's body has been moved, doll reenactments allow for the visualization and documentation of the discovered position as well as for the initial placed position. Please reference page 17 for additional guidelines on doll reenactments.

Completing and Submitting the SUIDI Form

The Sudden Unexplained Infant/Child Death Investigation (SUIDI) form is provided on the following pages. It was developed by the Centers for Disease Control and Prevention and is endorsed by the Tennessee Medical Examiner's Office. The information solicited on the SUIDI form is required for all unexplained infant and child deaths under 18 years of age, particularly the SUIDI Top 25. An electronic version is available at www.tn.gov/health/section/OSCME.

Law enforcement personnel or medical examiner assigned to the investigation will complete the SUIDI form and submit it to the county medical examiner; a copy shall be provided to the regional forensic center chosen to conduct the autopsy.

The SUIDI Top 25 is listed below. A copy of the complete SUIDI form begins on the following page. Guidelines titled, “How to Use SUIDI Reporting Forms” appear after the form. These pages may be copied as needed. For more information and for electronic versions of the SUIDI form and guide, please go to www.cdc.gov/sids.

SUIDI Top 25

Forensic pathologists consider the following information critical to the determination of the cause and manner of death with regard to the investigation of sudden, unexplained child death. The following scene/case information should be collected and provided to the forensic pathologist BEFORE the performance of the forensic autopsy:

1. Case information
2. Evidence of asphyxia
3. Sharing sleep surfaces
4. Change in sleep conditions
5. Evidence of hyperthermia/hypothermia
6. Environmental scene hazards
7. Unsafe sleeping conditions
8. Diet or recent change in diet
9. Recent hospitalizations
10. Previous medical diagnosis
11. History of acute life threatening events
12. History of medical care - without diagnosis
13. Recent fall or other injury
14. History of religious, cultural, or ethnic remedies
15. COD due to natural causes - other than SIDS
16. Prior sibling deaths
17. Previous encounters with police or social service agencies
18. Request for tissue or organ donation
19. Objection to autopsy
20. Pre-terminal resuscitative treatment
21. Death due to trauma (injury), poisoning, or intoxication
22. Suspicious circumstances
23. Other alerts for pathologist's attention
24. Description of the circumstances surrounding the death
25. Pathologist contact information
INVESTIGATION DATA

<table>
<thead>
<tr>
<th>Infant’s Last Name</th>
<th>Infant’s First Name</th>
<th>Middle Name</th>
<th>Case Number</th>
</tr>
</thead>
</table>

Sex: [ ] Male [ ] Female  Date of Birth:  Age:  SS#:  
Race: [ ] White  [ ] Black/African Am.  [ ] Asian/Pacific Isl.  [ ] Am. Indian/Alaskan Native  [ ] Hispanic/Latino  [ ] Other

Infant’s Primary Residence:
Address:  City:  County:  State:  Zip:  
Incident Address:  City:  County:  State:  Zip:  

Contact Information for Witness:
Relationship to deceased: [ ] Birth Mother  [ ] Birth Father  [ ] Grandmother  [ ] Grandfather  [ ] Adoptive or Foster Parent  [ ] Physician  [ ] Health Records  [ ] Other Describe:  
Last:  First:  M.:  SS#:  
Address:  City:  County:  State:  Zip:  
Work Address:  City:  State:  Zip:  
Home Phone:  Work Phone:  Date of Birth:  

WITNESS INTERVIEW

1. Are you the usual caregiver?  
[ ] No  [ ] Yes

2. Tell me what happened:  

3. Did you notice anything unusual or different about the infant in the last 24 hrs?  
[ ] No  [ ] Yes  Specify:

4. Did the infant experience any falls or injury within the last 72 hrs?  
[ ] No  [ ] Yes  Specify:

5. When was the infant LAST PLACED?  
Date:  Military Time:  Location (room):

6. When was the infant LAST KNOWN ALIVE (LKA)?  
Date:  Military Time:  Location (room):

7. When was the infant FOUND?  
Date:  Military Time:  Location (room):

8. Explain how you knew the infant was still alive.

9. Where was the infant - (P)laced, (L)ast known alive, (F)ound (write P, L, or F in front of appropriate response)?  
[ ] Bassinet  [ ] Bedside co-sleeper  [ ] Car seat  [ ] Chair  
[ ] Cradle  [ ] Crib  [ ] Floor  In a person’s arms  
[ ] Mattress/box spring  [ ] Mattress on floor  [ ] Playpen  Portable crib  
[ ] Sofa/couch  [ ] Stroller/carriage  [ ] Swing  Waterbed  
[ ] Other - describe:
### WITNESS INTERVIEW (cont.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In what position was the infant LAST PLACED?</strong></td>
<td>Sitting, On back, On side, On stomach, Unknown</td>
</tr>
<tr>
<td><strong>Was the infant’s usual position?</strong></td>
<td>Yes, No</td>
</tr>
<tr>
<td><strong>What was the usual position?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>In what position was the infant LKA?</strong></td>
<td>Sitting, On back, On side, On stomach, Unknown</td>
</tr>
<tr>
<td><strong>Was the infant’s usual position?</strong></td>
<td>Yes, No</td>
</tr>
<tr>
<td><strong>What was the usual position?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>In what position was the infant FOUND?</strong></td>
<td>Sitting, On back, On side, On stomach, Unknown</td>
</tr>
<tr>
<td><strong>Was the infant’s usual position?</strong></td>
<td>Yes, No</td>
</tr>
<tr>
<td><strong>What was the usual position?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Face position when LAST PLACED?</strong></td>
<td>Face down on surface, Face up, Face right, Face left</td>
</tr>
<tr>
<td><strong>Neck position when LAST PLACED?</strong></td>
<td>Hyperextended (head back), Flexed (chin to chest), Neutral, Turned</td>
</tr>
<tr>
<td><strong>Face position when LKA?</strong></td>
<td>Face down on surface, Face up, Face right, Face left</td>
</tr>
<tr>
<td><strong>Neck position when LKA?</strong></td>
<td>Hyperextended (head back), Flexed (chin to chest), Neutral, Turned</td>
</tr>
<tr>
<td><strong>Face position when FOUND?</strong></td>
<td>Face down on surface, Face up, Face right, Face left</td>
</tr>
<tr>
<td><strong>Neck position when FOUND?</strong></td>
<td>Hyperextended (head back), Flexed (chin to chest), Neutral, Turned</td>
</tr>
<tr>
<td><strong>What was the infant wearing?</strong></td>
<td>(ex. t-shirt, disposable diaper)</td>
</tr>
<tr>
<td><strong>Was the infant tightly wrapped or swaddled?</strong></td>
<td>No, Yes - describe:</td>
</tr>
<tr>
<td><strong>Please indicate the types and numbers of layers of bedding both over</strong></td>
<td></td>
</tr>
<tr>
<td><strong>and under infant (not including wrapping blanket):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Bedding UNDER Infant</strong></td>
<td>None, Number</td>
</tr>
<tr>
<td><strong>Receiving blankets</strong></td>
<td>Receiving blankets</td>
</tr>
<tr>
<td><strong>Infant/child blankets</strong></td>
<td>Infant/child blankets</td>
</tr>
<tr>
<td><strong>Infant/child comforters (thick)</strong></td>
<td>Infant/child comforters (thick)</td>
</tr>
<tr>
<td><strong>Adult comforters/duvets</strong></td>
<td>Adult comforters/duvets</td>
</tr>
<tr>
<td><strong>Adult blankets</strong></td>
<td>Adult blankets</td>
</tr>
<tr>
<td><strong>Sheets</strong></td>
<td>Sheets</td>
</tr>
<tr>
<td><strong>Sheepskin</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Pillows</strong></td>
<td>Other, specify:</td>
</tr>
<tr>
<td><strong>Rubber or plastic sheet</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Other, specify:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Which of the following devices were operating in the infant's room?</strong></td>
<td>None, Apnea monitor, Humidifier, Vaporizer, Air purifier, Other -</td>
</tr>
<tr>
<td><strong>In was the temperature in the infant's room?</strong></td>
<td>Hot, Cold, Normal, Other -</td>
</tr>
<tr>
<td><strong>Which of the following items were near the infant’s face, nose, or</strong></td>
<td>Bumper pads, Infant pillows, Positional supports, Stuffed animals, Toys,</td>
</tr>
<tr>
<td><strong>mouth?</strong></td>
<td>Other -</td>
</tr>
<tr>
<td><strong>Which of the following items were within the infant’s reach?</strong></td>
<td>Blankets, Toys, Pillows, Pacifier, Nothing, Other -</td>
</tr>
<tr>
<td><strong>Was anyone sleeping with the infant?</strong></td>
<td>No, Yes</td>
</tr>
<tr>
<td><strong>Name of individual sleeping with infant</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Height</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Weight</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Location in relation to infant</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Impairement (intoxication, tired)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Was there evidence of wedging?</strong></td>
<td>No, Yes - Describe:</td>
</tr>
<tr>
<td><strong>When the infant was found, was s/he:</strong></td>
<td>Breathing, Not Breathing</td>
</tr>
<tr>
<td><strong>If not breathing, did you witness the infant stop breathing?</strong></td>
<td>No, Yes</td>
</tr>
</tbody>
</table>
WITNESS INTERVIEW (cont.)

29. What had led you to check on the infant?

30. Describe the infant’s appearance when found.
   Appearance: Unknown  No  Yes  Describe and specify location
   a) Discoloration around face/nose/mouth
   b) Secretions (foam, froth)
   c) Skin discoloration (livor mortis)
   d) Pressure marks (pale areas, blanching)
   e) Rash or petechiae (small, red blood spots on skin, membranes, or eyes)
   f) Marks on body (scratches or bruises)
   g) Other

31. What did the infant feel like when found? (Check all that apply.)
   - Sweaty
   - Warm to touch
   - Cool to touch
   - Limp, flexible
   - Rigid, stiff
   - Unknown
   - Other - specify:

32. Did anyone else other than EMS try to resuscitate the infant?  No  Yes
   Who?  Date:  Military time: :

33. Please describe what was done as part of resuscitation:

34. Has the parent/caregiver ever had a child die suddenly and unexpectedly?  No  Yes
   Explain:

INFANT MEDICAL HISTORY

1. Source of medical information:
   - Doctor
   - Other healthcare provider
   - Medical record
   - Family
   - Mother/primary caregiver
   - Other:

2. In the 72 hours prior to death, did the infant have:
   Condition: Unknown  No  Yes  Condition: Unknown  No  Yes
   a) Fever
   b) Diarrhea
   c) Excessive sweating
   d) Stool changes
   e) Decrease in appetite
   f) Cyanosis (turned blue/gray)
   g) Vomiting
   h) Difficulty breathing
   i) Seizures or convulsions
   j) Choking
   k) Other, specify:

3. In the 72 hours prior to death, was the infant injured or did s/he have any other condition(s) not mentioned?  No  Yes - describe:

4. In the 72 hours prior to the infant’s death, was the infant given any vaccinations or medications?  No  Yes
   (Please include any home remedies, herbal medications, prescription medicines, over-the-counter medications.)
   Name of vaccination or medication  Dose last given  Date given  Approx. time
   1.
   2.
   3.
   4.
At any time in the infant's life, did s/he have a history of?

<table>
<thead>
<tr>
<th>Medical history</th>
<th>Unknown</th>
<th>No</th>
<th>Yes</th>
<th>Describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Allergies (food, medication, or other)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Abnormal growth or weight gain/loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Apnea (stopped breathing)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Cyanosis (turned blue/gray)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Seizures or convulsions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Cardiac (heart) abnormalities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did the infant have any birth defects(s)?

- [ ] No
- [ ] Yes

Describe:

Describe the two most recent times that the infant was seen by a physician or health care provider:

*Include emergency department visits, clinic visits, hospital admissions, observational stays, and telephone calls*

<table>
<thead>
<tr>
<th>First most recent visit</th>
<th>Second most recent visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Date</td>
<td>Date</td>
</tr>
<tr>
<td>b) Reason for visit</td>
<td>Reason for visit</td>
</tr>
<tr>
<td>c) Action taken</td>
<td>Action taken</td>
</tr>
<tr>
<td>d) Physician's name</td>
<td>Physician's name</td>
</tr>
<tr>
<td>e) Hospital/clinic</td>
<td>Hospital/clinic</td>
</tr>
<tr>
<td>f) Address</td>
<td>Address</td>
</tr>
<tr>
<td>g) City</td>
<td>City</td>
</tr>
<tr>
<td>h) State, ZIP</td>
<td>State, ZIP</td>
</tr>
<tr>
<td>i) Phone number</td>
<td>Phone number</td>
</tr>
</tbody>
</table>

Birth hospital name:

- [ ] Discharge date:

Street address:

- [ ] City:
- [ ] State:
- [ ] Zip:

What was the infant's length at birth?

- [ ] inches
- [ ] centimeters

What was the infant's weight at birth?

- [ ] pounds
- [ ] ounces
- [ ] grams

Compared to the delivery date, was the infant born on time, early, or late?

- [ ] On time
- [ ] Early - how many weeks?
- [ ] Late - how many weeks?

Was the infant a singleton, twin, triplet, or higher gestation?

- [ ] Singleton
- [ ] Twin
- [ ] Triplet
- [ ] Quadruplet or higher gestation

Were there any complications during delivery or at birth? *(emergency c-section, child needed oxygen)*

- [ ] Yes
- [ ] No

Describe:

Are there any alerts to the pathologist? *(previous infant deaths in family, newborn screen results)*

- [ ] Yes
- [ ] No

Specify:
### INFANT DIETARY HISTORY

1. **On what day and at what approximate time was the infant last fed?**
   - Date: 
   - Military Time: 

2. **What is the name of the person who last fed the infant?**

3. **What is his/her relationship to the infant?**

4. **What foods and liquids was the infant fed in the **last 24 hours** (include last fed)?**
   - **Food** | **Unknown** | **No** | **Yes** | **Quantity (ounces)** | **Specify: (type and brand)**
   - a) Breast milk (one/both sides, length of time)
   - b) Formula (brand, water source - ex. Similac, tap water)
   - c) Cow’s milk
   - d) Water (brand, bottled, tap, well)
   - e) Other liquids (teas, juices)
   - f) Solids
   - g) Other

5. **Was a new food introduced in the 24 hours prior to his/her death?**
   - No
   - Yes
   - If yes, describe *(ex. content, amount, change in formula, introduction of solids)*

6. **Was the infant last placed to sleep with a bottle?**
   - Yes
   - No - if no, skip to question 9 below

7. **Was the bottle propped?** (i.e., object used to hold bottle while infant feeds)
   - No
   - Yes
   - If yes, what object was used to prop the bottle?

8. **What was the quantity of liquid (in ounces) in the bottle?**

9. **Did the death occur during?**
   - Breast-feeding
   - Bottle-feeding
   - Eating solid foods
   - Not during feeding

10. **Are there any factors, circumstances, or environmental concerns that may have impacted the infant that have not yet been identified?** *(ex. exposed to cigarette smoke or fumes at someone else’s home, infant unusually heavy, placed with positional supports or wedges)*
   - No
   - Yes
   - If yes, - describe:

### PREGNANCY HISTORY

1. **Information about the infant’s birth mother:**
   - First name: 
   - Last name: 
   - Middle name: 
   - Maiden name: 
   - Birth date: 
   - SS#: 
   - Street address: 
   - City: 
   - State: 
   - Zip: 
   - How long has the birth mother been at this address? Years: 
   - Months: 
   - Previous Address:

2. **At how many weeks or months did the birth mother begin prenatal care?**
   - No parental care
   - Unknown
   - Weeks: 
   - Months: 

3. **Where did the birth mother receive prenatal care?** *(Please specify physician or other health care provider name and address.)*
   - Physician/provider: 
   - Hospital/clinic: 
   - Phone: 
   - Street address: 
   - City: 
   - State: 
   - Zip:
### PREGNANCY HISTORY (cont.)

4. At how many weeks or months did the birth mother begin prenatal care? [No] [Yes]  
   Specify:  

5. Was the birth mother injured during her pregnancy with the infant? *(ex. auto accident, falls)* [No] [Yes]  
   Specify:  

6. During her pregnancy, did she use any of the following?  
   | a) Over the counter medications | Unknown | No | Yes | Daily |
   | b) Prescription medications | Unknown | No | Yes | Daily |
   | c) Herbal remedies | Unknown | No | Yes | Daily |
   | d) Cigarettes | Unknown | No | Yes | Daily |
   | e) Alcohol | Unknown | No | Yes | Daily |
   | f) Other | Unknown | No | Yes | Daily |

7. Currently, does any caregiver use any of the following?  
   | a) Over the counter medications | Unknown | No | Yes | Daily |
   | b) Prescription medications | Unknown | No | Yes | Daily |
   | c) Herbal remedies | Unknown | No | Yes | Daily |
   | d) Cigarettes | Unknown | No | Yes | Daily |
   | e) Alcohol | Unknown | No | Yes | Daily |
   | f) Other | Unknown | No | Yes | Daily |

### INCIDENT SCENE INVESTIGATION

1. Where did the incident or death occur?  

2. Was this the primary residence? [No] [Yes]  

3. Is the site of the incident or death scene a daycare or other childcare setting? [Yes] [No - If no, skip to question 8]  

4. How many children (under age 18) were under the care of the provider at the time of the incident or death?  

5. How many adults (age 18 and over) were supervising the child(ren)?  

6. What is the license number and licensing agency for the daycare?  
   License number:  
   Agency:  

7. How long has the daycare been open for business?  

8. How many people live at the site of the incident or death scene?  
   Number of adults (18 years or older):  
   Number of children (under 18 years old):  

9. Which of the following heating or cooling sources were being used? *(Check all that apply)*  
   - Central air  
   - A/C window unit  
   - Ceiling fan  
   - Electric baseboard heat  
   - Gas furnace or boiler  
   - Electric furnace or boiler  
   - Electric space heater  
   - Electric (radient) ceiling heat  
   - Wood burning fireplace  
   - Coal burning furnace  
   - Kerosene space heater  
   - Window fan  
   - Open window(s)  
   - Wood burning stove  
   - Floor/table fan  
   - Unknown  
   - Other - specify:  

10. Indicate the temperature of the room where the infant was found unresponsive:  
    - Thermostat setting  
    - Thermostat reading  
    - Actual room temp.  
    - Outside temp.  

11. What was the source of drinking water at the site of the incident or death scene? *(Check all that apply)*  
    - Public/municipal water  
    - Bottled water  
    - Well  
    - Unknown  
    - Other - Specify:  

12. The site of the incident or death scene has: *(check all that apply)*  
    - insects  
    - Mold growth  
    - Smoky smell *(like cigarettes)*  
    - Pets  
    - Dampness  
    - Presence of alcohol containers  
    - Peeling paint  
    - Visible standing water  
    - Presence of drug paraphenalia  
    - Rodents or vermin  
    - Odors or fumes - Describe:  
    - Other - specify:  

13. Describe the general appearance of incident scene: *(ex. cleanliness, hazards, overcrowding, etc.)*  
    Specify:  

---

14
INVESTIGATION SUMMARY

1. Are there any factors, circumstances, or environmental concerns about the incident scene investigation that may have impacted the infant that have not yet been identified?

2. Arrival times
   - Law enforcement at scene: 
   - DSI at scene: 
   - Infant at hospital: 

Investigator’s Notes

1. Indicate the task(s) performed
   - Additional scene(s)? (forms attached)
   - Materials collected/evidence logged
   - Notify next of kin or verify notification
   - Doll reenactment/scene re-creation
   - Photos or video taken and noted
   - Referral for counseling
   - EMS run sheet/report
   - 911 tape

2. If more than one person was interviewed, does the information differ?  
   - Yes
   - No

If yes, detail any differences, inconsistencies of relevant information: (ex. placed on sofa, last known alive on chair.)

INVESTIGATION DIAGRAMS

1. Scene Diagram:

2. Body Diagram:
### Investigator information

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
<th>Phone</th>
</tr>
</thead>
</table>

**Date**

**Military time**

**Investigated:**

**Pronounced dead:**

### Infant’s information

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>M</th>
<th>Case #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Date of Birth</th>
<th>Age</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th></th>
</tr>
</thead>
</table>

- [ ] White
- [ ] Black/African Am.
- [ ] Asian/Pacific Islander
- [ ] Am. Indian/Alaskan Native
- [ ] Hispanic/Latino
- [ ] Other:

### Indicate whether preliminary investigation suggests any of the following:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

- [ ] Asphyxia (ex. overlying, wedging, choking, nose/mouth obstruction, re-breathing, neck compression, immersion in water)
- [ ] Sharing of sleep surface with adults, children, or pets
- [ ] Change in sleep condition (ex. unaccustomed stomach sleep position, location, or sleep surface)
- [ ] Hyperthermia/Hypothermia (ex. excessive wrapping, blankets, clothing, or hot or cold environments)
- [ ] Environmental hazards (ex. carbon monoxide, noxious gases, chemicals, drugs, devices)
- [ ] Unsafe sleep condition (ex. couch/sofa, waterbed, stuffed toys, pillows, soft bedding)
- [ ] Diet (e.g., solids introduced, etc.)
- [ ] Recent hospitalization
- [ ] Previous medical diagnosis
- [ ] History of acute life-threatening events (ex. apnea, seizures, difficulty breathing)
- [ ] History of medical care without diagnosis
- [ ] Recent fall or other injury
- [ ] History of religious, cultural, or ethnic remedies
- [ ] Cause of death due to natural causes other than SIDS (ex. birth defects, complications of preterm birth)
- [ ] Prior sibling deaths
- [ ] Previous encounters with police or social service agencies
- [ ] Request for tissue or organ donation
- [ ] Objection to autopsy
- [ ] Pre-terminal resuscitative treatment
- [ ] Death due to trauma (injury), poisoning, or intoxication
- [ ] Suspicious circumstances
- [ ] Other alerts for pathologist’s attention

Any “Yes” answers above should be explained in detail (description of circumstances):

### Pathologist information

<table>
<thead>
<tr>
<th>Name</th>
<th>Agency</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
</table>

---

**SUMMARY FOR PATHOLOGIST**

1. **Investigator information**

2. **Infant’s information**

3. **Indicate whether preliminary investigation suggests any of the following:**

4. **Pathologist information**
Each year in the United States, more than 4,500 infants die suddenly of no obvious cause. Half of these sudden, unexplained infant deaths (SUIDs) are due to sudden infant death syndrome (SIDS), the leading cause of SUIDs and of deaths among infants aged 1 month to 1 year. Only sudden infant deaths that remain unexplained after a thorough examination of the death scene, a review of the clinical history, and an autopsy should be classified as SIDS. However, since 1999, some deaths due to SIDS are classified as due to an unknown cause or to accidental suffocation. Inaccurate or inconsistent classification of causes of infant deaths impedes prevention efforts because researchers cannot monitor national trends, determine risk factors, or evaluate prevention programs.

To standardize investigations of, and reports on, the causes of sudden infant deaths, the Centers for Disease Control and Prevention (CDC) collaborated with organizations who investigate infant deaths to 1) revise the 1996 Sudden, Unexplained Infant Death Investigation Reporting Form and 2) develop a training curriculum and materials for investigators of infant deaths. We are now disseminating the reporting form and conducting train-the-trainer classes throughout the United States. See www.cdc.gov/SIDS.

The New SUIDI Reporting Form is Important for Several Reasons:

- It contains 25 questions that medical examiners must ask before an autopsy is done.
- It guides investigators through the steps involved in an investigation.
- It allows investigators to document their findings easily and consistently.
- It improves classification of SIDS and other SUIDs by standardizing data collection.
- It produces information that researchers can use to recognize new health threats and risk factors for infant death so that future deaths can be prevented.

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SUIDI Reporting Form: a Guide for Investigators .......... 2
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Improvements in the SUIDI Reporting Form:

- It now contains only questions to which answers will 1) establish cause and manner of death and 2) support investigators’ findings in court.
- It contains new questions about recently recognized risk factors.
- Answers to the questions can be checked off quickly, which allows for easy, consistent data collection.
- The questions are in a sequence that works well for infant-death investigations.
- The form is divided into sections, with each section being the responsibility of a particular member of the death investigation team.
- Supplemental forms for collecting information about contacts and evidence are available for jurisdictions that do not have their own.

SUIDI Reporting Form: a Guide for Investigators

The SUIDI reporting form is a guide for novice and veteran investigators of infant deaths. The form is designed to ensure that all information is collected in a consistent, sensitive manner. Training materials on how to complete the form are available.

How to use the SUIDI Reporting Form

The form is designed as a questionnaire, that is, you can read it to the person you are interviewing. Most questions can be answered by placing an “X” in the corresponding checkbox or filling in the blank provided. The 8 page form is divided into eight sections.

Investigation Data

This section is filled out first by the person interviewing the witness.

- **Military time.** Time based on a 24 hour clock which begins each day at midnight (e.g., midnight = 0000, 2 p.m. = 1400)
- **SS#.** Social security number.
- **DOB.** Date of birth.
- **Primary residence.** Place where the infant lived at time of their death.
- **Incident address.** Place where the infant died or where the final injury occurred.
- **Witness.** Person who knows the circumstances surrounding the infant’s death. They may be the person who 1.) last placed the infant in or near the area where he was found not breathing or breathing but in distress, 2.) last observed the infant alive, or 3.) found the infant not breathing or breathing but in distress.
How to Use SUIDI Reporting Forms

**Witness Interview**
This section is filled out by the person (e.g., coroner, death scene investigator, law enforcement or medical examiner) interviewing the witness.

- **Usual caregiver.** Person who took care of the infant more than 50% of the time.
- **Placed.** Put in or near the area where he was found not breathing or breathing but in distress (e.g., placed in a crib).
- **Last known alive.** Observed to be alive (e.g., parent heard the infant cry).
- **Found.** Discovered not breathing or breathing but in distress (e.g., mom found infant not breathing).
- **Wedging.** Compression of the infant’s body or face into a narrow space resulting in interference with chest wall movements and normal breathing (e.g., infant found wedged between mattress and bed frame).

**Infant Medical History**
This section is filled out by the person investigating the infant death. This information may be obtained from the infant’s healthcare provider, medical record or caregiver.

- **Birth defect.** A physical or functional abnormality that the infant had at birth (e.g., spina bifida, congenital heart defect, Down’s syndrome).

**Pregnancy History**
This section is filled out by the person interviewing the biological mother or someone who knows her and her history well (e.g., healthcare provider, medical record or maternal grandmother).

- **Biological mother.** Woman who gave birth to the dead infant.

**Incident Scene Investigation**
This section is filled out by the person investigating the infant death.

**Scene Diagrams**
This section is filled out by the person investigating the infant death. It includes a scene diagram and a body diagram. The investigator indicates the following on the scene diagram:

- North direction
- Windows and doors
- Wall lengths and ceiling height
- Location of furniture including infant’s bed or sleep surface
- Infant body location when found
- Position of other persons or animals found near infant
- Location of heating and cooling devices
- Location of other objects in room
The Investigator Indicates the Following on the Body Diagram:

- Discoloration around face/nose/mouth
- Secretions (drainage or discharge from anywhere on body)
- Skin discoloration (livor mortis)
- Pressure mark areas (pale areas, blanching)
- Rash or petechiae (small, red blood spots on skin, membranes or in eyes)
- Marks on body (scratch or bruises)
- Location of medical devices
- Body temperature

Summary for Pathologist

This section summarizes all the information collected during the witness interview and investigation at the incident or death scene. This section is completed last by the person investigating the infant death.

- **Asphyxia.** Condition of severely deficient supply of oxygen to the body that can rapidly lead to unconsciousness and death (e.g., compression of infant’s chest due to wedging or a person lying on the infant).
- **Overlying.** Situation where someone or something is placed on or over the infant.
- **Hyperthermia.** Condition where core body temperature is abnormally high (e.g., above 40°C (104°F) is considered life-threatening).
- **Hypothermia.** Life-threatening condition where core body temperature falls below 35°C (95°F).
Section III–In-Service Forms

Workshop Post-Assessment

Please answer the following questions after completing the workshop.

1. According to Tennessee law, which group or groups of first responders is/are required to receive training on cases of sudden, unexpected infant and child death?
   a. EMS
   b. Police
   c. Firefighter
   d. All of the above

2. Sudden infant death is the diagnosis given for the sudden death of an infant under one year of age that remains unexplained after a complete investigation. A complete investigation includes an examination of the death scene, an autopsy, and
   a. A review of symptoms and illnesses the infant had before dying
   b. A review of any other pertinent medical history
   c. A child fatality review team review
   d. Answers a and b

3. The major cause of death in infants is:
   a. SIDS
   b. Accidental suffocation
   c. Congenital malformations
   d. Pnuemonia

4. The Child Safety Division conducts investigations to
   a. Determine the condition of a child
   b. Evaluate the risk of any future harm
   c. Plan for a child's well-being
   d. All of the above

5. A diagnosis of exclusion means
   a. No autopsy was performed for religious reasons
   b. A cause of death could not be determined
   c. After an autopsy, an examination of the death scene, and review of the clinical history, no cause of death can be indentified
   d. After an autopsy and scene review, the medical examiner withheld the findings

6. The following are all risk factors for SUID except
   a. Placing a baby to sleep on his/her stomach
   b. Exposing a baby to smoke
   c. Placing a baby to sleep on his/her back
   d. Placing a baby to sleep on a soft sleep surface
7. The following are all protective factors for SIDS except
   a. Breastfeeding
   b. Bed-sharing
   c. Sleeping alone on a firm mattress
   d. Keeping temperature regulated so baby doesn’t get overheated

8. Placing children on soft, collapsible bedding is dangerous because of which of the following?
   a. This sleep position causes SIDS.
   b. This sleep position may cause accidental suffocation.
   c. This sleep position allows children to fall into sleep apnea.

9. The first responder’s duties are to
   a. Seek medical help
   b. Secure the scene
   c. Identify potential witnesses
   d. Determine what, if any, evidence needs to be preserved
   e. All of the above

10. Observing that a colleague’s behavior has changed after an infant death scene call, you should first
    a. Wait six months before intervening
    b. Report your observations to the supervisor
    c. Approach your colleague with your observations
    d. Arrange for a post-traumatic stress debriefing intervention

11. The decision to not transport a child who has died is usually made by
    a. The police on the scene
    b. Medical direction
    c. Standing orders
    d. The medical examiner
    e. The EMS health care providers

12. Identify which of the following are members of the local CFR teams.
    a. Department of Health regional officer
    b. Juvenile Court representative
    c. Local law enforcement officer
    d. All of the above

13. Identify which of the following statements may describe a grieving family member’s behavior.
    a. Strong feelings of guilt or anger
    b. Unreasonable fears that they, or someone in their family, may be in danger
    c. Being overprotective of surviving children and fearful about future children
    d. All of the above
14. What is the maximum allowable cost, reimbursed to county governments, for conducting autopsies on children who have died suddenly and without apparent explanation?
   a. $1,500 per autopsy
   b. $1,250 per autopsy
   c. There is no maximum allowable cost for reimbursement
   d. None of the above

15. What is the SUIDI Top 25?
   a. Critical information needed when investigating a sudden unexplained infant death, in order for forensic pathologists to determine the cause and manner of death
   b. The most crucial 25 questions on the SUIDI form that must be filled out by an investigator
   c. The top 25 reasons why a baby might die suddenly and unexpectedly

16. Where in your materials can you find the SUIDI form, instructions for filling out the form, and the SUIDI Top 25?
   a. At the end of Section II in the manual
   b. In the Appendix of the manual
   c. In the Guidelines for the Scene Investigator booklet
   d. Answers a and c
Prevention Through Understanding: Investigating Unexpected Child Death
Workshop Evaluation

Please complete this evaluation and turn it in to your instructor. Providing this information will help improve future sessions.

Instructor Name ____________________________________________________________

Date _________________________________________________________________________

Location/Building _____________________________________________________________

City __________________________ State ___________ County __________________________ Zip ________

Please answer the following questions.

1. Check your affiliation
   - ☐ EMS
   - ☐ Firefighter
   - ☐ Law Enforcement
   - ☐ Other

2. How many hours a week do you work in a first responder role?
   - ☐ 0–3 hours
   - ☐ 4–8 hours
   - ☐ 9–19 hours
   - ☐ 20–40 hours
   - ☐ 40+ hours

3. How knowledgeable were you about Sudden Infant Death Syndrome before this workshop?
   - ☐ Not very
   - ☐ Somewhat
   - ☐ Fairly
   - ☐ Very

4. Before this workshop, how would you rate your comfort level when caring for pediatric patients?
   - ☐ Anxious
   - ☐ Comfortable
   - ☐ Very comfortable

5. Before this workshop, how would you rate your comfort level when caring for families of pediatric patients?
   - ☐ Anxious
   - ☐ Comfortable
   - ☐ Very comfortable

6. Has this workshop changed your attitude about responding to a sudden, unexpected infant or child death?
   - ☐ Yes
   - ☐ No

   Please describe: __________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

7. Do you have a family member or close friend who has suffered from a sudden unexplained child death?
   - ☐ Yes
   - ☐ No
8. On a scale of 1 to 4, where 1 is Strongly Disagree, 2 is Disagree, 3 is Agree, and 4 is Strongly Agree, please circle your responses to the statements below.

   a) The objectives for this workshop were clearly presented. (1) (2) (3) (4)
   b) I have learned new ideas and/or skills. (1) (2) (3) (4)
   c) The video was easy to understand and held my interest. (1) (2) (3) (4)
   d) The manual was easy to follow and a good reference. (1) (2) (3) (4)
   e) I will use the SUIDI form and instructions if/when I have to investigate a sudden unexplained child death. (1) (2) (3) (4)
   f) Overall, I was favorably impressed with the workshop. (1) (2) (3) (4)

9. What aspect(s) of the workshop did you find most helpful?
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

10. What aspect(s) of the workshop did you find least helpful?
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

11. Can you think of ways in which we can improve this program in the future?
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Thank you for your input and consideration.

Instructor: Contact hour certificates will be mailed to trainers upon receipt of tracking and evaluation forms. Please send evaluation copies to Attn: Prevention Through Understanding, MTSU University College, MTSU Box 54, 1301 East Main Street, Murfreesboro, TN 37132, or fax to (615) 494-8777.
Appendix A

Rules of Tennessee Department of Health
Maternal and Child Health

CHAPTER 1200-15-03
INVESTIGATIONS OF SUDDEN, UNEXPLAINED INFANT AND CHILD DEATHS

TABLE OF CONTENTS

1200-15-03-.01 Purpose
1200-15-03-.02 Definitions
1200-15-03-.03 Standards for Investigations
1200-15-03-.04 Reimbursement of County Governments

1200-15-03-.01 PURPOSE.
The purpose of this chapter is to establish minimum standards for conducting and completing an investigation, including an autopsy if deemed necessary, into sudden, unexplained infant and child deaths.


1200-15-03-.02 DEFINITIONS.
For purposes of this chapter,

(1) “Autopsy” means the post mortem examination of a deceased infant or child by a licensed pathologist to determine cause of death.

(2) “Child” means a person who is at least one year of age and has not reached his or her eighteenth birthday.

(3) “Department” means the Tennessee Department of Health.

(4) “Infant” means a baby who was born alive and has not reached his or her first birthday.

(5) “Sudden, unexplained infant or child death” means the unexpected death of an infant or a child with no known or apparent cause.


1200-15-03-.03 STANDARDS FOR INVESTIGATIONS.

(1) The standards for conducting and completing an investigation, including performance of an autopsy, into a sudden, unexplained infant death shall include the standards applicable to infants found in T.C.A. § 68-1-1102, and the standards authorized or required by Tennessee Code Annotated Title 38, Chapter 7. The same standards shall apply to sudden, unexplained child death.

(2) In addition to the standards found in T.C.A. § 68-1-1102 and Title 38, Chapter 7, the standards for conducting and completing an investigation, including performance of an autopsy, into a sudden, unexplained infant or child death shall be those found in the most current version of the Centers for Disease Control and Prevention's publication, "Sudden, Unexplained Infant Death Investigation Reporting Form," for infants, and the Department's “Sudden, Unexplained Child Death Investigation Reporting Form,” for children. The Department shall provide access to these publications upon request. The pathologist performing the autopsy shall complete the appropriate form.


1200-15-03-.04 REIMBURSEMENT OF COUNTY GOVERNMENTS.
The Department shall reimburse county governments for the cost of each autopsy performed for an investigation into a sudden, unexplained infant or child death that is carried out in accordance with the investigation standards in this chapter. The Department shall reimburse up to the maximum allowable of $1,250.00 per autopsy, including travel costs. The Tennessee Department of Finance and Administration's Comprehensive Travel Regulations shall govern the reimbursement rate for travel costs.

Sudden Unexplained Child Death Act

TENNESSEE CODE ANNOTATED
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*** CURRENT THROUGH THE 2002 SESSION OF THE 102ND GENERAL ASSEMBLY ***
*** ANNOTATIONS CURRENT THROUGH DECEMBER 20, 2002. ***

TITLE 68. HEALTH, SAFETY AND ENVIRONMENTAL PROTECTION
HEALTH
CHAPTER 1. DEPARTMENT OF HEALTH
PART 11. SUDDEN, UNEXPLAINED CHILD DEATH

GO TO CODE ARCHIVE DIRECTORY FOR THIS JURISDICTION


68-1-1102. Purpose — Training — Notice and investigation — Autopsy [Amended effective December 31, 2003. See the Compiler’s Notes]

(a) The purpose of this part is to help reduce the incidence of injury and death to infants by accurately identifying the cause and manner of death of infants under one (1) year of age. This shall be accomplished by requiring that a death investigation be performed in all cases of all sudden, unexplained deaths of infants under one (1) year of age.

(b) The chief medical examiner shall develop and implement a program for training of child death pathologists. The protocol and policies shall be based on nationally recognized standards.

(c) All emergency medical technicians and professional firefighters shall receive training on the handling of cases of sudden, unexplained child death as a part of their basic and continuing training requirements. The training, which shall be developed jointly by the departments of health and children's services, shall include the importance of being sensitive to the grief of family members.

(d) [Amended effective December 31, 2003. See the Compiler's Notes] All law enforcement officers shall receive training on the investigation and handling of cases of sudden, unexplained child death as part of their basic and continuing training requirements. The training, which shall be developed jointly by the departments of health and children's services, shall include the importance of being sensitive to the grief of family members and shall be consistent with the death scene investigation protocol approved by the chief medical examiner.

(e) In the case of every sudden, unexplained death of an infant under one (1) year of age, the attending physician or coroner shall notify the county medical examiner who shall coordinate the death investigation.

(f) The county medical examiner shall inform the parent or parents or legal guardian of the child, if an autopsy is authorized.

(g) The county medical examiner shall ensure that the body is sent for autopsy to a child death pathologist as defined in this part. Parents or legal guardians who refuse to allow an autopsy based on the grounds of religious exemption shall personally file a petition for an emergency court hearing in the general sessions court for the county in which the death occurred.

(h) The county medical examiner shall contact the appropriate local law enforcement personnel to conduct a death scene investigation according to the protocol developed by the chief medical examiner. Such investigation shall be initiated within twenty-four (24) hours of the time the local law enforcement personnel are contacted by the county medical examiner.
(i) The county medical examiner shall send a copy of the death scene investigation and the medical history of the child to the pathologist conducting the autopsy.

(j) A copy of the completed autopsy, medical history, and death scene investigation shall be forwarded to the chief medical examiner.

(k) The cause of death, as determined by the certified child death pathologist, may be reported to the parents or legal guardians of the child. A copy of the autopsy results, when available, may be furnished to the parent or parents or legal guardian of the child, upon request, within forty-eight (48) hours of such request, except where the cause of death may reasonably be attributed to child abuse or neglect, in the judgment of the certified child death pathologist.

(l) Sudden infant death syndrome shall not be listed as the cause of death of a child, unless the death involves an infant under one (1) year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the child's clinical history.

(m) Any individual or entity providing information pertinent to the investigation and related autopsy in a suspected case of sudden, unexplained infant death syndrome shall not be civilly liable for breach of confidentiality concerning the release of such information.


NOTES:

Acts 2002, ch. 591, §§ 1 and 2 amend subsection (d), effective December 31, 2003. Prior to December 31, 2003, subsection (d) will read as set out above. After December 31, 2003, subsection (d) will read:

“(d) All law enforcement officers shall receive training on the investigation and handling of cases of sudden, unexplained child death as part of their basic training requirements. The training, which shall be developed jointly by the departments of health and children's services, shall include the importance of being sensitive to the grief of family members and shall be consistent with the death scene investigation protocol approved by the chief medical examiner. Additionally, whenever changes occur in policies or procedures pertaining to sudden infant death syndrome investigations, the department of health shall promptly notify the various law enforcement associations within the state. Such changes shall then be communicated in a timely manner to the respective law enforcement agencies for dissemination to their enforcement personnel.”

AMENDMENTS. The 2002 amendment, effective December 31, 2003, in (d), deleted “and continuing” preceding “training requirements” at the end of the first sentence, and added the last sentence. See the Compiler's Notes.

BILL TRACKING SUMMARY FOR THIS DOCUMENT (see below)

SYNOPSIS: AN ACT To amend Tennessee Code Annotated, Section 68-1-1102, relative to law enforcement training for investigation and handling of cases of sudden, unexplained child death.

To view the next section, type .np* TRANSMIT.
To view a specific section, transmit p* and the section number. e.g. p*1

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

[*1] SECTION 1. Tennessee Code Annotated, Section 68-1-1102(d), is amended by deleting the language “and continuing” in the first sentence of the subsection.

[*2] SECTION 2. Tennessee Code Annotated, Section 68-1-1102(d), is further amended by adding the following language at the end of the subsection:

Additionally, whenever changes occur in policies or procedures pertaining to SIDS investigations, the Department of Health shall promptly notify the various law enforcement associations within the state. Such changes shall then be communicated in a timely manner to the respective law enforcement agencies for dissemination to their enforcement personnel.

[*3] SECTION 3. This act shall take effect December 31, 2003, the public welfare requiring it.

HISTORY:
Approved by the Governor April 9, 2002.

SPONSOR: By Clabough Substituted for: House Bill No. 3088 By Caldwell
DATE-INTRO: JANUARY 17, 2002

LAST-ACTION: APRIL 9, 2002; Signed by GOVERNOR.

SYNOPSIS: Relates to law enforcement training for investigation and handling of cases of sudden, unexplained child death.

STATUS:
01/17/2002 INTRODUCED.
01/28/2002 To SENATE Committee on JUDICIARY.
02/05/2002 From SENATE Committee on JUDICIARY: Recommend passage with amendment.
02/05/2002 To SENATE Committee on CALENDAR.
02/11/2002 In SENATE. Amendment No. 1 adopted on SENATE floor.
02/11/2002 In SENATE. Read third time. Passed SENATE.
*****To HOUSE.
02/14/2002 In HOUSE. Read second time. Local Bill held on desk.
03/25/2002 In HOUSE. Substituted on HOUSE floor for H 3088.
03/25/2002 In HOUSE. Amendment No. 1 adopted on HOUSE floor.
03/25/2002 In HOUSE. Read third time. Passed HOUSE.
*****To SENATE for concurrence.
04/03/2002 In SENATE, SENATE concurred in HOUSE amendment numbers 1.
04/04/2002 *****To GOVERNOR.
04/09/2002 Signed by GOVERNOR.


SPONSOR: Clabough

SUBJECT: EMPLOYEE TRAINING (90%); CHILD WELFARE (90%); INVESTIGATIONS (90%);

LOAD-DATE: July 18, 2002
AN ACT to amend Tennessee Code Annotated, Title 68, Chapter 1, Part 11; Title 68, Chapter 142 and Title 68, Chapter 3, Part 5, relative to sudden, unexplained child deaths.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 68-1-1101, is amended by deleting the existing language in its entirety and by substituting instead the following:

(a) This act shall be known and may be cited as the "Sudden, Unexplained Child Death Act".

(b) The legislature hereby finds and declares that:

(1) Protection of the health and welfare of the children of this state is a goal of its people and the unexpected death of a child is an important public health concern that requires legislative action;

(2) The parents, guardians, and other persons legally responsible for the care of a child who dies unexpectedly have a need to know the cause of death;

(3) Collecting accurate data on the cause and manner of unexpected deaths will better enable the state to protect children from preventable deaths, and thus will help reduce the incidence of such deaths; and

(4) Identifying persons responsible for abuse or neglect resulting in unexpected death will better enable the state to protect other children who may be under the care of the same persons, and thus will help reduce the incidence of such deaths.

(c) As used in this part and in § 68-3-502 and unless the context otherwise requires:

(1) "Sudden infant death syndrome" means the sudden death of an infant under one (1) year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history;

(2) "Certified child death pathologist" means a pathologist who is board certified or board eligible in forensic pathology and who has received training in, and agrees to follow, the autopsy protocol, policies and guidelines for child death
investigation, as prescribed by the chief medical examiner for the state of 
Tennessee; and

(3) "Chief medical examiner" means the individual appointed pursuant to 
title 38, chapter 7, part 1.

SECTION 2. Tennessee Code Annotated, Section 68-1-1102, is amended by deleting 
the existing language in its entirety and by substituting instead the following language:

(a) The purpose of this part is to help reduce the incidence of injury and death to 
infants by accurately identifying the cause and manner of death of infants under one (1) 
year of age. This shall be accomplished by requiring that a death investigation be 
performed in all cases of all sudden, unexpected deaths of infants under one (1) year of 
age.

(b) The chief medical examiner shall develop and implement a program for 
training of child death pathologists. The protocol and policies shall be based on 
nationally recognized standards.

(c) All emergency medical technicians and professional firefighters shall receive 
training on handling of cases of sudden, unexplained child death as a part of their basic 
and continuing training requirements. The training, which shall be developed jointly by 
the departments of health and children's services, shall include the importance of being 
sensitive to the grief of family members.

(d) All law enforcement officers shall receive training on the investigation and 
handling of cases of sudden, unexplained child death as part of their basic and 
continuing training requirements. The training, which shall be developed jointly by 
the departments of health and children's services, shall include the importance of being 
sensitive to the grief of family members and shall be consistent with the death scene 
investigation protocol approved by the chief medical examiner.

(e) In the case of every sudden, unexplained death of an infant under one (1) 
year of age, the attending physician or coroner shall notify the county medical examiner 
who shall coordinate the death investigation.

(f) The county medical examiner shall inform the parent or parents or legal 
guardian of the child, if an autopsy is authorized.

(g) The county medical examiner shall ensure that the body is sent for autopsy 
to a child death pathologist as defined in this part. Parents or legal guardians who 
refuse to allow an autopsy based on the grounds of religious exemption shall personally 
file a petition for an emergency court hearing in the general session court for the county 
in which the death occurred.

(h) The county medical examiner shall contact the appropriate local law 
enforcement personnel to conduct a death scene investigation according to the protocol 
developed by the chief medical examiner. Such investigation shall be initiated within 
twenty-four (24) hours of the time the local law enforcement personnel are contacted by 
the county medical examiner.
(i) The county medical examiner shall send a copy of the death scene investigation and the medical history of the child to the pathologist conducting the autopsy.

(j) A copy of the completed autopsy, medical history, and scene investigation shall be forwarded to the chief medical examiner.

(k) The cause of death, as determined by the certified child death pathologist may be reported to the parents or legal guardians of the child. A copy of the autopsy results, when available, may be furnished to the parent or parents or legal guardian of the child, upon request, within forty-eight (48) hours of such request, except where the cause of death may reasonably be attributed to child abuse or neglect, in the judgment of the certified child death pathologist.

(l) Sudden infant death syndrome shall not be listed as the cause of death of a child, unless the death involves an infant under one (1) year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the child's clinical history.

(m) Any individual or entity providing information pertinent to the investigation and related autopsy in a suspected case of sudden, unexplained infant death syndrome shall not be civilly liable for breach of confidentiality concerning the release of such information.

SECTION 3. In order to implement the provisions of this part, the commissioner of health shall:

(1) Promulgate rules and regulations in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5, as may be necessary to obtain in proper form all information relating to the occurrence of a sudden unexplained child death which is relevant and appropriate for the establishment of a reliable statistical index of the incidence, distribution and characteristics of cases of sudden, unexplained child death;

(2) Collect such factual information from physicians, coroners, medical examiners, hospitals, and public health officials who have examined any child known or believed to have experienced sudden, unexplained death; provided that no information shall be collected or solicited that reasonably could be expected to reveal the identity of such child;

(3) Make such information available to physicians, coroners, medical examiners, hospitals, public health officials, and educational and institutional organizations conducting research as to the causes and incidence of sudden, unexplained child death;

(4) Cause appropriate counseling services to be established and maintained for families affected by the occurrence of sudden infant death syndrome; and

(5) Conduct educational programs to inform the general public of any research findings which may lead to the possible means of prevention, early identification, and treatment of sudden infant death syndrome.
SECTION 4. Tennessee Code Annotated, Section 68-3-502(c)(2), is amended by deleting the existing language in its entirety, and by substituting instead the following:

Sudden infant death syndrome shall not be listed as the cause of death of a child, unless the death meets the definition set forth in title 68, chapter 1, part 11.

SECTION 5. Tennessee Code Annotated, Section 68-142-108(e), is amended by deleting the period at the end of subdivision (1) and by adding the following language:

and for the purposes of the "Sudden, Unexplained Child Death Act," pursuant to title 68, chapter 1, part 11.

SECTION 6. Tennessee Code Annotated, Section 68-142-108(e), is further amended by deleting the period at the end of the first sentence in subdivision (2), after the words "or local teams" and by adding the following language:

and for the purposes of the "Sudden, Unexplained Child Death Act," pursuant to title 68, chapter 1, part 11.

SECTION 7. This act shall take effect on July 1, 2001, the public welfare requiring it.
Direct On-Scene Education (D.O.S.E.) Program

What is D.O.S.E.? In 2012, Lt. James Carroll of the Ft. Lauderdale (Fla.) Fire and Rescue Department consulted with Healthy Mothers, Healthy Babies of Broward County, Inc. out of concern for the growing number of sleep-related infant deaths he and his crew were responding to; this meeting resulted in the creation of Direct On-Scene Education™ (D.O.S.E.). The D.O.S.E program is an innovative attempt to eliminate sleep-related infant deaths by utilizing first responders to educate families and caregivers about the ABC’s of Safe Sleep for infants. Since its inception, D.O.S.E. has become a model program adopted and implemented by several agencies, including the Tennessee Department of Health (TDH).

D.O.S.E. utilizes the trust and importance of first responders in the community. When responding to calls from households with an infant or expectant mother, first responders are trained to initiate an “environmental check”. If any hazards are found in the infant’s current or planned sleep environment, they remove the hazards and verbally educate the caregiver(s) on safe sleep practices. In the event that participating agencies come in contact with a family who is unable to afford a crib, they are able to donate a pack-N-play to the home or refer the resident(s) to a resource site that can. Participating agencies also leave a Safe Sleep Kit at each residence, which includes materials on the ABC’s of Safe Sleep. First responders are on scene to help, giving their message more of an opportunity to make a lasting impression.

What are the expectations? TDH provides each participating agency with Safe Sleep Kits. The kits include a door hanger, flyer, and dry erase board – all delivering the same simple message, “Babies should sleep ALONE, on their BACK, and in a CRIB”. Each participating agency has a “Baby Safe Administrator” who oversees implementation of the program. The Baby Safe Administrator is an individual with a passion for the program and experience in community education; and someone who is able to engage and motivate their colleagues, and help them understand the importance of Safe Sleep education. The administrator is also responsible for ordering D.O.S.E. kits and reporting the number of kits distributed every month by submitting a quick survey to TDH. TDH also reports the monthly Safe Sleep Kit distribution numbers to Lt. James Carroll.

How does my agency get involved with D.O.S.E.? The best way to get involved is by contacting Rachel Heitmann to request information on the D.O.S.E program. TDH staff is also available to provide education and training on the program.

Contact information:
Rachel Heitmann, MS
Director, Injury Prevention, Infant Mortality Reduction and Death Review
Division of Family Health and Wellness
Andrew Johnson Tower, 8th Floor
710 James Robertson Parkway, Nashville, TN 37243
615-741-0368
Rachel.Heitmann@tn.gov
Appendix B  Sudden Infant Death Syndrome

Back Is Best For Baby’s Sleep

and other tips to reduce the risk of SIDS
and other sudden unexpected infant deaths (SUID)

First Candle
HELPING BABIES SURVIVE & THRIVE

1314 Bedford Avenue, Suite 210, Baltimore, Maryland 21208
Phone: 800.221.7437
info@firstcandle.org • www.firstcandle.org
Sudden Infant Death Syndrome (SIDS) is the sudden, unexpected death of a baby younger than one year. SIDS is the leading cause of death for babies one month to one year of age and claims the lives of nearly 2,500 babies every year. In addition, there are up to 2,000 sudden unexpected infant deaths (SUId) caused by suffocation or accidents during sleep each year.

What Is SIDS?

While SIDS affects families of all ethnic, social and economic backgrounds, we do know that African American and Native American babies are two to three times more likely to die from SIDS than Caucasian babies. Babies born too early or at a low birth rate are at increased risk, as are babies born to mothers who smoke during pregnancy and those who do not receive good prenatal care. Most SIDS deaths happen between two and four months of age, with 90 percent happening before six months of age.

While the exact cause of SIDS is not yet known, recent research has given us more information on what may cause these babies to die. Some babies are more likely to die than others because of a problem in their brainstems. We do not know which babies have this problem, but there are many things parents and caregivers can do to help protect their baby.

By following the important rules in this brochure, you will be giving your baby the best possible chance to reach not only his or her first birthday, but many happy birthdays beyond!
What can I do to help reduce the risk of SIDS/SUID?

- Always put your baby to sleep on his or her back. *Side and tummy positions are not safe.*

- Use a firm mattress in a crib that meets current safety standards. For guidelines visit www.jpma.org. *The mattress should fit snugly in the crib and be covered with only a tight-fitting crib sheet.*

- Never place your baby to sleep on any soft surface. *This includes adult beds, waterbeds, sofas, chairs, cushions, quilts and other soft surfaces.*

- Remove all soft, fluffy or loose bedding from your baby’s sleep area. *This includes pillows, quilts, blankets, stuffed toys and other soft items.*

- Do not use soft or pillow-like bumper pads, wedges or positioners in your baby’s sleep area. *These items do not help keep your baby safe and can be dangerous when your baby begins turning over and moving around the crib.*

- Use a wearable blanket or other type sleeper instead of loose blankets. *This will keep your baby warm and safe.*

- Room share with your baby, but don’t bed share. Adult beds are not safe for sleeping babies. Feed and bond with your baby in bed, but when it’s time to go to sleep, place your baby alongside your bed in his or her own separate space. *This will make breastfeeding easier and help reduce the risk of SIDS, suffocation and accidents during sleep.*

- Do not let your baby sleep in a car seat, infant carrier, bouncy seat, swing or other product. *Never leave your baby unattended while using these products. If your baby falls asleep, move him or her to a firm, flat surface as soon as possible.*

- Never fall asleep with your baby on a couch or armchair!
What other things can I do to protect my baby?

- Good prenatal care is important. See a doctor as soon as you think you might be pregnant and keep all your appointments.
- If possible, feed your baby only breast milk for at least the first six months. Breastfeeding is important to your baby’s overall health and well-being and can help protect your baby from illness and infection.
- Do not smoke while you are pregnant and do not allow anyone to smoke around your baby after he or she is born. Exposure to tobacco greatly increases the risk of SIDS and other illnesses.
- Do not drink alcohol or take drugs while you are pregnant.
- Take your baby for scheduled well-baby checkups. Make sure your baby receives his or her shots on time.

Pacifiers can greatly reduce the risk of SIDS!

New research shows that giving your baby a pacifier **every time you place him or her down to sleep** can greatly reduce the risk of SIDS. Follow these simple steps for safe, effective pacifier use:

- Offer your baby a pacifier at naptime and nighttime.
- If you are breastfeeding, wait one month before using a pacifier.
- Never use a pacifier to replace nursing or feeding.
- It is not necessary to put the pacifier back in your baby’s mouth if it falls out – he or she will still be protected.
- Never attach a pacifier around your baby’s neck or to clothing.
- Stop using a pacifier after one year when the risk of SIDS decreases.
Educate everyone who takes care of your baby!

Let everyone who takes care of your baby know about these important rules. This includes grandparents, aunts, uncles, child care providers, friends, babysitters and EVERYONE who cares for your baby.

Make sure your baby has a safe place to sleep when visiting or traveling, too!

Babies should always sleep on their backs!

One of the best things you can do to help reduce the risk of SIDS is to place your baby on his or her back to sleep, even for naps. Not everyone knows how important this is. When your mother and grandmother had babies, doctors told them to place babies on their stomachs for sleep. But research now shows that fewer babies will die of SIDS if they sleep on their backs. In fact, before the national Back to Sleep campaign, 3,500 more babies died from SIDS each year.

Placing your baby to sleep on his or her back is the only safe sleep position. Almost all babies will be comfortable sleeping on their back if placed that way from the time they are born. Let your doctor and nurse know that you want your baby placed only Back to Sleep in the hospital. Your doctor will let you know if there is a medical reason to use a different sleep position.

Some mothers and grandmothers worry that babies may choke on spit-up or vomit if they sleep on their backs. Doctors have NOT found this to be true. Millions of babies around the world sleep safely on their backs.

Many products are made to keep babies on their backs during sleep. But there is no proof that using these products will reduce the risk of SIDS. In fact, positioners and wedges can actually increase the risk of SIDS and accidental infant deaths when your baby starts moving around or rolling over during sleep.
Make sure there is nothing soft, loose or fluffy in your baby’s sleep area!

Research shows that soft bedding and other items placed in your baby’s sleep area can increase the risk of SIDS and accidental suffocation. This includes blankets, quilts, pillows, soft or pillow-like bumper pads, stuffed animals and other soft items.

These items can block the flow of fresh air to your baby. Instead of fresh air, your baby will re-breathe his exhaled air, which doesn’t have enough oxygen. This “re-breathing” may increase the risk of SIDS. Loose blankets and quilts can also cover your baby’s head and cause suffocation.

When your baby is awake, tummy time is important!

Place your baby on his or her stomach for “tummy time” when he or she is awake and being watched (supervised). Tummy time while awake is good for your baby. It helps develop neck and shoulder muscles. It also helps prevent “flat spots” on the back of your baby’s head. Flat spots are almost always temporary. They usually go away a few months after your baby begins to sit up or crawl.

There are other things you can do to help prevent flat spots:

- Alternate the direction in the crib where you place your baby to sleep.
- Alternate the arm you hold your baby in for feedings.
- Don’t let your baby spend too much time in car seats, infant carriers, bouncers, swings and other similar items.
Remember, most babies are born healthy and most stay that way as they grow.

Don’t let the fear of SIDS spoil your joy of having a new baby!

First Candle is the nation’s leading nonprofit dedicated to promoting safe pregnancies and the survival of babies through the first years of life.

With programs of research, education and advocacy, we are working to ensure that every baby is given the best possible chance to survive and thrive. Until we reach that goal, we will continue to provide compassionate grief support to all those affected by the death of a baby.

For more information on other ways to help your baby survive and thrive, to access family support services or to make a donation, please call toll-free 800.221.7437 or visit www.firstcandle.org.
NIH News: SIDS Infants Show Abnormalities in Brain Area Controlling Breathing

October 31, 2006

Infants who die of sudden infant death syndrome have abnormalities in the brainstem, a part of the brain that helps control heart rate, breathing, blood pressure, temperature and arousal, report researchers funded by the National Institutes of Health. The finding is the strongest evidence to date suggesting that innate differences in a specific part of the brain may place some infants at increased risk for SIDS.

The abnormalities appeared to affect the brainstem's ability to use and recycle serotonin, a brain chemical which also is used in a number of other brain areas and plays a role in communications between brain cells. Serotonin is most well known for its role in regulating mood, but it also plays a role in regulating vital functions like breathing and blood pressure.

The study appears in the November 1 Journal of the American Medical Association and was conducted by researchers in the laboratory of Hannah Kinney, M.D., at Children's Hospital Boston and Harvard Medical School as well as other institutions.

“This finding lends credence to the view that SIDS risk may greatly increase when an underlying predisposition combines with an environmental risk-such as sleeping face down-at a developmentally sensitive time in early life,” said Duane Alexander, M.D., Director of the NIH's National Institute of Child Health and Human Development.

SIDS is the sudden and unexpected death of an infant under 1 year of age, which cannot be explained after a complete autopsy, an investigation of the scene and circumstances of the death, and a review of the medical history of the infant and his or her family. Typically, the infant is found dead after having been put to sleep and shows no signs of having suffered.

In previous studies, researchers have hypothesized that abnormalities in the brainstem may make an infant susceptible to situations in which they re-breathe their own exhaled breath, depriving them of oxygen. This hypothesis holds that certain infants may not be able to detect high carbon dioxide or low oxygen levels during sleep, and do not wake up.

To conduct the current study, researchers examined tissue from the brainstems of 31 infants who died of SIDS and 10 infants who died of other causes. The tissue was provided by the office of the chief medical examiner in San Diego, California, and was collected from infants who died between 1997 and 2005.

The lower brainstem helps control such basic functions as breathing, heart rate, blood pressure, body temperature, and arousal. The researchers found that brainstems from SIDS infants contained more neurons (brain or nerve cells) that manufacture and use serotonin than did the brainstems of the control infants, explained the study's first author, David Paterson, PhD, a researcher at Children's Hospital in Boston.

Serotonin belongs to a class of molecules known as neurotransmitters, which serve to relay messages between neurons. Neurons release neurotransmitters, which fit into special sites, or receptors, on surrounding neurons, somewhat like a key fits into a lock. Once in place, the neurotransmitter either promotes or hinders electrical activity in the receiving neuron-next in line in a particular brain circuit-causing it to release its neurotransmitters, which either excite or inhibit still more neurons, and so on.

Although the brainstem tissue from the SIDS infants contained more serotonin-using neurons, these serotonin-using neurons appeared to contain fewer receptors for serotonin than did the brainstems of control infants. Dr. Paterson noted that there are at least 14 different subtypes of serotonin receptor. In their study, the researchers tested the infants' brainstem tissue for a serotonin receptor known as “subtype 1A.”

Tissue from both the SIDS infants and the control infants contained roughly equal amounts of a key brain protein, serotonin transporter protein. This protein recycles serotonin, collecting the neurotransmitter from the surrounding spaces outside the neuron and transporting it back into the neuron so it can be used again. Dr. Paterson explained, however, that because the SIDS infants had
proportionately more serotonin-using neurons than did the control infants, they would also be expected to have more serotonin transporter protein. So even though they had equal amounts of serotonin transporter protein, the levels were nevertheless reduced-relative to the increased number of serotonin-using neurons-and, for this reason, unlikely to meet the needs of these cells.

Dr. Paterson added that from the observations in this study it was not possible to determine how much serotonin the infants’ brainstems contained when the infants were alive. He noted, however, that the pattern of abnormalities-more serotonin neurons, an apparent reduction of serotonin 1A receptors, and insufficient serotonin transporter-suggested that the level of serotonin in the brainstems of SIDS infants was abnormal.

“Our hypothesis right now is that we're seeing a compensation mechanism,” Dr. Paterson said. “If you have more serotonin neurons, it may be because you have less serotonin and more neurons are recruited to produce and use serotonin to correct this deficiency.”

The researchers also found that male SIDS infants had fewer serotonin receptors than did either female SIDS infants or control infants. The finding may provide insight into why SIDS affects roughly twice as many males as females.

“These findings provide evidence that SIDS is not a mystery but a disorder that we can investigate with scientific methods, and some day, may be able to identify and treat,” said Dr. Hannah Kinney, the senior author of the paper.

A large body of research has shown that placing an infant to sleep on his or her stomach greatly increases the risk of SIDS. The NICHD-sponsored Back to Sleep campaign urges parents and caregivers to place infants to sleep on their backs, to reduce SIDS risk. The campaign has reduced the number of SIDS deaths by about half since it began in 1994. The campaign also cautions against other practices that increase the risk of SIDS, such as soft bedding, smoking during pregnancy, and smoking around a baby after birth.

Despite the fact that the Back to Sleep Campaign recommendations had been widely distributed by the time the study began, a large proportion of the SIDS cases in the study by Drs. Paterson, Kinney and their coworkers were correlated with known SIDS risk factors: 15 (48 percent) were found sleeping on their stomachs, 9 (29 percent) were found face down, and 7 (23 percent) were sharing a bed, at the time of death.

“The majority (65 percent) of the SIDS cases in this data set, however, were sleeping prone or on their side at the time of death, indicating the need for continued public health messages on safe sleeping practices, the study authors wrote.”

Information and free materials on ways parents and caregivers can reduce the risk of sudden infant death syndrome are available on the Back to Sleep Campaign Web site at http://www.nichd.nih.gov.

Glossary of SIDS-Related Terminology

**Apnea**—Transient cessation of breathing.

**Apnea of Prematurity**—Periodic breathing with respiratory pauses longer than 20 seconds in a premature infant of less than 37 weeks gestation; may be accompanied by changes in color or in muscle tone.

**Apparent Life Threatening Event (ALTE)**—An episode that is frightening to the observer and is characterized by some combination of apnea, color change, change in muscle tone, and choking or gagging, replacing the term “near-miss” SIDS.

**Arrhythmia**—Any variation from the normal rhythm of the heartbeat.

**Autopsy**—A complete external and internal examination of a dead body. In SUID cases, microscopic evaluation of major organ systems, full-body x-rays, and additional tests are usually performed. Also known as a postmortem examination.

**Bed-Sharing**—The practice of having an infant sleep in the same bed with its parents.

**Botulism**—An often fatal poisoning caused by the bacterium Clostridium botulinum. Infant deaths from botulism have been misdiagnosed as SIDS.

**Bradycardia**—Slowing of the heart rate. (See tachycardia.)

**Brainstem**—The base of the human brain, which lies just above the spinal cord and controls breathing and other involuntary activities.

**Cardio-Pulmonary Resuscitation (CPR)**—A procedure whereby a victim who is not breathing or has no pulse is massaged so that blood flow and oxygen exchange are maintained.

**Cause of death**—A condition or event directly responsible for the death of an individual infant.

**County medical examiner**—Medical doctor appointed by county mayor charged with the investigation of sudden, unusual, unnatural, or suspicious deaths.

**County medical examiner investigator**—EMT, paramedic, RN, or person registered with the American Board of Medicolegal Death Investigators (ABMDI) who is authorized by county medical examiner to perform death scene investigations, pronounce deaths, and order autopsies. *Crib Death/Cot Death*—Obsolete terms for SIDS

**Diagnosis of Exclusion**—Diagnosis made by eliminating all other possible diagnoses.

**DPT Vaccine**—The vaccine, often given at about two months of age, to inoculate children against diphtheria, pertussis (whooping cough), and tetanus. Links between this vaccine and SIDS have not been supported by research findings.

**Forensic pathologist**—A medical doctor with specialty training in death investigations and determining cause and manner of death. All medicolegal autopsies in Tennessee are to be performed by a forensic pathologist.

**Gastroesophageal Reflux**—An excessive or pathologic tendency toward the reverse flow of stomach contents into the esophagus and sometimes into the throat, from whence refluxed material can be inhaled into the lungs.

**Homeostatic Control Mechanisms**—Innate behaviors of an infant to automatically regulate body conditions such as temperature, oxygen, and carbon dioxide levels in the blood, or heart rate.

**Hypoxia**—The condition wherein too little oxygen reaches tissues and organs.
International Classification of Diseases, 10th Revision (ICD-10)--A guide for the
classification of morbidity and mortality information for statistical purposes published by the
World Health Organization.

Manner of death--The circumstances under which death occurred. Manners of death are
natural, accident, suicide, homicide, or could not be determined.

Metabolic Disorder--An abnormality of a physical or chemical process
underlying vital cellular or organ function.

Monitoring--Using an apparatus to observe and/or record physical signs such as respiration,
pulse, and blood pressure.

Pathology--1--The study of disease, its essential nature, cause, and development and the
structural and functional changes it produces. 2. A condition that might lead to sickness,
disability, or death. By definition, no pathologies have been discovered that are strongly
associated with subsequent SIDS deaths.

Petechiae--Pinpoint hemorrhages often found on the surfaces of organs or in the lining of the
chest cavity. Petechiae are a characteristic finding in autopsies of SIDS victims.

Predisposition--A latent susceptibility to disease that may be activated under certain
conditions, such as by physiologic stresses.

Prone (Sleep position)--Sleeping on one's stomach. Evidence suggests that prone sleeping
increases the risk of SIDS. (See supine.)

Regional forensic center (RFC)--Facility in which medicolegal autopsies are performed. At
present, RFC's are located in Memphis, Nashville, Chattanooga, Knoxville, and Johnson City.

Risk Factor--A statistically derived rating of how much more common the factor under study is
in the population suffering from the disease than in populations without the disease.

Risk factors for SIDS include

- prone sleeping,
- secondhand smoke,
- over- or under-dressing infants,
- male gender,
- age between 2 and 4 months,
- bottle-feeding, and

Sudden Infant Death Syndrome (SIDS)--When an (often) apparently healthy baby suddenly
dies, for no apparent reason. SIDS is defined as the death of an infant between the ages of one
month and one year which remains unexplained after a thorough postmortem exammination,
investigation of the death scene, and review of the clinical history.

Supine (Sleep position)--Sleeping on one's back. Evidence suggests that supine sleeping
reduces the risk of SIDS. (See prone.)

Syndrome--A set of signs and symptoms that occur together often enough to constitute a
specific condition or entity.

Tachycardia--A more rapid than normal heart rate. (See bradycardia.)
SIDS in Tennessee

Infant Mortality Trends 2005–2013

![Tennessee vs. United States graph showing infant deaths per 1,000 live births from 2005 to 2013. The graph compares Tennessee and the United States, with Tennessee having slightly higher mortality rates.]

Sources: Tennessee Department of Health, Division of Health Statistics; Centers for Disease Control and Prevention; National Center for Health Statistics.

Infant Mortality Trends 2008–2013

![Tennessee Infant Deaths graph showing the number of infant deaths from 2008 to 2013, with a breakdown of sleep-related and all other deaths. The graph shows a decrease in infant deaths over the years.]

Sources: Tennessee Department of Health, Division of Health Statistics; Tennessee Child Fatality Review.
Sleep-Related Deaths in Tennessee 2008–2013

Tennessee Sleep-Related Deaths 2009–2013

Contributors to Sleep-Related Deaths

- Infant found sleeping not in a crib or bassinette: 75
- Unsafe Bedding or toys in sleeping area: 62
- Infant not found sleeping on back: 61
- Infant sleeping with other people: 57
- Infant sleep with obese adult: 11
- Drug impaired adult sleeping with infant: 4
- Adult fell sleep while breastfeeding: 3
- Adult fell asleep while bottle feeding: 3
- Alcohol impaired adult sleeping with infant: 2

Source: Tennessee Child Fatality Review, 2009-2013
*Multiple factors may have contributed to each death, therefore percentages do not sum to 100%.
Appendix C

Tennessee Services and Information

Child Safety

The Department of Children’s Services responds to over 37,000 reports of child abuse and neglect a year. Every day, more than 100 children are reported abused or neglected in Tennessee. The Child Protective Services division strives to protect children whose lives or health are seriously jeopardized because of abusive acts or negligence. This division also supports the preservation of families. The department practices risk-oriented case management in order to help protect children. These are some of the caseworker’s major areas of responsibility:

• Investigating referrals of child abuse or neglect
• Identifying the risks that contributed to the abuse or neglect
• Delivering appropriate services to reduce risks
• Evaluating the success of the intervention
• Continuing services, if necessary
• Closing the case or reuniting the child/children and family

What Is Child Abuse?

Child abuse and neglect occurs when a child is mistreated, resulting in injury or risk of harm. Abuse can be physical, verbal, emotional, or sexual.

**Physical abuse** is nonaccidental physical trauma or injury inflicted by a parent or caretaker on a child. It also includes a parent’s or a caretaker’s failure to protect a child from another person who perpetrated physical abuse on a child. In its most severe form, physical abuse is likely to cause great bodily harm or death.

**Physical neglect** is the failure to provide for a child’s physical survival needs to the extent that there is harm or risk of harm to the child’s health or safety. This may include, but is not limited to, abandonment, lack of supervision, life-endangering physical hygiene, lack of adequate nutrition that places the child below the normal growth curve, lack of shelter, lack of medical or dental that results in health-threatening conditions, and the inability to meet basic clothing needs of a child. In its most severe form, physical neglect may result in great bodily harm or death.

**Sexual abuse** includes penetration or external touching of a child’s intimate parts, oral sex with a child, indecent exposure or any other sexual act performed in a child’s presence for sexual gratification, sexual use of a child for prostitution, and the manufacturing of child pornography. Child sexual abuse is also the willful failure of the parent or the child’s caretaker to make a reasonable effort to stop child sexual abuse by another person.

**Emotional abuse** includes verbal assaults, ignoring and/or indifference to a child, or constant family conflict. If a child is degraded enough, the child will begin to live up to the image communicated by the abusing parent or caretaker.

Child abuse can happen anywhere—in poor, middle-class, or well-to-do homes or in rural or urban areas.

Who Should Report Child Abuse?

Somewhere in your community there is a family who has a serious problem. The children in that family are being abused and neglected by their parents. According to
Tennessee law, all persons (including doctors, mental health professionals, child care providers, dentists, family members, and friends) must report suspected cases of child abuse or neglect. Failure to report child abuse or neglect is a violation of the law.

**If you believe a child has been abused or neglected call (877) 237-0004 to report it.**

**Possible Indicators of Abuse and Neglect**

- The child has repeated injuries that are not properly treated or adequately explained.
- The child begins acting in unusual ways, ranging from disruptive and aggressive to passive and withdrawn behavior.
- The child acts in the role of parent toward brothers and sisters or even toward parents.
- The child may have disturbed sleep (nightmares, bed-wetting, fear of sleeping alone, needing a nightlight).
- The child loses his/her appetite, overeats, or reports being hungry.
- There is a sudden drop in school grades or participation in activities.
- The child may act in stylized ways, such as sexual behavior that is not normal for his/her age group.
- The child may report abusive or neglectful acts.

The above signs indicate that something is wrong but do not necessarily point to abuse. However, if you notice these signs early, you may be able to prevent abuse or neglect.

**Parents who abuse or neglect their children may show some common characteristics:**

- Possible drug/alcohol history
- Disorganized home life
- May seem to be isolated from the community and have no close friends
- When asked about a child's injury, may offer conflicting reasons or no explanation at all
- May seem unwilling or unable to provide for a child's basic needs
- May not have age-appropriate expectations of their children
- May use harsh discipline that is not appropriate for a child's age or behavior
- Were abused or neglected as a child

Parents who abuse their children need help, but few are able to admit the problem and seek assistance. Long-term trends show that more than 85 percent of the perpetrators of child abuse and neglect in Tennessee were the parents or relatives of the victims. Staffs at schools, day cares, and institutions were perpetrators in only two percent of the investigations. Adolescents as well as adults can be perpetrators of abuse.

**What Happens in an Investigation?**

The process of investigation can include talking with the alleged child victim (or observing a young, nonverbal child), parents, and/or the alleged perpetrator. CPS workers will gather pertinent medical and psychological information and will work with their counterparts in the medical, psychological, judicial, and law enforcement fields. The investigations can also include interviews of neighbors or friends who have knowledge of the child's situation. The emphasis remains on constantly evaluating the risk to the alleged child victim during the entire investigative process.

In reports involving severe child abuse, DCS will notify the local district attorney and law enforcement offices. These include reports that involve a child's death or serious injury or situations involving torture, malnutrition, and child sexual abuse. Furthermore,
Tennessee law requires local child protective investigation teams to review certain cases. The CPIT in each county includes representatives from DCS, the local district attorney general’s office, juvenile court, law enforcement, and the mental health profession.

**What Happens When I Call Central Intake?**

When a person notifies the Department of Children’s Services regarding possible abuse or neglect of a child, Children's Services case managers determine how quickly to respond with an investigation. They must assess the referral information and focus on the present and future risks to the child. Considering the condition of the child and the risk of future maltreatment helps a case manager know how to quickly to respond to an abuse or neglect referral and what priority to assign to that referral. DCS accepts reports of child maltreatment provided they meet the following three criteria:

- The report pertains to a child under the age of 18 years
- The report alleges harm or imminent risk of harm to the child
- The alleged perpetrator is a parent or caretaker; a relative or other person living in the home; an educator, volunteer, or employee of a recreational/organizational setting who is responsible for the child; any individual providing treatment, care, or supervision for the child.

DCS accepts all referrals involving sexual abuse of children under the age of 13 years, regardless of the previous relationship between the alleged victim and the alleged perpetrator. DCS does not investigate sexual abuse allegations of a child 13 to 18 years old by an alleged perpetrator who does not have a relationship with the child, as defined above unless the child is in the department’s custody. DCS may assist law enforcement or the district attorney's office in such cases.

Here is the information you’ll be asked to provide if you call to report child abuse.

- Nature of the harm or specific incident(s) that precipitated the report
- Specific allegation(s), date(s) and descriptions(s) of the injuries or dangers
- Identities of alleged perpetrator(s) and their relationships to the victim
- Witnesses to the incident(s) and how to reach those witnesses
- Details of any physical evidence available
- Perpetrator’s current access to the child
- Present condition of the child (alone, in need of medical attention, etc.)
- The location of the child and directions to get there
- Any statements from the child
- Parent’s or perpetrator’s explanation of the alleged child victim’s condition or the incident
- Parent’s current emotional, physical, or mental state, especially feelings about the child and reactions to the report
- How the reporter came to know the information and the reporter’s thoughts about the likelihood of further harm to the child

The reporter’s identity is confidential, but a name should be given so the department can follow up with the reporter, if necessary. The reporter is free from civil or criminal liability for reports of suspected child abuse or neglect made in good faith.

To report abuse or neglect, call 1-877-237-0004 or go to www.tn.gov/dcs and click on “How to Report Child Abuse”.

Tennessee Department of Children’s Services, Child Safety Division
www.state.tn.us/youth/childsafety
Child Fatality Review (CFR) Teams

Child Fatality Review Teams review deaths in order to

- promote understanding of the causes of childhood deaths,
- identify deficiencies in the delivery of services to children and families by public agencies, and
- make and carry out recommendations that will prevent future childhood deaths.

Members of the state team include the following:

- Department of Health commissioner (chair)
- Attorney General
- Department of Children’s Services commissioner
- Tennessee Bureau of Investigation director
- Physician (nominated by Tennessee Medical Association)
- Physician credentialed in forensic pathology
- Department of Mental Health and Substance Abuse Services commissioner
- Judiciary member nominated by the Supreme Court Chief Justice
- Tennessee Commission on Children and Youth Chair
- Department of Intellectual and Developmental Disabilities commissioner
- Two members of the Senate
- Two members of the House of Representatives
- One member representing a child abuse prevention organization

Members of the local teams include the following:

- Department of Health regional health officer
- Department of Children’s Services social services supervisor
- Medical examiner
- Prosecuting attorney appointed by the District Attorney General
- Local law enforcement officer
- Mental health professional
- Pediatrician or family practice physician
- Emergency medical services provider or firefighter
- Juvenile court representative
- Representatives of other community agencies serving children
# Tennessee Child Fatality Review Districts

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<tr>
<th>Region</th>
<th>Judicial District 1: Carter, Johnson, Unicoi, and Washington Counties</th>
<th>Judicial District 3: Green, Hamblen, Hancock, and Hawkins Counties</th>
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<td>Judicial District 4: Cocke, Grainger, Jefferson, and Sevier Counties</td>
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<td>Judicial District 15: Jackson, Macon, Smith, Trousdale, and Wilson Counties</td>
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</table>

Revised 12/14/2004
-Investigation Data-

Child's Information:

Last Name: First Name: M.

Sex: □ M □ F DOB: / / SS#: Case#: 

Race: □ White □ Black/African Am. □ Asian/Pacific Islander □ Other Ethnicity: □ Hispanic/Latino

Primary Address: City: St: Zip:
Incident Address: City: St: Zip:

Contact Information for Witness:

Relationship to the deceased: □ Birth Mother □ Birth Father □ Grandmother □ Adoptive or Foster Parents □ Physician □ Health Records □ Other: ________________

Last Name: First Name: M. SS#

Home Address: City: St: Zip:
Place of work: City: St: Zip:
Phone (H): ( ) Phone (W): ( ) Date of Birth: / / 

-Witness Interview-

1. Tell me what happened:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

2. Did you notice anything unusual or different about the child in the last 24 hours? □ No □ Yes → Describe:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

3. Did the child experience any falls or injury within the last 72 hours? □ No □ Yes → Describe:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

4. When was the child LAST KNOWN ALIVE (LKA)? / / 

   Month      Day      Year

Military Time Location (Room)

5. When was the child FOUND? / / 

   Month      Day      Year

Military Time Location (Room)
6. Explain how you knew the child was still alive.

7. Describe the child's appearance when found. Describe and specify location:
   - a) Discoloration around face/nose/mouth
     - Unknown
     - No
     - Yes
   - b) Secretions (foam, froth)
     - Unknown
     - No
     - Yes
   - c) Skin discoloration (liver mortis)
     - Unknown
     - No
     - Yes
   - d) Pressure marks (pale areas, blanching)
     - Unknown
     - No
     - Yes
   - e) Rash or petechiae (small red blood spots on skin, membranes, or eyes)
     - Unknown
     - No
     - Yes
   - f) Marks on body (scratches or bruises)
     - Unknown
     - No
     - Yes
   - g) Other
     - Unknown
     - No
     - Yes

8. What did the child feel like when found? (Check all that apply)
   - Sweaty
   - Limp, flexible
   - Warm to touch
   - Rigid, stiff
   - Cool to touch
   - Unknown
   - Other, specify:

9. Did anyone else other than EMS try to resuscitate the child?
   - No
   - Yes
   - Who: ___________________________
   - When: / / Year
   - Military Time:

10. Please describe what was done as part of the resuscitation:

11. Has the parent/caregiver ever had a child die suddenly and unexpectedly?  
    - No
    - Yes → Describe:

---

**Child Medical History**

1. Source of medical information:
   - Doctor  
   - Other health care provider
   - Medical record
   - Parent/primary caregiver
   - Family  
   - Other

2. In the 72 hours prior to death, did the child have:
   - a) Fever
     - Unknown
     - No
     - Yes
   - b) Excessive sweating
     - Unknown
     - No
     - Yes
   - c) Lethargy or sleeping more than usual
     - Unknown
     - No
     - Yes
   - d) Fussiness or excessive crying
     - Unknown
     - No
     - Yes
   - e) Decrease in appetite
     - Unknown
     - No
     - Yes
   - f) Vomiting
     - Unknown
     - No
     - Yes
   - g) Choking
     - Unknown
     - No
     - Yes
   - h) Diarrhea
     - Unknown
     - No
     - Yes
   - i) Stool changes
     - Unknown
     - No
     - Yes
   - j) Difficulty breathing
     - Unknown
     - No
     - Yes
   - k) Apnea (stopped breathing)
     - Unknown
     - No
     - Yes
   - l) Cyanosis (turned blue/gray)
     - Unknown
     - No
     - Yes
   - m) Seizures or convulsions
     - Unknown
     - No
     - Yes
   - n) Other, specify:

3. In the 72 hours prior to death, was the child injured or did s/he have any other condition(s) not mentioned?  
   - No
   - Yes → Describe:

4. In the 72 hours prior to death, was the child given any medications or vaccinations?  
   - No
   - Yes → List Below:
   (please include any home remedies, herbal medications, over-the-counter medications)

<table>
<thead>
<tr>
<th>Name of medication or vaccination</th>
<th>Dose last given</th>
<th>Date given</th>
<th>Approx. Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Date given</td>
<td>Military Time</td>
</tr>
<tr>
<td></td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
</tbody>
</table>
   |                                 | /     | /   | /   | /     | /   | /   | :

   Reason given/comments:
5. At any time in the child’s life, did s/he have a history of? Describe
   a) Allergies (food, medication or other) Unknown No Yes
   b) Abnormal growth or weight loss/gain Unknown No Yes
   c) Apnea (stopped breathing) Unknown No Yes
   d) Cyanosis (turned blue/gray) Unknown No Yes
   e) Seizures or convulsions Unknown No Yes
   f) Cardiac (heart) abnormalities Unknown No Yes
   g) Other Unknown No Yes

6. Did the child have any birth defects? No Yes Describe:

7. Describe the two most recent times that the child was seen by a physician or health care provider: (Include emergency department visits, clinic visits, hospital admissions, observational stays, and telephone calls)
   a) Date First most recent visit Second most recent visit
      Month Day Year Month Day Year
   b) Reason for visit:
   c) Action taken:
   d) Physician’s Name:
   e) Hospital/Clinic:
   f) Address:
   g) City, Zip code:
   f) Phone number:

8. Birth Hospital Name:
   Street Address:
   City: State: Zip code:

- Incident Scene Investigation -

1. Where did the incident or death occur?

2. Was this the primary residence? No Yes

3. Is the site of the incident or death scene a daycare or other childcare setting? Yes No Skip to question 8 below

4. How many children were under the care of the provider at the time of the incident or death? __________ (Under 18 years old)

5. How many adults were supervising the child(ren)? __________ (18 years or older)

6. What is the license number and licensing agency for the daycare?
   License Number: Agency:

7. How long has the daycare been open for business?

8. How many people live at the site of the incident or death scene?
   Number of adults (18 years or older): Number of children (under 18 years old):

9. Which of the following heating or cooling sources were being used? (Check all that apply)
   Central air A/C window unit Ceiling fan Floor/table fan Other, specify:
   Window fan Gas furnace or boiler Electric fan Electric baseboard heat
   Electric (radiant) ceiling heat Wood burning fireplace Kerosene space heater
   Open window(s) Wood burning stove Coal burning furnace

10. Describe the general appearance of the incident scene: (ex. Cleanliness, hazards, overcrowding, etc.)
**-Investigation Summary-**

1. Are there any factors, circumstances, or environmental concerns about the incident scene investigation that may have impacted the child that have not yet been identified?

2. Arrival times:

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law enforcement at scene</td>
<td>:</td>
</tr>
<tr>
<td>DSI at scene</td>
<td>:</td>
</tr>
<tr>
<td>Child at hospital</td>
<td>:</td>
</tr>
</tbody>
</table>

Military time

**-Investigator’s Notes-**

Indicate the task(s) performed:

- Additional scenes(s)? (Forms attached)
- Doll reenactment/scene re-creation
- Photos or video taken and noted
- Materials collected/evidence logged
- Referral for counseling
- EMS run sheet/report
- Notify next of kin or verify notification
- 911 tape
- Other (explain)

If more than one person was interviewed, does the information differ?  
- No
- Yes → Detail any differences, inconsistencies of relevant information: (ex. Placed on sofa, last known alive on chair)

**-Investigation Diagrams-**

**Scene Diagram:**

**Body Diagram:**

Lead Death Investigator or Designee:

<table>
<thead>
<tr>
<th>Signature</th>
<th>Title</th>
<th>Date</th>
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<tr>
<th>Signature</th>
<th>Title</th>
<th>Date</th>
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</thead>
</table>
### Investigator Information:

- Name: 
- Agency: 
- Phone: 

### Investigator Insight

Any "Yes" answers should be explained and detailed. Brief description of circumstances:

### Child Information:

- Last Name: 
- First: 
- M. 
- Case#: 
- Sex: □ Male □ Female 
- Date of Birth: / / 
- Age: _____ Years _____ Months 
- Race: □ White □ Black/African Am. □ Asian/Pacific Islander □ Other 
- Ethnicity: □ Hispanic/Latino 

### 1. Indicate whether preliminary investigation suggests any of the following:

- Yes □ No  
- Asphyxia (ex. Wedging, choking, nose/mouth obstruction, neck compression, immersion in water) 
- Yes □ No  
- Hyperthermia/Hypothermia (ex. Hot or cold environments) 
- Yes □ No  
- Environmental hazards (ex. Carbon monoxide, noxious gases, chemicals, drugs, devices) 
- Yes □ No  
- Recent hospitalization 
- Yes □ No  
- Previous medical diagnosis 
- Yes □ No  
- History of acute life-threatening events (ex. Apnea, seizures, difficulty breathing) 
- Yes □ No  
- History of medical care without diagnosis 
- Yes □ No  
- Recent fall or other injury 
- Yes □ No  
- History of religious, cultural, or ethnic remedies 
- Yes □ No  
- Cause of death due to natural causes other than SIDS (ex. Birth defects, complications of pre-term birth) 

### Family Info

- Yes □ No  
- Prior sibling deaths 
- Yes □ No  
- Previous encounters with police or social service agencies 
- Yes □ No  
- Request for tissue or organ donation 
- Yes □ No  
- Objection to autopsy 

### Exam

- Yes □ No  
- Pre-terminal resuscitative treatment 
- Yes □ No  
- Death due to trauma (injury), poisoning, or intoxication 

### Any "Yes" answers should be explained and detailed. Brief description of circumstances:

### 2. Pathologist Information:

- Name: 
- Agency: 
- Phone: ( ) - 
- Fax: ( ) -
Instructions:

This case report is used by Child Death Review (CDR) teams to enter data into the National CDR Case Reporting System. This system is available to states from the National Center for Fatality Review & Prevention and requires a data use agreement for state and local data entry. System functions include data entry, case report, editing and printing, data download and standardized reports.

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

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

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

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

Most questions have a selection for unknown (U/K). A question should be marked ‘unknown’ if an attempt was made to find the answer but no clear or satisfactory response was obtained. 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 is not applicable.

This edition is Version 4.1, effective June 2016. Additional paper forms can be ordered from the National Center at no charge. Users interested in participating in the web-based case reporting system for data entry and reporting should contact the National Center for Fatality Review & Prevention. This latest version incorporates the Sudden and Unexpected Infant Death (SUID) Case Registry and the Sudden Death in the Young (SDY) Case Registry questions.

Data entry website: https://cdrdata.org

Phone: 1-800-656-2434   Email: info@childdeathreview.org   Website: www.childdeathreview.org

Copyright: National Center for Fatality Review & Prevention, June 2016
### Case Information

**Case Type:**
- ☐ Death
- ☐ Near death/serious injury
- ☐ Not born alive

**Death Certificate Number:**

**Birth Certificate Number:**

**ME/Coroner Number:**

**Date CDRT Notified of Death:**

#### A. Child Information

1. **Child’s name:**
   - First:
   - Middle:
   - Last:

2. **Date of birth:**
   - U/K
   - mm/
dd/yyyy

3. **Date of death:**
   - U/K
   - mm/
dd/yyyy

4. **Age:**
   - ☐ Years
   - ☐ Months
   - ☐ Days
   - ☐ Hours
   - ☐ Minutes

5. **Race, check all that apply:**
   - ☐ White
   - ☐ Native Hawaiian
   - ☐ African
   - ☐ Pacific Islander
   - ☐ American Indian
   - ☐ Alaskan Native

6. **Hispanic or Latino origin?**
   - ☐ Yes
   - ☐ No
   - ☐ U/K

7. **Sex:**
   - ☐ Male
   - ☐ Female
   - ☐ U/K

8. **Residence address:**
   - ☐ U/K

9. **Type of residence:**
   - ☐ Parental home
   - ☐ Relative home
   - ☐ Jail/detention
   - ☐ Licensed group home
   - ☐ Living on own
   - ☐ Relative foster home
   - ☐ Homeless

10. **New residence in past 30 days?**
    - ☐ Yes
    - ☐ No
    - ☐ U/K

11. **Residence overcrowded?**
    - ☐ Yes
    - ☐ No
    - ☐ U/K

12. **Child ever homeless?**
    - ☐ Yes
    - ☐ No
    - ☐ U/K

13. **Number of other children living with child:**
    - ☐ U/K

14. **Child’s weight:**
    - ☐ Pounds/ounces
    - ☐ Grams/kilograms

15. **Child’s height:**
    - ☐ Feet/inches
    - ☐ Cm

16. **Highest education level:**
   - ☐ N/A
   - ☐ Drop out
   - ☐ HS graduate
   - ☐ Preschool
   - ☐ Grade K-8
   - ☐ Grade 9-12
   - ☐ Home schooled, K-8
   - ☐ Home schooled, 9-12

17. **Child’s work status:**
   - ☐ N/A
   - ☐ Employed
   - ☐ Full time
   - ☐ Part time
   - ☐ U/K
   - ☐ Not working
   - ☐ U/K

18. **Did child have problems in school?**
    - ☐ N/A
    - ☐ Yes
    - ☐ No
    - ☐ U/K

19. **Child’s health insurance, check all that apply:**
    - ☐ None
    - ☐ Medicaid
    - ☐ State plan
    - ☐ Indian Health Service
    - Other, specify:

20. **Child had disability or chronic illness?**
    - ☐ Yes
    - ☐ No
    - ☐ U/K

21. **Child’s mental health (MH):**
    - Child had received prior MH services?
      - ☐ N/A
      - ☐ Yes
      - ☐ No
      - ☐ U/K
    - Child was receiving MH services?
      - ☐ N/A
      - ☐ Yes
      - ☐ No
      - ☐ U/K
    - Child on medications for MH illness?
      - ☐ N/A
      - ☐ Yes
      - ☐ No
      - ☐ U/K

22. **Child had history of substance abuse?**
    - ☐ N/A
    - ☐ Yes
    - ☐ No
    - ☐ U/K

23. **Child had history of child maltreatment?**
    - If yes, check all that apply:
      - ☐ Physical/orthopedic
      - ☐ Mental health/substance abuse
      - ☐ Cognitive/intellectual
      - ☐ Sensory
      - ☐ U/K

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

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

26. **Were any siblings placed outside of the home prior to this child’s death?**
    - ☐ Yes
    - ☐ No
    - ☐ U/K

27. **Child had history of intimate partner violence?**
    - Check all that apply:
      - ☐ N/A
      - ☐ Yes, as victim
      - ☐ Yes, as perpetrator

28. **Child had delinquent or criminal history?**
    - If yes, check all that apply:
      - ☐ N/A
      - ☐ Yes
      - ☐ No
      - ☐ U/K

29. **Child spent time in juvenile detention?**
    - ☐ Yes
    - ☐ No
    - ☐ U/K

30. **Child acutely ill during the two weeks before death?**
    - ☐ Yes
    - ☐ No
    - ☐ U/K

31. **Was any parent a first generation immigrant?**
    - ☐ Yes
    - ☐ No
    - ☐ U/K

32. **If child over age 12, what was child’s gender identity?**
    - ☐ Male
    - ☐ Female
    - ☐ U/K

33. **If child over age 12, what was child’s sexual orientation?**
    - ☐ Heterosexual
    - ☐ Lesbian
    - ☐ Questioning
    - ☐ Gay
    - ☐ Bisexual
    - ☐ U/K
### COMPLETE FOR ALL INFANTS UNDER ONE YEAR

34. Gestational age: U/K  
35. Birth weight: U/K  
36. Multiple birth? No U/K  
37. Including the deceased infant, how many pregnancies did the birth mother have? U/K  
38. Including the deceased infant, how many live births did the birth mother have? U/K  

39. Not including the deceased infant, number of children birth mother still has living? U/K  
40. Prenatal care provided during pregnancy of deceased infant? Yes No U/K  

41. During pregnancy, did mother (check all that apply):  
- Acute/chronic lung disease  
- Anemia  
- Cardiac disease  
- Chorioamnionitis  
- Chronic hypertension  
- Diabetes  
- Eclampsia  
- Genital herpes  
- HIV/AIDS  
- Preterm labor  
- Preeclampsia  
- Renal failure  
- Seizure disorder  
- Tuberculosis  
- Viral infection  
- Other, specify:  

42. Were there access or compliance issues related to prenatal care? Yes No U/K  

43. Did mother smoke in the 3 months before pregnancy? Yes No U/K  

44. Did mother smoke at any time during pregnancy? Trimester 1 Trimester 2 Trimester 3  
- Yes  
- No  
- U/K  

45. Infant ever breastfed? Yes No U/K  
46. Was mother injured during pregnancy? Yes No U/K  

47. Did infant have abnormal metabolic newborn screening results? Yes No U/K  

48. At any time prior to the infant’s last 72 hours, did the infant have a history of (check all that apply):  
- Cyanosis  
- Seizures or convulsions  
- Cardiac abnormalities  
- Metabolic disorders  
- Other, specify:  

49. In the 72 hours prior to death, did the infant have any of the following? Check all that apply:  
- Febrile infection  
- Excessive sweating  
- Lethargy/sleeping more than usual  
- Fussiness/excessive crying  
- Decrease in appetite  
- Difficulty breathing  
- Other, specify:  

50. In the 72 hours prior to death, was the infant injured? Yes No U/K  

51. 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.  
- Yes  
- No  
- U/K  

52. What did the infant have for his/her last meal? Check all that apply:  
- Breast milk  
- Other, specify:  
- Formula type: specify:  
- Baby food, type:  
- Cereal, type: U/K  

### B. PRIMARY CAREGIVER(S) INFORMATION

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

2. Caregiver(s) age in years.  
3. Caregiver(s) sex:  
4. Caregiver(s) employment status:  
5. Caregiver(s) income:  

6. Caregiver(s) education:  
7. Do caregiver(s) speak English?  
8. Caregiver(s) on active military duty?  
9. Caregiver(s) receive social services in the past twelve months?  

---

**Note:** The image contains a form with various sections for data collection regarding infant care and caregiver information. The fields include questions on gestational age, birth weight, multiple births, deceased infant details, prenatal care, medical complications, smoking history, breastfeeding, metabolic screening, and caregiver demographics. The form also asks about caregiver access to care, compliance issues, smoking history, breastfeeding, and medical history. Additionally, it covers the primary caregiver's information, including age, sex, education, employment status, and income.
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Yes</th>
<th>No</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Caregiver(s) have substance abuse history?</td>
<td>One: Yes, Two: No, U/K</td>
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<td></td>
<td>If yes, check all that apply:</td>
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<td></td>
<td>Alcohol</td>
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<td>Cocaine</td>
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<td>Marijuana</td>
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<td>Methamphetamine</td>
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<td>Opiates</td>
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<td>Prescription drugs</td>
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<td>Over-the-counter</td>
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<td>Other, specify:</td>
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<td>U/K</td>
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<td>11. Caregiver(s) ever victim of child maltreatment?</td>
<td>One: Yes, Two: No, U/K</td>
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<td>If yes, check all that apply:</td>
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<td>Physical</td>
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<td>Sexual</td>
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<td>Emotional/psychological</td>
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<td>U/K</td>
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<td>12. Caregiver(s) ever perpetrator of maltreatment?</td>
<td>One: Yes, Two: No, U/K</td>
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<td></td>
<td>If yes, check all that apply:</td>
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<td>Physical</td>
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<td># CPS referrals</td>
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<td># Substantiations</td>
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<td>Ever in foster care/adopted</td>
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<td>U/K</td>
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<tr>
<td>13. Caregiver(s) have disability or chronic illness?</td>
<td>One: Yes, Two: No, U/K</td>
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<td></td>
<td>If yes, check all that apply:</td>
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<tr>
<td></td>
<td>Physical</td>
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<td></td>
<td>Mental, specify:</td>
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<td>Sensory, specify:</td>
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<td></td>
<td>U/K</td>
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<td></td>
<td># CPS referrals</td>
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<td></td>
<td># Substantiations</td>
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<td></td>
<td>CPS prevention services</td>
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<td></td>
<td>Family preservation services</td>
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<td></td>
<td>Children ever removed</td>
<td></td>
<td></td>
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<tr>
<td>14. Caregiver(s) have prior child deaths?</td>
<td>One: Yes, Two: No, U/K</td>
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<td></td>
<td>If yes, check all that apply:</td>
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<tr>
<td></td>
<td>Child abuse # _____</td>
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<td></td>
<td>Child neglect # _____</td>
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<td>Accident # _____</td>
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<td>Suicide # _____</td>
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<td>SIDS # _____</td>
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<td>Other # _____</td>
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<td></td>
<td>Other, specify:             U/K</td>
<td></td>
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<tr>
<td>15. Caregiver(s) have history of intimate partner violence?</td>
<td>One: Yes, Two: No, U/K</td>
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<td>If yes, check all that apply:</td>
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<td></td>
<td>Yes, as victim</td>
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<td></td>
<td>Yes, as perpetrator</td>
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<td></td>
<td>No</td>
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<td></td>
<td>U/K</td>
<td></td>
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<tr>
<td>16. Caregiver(s) have delinquent/criminal history?</td>
<td>One: Yes, Two: No, U/K</td>
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<td></td>
<td>If yes, check all that apply:</td>
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<td></td>
<td>Assaults</td>
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<td>Robbery</td>
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<td></td>
<td>Drugs</td>
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<td></td>
<td>Other, specify:             U/K</td>
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<td>U/K</td>
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</tr>
</tbody>
</table>

**C. SUPERVISOR INFORMATION**

1. Did child have supervision at time of incident leading to death?
   - Yes, answer 2-15
   - No, not needed given developmental age or circumstances, go to Sect. D
   - No, but needed, answer 3-15
   - Unable to determine, try to answer 3-15

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

3. Is person a primary caregiver as listed in previous section?
   - Yes, caregiver one, go to 15
   - Yes, caregiver two, go to 15
   - No

4. Primary person responsible for supervision? Select only one:
   - Biological parent
   - Foster parent
   - Grandparent
   - Adoptive parent
   - Mother's partner
   - Sibling
   - Acquaintance
   - Babysitter
   - Stepparent
   - Father's partner
   - Other relative
   - Hospital staff, go to 15
   - Licensed child care worker
   - U/K

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

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

7. Does supervisor speak English?
   - Yes  No  U/K
   - If no, language spoken: ______

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

9. Supervisor has substance abuse history?
   - Yes  No  U/K
   - If yes, check all that apply:
     - Alcohol
     - Cocaine
     - Marijuana
     - Methamphetamine
     - Opiates
     - Prescription drugs
     - Over-the-counter
     - Other, specify: ______  U/K

10. Supervisor has history of child maltreatment?
    - As Victim
      - Yes  No  U/K
      - If yes, check all that apply:
        - Alcohol
        - Cocaine
        - Marijuana
        - Methamphetamine
        - Opiates
        - Prescription drugs
        - Over-the-counter
        - Other, specify: ______  U/K

    - As Perpetrator
      - Yes  No  U/K
      - If yes, check all that apply:
        - Physical
        - Neglect
        - Sexual
        - Emotional/psychological
        - U/K

    - # CPS referrals
    - # Substantiations
    - Ever in foster care/adopted
    - CPS prevention services
    - Family preservation services
    - Children ever removed

11. Supervisor has disability or chronic illness?
    - Yes  No  U/K
    - If yes, check all that apply:
      - Physical
      - Mental, specify: ______  U/K
      - Sensory, specify: ______  U/K

    - # CPS referrals
    - # Substantiations
    - CPS prevention services
    - Family preservation services
    - Children ever removed

12. Supervisor has prior child deaths?
    - Yes  No  U/K
    - If yes, check all that apply:
      - Child abuse # ______  U/K
      - Child neglect # ______
      - Accident # ______
      - Suicide # ______
      - SIDS # ______
      - Other # ______  U/K

    - Other, specify: ______

13. Supervisor receiving MH services?
    - Yes  No  U/K

    - If mental illness, was supervisor receiving MH services?
      - Yes  No  U/K

    - If yes, check all that apply:
      - Physical
      - Mental, specify: ______  U/K
      - Sensory, specify: ______  U/K

    - # CPS referrals
    - # Substantiations
    - CPS prevention services
    - Family preservation services
    - Children ever removed

    - Other, specify: ______  U/K

14. Caregiver(s) have prior child deaths?
    - One: Yes, Two: No, U/K
    - If yes, check all that apply:
      - Child abuse # ______  U/K
      - Child neglect # ______
      - Accident # ______
      - Suicide # ______
      - SIDS # ______
      - Other # ______
      - Other, specify: ______  U/K

15. Caregiver(s) have history of intimate partner violence?
    - One: Yes, Two: No, U/K
    - If yes, check all that apply:
      - Yes, as victim
      - Yes, as perpetrator
      - No
      - U/K

16. Caregiver(s) have delinquent/criminal history?
    - One: Yes, Two: No, U/K
    - If yes, check all that apply:
      - Assaults
      - Robbery
      - Drugs
      - Other, specify: ______  U/K

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### D. INCIDENT INFORMATION

1. Date of incident event:
   - Same as date of death
   - If different than date of death: __/__/____ (mm/dd/yyyy)

2. Approximate time of day that incident occurred:
   - AM
   - PM

3. Interval between incident and death:
   - Minutes
   - Hours
   - Days
   - Weeks
   - Months
   - Years

4. Place of incident, check all that apply:
   - Child’s home
   - Licensed child care center
   - Indian reservation
   - Drive
   - Other, specify: ___

5. Type of area:
   - Urban
   - Suburban
   - Rural
   - Other, specify: ___

6. Incident state:

7. Incident county:

8. Death state:

9. Death county:

10. Was the incident witnessed?
    - Yes
    - No
    - UK

   If yes, by whom?
   - Parent/relative
   - Health care professional, if death occurred in a hospital setting
   - Other caretaker/babysitter
   - Teacher/coach/athletic trainer
   - Stranger
   - Other acquaintance
   - Other, specify:

11. Was 911 or local emergency called?
    - Yes
    - No
    - UK

   If yes, by whom?
   - Parent/relative
   - Other caretaker/babysitter
   - Teacher/coach/athletic trainer
   - Stranger
   - Other acquaintance
   - Other, specify:

12. Was resuscitation attempted?
    - Yes
    - No
    - UK

   If yes, by whom?
   - EMS
   - Parent/relative
   - Other caretaker/babysitter
   - Teacher/coach/athletic trainer
   - Other acquaintance
   - Health care professional, if death occurred in a hospital setting

   If yes, type of resuscitation:
   - CPR
   - Automated External Defibrillator (AED)

   If no AED was available/accessible?
   - Yes
   - No
   - UK

   If yes, was a rhythm recorded?
   - Yes
   - No
   - UK

   If yes, what was the rhythm?
   - ___

13. At time of incident leading to death, had child used drugs or alcohol?
    - Yes
    - No
    - UK

   If yes, specify:
   - Sleeping
   - Working
   - Driving/vehicle occupant
   - Other, specify:

14. Child’s activity at time of incident, check all that apply:
    - Sleeping
    - Working
    - Driving/vehicle occupant
    - UK
    - Playing
    - Eating
    - Other, specify:

15. Total number of deaths at incident event:
    - Children, ages 0-18
    - Adults

### E. INVESTIGATION INFORMATION

1. Death referred to:
   - Medical examiner
   - Coroner
   - Not referred
   - UK

2. Person declaring official cause and manner of death:
   - Medical examiner
   - Coroner
   - Hospital physician
   - Other physician

3. Autopsy performed?
   - Yes
   - No
   - UK

   If yes, conducted by:
   - Forensic pathologist
   - Pediatric pathologist
   - General pathologist
   - Unknown pathologist
   - Other, specify:

   If yes, was a specialist consulted during autopsy (cardiac, neurology, etc.)?
   - Yes
   - No
   - UK

   If yes, specify specialist:

4. Were the following assessed either through the autopsy or through information collected prior to the autopsy?
   - Please list any abnormalities/significant findings in E8.

   Yes
   No
   UK

   Imaging:
   - X-ray - single
   - X-ray - multiple views
   - X-ray - complete skeletal series
   - Other imaging, specify (includes MRI, CT scan, photos of the brain, etc):

   External Exam:
   - Exam of general appearance
   - Head circumference
   - Was a gross examination of organs done?
   - Were weights of any organs taken?

   Other Autopsy Procedures:

5. Were any of these additional tests performed at or prior to the autopsy?
   - Please list any abnormalities/significant findings in E8.

   Yes
   No
   UK

   - Cultures for infectious disease
   - Microscopic/histologic exam
   - Postmortem metabolic screen
   - Vitreous testing
   - Genetic testing
6. Was any toxicology testing performed?

- Yes
- No
- U/K

If yes, check all that apply:
- Negative
- Alcohol
- Opiates
- Too high Rx drug, specify:
- Too high OTC drug, specify:
- Other, specify:
- Methamphetamine
- Marijuana
- Cocaine
- Too high

7. Was the child’s medical history reviewed as part of the autopsy?

- Yes
- No
- U/K

If yes, did this include:
- Review of the newborn metabolic screen results?
  - Yes
  - No
  - U/K
  - Not Performed
- Review of neonatal CCHD screen results?
  - Yes
  - No
  - U/K
  - Not Performed

8. Describe any abnormalities checked in E4 or E5 or other significant findings noted in the autopsy:

9. Was there agreement between the cause of death listed on the pathology report and on the death certificate?

- N/A
- Yes
- No
- U/K

If no, describe the differences:

10. Was a death scene investigation performed?

- Yes
- No
- U/K

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

- CDC’s SUIDI Reporting Form or jurisdictional equivalent
- Narrative description of circumstances
- Scene photos
- Scene recreation with doll
- Scene recreation without doll
- Witness interviews
- Review of the newborn metabolic screen results?
- Review of neonatal CCHD screen results?

If yes, shared with CDR team?

- Yes
- No
- U/K

11. Agencies that conducted a scene investigation, check all that apply:

- Medical examiner
- Coroner
- ME investigator
- Coroners investigator
- Law enforcement
- Fire investigator
- EMS
- Child Protective Services
- Other, specify:
- U/K

12. Was a CPS record check conducted as a result of death?

- Yes
- No
- U/K

13. Did any investigation find evidence of prior abuse?

- N/A
- Yes
- No
- U/K

If yes, from what source?

- From x-rays
- From autopsy
- From CPS review
- From law enforcement

Check all that apply:

- Report screened out and not investigated
- Unsubstantiated
- Inconclusive
- Substantiated
- Voluntary services offered
- Voluntary services provided
- Court-ordered out of home placement
- Court-ordered services provided
- Children removed
- Voluntary out of home placement
- Parental rights terminated
- Other, specify:
- U/K

14. CPS action taken because of death?

- N/A
- Yes
- No
- U/K

If yes, services or actions resulting, check all that apply:

15. If death occurred in licensed setting (see D4), indicate action taken:

- No action
- License suspended
- License revoked
- Investigation ongoing
- Other, specify:
- U/K

F. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH

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

2. Enter the following information exactly as written on the death certificate:

- Immediate cause (final disease or condition resulting in death):
  a.
  b.
  c.
  d.

- Sequentially list any conditions leading to immediate cause of death. In other words, list underlying disease or injury that initiated events resulting in death:
  e.
  f.
  g.
  h.

3. Enter other significant conditions contributing to death but not the underlying cause(s) listed in F2 exactly as written on the death certificate:

4. If injury, describe how injury occurred exactly as written on the death certificate:
5. Official manner of death from the death certificate:

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

If Homicide: Yes
Child abuse? Yes
Child neglect? Yes

Complete Section I, Acts of Omission or Commission

If Suicide: Complete Section I, Acts of Omission or Commission

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

- From an injury (external cause). Select one and answer F4:
  - Motor vehicle and other transport, go to G1
  - Fire, burn, or electrocution, go to G2
  - Drowning, go to G3
  - Asphyxia, go to G4
  - Weapon, including body part, go to G6
  - Animal bite or attack, go to G6
  - Fall or crush, go to G7
  - Poisoning, overdose or acute intoxication, go to G8
  - Exposure, go to G9
  - Undetermined, go to G10
  - Motor vehicle and other transport, go to G11
  - Animal bite or attack, go to G11

- From a medical cause. Select one:
  - Asthma, go to G10
  - Cancer, specify and go to G10
  - Cardiovascular, specify and go to G10
  - Congenital anomaly, specify and go to G10
  - Diabetes, go to G10
  - HIV/AIDS, go to G10
  - Influenza, go to G10
  - Low birth weight, go to G10
  - Malnutrition/dehydration, go to G10
  - Neurological/seizure disorder, go to G10
  - Pneumonia, specify and go to G10
  - Prematurity, go to G10
  - SIDS, go to G10
  - Other infection, specify and go to G10
  - Other perinatal condition, specify and go to G10
  - Other medical condition, specify and go to G10
  - Other, go to G10
- Undetermined if injury or U/K, go to G10

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

1. MOTOR VEHICLE AND OTHER TRANSPORT

a. Vehicles involved in incident:
   - Total number of vehicles: ______

<table>
<thead>
<tr>
<th>Child’s vehicle</th>
<th>Other primary vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Car</td>
<td>Car</td>
</tr>
<tr>
<td>Van</td>
<td>Van</td>
</tr>
<tr>
<td>Sport utility vehicle</td>
<td>Sport utility vehicle</td>
</tr>
<tr>
<td>Truck</td>
<td>Truck</td>
</tr>
<tr>
<td>Semi/tractor trailer</td>
<td>Semi/tractor trailer</td>
</tr>
<tr>
<td>RV</td>
<td>RV</td>
</tr>
<tr>
<td>School bus</td>
<td>School bus</td>
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<tr>
<td>Other bus</td>
<td>Other bus</td>
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<tr>
<td>Motorcycle</td>
<td>Motorcycle</td>
</tr>
<tr>
<td>Tractor</td>
<td>Tractor</td>
</tr>
<tr>
<td>Other farm vehicle</td>
<td>Other farm vehicle</td>
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<tr>
<td>All terrain vehicle</td>
<td>All terrain vehicle</td>
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<tr>
<td>Snowmobile</td>
<td>Snowmobile</td>
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<td>Bicycle</td>
<td>Bicycle</td>
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<tr>
<td>Train</td>
<td>Train</td>
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<tr>
<td>Subway</td>
<td>Subway</td>
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<tr>
<td>Trolley</td>
<td>Trolley</td>
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<tr>
<td>Other, specify:</td>
<td>Other, specify:</td>
</tr>
<tr>
<td>U/K</td>
<td>U/K</td>
</tr>
</tbody>
</table>

b. Position of child:
   - Driver
   - Passenger
   - If passenger, relationship of driver to child:
     - Biological parent
     - Adoptive parent
     - Stepparent
     - Foster parent
     - Mother’s partner
     - Father’s partner
     - Grandparent
     - Sibling
     - Other relative
     - Friend
     - Other, specify:
     - U/K
     - U/K

<table>
<thead>
<tr>
<th>Child not in/on a vehicle, but struck by vehicle:</th>
<th>Other event, specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child in/on a vehicle, struck by other vehicle:</td>
<td>U/K</td>
</tr>
<tr>
<td>Child in/on a vehicle, that struck other vehicle:</td>
<td>U/K</td>
</tr>
<tr>
<td>Child in/on a vehicle, that struck person/object:</td>
<td></td>
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</tbody>
</table>

c. Causes of incident, check all that apply:
   - Speeding over limit
   - Back/front over
   - Unsafe speed for conditions
   - Flipover
   - Recklessness
   - Poor sight line
   - Ran stop sign or red light
   - Car changing lanes
   - Driver distraction
   - Road hazard
   - Driver inexperience
   - Animal in road
   - Mechanical failure
   - Cell phone use while driving
   - Poor tires
   - Racing, not authorized
   - Poor weather
   - Other driver error, specify:
     - Other, specify:
       - Fatigue/sleeping
       - Medical event, specify: U/K

d. Collision type:
   - Child not in/on a vehicle, but struck by vehicle
   - Child in/on a vehicle, struck by other vehicle
   - Child in/on a vehicle, that struck other vehicle
   - Child in/on a vehicle, that struck person/object

e. Driving conditions, check all that apply:
   - Normal
   - Inadequate lighting
   - Loose gravel
   - Muddy
   - Ice/snow
   - Fog
   - Wet
   - U/K
   - Construction zone

f. Location of incident, check all that apply:
   - City street
   - Driveway
   - Residential street
   - Parking area
   - Rural road
   - Off road
   - Highway
   - RR xing/tracks
   - Intersection
   - Other, specify: Shoulder
   - Sidewalk
   - U/K
### g. Drivers involved in incident, check all that apply:

<table>
<thead>
<tr>
<th>Child as driver</th>
<th>Child’s driver</th>
<th>Driver of other primary vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Age of Driver</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Age of Driver</td>
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<td></td>
<td>Child as driver</td>
<td>Child’s driver</td>
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<td></td>
<td>Child’s driver</td>
<td>Driver of other primary vehicle</td>
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</tbody>
</table>

- [ ] Child as driver
- [ ] Child’s driver
- [ ] Driver of other primary vehicle

- [ ] Has a graduated license
- [ ] Has a full license
- [ ] Has a full license that has been restricted
- [ ] Has a suspended license
- [ ] If recreational vehicle, has driver safety certificate
- [ ] Other, specify:

- [ ] Was violating graduated licensing rules:
- [ ] Other violations, specify:

### h. Total number of occupants in vehicles:

<table>
<thead>
<tr>
<th>In child’s vehicle, including child:</th>
<th>In other primary vehicle involved in incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of occupants:</td>
<td>Total number of occupants:</td>
</tr>
<tr>
<td>N/A, child was not in a vehicle</td>
<td>N/A, incident was a single vehicle crash</td>
</tr>
<tr>
<td>Number of teens, ages 14-21:</td>
<td>Number of teens, ages 14-21:</td>
</tr>
<tr>
<td>Total number of deaths:</td>
<td>Total number of deaths:</td>
</tr>
<tr>
<td>Total number of teen deaths:</td>
<td>Total number of teen deaths:</td>
</tr>
</tbody>
</table>

- [ ] Was violating graduated licensing rules:
- [ ] Other violations, specify:

### i. Protective measures for child, select one option per row:

<table>
<thead>
<tr>
<th>Protective measure</th>
<th>Required</th>
<th>Present, used</th>
<th>Present, used</th>
<th>Present, used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airbag</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Lap belt</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Shoulder belt</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Child seat*</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Belt positioning booster seat</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Helmet</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Other, specify:</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

*If child seat, type:
- [ ] Rear facing
- [ ] Front facing
- [ ] UK

### 2. FIRE, BURN, OR ELECTROCUTION

#### a. Ignition, heat or electrocution source:

- [ ] Matches
- [ ] Cigarette lighter
- [ ] Utility lighter
- [ ] Cigarette or cigar
- [ ] Candles
- [ ] Cooking stove

- [ ] Heating stove
- [ ] Space heater
- [ ] Furnace
- [ ] Power line
- [ ] Electrical outlet
- [ ] Electrical wiring

- [ ] Lightning
- [ ] Oxygen tank
- [ ] Hot cooking water
- [ ] Hot bath water
- [ ] Other hot liquid, specify:

- [ ] Other explosives
- [ ] Appliance in water
- [ ] Other, specify:

- [ ] Fire, go to c
- [ ] Scald, go to r
- [ ] Other burn, go to t
- [ ] Electrocuton, go to s

#### b. Type of incident:

- [ ] Fire
- [ ] Burns
- [ ] Smoke inhalation
- [ ] Other

#### c. For fire, child died from:

- [ ] Burns
- [ ] Smoke inhalation
- [ ] Other

#### d. Material first ignited:

- [ ] Upholstery
- [ ] Mattress
- [ ] Christmas tree
- [ ] Clothing
- [ ] Curtain
- [ ] Other, specify:

- [ ] N/A
- [ ] Single home
- [ ] Duplex
- [ ] Apartment
- [ ] Trailer/mobile home

- [ ] Other, specify:

#### e. Type of building on fire:

- [ ] N/A
- [ ] Single home
- [ ] Duplex
- [ ] Apartment
- [ ] Trailer/mobile home

- [ ] Other, specify:

#### f. Building's primary construction material:

- [ ] Wood
- [ ] Steel
- [ ] Brick/stone
- [ ] Aluminum

- [ ] Other, specify:

#### g. Fire started by a person?

- [ ] Yes
- [ ] No

If yes, person’s age

#### h. Did anyone attempt to put out fire?

- [ ] Yes
- [ ] No

If yes, describe in narrative.

#### i. Did escape or rescue efforts worsen fire?

- [ ] Yes
- [ ] No

If yes, person’s age

#### j. Did any factors delay fire department arrival?

- [ ] Yes
- [ ] No

If yes, specify:

#### k. Were barriers preventing safe exit?

- [ ] Yes
- [ ] No
- [ ] N/A

If yes, check all that apply:

- [ ] Locked door
- [ ] Window grate
- [ ] Locked window
- [ ] Blocked stairway
- [ ] Other, specify:

- [ ] Yes
- [ ] No
- [ ] N/A

If yes, was there an adequate number present?

#### l. Was building a rental property?

- [ ] Yes
- [ ] No
- [ ] N/A

If yes, check all that apply:

- [ ] Locked door
- [ ] Window grate
- [ ] Locked window
- [ ] Blocked stairway
- [ ] Other, specify:

- [ ] Yes
- [ ] No
- [ ] N/A

#### m. Were building/rental codes violated?

- [ ] Yes
- [ ] No
- [ ] N/A

If yes, describe in narrative.

#### n. Were proper working fire extinguishers present?

- [ ] Yes
- [ ] No
- [ ] N/A

#### o. Was sprinkler system present?

- [ ] Yes
- [ ] No
- [ ] N/A

If yes, check all that apply:

- [ ] Locked door
- [ ] Window grate
- [ ] Locked window
- [ ] Blocked stairway
- [ ] Other, specify:

- [ ] Yes
- [ ] No
- [ ] N/A

If yes, was it working?

#### p. Were smoke detectors present?

- [ ] Yes
- [ ] No
- [ ] N/A

If yes, what type?

- [ ] Removable batteries
- [ ] Non-removable batteries
- [ ] Hardwired

If yes, functioning properly?

- [ ] Yes
- [ ] No
- [ ] N/A

If not functioning properly, reason:

- [ ] Missing batteries
- [ ] Other

If yes, functioning properly?

- [ ] Yes
- [ ] No
- [ ] N/A

If not functioning properly, reason:

- [ ] Missing batteries
- [ ] Other

Other, specify:
<table>
<thead>
<tr>
<th>q. Suspected arson?</th>
<th>r. For scald, was hot water heater set too high?</th>
<th>s. For electrocution, what cause?</th>
<th>t. Other, describe in detail:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>N/A</td>
<td>Electrical storm</td>
<td>UK</td>
</tr>
<tr>
<td>No</td>
<td>Yes, temp. setting:</td>
<td>Faulty wiring</td>
<td></td>
</tr>
<tr>
<td>U/K</td>
<td>No</td>
<td>Wire/product in water</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child playing with outlet</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other, specify:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>UK</td>
<td></td>
</tr>
</tbody>
</table>

### DROWNING

<table>
<thead>
<tr>
<th>a. Where was child last seen before drowning?</th>
<th>b. What was child last seen doing before drowning?</th>
<th>c. Was child forcibly submerged?</th>
<th>d. Drowning location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>In water</td>
<td>Playing</td>
<td>Yes, No, U/K</td>
<td>Open water, go to e</td>
</tr>
<tr>
<td>In yard</td>
<td>Tubing</td>
<td></td>
<td>U/K, go to n</td>
</tr>
<tr>
<td>On shore</td>
<td>Boating</td>
<td></td>
<td>Pool, hot tub, spa, go to i</td>
</tr>
<tr>
<td>On dock</td>
<td>Waterskiing</td>
<td></td>
<td>Bath tub, go to w</td>
</tr>
<tr>
<td>On house</td>
<td>Swimming</td>
<td></td>
<td>Bucket, go to x</td>
</tr>
<tr>
<td>Poolside</td>
<td>Bathing</td>
<td></td>
<td>Well/cistern/septic, go to n</td>
</tr>
<tr>
<td>Other, specify:</td>
<td>Fishing</td>
<td></td>
<td>Toilet, go to z</td>
</tr>
<tr>
<td></td>
<td>Surfing</td>
<td></td>
<td>Other, specify and go to n</td>
</tr>
</tbody>
</table>

### For open water, place: |

<table>
<thead>
<tr>
<th>Lake</th>
<th>Weather</th>
<th>Yes, No, U/K</th>
<th>Open water, go to e</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Drop off</td>
<td></td>
<td>U/K, go to n</td>
</tr>
<tr>
<td>River</td>
<td>Temperature</td>
<td></td>
<td>Pool, hot tub, spa, go to i</td>
</tr>
<tr>
<td></td>
<td>Rough waves</td>
<td></td>
<td>Bath tub, go to w</td>
</tr>
<tr>
<td>Pond</td>
<td>Current</td>
<td></td>
<td>Bucket, go to x</td>
</tr>
<tr>
<td></td>
<td>Other, specify:</td>
<td></td>
<td>Well/cistern/septic, go to n</td>
</tr>
<tr>
<td>Creek</td>
<td>Rip tide'</td>
<td></td>
<td>Toilet, go to z</td>
</tr>
<tr>
<td>Ocean</td>
<td>Other, specify:</td>
<td></td>
<td>Other, specify and go to n</td>
</tr>
</tbody>
</table>

### For pool, ownership: |

| Above ground                                  | In the pool/hot tub/spa                         | Private, U/K                   | N/A                 |
| In-ground                                     | On or under the cover                           | Public                          | >1 yr               |
| Wading                                        | UK                                             | U/K                             | 6m-1 yr             |
|                                               |                                                 |                                 |                     |

### For pool, type of pool: |

<table>
<thead>
<tr>
<th>m. Flotation device used?</th>
<th>n. What barriers/layers of protection existed to prevent access to water?</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Check all that apply:</td>
</tr>
<tr>
<td>Yes</td>
<td>None</td>
</tr>
<tr>
<td>No</td>
<td>Alarm, go to r</td>
</tr>
<tr>
<td>UK</td>
<td>Fence, go to o</td>
</tr>
<tr>
<td></td>
<td>Cover, go to s</td>
</tr>
<tr>
<td></td>
<td>Gate, go to p</td>
</tr>
<tr>
<td></td>
<td>U/K</td>
</tr>
<tr>
<td></td>
<td>Door, go to q</td>
</tr>
</tbody>
</table>

### Fence: |

<table>
<thead>
<tr>
<th>o. Fence: Describe type:</th>
<th>p. Gate, check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fence height in ft __________</td>
<td>Has self-closing latch</td>
</tr>
<tr>
<td>Fence surrounds water on:</td>
<td>Has lock</td>
</tr>
<tr>
<td>Four sides</td>
<td>door</td>
</tr>
<tr>
<td>Two or less sides</td>
<td>Screen door</td>
</tr>
<tr>
<td>UK</td>
<td>Steel door</td>
</tr>
<tr>
<td></td>
<td>Self-closing</td>
</tr>
<tr>
<td></td>
<td>UK</td>
</tr>
<tr>
<td></td>
<td>Has lock</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Local ordinance(s) regulating access to water: |

<table>
<thead>
<tr>
<th>t. Local ordinance(s) regulating access to water?</th>
<th>u. How were layers of protection breached? Check all that apply:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No layers breached</td>
</tr>
<tr>
<td>No</td>
<td>Gap in fence</td>
</tr>
<tr>
<td>U/K</td>
<td>Door screen torn</td>
</tr>
<tr>
<td></td>
<td>Cover left off</td>
</tr>
<tr>
<td></td>
<td>Gate left open</td>
</tr>
<tr>
<td></td>
<td>Damaged fence</td>
</tr>
<tr>
<td></td>
<td>Door self-closer failed</td>
</tr>
<tr>
<td></td>
<td>Cover not locked</td>
</tr>
<tr>
<td>If yes, rules violated?</td>
<td>Fence too short</td>
</tr>
<tr>
<td>Yes</td>
<td>Window left open</td>
</tr>
<tr>
<td>No</td>
<td>Other, specify:</td>
</tr>
<tr>
<td>U/K</td>
<td>Window screen torn</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Child able to swim? |

<table>
<thead>
<tr>
<th>v. Child able to swim?</th>
<th>w. For bathtub, child in a bathing aid?</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Yes Jumper</td>
</tr>
<tr>
<td>No</td>
<td>U/K</td>
</tr>
<tr>
<td>Yes</td>
<td>If yes, specify type:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Rescue attempt made? |

<table>
<thead>
<tr>
<th>x. Rescue attempt made?</th>
<th>aa. Did rescuer(s) also drown?</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>U/K</td>
</tr>
<tr>
<td>UK</td>
<td></td>
</tr>
<tr>
<td>If yes, who? Check all that apply:</td>
<td></td>
</tr>
<tr>
<td>Parent</td>
<td>Lifeguard</td>
</tr>
<tr>
<td>Bystander</td>
<td>U/K</td>
</tr>
<tr>
<td>Other child</td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
</tr>
<tr>
<td>Lifeguard</td>
<td></td>
</tr>
</tbody>
</table>

### Lifeguard present? |

<table>
<thead>
<tr>
<th>y. Lifeguard present?</th>
<th>bb. Appropriate rescue equipment present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>No</td>
<td>U/K</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>U/K</td>
<td>U/K</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Warning sign or label posted? |

<table>
<thead>
<tr>
<th>k. Warning sign or label posted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

### Appropriate rescue equipment present? |

<table>
<thead>
<tr>
<th>BB. Appropriate rescue equipment present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>U/K</td>
</tr>
</tbody>
</table>

### Number of rescuers that drowned: |

<table>
<thead>
<tr>
<th>z. Number of rescuers that drowned:</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________</td>
</tr>
</tbody>
</table>

---

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### 4. ASPHYXIA

**a. Type of event:**
- [ ] Suffocation, go to b
- [ ] Strangulation, go to c
- [ ] Choking, go to d
- [ ] Other, specify and go to e
- [ ] U/K, go to e

**b. If suffocation/asphyxia, action causing event:**
- [ ] Sleep-related (e.g. bedding, overlay, wedged)
- [ ] Covered in or fell into object, but not sleep-related
- [ ] Plastic bag
- [ ] Dirt/sand
- [ ] Other, specify:
- [ ] U/K

**c. If strangulation, object causing event:**
- [ ] Clothing
- [ ] Leash
- [ ] Blind cord
- [ ] Electrical cord
- [ ] Car seat
- [ ] Person, go to G5q
- [ ] Person's body part, go to l
- [ ] Other, specify:
- [ ] U/K

**d. If choking, object causing choking:**
- [ ] Food, specify:
- [ ] Toy, specify:
- [ ] Balloon
- [ ] Other, specify:
- [ ] U/K

**e. Was asphyxia an autoerotic event?**
- [ ]Yes
- [ ] No
- [ ] U/K

**f. History of seizures?**
- [ ] History of seizures:
- [ ] If yes, #_____
- [ ] If yes, witnessed? Yes
- [ ] No
- [ ] U/K

### 5. WEAPON, INCLUDING PERSON'S BODY PART

**a. Type of weapon:**
- [ ] Firearm, go to b
- [ ] Sharp instrument, go to j
- [ ] Blunt instrument, go to k
- [ ] Person's body part, go to l
- [ ] Explosive, go to m
- [ ] Rope, go to m
- [ ] Pipe, go to m
- [ ] Biological, go to m
- [ ] Other, specify and go to m
- [ ] U/K, go to m

**b. For firearms, type:**
- [ ] Handgun
- [ ] Shotgun
- [ ] BB gun
- [ ] Hunting rifle
- [ ] Assault rifle
- [ ] Air rifle
- [ ] Sawed off shotgun
- [ ] Other, specify:
- [ ] U/K

**c. Firearm licensed?**
- [ ] Yes
- [ ] No
- [ ] U/K

**d. Firearm safety features, check all that apply:**
- [ ] Trigger lock
- [ ] Magazine disconnect
- [ ] Personalization device
- [ ] Minimum trigger pull
- [ ] External safety/drop safety
- [ ] Other, specify:
- [ ] Loaded chamber indicator
- [ ] U/K

**e. Where was firearm stored?**
- [ ] Not stored
- [ ] Under mattress/pillow
- [ ] Locked cabinet
- [ ] Other, specify:
- [ ] Unlocked cabinet
- [ ] Glove compartment
- [ ] U/K

**f. Firearm stored with ammunition?**
- [ ] Yes
- [ ] No
- [ ] U/K

**g. Firearm stored loaded?**
- [ ] Yes
- [ ] No
- [ ] U/K

**h. Owner of fatal firearm:**
- [ ] U/K, weapon stolen
- [ ] U/K, weapon found
- [ ] Self
- [ ] Biological parent
- [ ] Adoptive parent
- [ ] Stepparent
- [ ] Foster parent
- [ ] Mother's partner
- [ ] Father's partner
- [ ] Grandparent
- [ ] Co-worker
- [ ] Sibling
- [ ] Spouse
- [ ] Other relative
- [ ] Friend
- [ ] Neighbors
- [ ] Rival gang member
- [ ] Stranger
- [ ] Acquaintance
- [ ] Law enforcement
- [ ] Child's boyfriend or girlfriend
- [ ] Other, specify:
- [ ] U/K

**i. Sex of fatal firearm owner:**
- [ ] Male
- [ ] Female
- [ ] U/K

**j. Type of sharp object:**
- [ ] Kitchen knife
- [ ] Switchblade
- [ ] Pocketknife
- [ ] Razor
- [ ] Hunting knife
- [ ] Scissors
- [ ] Other, specify:
- [ ] U/K

**k. Type of blunt object:**
- [ ] Bat
- [ ] Club
- [ ] Stick
- [ ] Hammer
- [ ] Rock
- [ ] Household item
- [ ] Other, specify:
- [ ] U/K

**l. What did person's body part do?**
- [ ] Beat, kick or punch
- [ ] Drop
- [ ] Push
- [ ] Bite
- [ ] Shake
- [ ] Strangle
- [ ] Throw
- [ ] Drown
- [ ] Burn
- [ ] Other, specify:
- [ ] U/K

**m. Did person using weapon have history of weapon-related offenses?**
- [ ] Yes
- [ ] No
- [ ] U/K

**n. Does anyone in child's family have a history of weapon offenses or die of weapons-related causes?**
- [ ] Yes, describe circumstances:
- [ ] No
- [ ] U/K

**o. Persons handling weapons at time of incident, check all that apply:**
- [ ] Self
- [ ] Biological parent
- [ ] Adoptive parent
- [ ] Stepparent
- [ ] Foster parent
- [ ] Father's partner
- [ ] Mother's partner
- [ ] Grandparent
- [ ] Sibling
- [ ] Spouse
- [ ] Other relative
- [ ] U/K

**p. Sex of person(s) handling weapon:**
- [ ] Male
- [ ] Female
- [ ] U/K
7. ANIMAL BITE OR ATTACK

a. Type of animal:
- □ Domesticated dog
- □ Insect
- □ Domesticated cat
- □ Other, specify: 
- □ Snake
- □ Wild mammal, specify: 
- □ UK

b. Animal access to child, check all that apply:
- □ Animal on leash
- □ Animal caged or inside fence
- □ Child reached in
- □ Child entered animal area
- □ UK

6. FALL OR CRUSH

a. Type:
- □ Fall, go to b
- □ Crush, go to h

b. Height of fall:
- □ feet
- □ inches
- □ UK

c. Child fell from:
- □ Open window
- □ Screen
- □ No screen
- □ UK if screen
- □ Natural elevation
- □ Stairs/steps
- □ Moving object, specify: 
- □ Animal, specify: 

8. POISONING, OVERDOSE OR ACUTE INTOXICATION

a. Type of substance involved, check all that apply:
- □ Prescription drug
- □ Over-the-counter drug
- □ Cleaning substances
- □ Other substances

b. Where was the substance stored?
- □ Open area
- □ Open cabinet
- □ Closed cabinet, unlocked
- □ Closed cabinet, locked
- □ Other, specify: 
- □ UK

c. Was the product in its original container?
- □ Yes
- □ No
- □ N/A

f. Was the incident the result of?
- □ Accidental overdose
- □ Medical treatment mishap
- □ Deliberate poisoning
- □ Parent
- □ Other, specify:

h. For CO poisoning, was a CO detector present?
- □ Yes
- □ No
- □ U/K

i. Was Poison Control called?
- □ Yes
- □ No
- □ U/K

j. Was the product the in original container?
- □ Yes
- □ No
- □ N/A
9. EXPOSURE

a. Circumstances, check all that apply:
- [ ] Abandonment
- [ ] Left in car
- [ ] Left in room
- [ ] Submerged in water
- [ ] Injured outdoors
- [ ] Other, specify: ___

b. Condition of exposure:
- [ ] Hyperthermia
- [ ] Hypothermia
- [ ] UK
- [ ] Ambient temp, degrees F

A. Number of hours exposed:
- [ ] UK

D. Was child wearing appropriate clothing?
- [ ] Yes
- [ ] No
- [ ] UK

10. MEDICAL CONDITION

a. How long did the child have the medical condition?
- [ ] In utero
- [ ] Weeks
- [ ] Months
- [ ] Years
- [ ] Days
- [ ] U/K

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

c. Was child receiving health care for the medical condition?
- [ ] Yes
- [ ] No
- [ ] U/K

If yes, within 48 hours of the death?
- [ ] Yes
- [ ] No
- [ ] U/K

d. Were the prescribed care plans appropriate for the medical condition?
- [ ] N/A
- [ ] Yes
- [ ] No
- [ ] U/K

11. OTHER KNOWN INJURY CAUSE

Specify cause, describe in detail:

H. OTHER CIRCUMSTANCES OF INCIDENT - ANSWER RELEVANT SECTIONS

1. SUDDEN AND UNEXPECTED DEATH IN THE YOUNG

Section H1: 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, suicide, overdose, injury with the external cause as the only and obvious cause of death or a death which was expected within 6 months due to terminal illness?
- [ ] Yes
- [ ] No
- [ ] U/K

If yes, go to Section H2

b. Did the child have a history of any of the following acute conditions or symptoms within 72 hours prior to death?
- [ ] Yes
- [ ] No
- [ ] U/K

If yes, go to Section H2

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?
- [ ] Yes
- [ ] No
- [ ] U/K

If yes, go to Section H2

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Present w/72 hours of death</th>
<th>Present w/in 72 hours of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Chest pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dizziness/lightheadedness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fainting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palpitations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurologic</td>
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<td></td>
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<tr>
<td>Concussion</td>
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</tr>
<tr>
<td>Confusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convulsions/seizure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric symptoms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paralysis (acute)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
<td></td>
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<tr>
<td>Asthma</td>
<td></td>
<td></td>
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<tr>
<td>Pneumonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty breathing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Present more than 72 hours of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac</td>
<td>Yes</td>
</tr>
<tr>
<td>Chest pain</td>
<td></td>
</tr>
<tr>
<td>Dizziness/lightheadedness</td>
<td></td>
</tr>
<tr>
<td>Fainting</td>
<td></td>
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<tr>
<td>Palpitations</td>
<td></td>
</tr>
<tr>
<td>Neurologic</td>
<td></td>
</tr>
<tr>
<td>Concussion</td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Present more than 72 hours of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory</td>
<td></td>
</tr>
<tr>
<td>Difficulty breathing</td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
</tr>
</tbody>
</table>

72
1. Did the child have any prior serious injuries (e.g. near drowning, car accident, brain injury)?
   [ ] Yes  [ ] No  [ ] U/K
   If yes, describe:

2. Had the child ever been diagnosed by a medical professional for the following?
   [ ] U/K for all
<table>
<thead>
<tr>
<th>Condition</th>
<th>Diagnosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood disease</td>
<td></td>
</tr>
<tr>
<td>Sickle cell disease</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Sickle cell trait</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Thrombophilia ( clotting disorder)</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Cardiac</td>
<td></td>
</tr>
<tr>
<td>Abnormal electrocardiogram (EKG or ECG)</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Aneurysm or aortic dilatation</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Arrhythmia/arrhythmia syndrome</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Cardiomyopathy</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Congenital heart disease</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Coronary artery abnormality</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Coronary artery disease (atherosclerosis)</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Endocarditis</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Heart failure</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Heart murmur</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Hypertension</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Myocarditis ( heart infection)</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Pulmonary hypertension</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Sudden cardiac arrest</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Neurologic</td>
<td></td>
</tr>
<tr>
<td>Anoxic brain Injury</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Traumatic brain injury/ head injury/concussion</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Brain tumor</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Brain aneurysm</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Brain hemorrhage</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Developmental brain disorder</td>
<td>[ ] Yes  [ ] No  [ ] U/K</td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
</tr>
</tbody>
</table>

   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
   - [ ] Intervventional cardiac catheterization
   - [ ] Other, specify:

   or pacemaker or Ventricular Assist Device (VAD))

3. 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
<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>U/K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>No</td>
<td>Deaths</td>
</tr>
<tr>
<td>[ ]</td>
<td>Sudden unexpected death before age 50</td>
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</tr>
<tr>
<td>[ ]</td>
<td>Heart condition/heart attack or stroke before age 50</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Aortic aneurysm or aortic rupture</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Arhythmia ( fast or irregular heart rhythm)</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Cardiomyopathy</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Congenital heart disease</td>
<td></td>
</tr>
<tr>
<td>[ ]</td>
<td>Epilepsy or convulsions/seizure</td>
<td></td>
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<tr>
<td>[ ]</td>
<td>Other neurologic disease</td>
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<tr>
<td>[ ]</td>
<td>Other, specify:</td>
<td></td>
</tr>
</tbody>
</table>

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

   If yes, describe what test and/or for what disease and results:

   Was a gene mutation found?
   [ ] Yes  [ ] No  [ ] U/K
h. In the 72 hours prior to death was the child taking any prescribed medication(s)?
   - **Yes**
   - **No**
   - **U/K**
   If yes, describe:

i. Within 2 weeks prior to death had the child:
   - **N/A**
   - **Yes**
   - **No**
   - **U/K**
   Taken extra doses of prescribed medications
   Missed doses of prescribed medications
   Changed prescribed medications, describe:

j. Was the child compliant with their prescribed medications?
   - **N/A**
   - **Yes**
   - **No**
   - **U/K**
   If yes, describe: Over the counter medicine, Supplements, Recent/short term prescriptions, Tobacco, Energy drinks, Alcohol, Caffeine, illegal drugs, Performance enhancers, Legalized marijuana, Diet assisting medications, Other, specify:

k. Was the child taking any of the following substance(s) within 24 hours of death?
   - **Yes**
   - **No**
   - **U/K**
   Check all that apply:
   - Over the counter medicine
   - Supplements
   - Recent/short term prescriptions
   - Tobacco
   - Energy drinks
   - Alcohol
   - Caffeine
   - illegal drugs
   - Performance enhancers
   - Legalized marijuana
   - Diet assisting medications
   - Other, specify:

l. Within 24 hrs of incident
   - **Yes**
   - **No**
   - **U/K**
   - Check all that apply:
   - Energy drinks
   - Alcohol
   - Taken extra doses of prescribed medications
   - Caffeine
   - Illegal drugs
   - Missed doses of prescribed medications
   - Performance enhancers
   - Legalized marijuana
   - Diet assisting medications
   - Other, specify:

m. Did the child experience any of the following stimuli at time of incident or within 24 hours of the incident?
   - **Yes**
   - **No**
   - **U/K**
   At incident
   - **Yes**
   - **No**
   - **U/K**
   Within 24 hours of incident
   - **Yes**
   - **No**
   - **U/K**
   Other specify:

n. Did the child ever have any of the following symptoms during or within 24 hours after physical activity?
   - **Yes**
   - **No**
   - **U/K**
   - Check all that apply:
   - Chest pain
   - Headache
   - Confusion
   - Palpitations
   - Convolutions/seizure
   - Shortness of breath/difficulty breathing
   - Dizziness/light headedness
   - Other, specify:
   - Fainting
   - **U/K**

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

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

p. Did the child ever have any of the following uncharacteristic symptoms during or within 24 hours after physical activity?
   - **Yes**
   - **No**
   - **U/K**
   - Check all that apply:
   - Chest pain
   - Headache
   - Confusion
   - Palpitations
   - Convolutions/seizure
   - Shortness of breath/difficulty breathing
   - Dizziness/light headedness
   - Other, specify:
   - Fainting
   - **U/K**

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

q. What were the underlying cause(s) of the child’s seizures?
   - **N/A**
   - **Yes**
   - **No**
   - **U/K**
   Check all that apply:
   - Brain injury/trauma, specify:
   - Brain tumor
   - Cerebrovascular
   - Central nervous system infection
   - Degenerative process
   - Developmental brain disorder
   - Inborn error of metabolism
   - Other, specify:

r. What type(s) of seizures did the child have?
   - **N/A**
   - **Yes**
   - **No**
   - **U/K**
   Check all that apply:
   - Non-convulsive
   - Convulsive (grand mal seizure or generalized tonic-clonic seizure)
   - Occur when exposed to strobe lights, video game, or flickering light (reflex seizure)
   - Other, specify:

s. Describe the child's epilepsy/seizures.
   - **N/A**
   - **Yes**
   - **No**
   - **U/K**
   Check all that apply:
   - Last less than 30 minutes
   - Last more than 30 minutes (status epilepticus)
   - Occur in the presence of fever (febrile seizure)
   - Occur in the absence of fever
   - Other, specify:

2. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE:
   WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT?
   - **Yes**, go to H2a
   - **No**, go to H2s
   - **U/K**, go to H2s

a. Incient sleep place:
   - **N/A**
   - **Yes**
   - **No**
   - **U/K**
   Crib
   Adult bed
   Waterbed
   Chair
   Floor
   Twin
   Bed position
   Not portable
   Futon
   Car seat
   Queen
   U/K
   Portable, e.g. pack-n-play
   Playpen/other play structure
   Stroller
   King
   Unknown crib type
   but not portable crib
   Other, specify:
   U/K
   Bassinette
   Couch
   Other, specify:
   U/K
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Child put to sleep:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- On back</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- On stomach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- On side</td>
<td></td>
<td></td>
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<tr>
<td>- UK</td>
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<tr>
<td>c. Child found:</td>
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<tr>
<td>- On back</td>
<td></td>
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<tr>
<td>- On stomach</td>
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<td></td>
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<tr>
<td>- On side</td>
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<tr>
<td>- UK</td>
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<td></td>
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<tr>
<td>e. Usual sleep position:</td>
<td></td>
<td></td>
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<tr>
<td>- On back</td>
<td></td>
<td></td>
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<tr>
<td>- On stomach</td>
<td></td>
<td></td>
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<tr>
<td>- On side</td>
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<tr>
<td>- UK</td>
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<tr>
<td>f. Was there a crib, bassinette or port-a-crib in home for child?</td>
<td></td>
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</tr>
<tr>
<td>- Yes</td>
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<tr>
<td>- No</td>
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<td>- UK</td>
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<tr>
<td>d. Usual sleep place:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Crib</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Playpen/other play structure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Twin</td>
<td></td>
<td></td>
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<tr>
<td>- Full</td>
<td></td>
<td></td>
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<tr>
<td>- Queen</td>
<td></td>
<td></td>
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<tr>
<td>- King</td>
<td></td>
<td></td>
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<tr>
<td>- Other, specify:</td>
<td></td>
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<tr>
<td>- UK</td>
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<tr>
<td>g. Child in a new or different environment than usual?</td>
<td></td>
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<tr>
<td>- Yes</td>
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<td>- No</td>
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<tr>
<td>- UK</td>
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<tr>
<td>h. Child last placed to sleep with a pacifier?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
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<tr>
<td>- No</td>
<td></td>
<td></td>
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<tr>
<td>- UK</td>
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<td></td>
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<tr>
<td>i. Child wrapped or swaddled in blanket?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
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<tr>
<td>- No</td>
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<tr>
<td>- UK</td>
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<td></td>
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<tr>
<td>j. Child overheated?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
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<tr>
<td>- No</td>
<td></td>
<td></td>
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<tr>
<td>- UK</td>
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<td></td>
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<tr>
<td>- U/K</td>
<td></td>
<td></td>
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<tr>
<td>k. Child exposed to second hand smoke?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
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<tr>
<td>- No</td>
<td></td>
<td></td>
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<tr>
<td>- UK</td>
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<td></td>
</tr>
<tr>
<td>- Occasionally</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Frequently</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Child's face when found:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Down</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Hyperextended (head back)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Hypoextended (chin to chest)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- To left or right side</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Neutral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Turned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- U/K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- If fully or partially obstructed, what was obstructed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Nose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- UK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Mouth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Chest compressed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- U/K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Child's neck when found:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Hyperextended (head back)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Hypoextended (chin to chest)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Neutral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Turned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- U/K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Child's airway:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Unobstructed by person or object</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Fully obstructed by person or object</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Partially obstructed by person or object</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- UK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o. Objects in child's sleep environment in relation to airway obstruction:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adult(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other child(ren)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Animal(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Mattress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Comforter, quilt, or other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Thin blanket/flat sheet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pillow(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cushion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Boppy or U shaped pillow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sleep positioner (wedge)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Bumper pads</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Clothing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Crib railing/side</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Wall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Toy(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other(s), specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adult(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other child(ren)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Animal(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Mattress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Comforter, quilt, or other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Thin blanket/flat sheet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pillow(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cushion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Boppy or U shaped pillow</td>
<td></td>
<td></td>
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<tr>
<td>- Sleep positioner (wedge)</td>
<td></td>
<td></td>
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<tr>
<td>- Bumper pads</td>
<td></td>
<td></td>
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<tr>
<td>- Clothing</td>
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<td></td>
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<tr>
<td>- Crib railing/side</td>
<td></td>
<td></td>
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<tr>
<td>- Wall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Toy(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other(s), specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- U/K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p. Caregiver/supervisor fell asleep while feeding child?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- UK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>q. Child sleeping in the same room as caregiver/supervisor at time of death?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- UK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>r. Child sleeping on same surface with person(s) or animal(s)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- UK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- If yes, check all that apply:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- With adult(s):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adult obese:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- #U/K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- With other children:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- #U/K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>s. Is there a scene re-creation photo available for upload?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- If yes, upload here. Only one photo allowed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Select photo that most describes child placement and relevant objects. Size must be less than 6 mb and in .jpg or .gif format.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- U/K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t. Child sleeping on the same room as caregiver/supervisor at time of death?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- UK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No, go to H4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- UK, go to H4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Describe product and circumstances:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- U/K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Was product used properly?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- U/K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Is a recall in place?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- U/K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Did product have safety label?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- U/K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Was Consumer Product Safety Commission (CPSC) notified?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- U/K</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME?

- **Yes**
- **No**
- **U/K**

a. Type of crime, check all that apply:
- Robbery/burglary
- Other assault
- Arson
- Illegal border crossing
- Drug trade
- Witness intimidation
- Other, specify:

1. ACTS OF OMISSION OR COMMISSION INCLUDING POOR SUPERVISION, CHILD ABUSE & NEGLECT, ASSAULTS, AND SUICIDE

### TYPE OF ACT

<table>
<thead>
<tr>
<th>1. Did any act(s) of omission or commission cause and/or contribute to the death?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Probable</td>
</tr>
</tbody>
</table>

If yes/probable, were the act(s) either or both?

- The direct cause of death
- The contributing cause of death

<p>| 2. What act(s) caused or contributed to the death? |</p>
<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor/absent supervision, go to 10</td>
<td></td>
</tr>
<tr>
<td>Child abuse, go to 3</td>
<td></td>
</tr>
<tr>
<td>Child neglect, go to 8</td>
<td></td>
</tr>
<tr>
<td>Other negligence, go to 9</td>
<td></td>
</tr>
<tr>
<td>Assault, not child abuse, go to 10</td>
<td></td>
</tr>
<tr>
<td>Religious/cultural practices, go to 10</td>
<td></td>
</tr>
<tr>
<td>Suicide, go to 27</td>
<td></td>
</tr>
<tr>
<td>Medical misadventure, specify and go to 11</td>
<td></td>
</tr>
<tr>
<td>Other, specify and go to 10</td>
<td></td>
</tr>
<tr>
<td>U/K, go to 10</td>
<td></td>
</tr>
</tbody>
</table>

### ACTS OF OMISSION OR COMMISSION INCLUDING POOR SUPERVISION, CHILD ABUSE & NEGLECT, ASSAULTS, AND SUICIDE

#### TYPE OF ACT

3. Child abuse, type. Check all that apply and describe in narrative.

- Physical, go to 4
- Emotional, specify and go to 10
- Sexual, specify and go to 10
- U/K, go to 10

4. Type of physical abuse, check all that apply:

- Abusive head trauma, go to 5
- Chronic Battered Child Syndrome, go to 7
- Beating/kicking, go to 7
- Scalding or burning, go to 7
- Munchausen Syndrome by Proxy, go to 7
- Other, specify and go to 7
- U/K, go to 7

5. For abusive head trauma, were there retinal hemorrhages?

- Yes
- No
- U/K

6. For abusive head trauma, was the child shaken?

- Yes
- No
- U/K

7. Events(s) triggering physical abuse, check all that apply:

- None
- Crying
- Toilet training
- Disobedience
- Feeding problems
- Domestic argument
- Other, specify: U/K

8. Child neglect, check all that apply:

- Failure to protect from hazards, specify:
- Physical, go to 4
- Emotional, specify and go to 10
- Sexual, specify and go to 10
- U/K, go to 10

- Failure to provide necessities
- Food
- Shelter
- Other, specify: U/K

9. Other negligence:

- Vehicular
- Other, specify: U/K

10. Was act(s) of omission/commission:

- Chronic with child
- Pattern in family or with perpetrator
- Isolated incident
- U/K

### PERSON(S) RESPONSIBLE

11. Is person the caregiver or supervisor in previous section?

- Yes, caregiver one, go to 24
- Yes, caregiver two, go to 24
- Yes, supervisor, go to 25
- No

12. Primary person responsible for action(s) that caused and/or contributed to death:

Select no more than one person for caused and one person for contributed.

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, caregiver one, go to 24</td>
<td></td>
</tr>
<tr>
<td>Yes, caregiver two, go to 24</td>
<td></td>
</tr>
<tr>
<td>Yes, supervisor, go to 25</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

13. Person's age in years:

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Male, go to 24</td>
</tr>
<tr>
<td>No</td>
<td>Female</td>
</tr>
<tr>
<td>U/K</td>
<td>U/K</td>
</tr>
</tbody>
</table>

14. Person's sex:

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>U/K</td>
</tr>
<tr>
<td>No</td>
<td>Male</td>
</tr>
<tr>
<td>U/K</td>
<td>Female</td>
</tr>
</tbody>
</table>

15. Does person speak English?

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>U/K</td>
</tr>
<tr>
<td>No</td>
<td>Male</td>
</tr>
<tr>
<td>U/K</td>
<td>Female</td>
</tr>
</tbody>
</table>

If no language spoken:

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>U/K</td>
</tr>
<tr>
<td>No</td>
<td>Male</td>
</tr>
<tr>
<td>U/K</td>
<td>Female</td>
</tr>
</tbody>
</table>

16. Person on active military duty?

<table>
<thead>
<tr>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>U/K</td>
</tr>
<tr>
<td>No</td>
<td>Male</td>
</tr>
<tr>
<td>U/K</td>
<td>Female</td>
</tr>
</tbody>
</table>

If yes, specify branch:
17. Person have history of substance abuse?

<table>
<thead>
<tr>
<th></th>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>No</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>U/K</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If yes, check all that apply:

- ☐ Alcohol
- ☐ Cocaine
- ☐ Marijuana
- ☐ Methamphetamine
- ☐ Opiates
- ☐ Prescription drugs
- ☐ Over-the-counter
- ☐ Other, specify:
  - ☐ U/K

18. Person have history of child maltreatment as victim?

<table>
<thead>
<tr>
<th></th>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>No</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>U/K</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If yes, check all that apply:

- ☐ Physical
- ☐ Neglect
- ☐ Sexual
- ☐ Emotional/psychological
  - ☐ U/K
  - ☐ # CPS referrals
  - ☐ # Substantiations
- ☐ Other, specify:
  - ☐ U/K
  - ☐ # CPS referrals
  - ☐ # Substantiations

19. Person have history of child maltreatment as a perpetrator?

<table>
<thead>
<tr>
<th></th>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>No</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>U/K</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If yes, check all that apply:

- ☐ Physical
- ☐ Neglect
- ☐ Sexual
- ☐ Emotional/psychological
  - ☐ U/K
  - ☐ # CPS referrals
  - ☐ # Substantiations
- ☐ Other, specify:
  - ☐ U/K
  - ☐ # CPS referrals
  - ☐ # Substantiations

20. Person have disability or chronic illness?

<table>
<thead>
<tr>
<th></th>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>No</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>U/K</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If yes, check all that apply:

- ☐ Physical, specify:
- ☐ Mental, specify:
- ☐ Sensory, specify:
  - ☐ U/K

21. Person have prior child deaths?

<table>
<thead>
<tr>
<th></th>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>No</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>U/K</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If yes, check all that apply:

- ☐ Child abuse # ______
- ☐ Child neglect # ______
- ☐ Accident # ______
- ☐ Suicide # ______
- ☐ SIDS # ______
- ☐ Other # ______
  - ☐ U/K

22. Person have history of intimate partner violence?

<table>
<thead>
<tr>
<th></th>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>No</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>U/K</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

23. Person have delinquent/criminal history?

<table>
<thead>
<tr>
<th></th>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>No</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>U/K</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If yes, check all that apply:

- ☐ Assaults
- ☐ Robbery
- ☐ Drugs
- ☐ Other, specify:
  - ☐ U/K

24. At time of incident was person impaired?

<table>
<thead>
<tr>
<th></th>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>No</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>U/K</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If yes, check all that apply:

- ☐ Drug impaired
- ☐ Alcohol impaired
- ☐ Asleep
- ☐ Distracted
- ☐ Absent
- ☐ Impaired by illness, specify:
  - ☐ U/K
- ☐ Impaired by disability, specify:
  - ☐ U/K
- ☐ Other, specify:
  - ☐ U/K

25. Does person have, check all that apply:

<table>
<thead>
<tr>
<th></th>
<th>Caused</th>
<th>Contributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior history of similar acts</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Prior arrests</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Prior convictions</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>No charges filed</td>
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<td>☐</td>
</tr>
<tr>
<td>Charges pending</td>
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<td>☐</td>
</tr>
<tr>
<td>Charges filed, specify:</td>
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<td>☐</td>
</tr>
<tr>
<td>Charges dismissed</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Confession</td>
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<td>☐</td>
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<tr>
<td>Plead, specify:</td>
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<td>☐</td>
</tr>
<tr>
<td>Not guilty verdict</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Guilty verdict, specify:</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Tort charges, specify:</td>
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<td>☐</td>
</tr>
<tr>
<td>U/K</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

FOR SUICIDE

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>U/K</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>A note was left</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Child talked about suicide</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Prior suicide threats were made</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Prior attempts were made</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Suicide was completely unexpected</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Child had a history of running away</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>U/K</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Child had a history of self mutilation</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>There is a family history of suicide</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Suicide was part of a murder-suicide</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Suicide was part of a suicide pact</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Suicide was part of a suicide cluster</td>
</tr>
</tbody>
</table>

28. 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:

<table>
<thead>
<tr>
<th>☐</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Physical abuse/assault</td>
</tr>
<tr>
<td>☐</td>
<td>Gambling problems</td>
</tr>
<tr>
<td>☐</td>
<td>None known</td>
</tr>
<tr>
<td>☐</td>
<td>Family discord</td>
</tr>
<tr>
<td>☐</td>
<td>Parents' divorce/separation</td>
</tr>
<tr>
<td>☐</td>
<td>Argument with parents/caregivers</td>
</tr>
<tr>
<td>☐</td>
<td>Argument with boyfriend/girlfriend</td>
</tr>
<tr>
<td>☐</td>
<td>Breakup with boyfriend/girlfriend</td>
</tr>
<tr>
<td>☐</td>
<td>Argument with other friends</td>
</tr>
<tr>
<td>☐</td>
<td>Rumor mongering</td>
</tr>
<tr>
<td>☐</td>
<td>Pregnancy</td>
</tr>
<tr>
<td>☐</td>
<td>Physical, specify:</td>
</tr>
<tr>
<td>☐</td>
<td>Mental, specify:</td>
</tr>
<tr>
<td>☐</td>
<td>Sensory, specify:</td>
</tr>
<tr>
<td>☐</td>
<td>Physical abuse/assault</td>
</tr>
<tr>
<td>☐</td>
<td>Problems with the law</td>
</tr>
<tr>
<td>☐</td>
<td>Drugs/alcohol</td>
</tr>
<tr>
<td>☐</td>
<td>Sexual orientation</td>
</tr>
<tr>
<td>☐</td>
<td>Religious/cultural issues</td>
</tr>
<tr>
<td>☐</td>
<td>Job problems</td>
</tr>
<tr>
<td>☐</td>
<td>Money problems</td>
</tr>
<tr>
<td>☐</td>
<td>Other, specify:</td>
</tr>
<tr>
<td>☐</td>
<td>Involvement in cult activities</td>
</tr>
<tr>
<td>☐</td>
<td>Involvement in computer or video games</td>
</tr>
<tr>
<td>☐</td>
<td>Involvement with the Internet, specify:</td>
</tr>
<tr>
<td>☐</td>
<td>U/K</td>
</tr>
</tbody>
</table>
### J. SERVICES TO FAMILY AND COMMUNITY AS A RESULT OF DEATH

#### 1. Services: Provided

Select one option per row:

| Service                          | Provided | Offered but refused | Offered but UK if used | Should be offered | Needed but not available | UK | CDR review
|----------------------------------|----------|---------------------|------------------------|-------------------|--------------------------|----|-------------
| Bereavement counseling           |          |                     |                        |                   |                          |    |             
| Debriefing for professionals    |          |                     |                        |                   |                          |    |             
| Economic support                 |          |                     |                        |                   |                          |    |             
| Funeral arrangements            |          |                     |                        |                   |                          |    |             
| Emergency shelter               |          |                     |                        |                   |                          |    |             
| Mental health services          |          |                     |                        |                   |                          |    |             
| Foster care                     |          |                     |                        |                   |                          |    |             
| Health services                 |          |                     |                        |                   |                          |    |             
| Legal services                  |          |                     |                        |                   |                          |    |             
| Genetic counseling              |          |                     |                        |                   |                          |    |             
| Other, specify:                 |          |                     |                        |                   |                          |    |             

### K. PREVENTION INITIATIVES RESULTING FROM THE REVIEW

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

#### 2. What specific recommendations and/or initiatives resulted from the review?
- Check all that apply: No recommendations made, go to Section L

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Current Action Stage</th>
<th>Type of Action</th>
<th>Level of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media campaign</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community safety project</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public forum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New policy(les)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revised policy(les)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expanded services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New law/ordinance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amended law/ordinance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enforcement of law/ordinance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modify a consumer product</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recall a consumer product</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modify a public space</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modify a private space(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Briefly describe the initiatives:**

### L. THE REVIEW MEETING PROCESS

#### 1. Date of first CDR meeting:
#### 2. Number of CDR meetings for this case:
#### 3. Is CDR complete?
- N/A
- Yes
- No

#### 4. Agencies at CDR meeting, check all that apply:
- Medical examiner/coroner
- CPS
- Other health care
- Mental health
- Military
- Law enforcement
- Other social services
- Fire
- Substance abuse
- Others, list:
- Prosecutor/district attorney
- Physician
- EMS
- Court
- Public health
- Hospital
- Education
- Child advocate
5. Were the following data sources available at the CDR meeting?

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC’s SUIDI Reporting Form</td>
<td></td>
</tr>
<tr>
<td>Jurisdictional equivalent of the CDC SUIDI Reporting Form</td>
<td></td>
</tr>
<tr>
<td>Birth certificate - full form</td>
<td></td>
</tr>
<tr>
<td>Death certificate</td>
<td></td>
</tr>
<tr>
<td>Child’s medical records or clinical history, including vaccinations</td>
<td></td>
</tr>
<tr>
<td>Biological mother’s obstetric and prenatal information</td>
<td></td>
</tr>
<tr>
<td>Newborn screening results</td>
<td></td>
</tr>
<tr>
<td>Law enforcement records</td>
<td></td>
</tr>
<tr>
<td>Social service records</td>
<td></td>
</tr>
<tr>
<td>Child protection agency records</td>
<td></td>
</tr>
<tr>
<td>EMS run sheet</td>
<td></td>
</tr>
<tr>
<td>Hospital records</td>
<td></td>
</tr>
<tr>
<td>Autopsy/pathology reports</td>
<td></td>
</tr>
<tr>
<td>Mental health records</td>
<td></td>
</tr>
<tr>
<td>School records</td>
<td></td>
</tr>
<tr>
<td>Substance abuse treatment records</td>
<td></td>
</tr>
</tbody>
</table>

6. Factors that prevented an effective CDR meeting, check all that apply:

- 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. CDR meeting outcomes, check all that apply:

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

8. Describe the factor(s) that directly contributed to this death:

9. Which of the factors that directly contributed to this death are modifiable?

10. List any recommendations to prevent deaths from similar causes or circumstances in the future:

11. What additional information would the team like to know about the death scene investigation?

12. What additional information would the team like to know about the autopsy?

### M. SUID AND SDY CASE REGISTRY

Section M: 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 N

2. Did this case go to Advanced Review for the SDY Case Registry?  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. Did the Advanced Review team believe the autopsy was comprehensive?  Yes  No  U/K

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

6. Was a specimen sent to the SDY Case Registry bio-repository?  Yes  No  U/K

7. Did the family consent to have DNA saved as part of the SDY Case Registry?  Yes  No  U/K

8. Categorization for SDY Case Registry (choose only one):

- Excluded from SDY Case Registry
- Incomplete case information
- Explained cardiac
- Explained neurological
- Explained infant suffocation (under age 1)
- Explained other
- Unexplained, possible cardiac
- Unexplained, possible cardiac and SUDEP
- Unexplained infant death/SUID (under age 1)
- Unexplained child death (age 1 and over)

9. Categorization for SUID Case Registry (choose only one):

- Excluded (other explained causes, not suffocation)
- Unexplained: No autopsy or death scene investigation
- Unexplained: Incomplete case information
- Unexplained: No unsafe sleep factors
- Unexplained: Unsafe sleep factors
- Unexplained: Possible suffocation with unsafe sleep factors
- Explained: Suffocation with unsafe sleep factors
- Explained: Other, specify:

10. 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.

- SUID Case Registry Data Entry Complete  Yes  No
N. 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, 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?

Q. FORM COMPLETED BY:
PERSON: EMAIL:
TITLE: DATE COMPLETED:
AGENCY: DATA ENTRY COMPLETED FOR THIS CASE? 
PHONE: 
For State Program Use Only:
DATA QUALITY ASSURANCE COMPLETED BY STATE

NATIONAL CFRP
Center for Fatality Review & Prevention
The development of this report tool was supported, in part, by Grant No. UG7MC28482 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services
and with additional funding from the US Centers for Disease Control and Prevention, Division of Reproductive Health
Data Entry: https://cdrdata.org
www.childdeathreview.org
For help, email: info@childdeathreview.org
1-800-656-2434
Appendix D

Grief Support and Information Resources

For information on local support groups throughout Tennessee, refer to the Bereavement Support Services in Tennessee publication which may be accessed at www.mtsu.edu/university-college/sids/support.php.

Prevention Through Understanding
www.mtsu.edu/learn/sids

Association of SIDS and Infant Mortality Programs
112 E. Allegan, Suite 500
Lansing, MI 48933
Toll Free: (800) 930-7437 • Fax: (517) 485-0163
www.asip1.org

The Compassionate Friends, Inc.
900 Jorie Blvd., Suite 78
Oak Brook, IL 60523-3696
Toll Free: (877) 969-0010 • Fax: (630) 990-0246
www.compassionatefriends.org

First Candle/SIDS Alliance
1314 Bedford Avenue, Suite 210
Baltimore, MD 21208
(800) 221-7437
www.firstcandle.org

National Center for Cultural Competence
Georgetown University Center for Child and Human Development
3300 Whitehaven Street, N.W., Suite 3300
Washington, DC 20057
Toll Free: (800) 788-2066 • TTY: (202) 687-5503
cultural@georgetown.edu
http://gucdc.georgetown.edu/nccc

National Institute of Child Health and Human Development
Bldg. 31, Room 2A32, MSC 2425
31 Center Drive
Bethesda, MD 20892-2425
Toll Free: (800) 370-2943 • Fax: (866) 760-5947 • TTY: (888) 320-6942
E-mail: NICHDInformationResourceCenter@mail.nih.gov
www.nichd.nih.gov/

NICHHD Resource Center
P.O. Box 3006
Rockville, MD 20847

National Sudden Infant Death Syndrome Resource Center
2115 Wisconsin Ave., NW, Suite 601
Washington, DC 20007
Toll Free: (866) 866-7437 • Fax: (202) 784-9777
E-mail: info@sidscenter.org
www.sidscenter.org
References


