

Prevention Through
Understanding:
**INVESTIGATING
UNEXPECTED
CHILD DEATH**

2018 Edition · www.mtsu.edu/sids

Presented by the Tennessee Department of Health, Tennessee Department of Children's Services,
and the Medical Examiner's Office in collaboration with Middle Tennessee State University

Prevention Through Understanding:
INVESTIGATING UNEXPECTED CHILD DEATH
Video and Instructor's Guide



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Department of
Children's Services



Department of
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Center for Health and Human Services

2018

Prevention Through Understanding: **Investigating Unexpected Child Death**



In collaboration with
**Tennessee Medical Examiner's Office, Tennessee Department of Health,
Middle Tennessee State University, Center for Health and Human Services,
and Tennessee Department of Children's Services**

2018 Edition

Tennessee Department of Health,
Authorization No. 343543 No. of Copies - 400
This public document was promulgated at a cost of
\$7.70 per copy. 01/16



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TENNESSEE**
STATE UNIVERSITY

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).

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 Medical Examiner's Office 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 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 Chief Medical Examiner (OCME) was incorporated into the State of Tennessee Department of Health July 1, 2012 as a full-time position for the first time in the history of the state. Operating under the Department of Health, the goal is to create statewide consistency of high quality medicolegal death investigation and forensic autopsy services. The purpose is to serve our fellow citizens by protecting the public's health and safety, participating in the criminal justice system, and providing data for vital statistics.

Services provided by the Office of the Chief Medical Examiner:

- Educating and training county medical examiners, county medical investigators, and law enforcement in death investigation.
- Consulting service to county medical examiners and other local and state departments in forensic pathology and medicolegal death investigation.
- 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.
- Autopsy Report Request Form (PDF)
- Ensuring payments are made to pathologists for autopsies performed through the medical examiner program.
- "The Chief Medical Examiner shall have investigative authority for certain types of death that are in the interests of the state, including mass fatality incidents, for the identification, examination and disposition of victims' remains, and instances that represent a threat to the public health or safety, or both." TCA 38-7-103

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Introduction

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.”) In addition, the chief medical examiner for Tennessee shall develop and implement a program for training child death pathologists. For every sudden, unexplained death of a child under 18, the attending physician or coroner shall notify the county medical examiner, who will coordinate the death investigation. The county medical examiner shall also contact local law enforcement personnel to conduct the death scene investigation, 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, **law enforcement personnel** 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.

Recommended Program Format

It is important that trainers help participants feel comfortable and at ease. Encouraging positive communication is essential. The sensitive nature of this topic, particularly if some of the participants have had personal or professional experience with an infant or child death, may make the program difficult for some. The trainer should be prepared to moderate closely the discussion among participants, and trainees should be allowed to remain silent or leave the room if it becomes too difficult for them to participate in the discussion portion of the in-service program.

The running time for the video Prevention Through Understanding: Investigating Unexpected Child Death is approximately 45 minutes. You will need to allow time at the end of the program to summarize the main points, conduct an evaluation, and bring the discussion to a positive close. Estimated time for the complete program is approximately two hours.

Recommended Outline (2-hour session)

00:00–00:05	Participants sign in using tracking sheet
00:05–00:20	Introduce topic; go over program objectives and what to consider while watching the video
00:20–01:05	View video as a group
01:05–01:30	Discuss video content
01:30–01:45	Review investigative questionnaire (see note below)
01:45–01:55	Participants complete postassessment questions
01:55–02:00	Participants complete evaluation form

Note: Law enforcement professionals are typically responsible for the actual scene investigation of a child death. EMS and firefighter professionals may spend less time on this topic area.

Materials Needed

Trainers will need the following to conduct the in-service program:

- TV/DVD player
- Whiteboard/chalkboard for listing objectives and discussion questions
- Trainee manuals, SUIDI booklets, and Bereavement Support booklets, one for each participant
- Tracking form, one for each class, located in the trainer manual
- Posttest questionnaires and evaluation forms, one in each trainee manual

Submitting Training Rosters After an In-Service

1. Online

- a. Visit www.mtsu.edu/sids and select the "Submit Trainings Online Button."
- b. Complete the Trainee Tracking Sheet online. **Note:** If you are submitting more than 20 trainees at a time you will need to submit additional forms.
- c. Once you have completed the form, save the form by selecting the save icon on the top toolbar. The save icon looks like a small disk and is the second from the left.
- d. Save the file to your desktop. **Note:** You may rename it as you please.
- e. After the file has been saved, please submit it by one of following steps:
 1. Open your email browser and send the saved form to John.Burchfield@mtsu.edu.
 2. If you are using a desktop email application such as Microsoft Outlook Express, Microsoft Outlook, Eudora, or Mail you can select the Submit Form icon at the bottom of the training roster. An icon will appear for you to choose desktop email application. Select this button and send your roster.

2. Mail

Completed participation tracking forms should be mailed to:

Middle Tennessee State University
University College
Attn: Prevention Through Understanding
MTSU Box 54
1301 East Main Street
Murfreesboro, TN 37132

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.

Teaching the in-Service or Pre-Service Program

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). In addition, the chief medical examiner for Tennessee shall develop and implement a program for training child death pathologists.

For every sudden, unexplained death of a child under 18 years of age, the attending physician or coroner shall notify the county medical examiner, who will coordinate the death investigation. The county medical examiner will contact local law enforcement personnel to conduct the death scene investigation, according to the protocol developed by the chief medical examiner for the state. 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.

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.

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 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.

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 typically conduct the actual death scene investigation; other first responder professionals are witnesses to the scene.** 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.

Law enforcement personnel will conduct the investigation at the request of the county medical examiner. Law enforcement personnel assigned to the investigation will complete the SUIDI form and submit it to the county medical examiner; a copy shall be provided to the child death pathologist assigned 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



SUIDI

Reporting Form

INVESTIGATION DATA

Infant's Last Name	Infant's First Name	Middle Name	Case Number
<div>Sex: <input type="text"/> Date of Birth: <input type="text"/> Age: <input type="text"/> SS#: <input type="text"/></div> <div>Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African Am. <input type="checkbox"/> Asian/Pacific Isl. <input type="checkbox"/> Am. Indian/Alaskan Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other</div> <div>Infant's Primary Residence: Address: <input type="text"/> City: <input type="text"/> County: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> Incident Address: <input type="text"/> City: <input type="text"/> County: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/></div> <div>Contact Information for Witness: Relationship to deceased: <input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Adoptive or Foster Parent <input type="checkbox"/> Physician <input type="checkbox"/> Health Records <input type="checkbox"/> Other Describe: <input type="text"/> Last: <input type="text"/> First: <input type="text"/> M.: <input type="text"/> SS#: <input type="text"/> Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> Work Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> Home Phone: <input type="text"/> Work Phone: <input type="text"/> Date of Birth: <input type="text"/></div>			

WITNESS INTERVIEW

- Are you the usual caregiver?**
☐ No ☐ Yes
- Tell me what happened:**
- Did you notice anything unusual or different about the infant in the last 24 hrs?**
☐ No ☐ Yes Specify:
- Did the infant experience any falls or injury within the last 72 hrs?**
☐ No ☐ Yes Specify:
- When was the infant LAST PLACED?**
Date: Military Time: : Location (room):
- When was the infant LAST KNOWN ALIVE(LKA)?**
Date: Military Time: : Location (room):
- When was the infant FOUND?**
Date: Military Time: : Location (room):
- Explain how you knew the infant was still alive.**
- Where was the infant - (P)laced, (L)ast known alive, (F)ound (write P, L, or F in front of appropriate response)?**

<input type="checkbox"/> Bassinet	<input type="checkbox"/> Bedside co-sleeper	<input type="checkbox"/> Car seat	<input type="checkbox"/> Chair
<input type="checkbox"/> Cradle	<input type="checkbox"/> Crib	<input type="checkbox"/> Floor	<input type="checkbox"/> In a person's arms
<input type="checkbox"/> Mattress/box spring	<input type="checkbox"/> Mattress on floor	<input type="checkbox"/> Playpen	<input type="checkbox"/> Portable crib
<input type="checkbox"/> Sofa/couch	<input type="checkbox"/> Stroller/carriage	<input type="checkbox"/> Swing	<input type="checkbox"/> Waterbed
<input type="checkbox"/> Other - describe: <input type="text"/>			

WITNESS INTERVIEW (cont.)

10 In what position was the infant LAST PLACED? ☐ Sitting ☐ On back ☐ On side ☐ On stomach ☐ Unknown
Was this the infant's usual position? ☐ Yes ☐ No What was the usual position?

11 In what position was the infant LKA? ☐ Sitting ☐ On back ☐ On side ☐ On stomach ☐ Unknown
Was this the infant's usual position? ☐ Yes ☐ No What was the usual position?

12 In what position was the infant FOUND? ☐ Sitting ☐ On back ☐ On side ☐ On stomach ☐ Unknown
Was this the infant's usual position? ☐ Yes ☐ No What was the usual position?

13 Face position when LAST PLACED? ☐ Face down on surface ☐ Face up ☐ Face right ☐ Face left

14 Neck position when LAST PLACED? ☐ Hyperextended (head back) ☐ Flexed (chin to chest) ☐ Neutral ☐ Turned

15 Face position when LKA? ☐ Face down on surface ☐ Face up ☐ Face right ☐ Face left

16 Neck position when LKA? ☐ Hyperextended (head back) ☐ Flexed (chin to chest) ☐ Neutral ☐ Turned

17 Face position when FOUND? ☐ Face down on surface ☐ Face up ☐ Face right ☐ Face left

18 Neck position when FOUND? ☐ Hyperextended (head back) ☐ Flexed (chin to chest) ☐ Neutral ☐ Turned

19 What was the infant wearing? (ex. t-shirt, disposable diaper)

20 Was the infant tightly wrapped or swaddled? ☐ No ☐ Yes - describe:

21 Please indicate the types and numbers of layers of bedding both over and under infant (not including wrapping blanket):

Bedding UNDER Infant	None	Number	Bedding OVER Infant	None	Number
Receiving blankets	<input type="text"/>	<input type="text"/>	Receiving blankets	<input type="text"/>	<input type="text"/>
Infant/child blankets	<input type="text"/>	<input type="text"/>	Infant/child blankets	<input type="text"/>	<input type="text"/>
Infant/child comforters (thick)	<input type="text"/>	<input type="text"/>	Infant/child comforters (thick)	<input type="text"/>	<input type="text"/>
Adult comforters/duvets	<input type="text"/>	<input type="text"/>	Adult comforters/duvets	<input type="text"/>	<input type="text"/>
Adult blankets	<input type="text"/>	<input type="text"/>	Adult blankets	<input type="text"/>	<input type="text"/>
Sheets	<input type="text"/>	<input type="text"/>	Sheets	<input type="text"/>	<input type="text"/>
Sheepskin	<input type="text"/>	<input type="text"/>	Pillows	<input type="text"/>	<input type="text"/>
Pillows	<input type="text"/>	<input type="text"/>	Other, specify:	<input type="text"/>	<input type="text"/>
Rubber or plastic sheet	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Other, specify:	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

22 Which of the following devices were operating in the infant's room?
☐ None ☐ Apnea monitor ☐ Humidifier ☐ Vaporizer ☐ Air purifier ☐ Other -

23 In was the temperature in the infant's room? ☐ Hot ☐ Cold ☐ Normal ☐ Other -

24 Which of the following items were near the infant's face, nose, or mouth?
☐ Bumper pads ☐ Infant pillows ☐ Positional supports ☐ Stuffed animals ☐ Toys ☐ Other -

25 Which of the following items were within the infant's reach?
☐ Blankets ☐ Toys ☐ Pillows ☐ Pacifier ☐ Nothing ☐ Other -

26 Was anyone sleeping with the infant? ☐ No ☐ Yes

Name of individual sleeping with infant	Age	Height	Weight	Location in relation to infant	Imparement (intoxication, tired)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

27 Was there evidence of wedging? ☐ No ☐ Yes - Describe:

28 When the infant was found, was s/he: ☐ Breathing ☐ Not Breathing
If not breathing, did you witness the infant stop breathing? ☐ No ☐ Yes

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				k) Apnea (stopped breathing)			
h) Diarrhea				e) Decrease in appetite			
b) Excessive sweating				l) Cyanosis (turned blue/gray)			
i) Stool changes				f) Vomiting			
c) Lethargy or sleeping more than usual				m) Seizures or convulsions			
j) Difficulty breathing				g) Choking			
d) Fussiness or excessive crying				n) 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 (Military Time)	Comments:
		Month	Day	Year		
1.						
2.						
3.						
4.						

INFANT MEDICAL HISTORY (cont.)

5 At any time in the infant's life, did s/he have a history of?

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

6 Did the infant have any birth defects(s)? ☐ No ☐ Yes

Describe:

7 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)

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

8 Birth hospital name: **Discharge date:**

Street address:

City: State: Zip:

9 What was the infant's length at birth? inches or centimeters

10 What was the infant's weight at birth? pounds ounces or grams

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

☐ On time ☐ Early - how many weeks? ☐ Late - how many weeks?

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

☐ Singleton ☐ Twin ☐ Triplet ☐ Quadrupelet or higher gestation

13 Were there any complications during delivery or at birth? (emergency c-section, child needed oxygen) ☐ Yes ☐ No

Describe:

14 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
b) Formula (brand, water source - ex. Similac, tap water)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
c) Cow's milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
d) Water (brand, bottled, tap, well)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
e) Other liquids (teas, juices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
f) Solids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
g) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

- 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 prenatal 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
(ex. high blood pressure, bleeding, gestational diabetes)
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?

	Unknown	No	Yes	Daily		Unknown	No	Yes	Daily
a) Over the counter medications					d) Cigarettes				
b) Prescription medications					e) Alcohol				
c) Herbal remedies					f) Other				

7 Currently, does any caregiver use any of the following?

	Unknown	No	Yes	Daily		Unknown	No	Yes	Daily
a) Over the counter medications					d) Cigarettes				
b) Prescription medications					e) Alcohol				
c) Herbal remedies					f) Other				

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)

<input type="checkbox"/> Central air	<input type="checkbox"/> Gas furnace or boiler	<input type="checkbox"/> Wood burning fireplace	<input type="checkbox"/> Open window(s)
<input type="checkbox"/> A/C window unit	<input type="checkbox"/> Electric furnace or boiler	<input type="checkbox"/> Coal burning furnace	<input type="checkbox"/> Wood burning stove
<input type="checkbox"/> Ceiling fan	<input type="checkbox"/> Electric space heater	<input type="checkbox"/> Kerosene space heater	<input type="checkbox"/> Floor/table fan
<input type="checkbox"/> Electric baseboard heat	<input type="checkbox"/> Electric (radiant) ceiling heat	<input type="checkbox"/> Window fan	<input type="checkbox"/> 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)

<input type="checkbox"/> Insects	<input type="checkbox"/> Mold growth	<input type="checkbox"/> Smoky smell (like cigarettes)
<input type="checkbox"/> Pets	<input type="checkbox"/> Dampness	<input type="checkbox"/> Presence of alcohol containers
<input type="checkbox"/> Peeling paint	<input type="checkbox"/> Visible standing water	<input type="checkbox"/> Presence of drug paraphernalia
<input type="checkbox"/> Rodents or vermin	<input type="checkbox"/> Odors or fumes - Describe: <input type="text"/>	

☐ Other - specify:

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

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

	Military time
Law enforcement at scene:	:
DSI at scene:	:
Infant at hospital:	:

Investigator's Notes

- 1** Indicate the task(s) performed

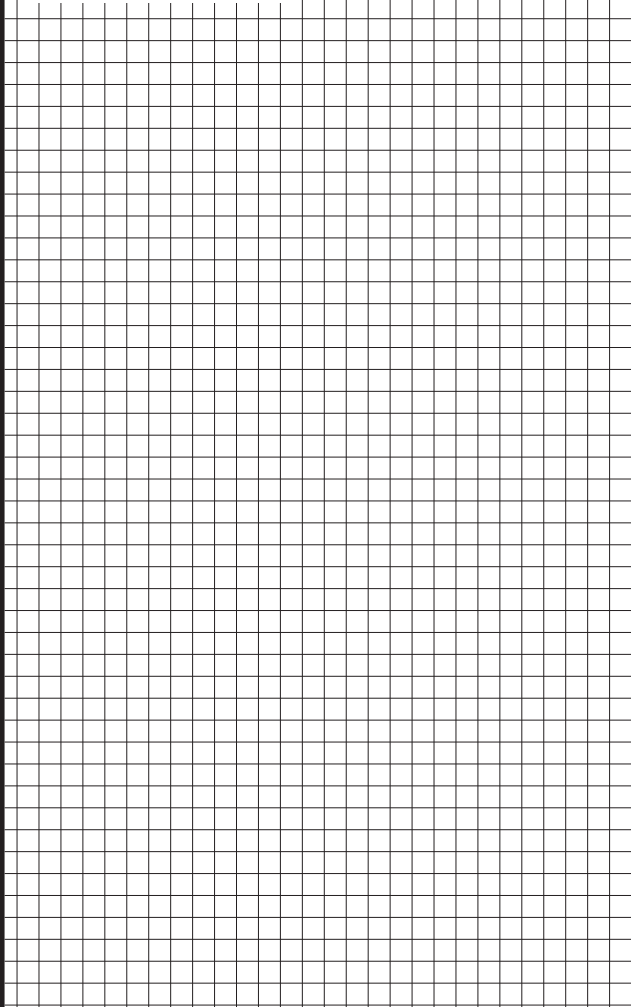
<input type="checkbox"/> Additional scene(s)? (forms attached)	<input type="checkbox"/> Doll reenactment/scene re-creation	<input type="checkbox"/> Photos or video taken and noted
<input type="checkbox"/> Materials collected/evidence logged	<input type="checkbox"/> Referral for counseling	<input type="checkbox"/> EMS run sheet/report
<input type="checkbox"/> Notify next of kin or verify notification	<input type="checkbox"/> 911 tape	

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

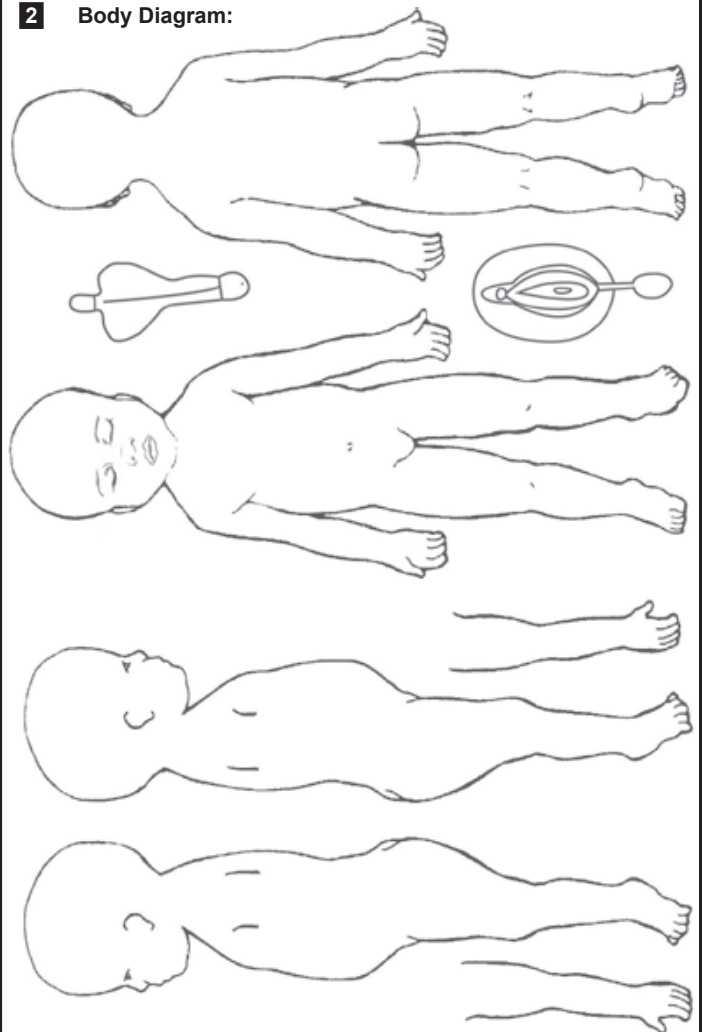
If yes, detail any differences, inconsistencies of relevant information: (ex. placed on sofa, last known alive on chair.)

INVESTIGATION DIAGRAMS

- 1** Scene Diagram:



- 2** Body Diagram:



SUMMARY FOR PATHOLOGIST

Case Information

1	Investigator information	Name: <input style="width: 100%;" type="text"/>	Agency: <input style="width: 100%;" type="text"/>	Phone: <input style="width: 100%;" type="text"/>		
		Date Military time				
		Investigated: <input style="width: 100%;" type="text"/>	:			
		Pronounced dead: <input style="width: 100%;" type="text"/>	:			
2	Infant's information:	Last: <input style="width: 100%;" type="text"/>	First: <input style="width: 100%;" type="text"/>	M: <input style="width: 100%;" type="text"/>	Case #: <input style="width: 100%;" type="text"/>	
	Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth: <input style="width: 100%;" type="text"/>	Age: <input style="width: 100%;" type="text"/>	
	Race:	<input type="checkbox"/> White	<input type="checkbox"/> Black/African Am.	<input type="checkbox"/> Asian/Pacific Islander		
		<input type="checkbox"/> Am. Indian/Alaskan Native	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other: <input style="width: 100%;" type="text"/>		

Sleeping Environment

1 Indicate whether preliminary investigation suggests any of the following:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Asphyxia (<i>ex. overlying, wedging, choking, nose/mouth obstruction, re-breathing, neck compression, immersion in water</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Sharing of sleep surface with adults, children, or pets
<input type="checkbox"/>	<input type="checkbox"/>	Change in sleep condition (<i>ex. unaccustomed stomach sleep position, location, or sleep surface</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Hyperthermia/Hypothermia (<i>ex. excessive wrapping, blankets, clothing, or hot or cold environments</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Environmental hazards (<i>ex. carbon monoxide, noxious gases, chemicals, drugs, devices</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Unsafe sleep condition (<i>ex. couch/sofa, waterbed, stuffed toys, pillows, soft bedding</i>)

Infant History

<input type="checkbox"/>	<input type="checkbox"/>	Diet (<i>e.g., solids introduced, etc.</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Recent hospitalization
<input type="checkbox"/>	<input type="checkbox"/>	Previous medical diagnosis
<input type="checkbox"/>	<input type="checkbox"/>	History of acute life-threatening events (<i>ex. apnea, seizures, difficulty breathing</i>)
<input type="checkbox"/>	<input type="checkbox"/>	History of medical care without diagnosis
<input type="checkbox"/>	<input type="checkbox"/>	Recent fall or other injury
<input type="checkbox"/>	<input type="checkbox"/>	History of religious, cultural, or ethnic remedies
<input type="checkbox"/>	<input type="checkbox"/>	Cause of death due to natural causes other than SIDS (<i>ex. birth defects, complications of preterm birth</i>)

Family Info

<input type="checkbox"/>	<input type="checkbox"/>	Prior sibling deaths
<input type="checkbox"/>	<input type="checkbox"/>	Previous encounters with police or social service agencies
<input type="checkbox"/>	<input type="checkbox"/>	Request for tissue or organ donation
<input type="checkbox"/>	<input type="checkbox"/>	Objection to autopsy

Exam

<input type="checkbox"/>	<input type="checkbox"/>	Pre-terminal resuscitative treatment
<input type="checkbox"/>	<input type="checkbox"/>	Death due to trauma (injury), poisoning, or intoxication

Investigator Insight

<input type="checkbox"/>	<input type="checkbox"/>	Suspicious circumstances
<input type="checkbox"/>	<input type="checkbox"/>	Other alerts for pathologist's attention

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

Pathologist

2	Pathologist information	Name: <input style="width: 100%;" type="text"/>	Agency: <input style="width: 100%;" type="text"/>	Phone: <input style="width: 100%;" type="text"/>	Fax: <input style="width: 100%;" type="text"/>

How to Use SUIDI Reporting Forms

Sudden Unexplained Infant Death Investigation SUIDI

Prevention
Through
Understanding:
Investigating
Unexpected
Child Death

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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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

SUIDI

Sudden Unexplained Infant Death Investigation

Prevention
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Unexpected
Child Death

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).

In-Service Forms

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. Who is responsible for conducting the death scene investigation?
 - a. EMS, by request of the county medical examiner
 - b. Typically law enforcement, by request of the county medical examiner**
 - c. The state medical examiner
 - d. None of the above
4. SIDS is the major cause of death in infants between
 - a. 2 months and 4 months of age
 - b. 1 month and 1 year of age**
 - c. 1 month and 6 months of age
 - d. Newborn and 1 year of age
5. 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**
6. 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, all causes of undiagnosed natural death are ruled out**
 - d. After an autopsy and scene review, the medical examiner withheld the findings

7. The following are all risk factors for SIDS except
 - a. Placing a baby to sleep on his/her stomach
 - b. Exposing a baby to smoke
 - c. Having a previous SIDS death in the family**
 - d. Placing a baby to sleep on a soft sleep surface
8. The following are all protective factors for SIDS except
 - a. Breastfeeding
 - b. Co-sleeping**
 - c. Sleeping alone on a firm mattress
 - d. Keeping temperature regulated so baby doesn't get overheated
9. Placing children on soft, collapsible bedding is dangerous because of which of the following?
 - a. This sleep position causes SIDS.
 - b. This sleep position decreases children's ability to keep their airways open.**
 - c. This sleep position allows children to fall into sleep apnea.
10. 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**
11. 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
12. 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 coroner
 - e. The EMS health care providers
13. 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**

14. 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**
15. Taking time out during a SIDS call to talk privately with your partner about the family's behavior is
 - a. Necessary for potential court action
 - b. Helpful to calm the situation
 - c. Detrimental to patient care**
 - d. None of the above
16. 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
17. 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
18. 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**

Participant Tracking Sheet

Office use only:
Course No. _____

Available to submit online at www.mtsu.edu/sids

Please check: ☐ Continuing Ed. ☐ Initial Training ☐ In-Service

Please have all participants print **clearly**. You may also attach a typed copy to this sheet.
This information will be used only for database purposes and tracking information.

Instructor Name _____ Date _____

Department Name _____

Phone (____) _____ E-Mail _____

Return Address _____

City _____ State _____ County _____ Zip _____

Participant Name	Last four digits of Social Sec. No.	Affiliation			
		EMS	Firefighter	Police	Other
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contact hour certificates will be mailed to trainers upon receipt of tracking and evaluation forms.

Please send completed tracking sheets to Attn: Prevention Through Understanding, MTSU University College,
MTSU Box 54, 1301 East Main Street, Murfreesboro, TN 37132 or fax to (615) 494-8777.

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.

Appendices

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

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.

Authority: T.C.A. §§ 68-1-1101, 68-1-1102, and 68-1-1103. **Administrative History:** Original rule filed May 11, 2010; effective October 29, 2010; however on October 28, 2010 the Department of Health withdrew the rules. Original rule filed January 24, 2012; effective June 30, 2012.

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.

Authority: T.C.A. §§ 68-1-1101, 68-1-1102, and 68-1-1103. **Administrative History:** Original rule filed May 11, 2010; effective October 29, 2010; however on October 28, 2010 the Department of Health withdrew the rules. Original rule filed January 24, 2012; effective June 30, 2012.

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.

Authority: T.C.A. §§ 68-1-1101, 68-1-1102, 68-1-1103, and 68-3-502. **Administrative History:** Original rule filed May 11, 2010; effective October 29, 2010; however on October 28, 2010 the Department of Health withdrew the rules. Original rule filed January 24, 2012; effective June 30, 2012.

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.

Authority: T.C.A. §§ 68-1-1101, 68-1-1102, and 68-1-1103. **Administrative History:** Original rule filed May 11, 2010; effective October 29, 2010; however on October 28, 2010 the Department of Health withdrew the rules. Original rule filed January 24, 2012; effective June 30, 2012.

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

Tenn. Code Ann. § 68-1-1102 (2002)

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.

HISTORY: Acts 2001, ch. 321, § 2; 2002, ch. 591, §§ 1, 2.

NOTES:

COMPILER'S NOTES. Former § **68-1-1102** (Acts 1983, ch. 390, § 3), concerning the sudden infant death syndrome program, was repealed by Acts 2001, ch. 321, § 2 effective July 1, 2001.

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.

EFFECTIVE DATES. Acts 2002, ch. 591, § 3. December 31, 2003.

**TENNESSEE ADVANCE LEGISLATIVE SERVICE
STATENET**

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TENNESSEE 102ND GENERAL ASSEMBLY

PUBLIC CHAPTER NO. 591

SENATE BILL NO. 2561

2002 Tenn. ALS 591; 2002 Tenn. Pub. Acts 591; 2002 Tenn. Pub. Ch. 591; 2001 Tenn. SB 2561

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

TENNESSEE BILL TRACKING STATENET

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2001 TN S.B. 2561

102ND GENERAL ASSEMBLY

SENATE BILL 2561

2001 Bill Tracking TN S.B. 2561

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.

SUBJECT: LAW AND JUSTICE, LAW AND JUSTICE PERSONNEL, HEALTH AND SOCIAL SERVICES, MEDICAL SPECIALTIES AND SERVICES, Pediatrics, CHILDREN'S SERVICES AND RIGHTS, Children's Services and Rights- Misc, LABOR AND EMPLOYMENT, PUBLIC EMPLOYEES, Public Employee Training, CRIMINAL LAW, Criminal Procedure and Investigations, Police Officers and Sheriffs and Certification

SPONSOR: Clabough

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

LOAD-DATE: July 18, 2002

By Representatives Caldwell, John DeBerry, Pleasant

Substituted for: Senate Bill No. 329

By Senator Clabough

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

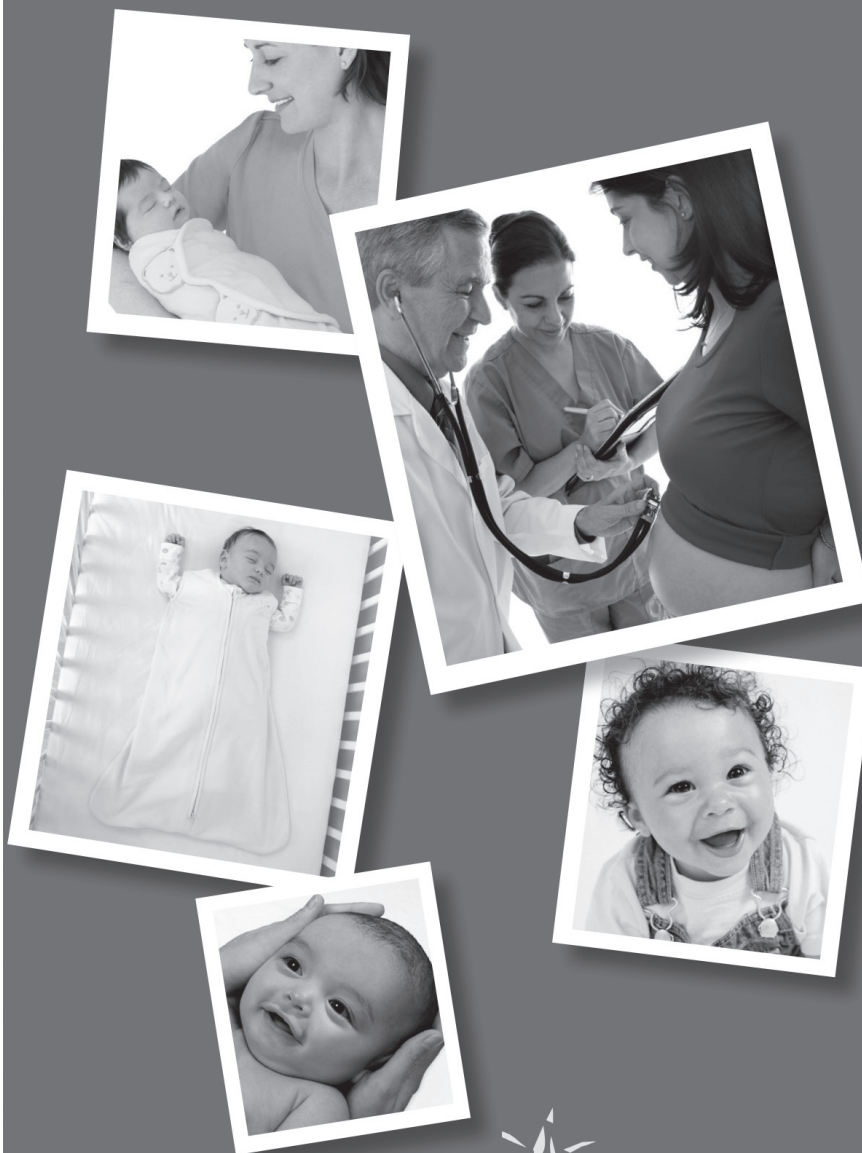
Rachel.Heitmann@tn.gov

Appendix B Sudden Infant Death Syndrome

Prevention
Through
Understanding:
Investigating
Unexpected
Child Death

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.



Prevention
Through
Understanding:
**Investigating
Unexpected
Child Death**

NIH News: SIDS Infants Show Abnormalities in Brain Area Controlling Breathing

October 31, 2006

Prevention
Through
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Investigating
Unexpected
Child Death

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>.

Additional information about the search for ways to identify infants most at risk for SIDS in the accompanying backgrounder, "Searching For Those At Greatest Risk For SIDS," at http://www.nichd.nih.gov/news/releases/sids_serotonin_background.cfm.

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—See Postmortem.

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 SIDS)—A condition or event directly responsible for the death of an individual infant.

Coroner—An officer of the law who holds inquests in regard to violent, sudden, or unexplained deaths. (See medical examiner.)

Co-Sleeping—The practice of having an infant sleep in the same bed with its parents.

Crib Death/Cot Death—Synonyms for SIDS

Diagnosis of Exclusion—SIDS is known as a diagnosis of exclusion because it is reported as the cause of death only as a last resort, when all other causes have been eliminated from consideration.

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 Medicine—The application of medical knowledge to legal issues.

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, 9th Revision (ICD-9)—A guide for the classification of morbidity and mortality information for statistical purposes published by the World Health Organization.

Medical Examiner—A physician trained specifically in forensic medicine and pathology who conducts death investigations. (See coroner.)

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. 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.

Postmortem—An examination of the body after death, usually with such dissection as will expose the vital organs for determining the cause of death or the character and extent of changes produced by disease; an autopsy.

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.)

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
- subsequent SIDS sibling—a son or daughter born to parents after they have lost an infant to SIDS.

Subsequent SIDS Sibling—A son or daughter born to parents after they have lost an infant to SIDS.

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, 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.)

Surviving SIDS Sibling—A son or daughter born to parents before they have lost an infant to SIDS.

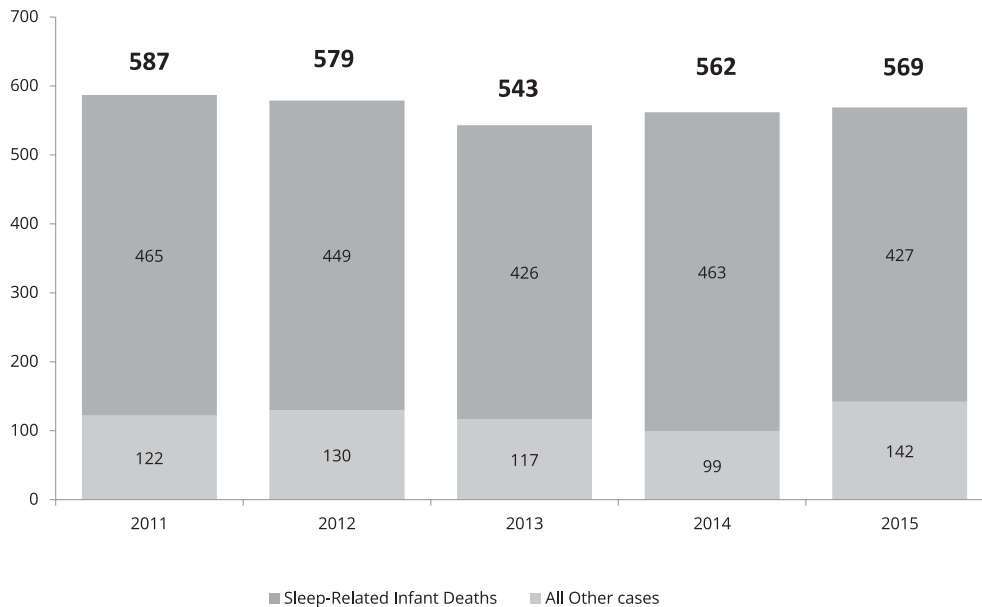
Syndrome—A set of signs and symptoms that occur together often enough to constitute a specific condition or entity.

Tachycardia—A more rapid than normal heart rate. (See bradycardia.)

SIDS in Tennessee

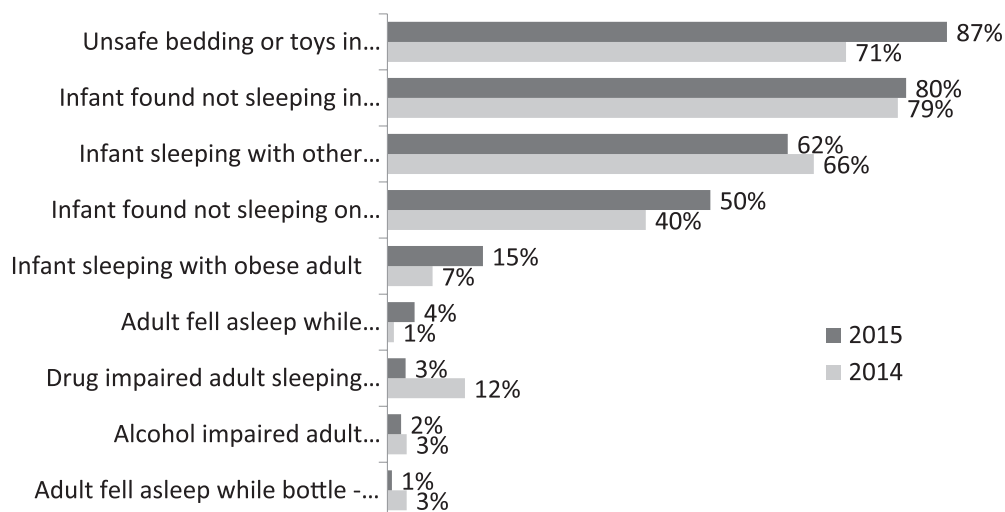
Prevention
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Tennessee Infant Mortality Trends 2011-2015



Sources: Tennessee Department of Health, Division of Health Statistics; Tennessee Child Fatality Review

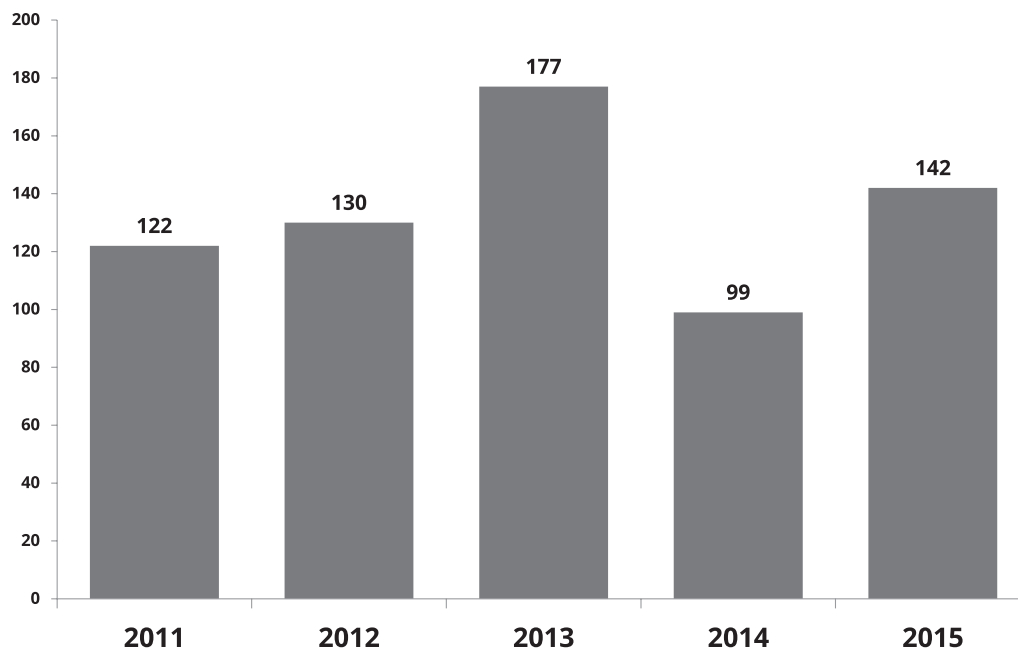
Contributing Factors in Sleep-Related Infant Deaths 2014-2015



*Includes comforter, blanket, pillow, bumper pads, toys, plastic bags and other.
Because more than one contributing factor may have been present in a single death, the total number of contributing factors exceeds the number of sleep environment deaths.

Data source: Tennessee Department of Health, Child Death Review Database.

Tennessee Sleep-Related Infant Deaths 2011-2015



Sources: Tennessee Department of Health, Division of Health Statistics; Tennessee Child Fatality Review

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

Northeast	Judicial District 1: Carter, Johnson, Unicoi, and Washington Counties Judicial District 3: Green, Hamblen, Hancock, and Hawkins Counties
Sullivan	Judicial District 2: Sullivan County
East	Judicial District 4: Cocke, Grainger, Jefferson, and Sevier Counties Judicial District 5: Blount County Judicial District 7: Anderson County Judicial District 8: Campbell, Claiborne, Fentress, Scott, and Union Counties Judicial District 9: Loudon, Meigs, Morgan, and Roane Counties
Knox	Judicial District 6: Knox County
Southeast	Judicial District 10: Bradley, McMinn, Monroe, and Polk Counties Judicial District 12: Bledsoe, Franklin, Grundy, Marion, Rhea, and Sequatchie Counties
Hamilton	Judicial District 11: Hamilton County
Upper-Cumberland	Judicial District 13: Clay, Cumberland, DeKalb, Overton, Pickett, Putnam, and White Counties Judicial District 15: Jackson, Macon, Smith, Trousdale, and Wilson Counties Judicial District 31: Van Buren and Warren Counties
South Central	Judicial District 14: Coffee County Judicial District 17: Bedford, Lincoln, Marshall, and Moore Counties Judicial District 2101: Hickman, Lewis, and Perry Counties Judicial District 2201: Giles, Lawrence, and Wayne Counties Judicial District 2202: Maury County
Mid-Cumberland	Judicial District 16: Cannon, and Rutherford Counties Judicial District 18: Sumner County Judicial District 1901: Montgomery County Judicial District 1902: Robertson County Judicial District 2102: Williamson County Judicial District 23: Cheatham, Dickson, Houston, Humphreys, and Stewart Counties
Davidson	Judicial District 20: Davidson County
West	Judicial District 24: Benton, Carroll, Decatur, Hardin, and Henry Counties Judicial District 25: Fayette, Hardeman, Lauderdale, McNairy, and Tipton Counties Judicial District 27: Obion and Weakley Counties Judicial District 28: Crockett, Gibson, and Haywood Counties Judicial District 29: Dyer and Lake Counties
Madison +	Judicial District 26: Chester, Henderson, and Madison Counties
Shelby	Judicial District 30: Shelby County

Revised 12/14/2004



State of Tennessee
Department of Health
Sudden Unexplained Child Death Investigation Report
For use in children aged 1 year and older

-Investigation Data-

Child's Information:

Last Name:		First Name:		M.	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB: / /		SS#:	Case#:	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African Am. <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other				Ethnicity: <input type="checkbox"/> Hispanic/Latino	
Primary Address:		City:		St:	Zip:
Incident Address:		City:		St:	Zip:

Contact Information for Witness:

Relationship to the deceased: <input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Adoptive or Foster Parents <input type="checkbox"/> Physician					
<input type="checkbox"/> Health Records <input type="checkbox"/> Other: _____					
Last Name:		First Name:		M.	
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? <input type="checkbox"/> No <input type="checkbox"/> Yes → Describe:					
3. Did the child experience any falls or injury within the last 72 hours? <input type="checkbox"/> No <input type="checkbox"/> 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	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes		
b) Secretions (foam, froth)	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes		
c) Skin discoloration (liver mortis)	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes		
d) Pressure marks (pale areas, blanching)	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes		
e) Rash or petechiae (small red blood spots on skin, membranes, or eyes)	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes		
f) Marks on body (scratches or bruises)	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes		
g) Other	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes		
8. What did the child feel like when found? (Check all that apply)			
<input type="checkbox"/> Sweaty <input type="checkbox"/> Limp, flexible <input type="checkbox"/> Warm to touch <input type="checkbox"/> Rigid, stiff <input type="checkbox"/> Cool to touch <input type="checkbox"/> Unknown			
<input type="checkbox"/> Other, specify:			
9. Did anyone else other than EMS try to resuscitate the child?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Who: _____	When: / / : <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Month Day Year Military Time </div>
10. Please describe what was done as part of the resuscitation:			
11. Has the parent/caregiver ever had a child die suddenly and unexpectedly? <input type="checkbox"/> No <input type="checkbox"/> Yes → Describe:			

-Child Medical History-

1. Source of medical information:				
<input type="checkbox"/> Doctor <input type="checkbox"/> Other health care provider <input type="checkbox"/> Medical record <input type="checkbox"/> Parent/primary caregiver <input type="checkbox"/> Family <input type="checkbox"/> Other				
2. In the 72 hours prior to death, did the child have:				
a) Fever	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes	h) Diarrhea	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes	
b) Excessive sweating	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes	i) Stool changes	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes	
c) Lethargy or sleeping more than usual	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes	j) Difficulty breathing	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes	
d) Fussiness or excessive crying	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes	k) Apnea (stopped breathing)	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes	
e) Decrease in appetite	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes	l) Cyanosis (turned blue/gray)	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes	
f) Vomiting	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes	m) Seizures or convulsions	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes	
g) Choking	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes → Describe:				
4. In the 72 hours prior to death, was the child given any medications or vaccinations? <input type="checkbox"/> No <input type="checkbox"/> Yes → List Below: (please include any home remedies, herbal medications, over-the-counter medications)				
Name of medication or vaccination	Dose last given	Date given <small>Month Day Year</small>	Approx. Time <small>Military Time</small>	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)	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes →	
b) Abnormal growth or weight loss/gain	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes →	
c) Apnea (stopped breathing)	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes →	
d) Cyanosis (turned blue/gray)	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes →	
e) Seizures or convulsions	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes →	
f) Cardiac (heart) abnormalities	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes →	
g) Other	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes →	
6. Did the child have any birth defects? <input type="checkbox"/> No <input type="checkbox"/> 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 ____/____/____ Month Day Year	Second most recent visit ____/____/____ 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? <input type="checkbox"/> No <input type="checkbox"/> Yes			
3. Is the site of the incident or death scene a daycare or other childcare setting? <input type="checkbox"/> Yes <input type="checkbox"/> 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)			
<input type="checkbox"/> Central air	<input type="checkbox"/> Window fan	<input type="checkbox"/> Electric (radiant) ceiling heat	<input type="checkbox"/> Open window(s)
<input type="checkbox"/> A/C window unit	<input type="checkbox"/> Gas furnace or boiler	<input type="checkbox"/> Wood burning fireplace	<input type="checkbox"/> Wood burning stove
<input type="checkbox"/> Ceiling fan	<input type="checkbox"/> Electric space heater	<input type="checkbox"/> Coal burning furnace	<input type="checkbox"/> Unknown
<input type="checkbox"/> Floor/table fan	<input type="checkbox"/> Electric baseboard heat	<input type="checkbox"/> Kerosene space heater	
<input type="checkbox"/> Other, specify:			
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:

Law enforcement at scene:	:	DSI at scene:	:	Child at hospital:	:
	Military time		Military time		Military time

-Investigator's Notes-

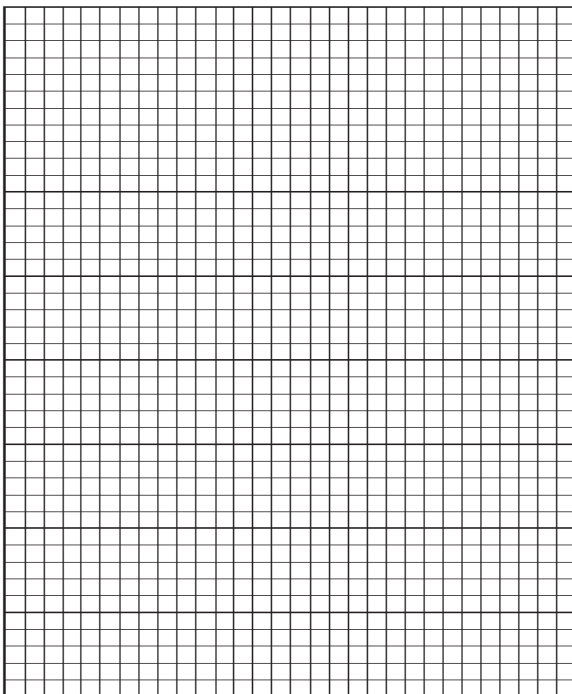
Indicate the task(s) performed:

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

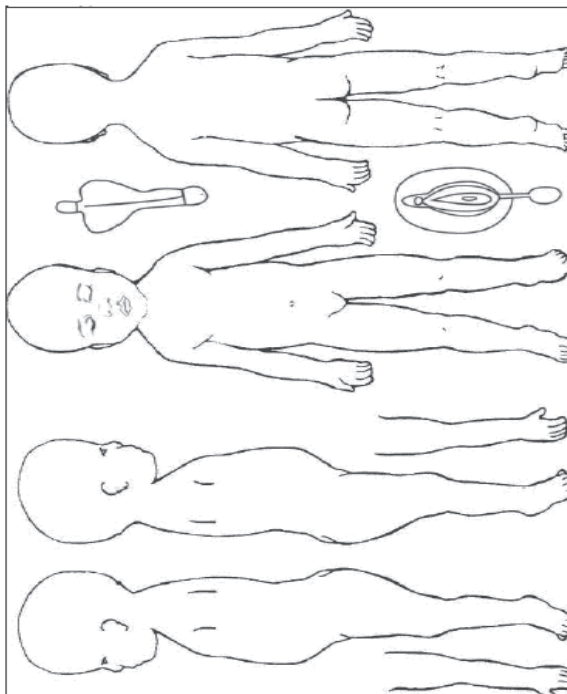
If more than one person was interviewed, does the information differ? ☐ No ☐ Yes → Detail any differences, inconsistencies of relevant information: (ex. Placed on sofa, last known alive on chair)

-Investigation Diagrams-

Scene Diagram:



Body Diagram:



Lead Death Investigator or Designee:

Signature:	Title:	Date:
Signature:	Title:	Date:

-Summary for Pathologist-

Case Information	Investigator Information:			
	Name:		Agency:	
	Investigated: / /		Pronounced dead: / /	
	Month	Day	Year	Military Time
Child Information:	Child Information:			
	Last Name:		First:	
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth: / /	
	Age: _____ Years _____ Months		M. _____	
	Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African Am. <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other		Ethnicity: <input type="checkbox"/> Hispanic/Latino	
Sleeping Environment	1. Indicate whether preliminary investigation suggests any of the following:			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asphyxia (ex. Wedging, choking, nose/mouth obstruction, neck compression, immersion in water)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hyperthermia/Hypothermia (ex. Hot or cold environments)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Environmental hazards (ex. Carbon monoxide, noxious gases, chemicals, drugs, devices)		
Child History	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recent hospitalization		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous medical diagnosis		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	History of acute life-threatening events (ex. Apnea, seizures, difficulty breathing)		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	History of medical care without diagnosis		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recent fall or other injury		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	History of religious, cultural, or ethnic remedies		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cause of death due to natural causes other than SIDS (ex. Birth defects, complications of pre-term birth)		
Family Info	<input type="checkbox"/> Yes <input type="checkbox"/> No	Prior sibling deaths		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previous encounters with police or social service agencies		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Request for tissue or organ donation		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Objection to autopsy		
Exam	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-terminal resuscitative treatment		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Death due to trauma (injury), poisoning, or intoxication		
Investigator Insight	Any "Yes" answers should be explained and detailed. Brief description of circumstances:			
Pathologist	2. Pathologist Information:			
	Name:		Agency:	
	Phone: () -		Fax: () -	

Prevention
Through
Understanding:
**Investigating
Unexpected
Child Death**

Child Death Review Case Reporting System

Case Report - Version 4.1

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

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CASE NUMBER															
_____ State / County or Team Number / Year of Review / Sequence of Review		Case Type: <input type="radio"/> Death <input type="radio"/> Near death/serious injury <input type="radio"/> Not born alive													
		Death Certificate Number: Birth Certificate Number: ME/Coroner Number: Date CDRT Notified of Death:													
A. CHILD INFORMATION															
1. Child's name: First: _____ Middle: _____ Last: _____ <input type="checkbox"/> U/K															
2. Date of birth: <input type="checkbox"/> U/K mm / dd / yyyy	3. Date of death: <input type="checkbox"/> U/K mm / dd / yyyy	4. Age: <input type="radio"/> Years <input type="radio"/> Months <input type="radio"/> Days <input type="radio"/> Hours <input type="radio"/> Minutes <input type="radio"/> U/K	5. Race, check all that apply: <input type="checkbox"/> U/K <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander, specify: <input type="checkbox"/> Asian, specify: _____ <input type="checkbox"/> American Indian, Tribe: _____ <input type="checkbox"/> Alaskan Native, Tribe: _____												
6. Hispanic or Latino origin? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K		7. Sex: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K													
8. Residence address: <input type="checkbox"/> U/K Street: _____ Apt. _____ City: _____ State: _____ Zip: _____ County: _____		9. Type of residence: <input type="radio"/> Parental home <input type="radio"/> Relative home <input type="radio"/> Jail/detention <input type="radio"/> Licensed group home <input type="radio"/> Living on own <input type="radio"/> Other, specify: <input type="radio"/> Licensed foster home <input type="radio"/> Shelter <input type="radio"/> Relative foster home <input type="radio"/> Homeless <input type="radio"/> U/K													
10. New residence in past 30 days? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K															
11. Residence overcrowded? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	12. Child ever homeless? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	13. Number of other children living with child: _____ <input type="checkbox"/> U/K	14. Child's weight: <input type="checkbox"/> U/K <input type="radio"/> Pounds/ounces _____ <input type="radio"/> Grams/kilograms _____												
15. Child's height: <input type="checkbox"/> U/K <input type="radio"/> Feet/inches _____ <input type="radio"/> Cm _____															
16. Highest education level: <input type="radio"/> N/A <input type="radio"/> Drop out <input type="radio"/> None <input type="radio"/> HS graduate <input type="radio"/> Preschool <input type="radio"/> College <input type="radio"/> Grade K-8 <input type="radio"/> Other, specify: <input type="radio"/> Grade 9-12 <input type="radio"/> U/K <input type="radio"/> Home schooled, K-8 <input type="radio"/> Home schooled, 9-12		17. Child's work status: <input type="radio"/> N/A <input type="radio"/> Employed <input type="radio"/> Full time <input type="radio"/> Part time <input type="radio"/> U/K <input type="radio"/> Not working <input type="radio"/> U/K													
18. Did child have problems in school? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Academic <input type="checkbox"/> Behavioral <input type="checkbox"/> Truancy <input type="checkbox"/> Expulsion <input type="checkbox"/> Suspensions <input type="checkbox"/> U/K <input type="checkbox"/> Other, specify: _____		19. Child's health insurance, check all that apply: <input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> State plan <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K													
20. Child had disability or chronic illness? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Physical/orthopedic, specify: <input type="checkbox"/> Mental health/substance abuse, specify: <input type="checkbox"/> Cognitive/intellectual, specify: <input type="checkbox"/> Sensory, specify: <input type="checkbox"/> U/K If yes, was child receiving Children's Special Health Care Needs services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K		21. Child's mental health (MH): Child had received prior MH services? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K Child was receiving MH services? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K Child on medications for MH illness? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K Issues prevented child from receiving MH services? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, specify: _____													
22. Child had history of substance abuse? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Alcohol <input type="checkbox"/> Other, specify: <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana <input type="checkbox"/> U/K <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Opiates <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Over-the-counter drugs															
23. Child had history of child maltreatment? If yes, check all that apply: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">As Victim</th> <th style="text-align: left; border-bottom: 1px solid black;">As Perpetrator</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> N/A</td> <td><input type="checkbox"/> Physical</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Neglect</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Sexual</td> </tr> <tr> <td><input type="checkbox"/> U/K</td> <td><input type="checkbox"/> Emotional/psychological</td> </tr> <tr> <td></td> <td><input type="checkbox"/> U/K</td> </tr> </tbody> </table> If yes, how was history identified: <input type="radio"/> Through CPS _____ # CPS referrals <input type="radio"/> Other sources _____ # Substantiations		As Victim	As Perpetrator	<input type="checkbox"/> N/A	<input type="checkbox"/> Physical	<input type="checkbox"/> Yes	<input type="checkbox"/> Neglect	<input type="checkbox"/> No	<input type="checkbox"/> Sexual	<input type="checkbox"/> U/K	<input type="checkbox"/> Emotional/psychological		<input type="checkbox"/> U/K	24. Was there an open CPS case with child at time of death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K 25. Was child ever placed outside of the home prior to the death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K 26. Were any siblings placed outside of the home prior to this child's death? <input type="radio"/> N/A <input type="radio"/> Yes, # _____ <input type="radio"/> No <input type="radio"/> U/K	
As Victim	As Perpetrator														
<input type="checkbox"/> N/A	<input type="checkbox"/> Physical														
<input type="checkbox"/> Yes	<input type="checkbox"/> Neglect														
<input type="checkbox"/> No	<input type="checkbox"/> Sexual														
<input type="checkbox"/> U/K	<input type="checkbox"/> Emotional/psychological														
	<input type="checkbox"/> U/K														
27. Child had history of intimate partner violence? Check all that apply: <input type="checkbox"/> N/A <input type="checkbox"/> Yes, as victim <input type="checkbox"/> Yes, as perpetrator <input type="checkbox"/> No <input type="checkbox"/> U/K															
28. Child had delinquent or criminal history? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Assaults <input type="checkbox"/> Other, specify: <input type="checkbox"/> Robbery <input type="checkbox"/> Drugs <input type="checkbox"/> U/K		29. Child spent time in juvenile detention? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K 30. Child acutely ill during the two weeks before death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K 31. Was any parent a first generation immigrant? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, country of origin: _____													
32. If child over age 12, what was child's gender identity? <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K		33. If child over age 12, what was child's sexual orientation? <input type="radio"/> Heterosexual <input type="radio"/> Lesbian <input type="radio"/> Questioning <input type="radio"/> Gay <input type="radio"/> Bisexual <input type="radio"/> U/K													

COMPLETE FOR ALL INFANTS UNDER ONE YEAR																																			
34. Gestational age: <input type="checkbox"/> U/K _____ # weeks	35. Birth weight: <input type="checkbox"/> U/K <input type="radio"/> Grams/kilograms _____ <input type="radio"/> Pounds/ounces _____ /	36. Multiple birth? <input type="radio"/> Yes, # _____ <input type="radio"/> No <input type="radio"/> U/K	37. Including the deceased infant, how many pregnancies did the birth mother have? # _____ <input type="checkbox"/> U/K	38. Including the deceased infant, how many live births did the birth mother have? # _____ <input type="checkbox"/> U/K																															
39. Not including the deceased infant, number of children birth mother still has living? # _____ <input type="checkbox"/> U/K		40. Prenatal care provided during pregnancy of deceased infant? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, number of prenatal visits: # _____ <input type="checkbox"/> U/K If yes, month of first prenatal visit: Specify 1-9 ____ <input type="checkbox"/> U/K																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 41. During pregnancy, did mother (check all that apply): <u>Yes</u> <u>No</u> <u>U/K</u> <input type="radio"/> <input type="radio"/> <input type="radio"/> Have medical complications/infections? <input type="radio"/> <input type="radio"/> <input type="radio"/> Experience intimate partner violence? <input type="radio"/> <input type="radio"/> <input type="radio"/> Use illicit drugs? <input type="checkbox"/> Infant born drug exposed? <input type="radio"/> <input type="radio"/> <input type="radio"/> Misuse OTC or prescription drugs? <input type="radio"/> <input type="radio"/> <input type="radio"/> Have heavy alcohol use? <input type="checkbox"/> Infant born with fetal alcohol effects or syndrome? </div> <div style="width: 55%;"> If yes, medical complications/infections, check all that apply: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Acute/chronic lung disease <input type="checkbox"/> Anemia <input type="checkbox"/> Cardiac disease <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> Chronic hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Eclampsia <input type="checkbox"/> Genital herpes </div> <div style="width: 33%;"> <input type="checkbox"/> Hemoglobinopathy <input type="checkbox"/> High MSAFP <input type="checkbox"/> Hydramnios/oligohydramnios <input type="checkbox"/> Incompetent cervix <input type="checkbox"/> Low MSAFP <input type="checkbox"/> Other infectious disease <input type="checkbox"/> Pregnancy-related hypertension <input type="checkbox"/> Preterm labor </div> <div style="width: 33%;"> <input type="checkbox"/> Previous infant 4000+ grams <input type="checkbox"/> Previous infant preterm/small for gestation <input type="checkbox"/> PROM <input type="checkbox"/> Renal disease <input type="checkbox"/> Rh sensitization <input type="checkbox"/> Uterine bleeding <input type="checkbox"/> Other, specify: _____ </div> </div> </div> </div>																																			
42. Were there access or compliance issues related to prenatal care? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Lack of money for care <input type="checkbox"/> Limitations of health insurance coverage <input type="checkbox"/> Multiple health insurance, not coordinated <input type="checkbox"/> Lack of transportation <input type="checkbox"/> No phone </div> <div style="width: 33%;"> <input type="checkbox"/> Cultural differences <input type="checkbox"/> Religious objections to care <input type="checkbox"/> Language barriers <input type="checkbox"/> Referrals not made <input type="checkbox"/> Specialist needed, not available </div> <div style="width: 33%;"> <input type="checkbox"/> Multiple providers, not coordinated <input type="checkbox"/> Lack of child care <input type="checkbox"/> Lack of family/social support <input type="checkbox"/> Services not available <input type="checkbox"/> Distrust of health care system </div> <div style="width: 33%;"> <input type="checkbox"/> Unwilling to obtain care <input type="checkbox"/> Intimate partner would not allow care <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> U/K </div> </div>																																			
43. Did mother smoke in the 3 months before pregnancy? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, _____ Avg # cigarettes/day (20 cigarettes in pack) <input type="checkbox"/> U/K quantity		44. Did mother smoke at any time during pregnancy? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, <table style="display: inline-table; border: none;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Trimester 1</th> <th style="text-align: center; border-bottom: 1px solid black;">Trimester 2</th> <th style="text-align: center; border-bottom: 1px solid black;">Trimester 3</th> <th></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">Avg # cigarettes/day (20 cigarettes in pack)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">U/K quantity</td> </tr> </tbody> </table>			Trimester 1	Trimester 2	Trimester 3		_____	_____	_____	Avg # cigarettes/day (20 cigarettes in pack)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U/K quantity																			
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_____	_____	_____	Avg # cigarettes/day (20 cigarettes in pack)																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U/K quantity																																
45. Infant ever breastfed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	46. Was mother injured during pregnancy? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, describe: _____	47. Did infant have abnormal metabolic newborn screening results? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, was abnormality a fatty acid oxidation error, such as MCAD? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, describe: _____ If other abnormalities, describe: _____																																	
48. At any time prior to the infant's last 72 hours, did the infant have a history of (check all that apply): <input type="checkbox"/> Infection <input type="checkbox"/> Allergies <input type="checkbox"/> Abnormal growth, weight gain/loss <input type="checkbox"/> Apnea <input type="checkbox"/> Cyanosis <input type="checkbox"/> Seizures or convulsions <input type="checkbox"/> Cardiac abnormalities <input type="checkbox"/> Metabolic disorders <input type="checkbox"/> Other, specify: _____		49. In the 72 hours prior to death, did the infant have any of the following? Check all that apply: <input type="checkbox"/> Fever <input type="checkbox"/> Excessive sweating <input type="checkbox"/> Lethargy/sleeping more than usual <input type="checkbox"/> Fussiness/excessive crying <input type="checkbox"/> Decrease in appetite <input type="checkbox"/> Vomiting <input type="checkbox"/> Choking <input type="checkbox"/> Diarrhea <input type="checkbox"/> Stool changes <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Apnea <input type="checkbox"/> Cyanosis <input type="checkbox"/> Seizures or convulsions <input type="checkbox"/> Other, specify: _____																																	
50. In the 72 hours prior to death, was the infant injured? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, describe cause and injuries: _____	51. In the 72 hours prior to death, was the infant given any vaccines? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, list name(s) of vaccines: _____	52. 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. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, list name and last dose given: _____	53. What did the infant have for his/her last meal? Check all that apply: <input type="checkbox"/> Breast milk <input type="checkbox"/> Formula, type: _____ <input type="checkbox"/> Baby food, type: _____ <input type="checkbox"/> Cereal, type: _____ <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> U/K																																
B. PRIMARY CAREGIVER(S) INFORMATION																																			
1. Primary caregiver(s): Select only one each in columns one and two. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">One</th> <th style="text-align: center; border-bottom: 1px solid black;">Two</th> <th style="text-align: center; border-bottom: 1px solid black;">One</th> <th style="text-align: center; border-bottom: 1px solid black;">Two</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="radio"/> Self, go to Section C</td> <td style="text-align: center;"><input type="radio"/> Grandparent</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Biological parent</td> <td style="text-align: center;"><input type="radio"/> Sibling</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Adoptive parent</td> <td style="text-align: center;"><input type="radio"/> Other relative</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Stepparent</td> <td style="text-align: center;"><input type="radio"/> Friend</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Foster parent</td> <td style="text-align: center;"><input type="radio"/> Institutional staff</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Mother's partner</td> <td style="text-align: center;"><input type="radio"/> Other, specify: _____</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Father's partner</td> <td style="text-align: center;"><input type="radio"/> U/K</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table>		One	Two	One	Two	<input type="radio"/> Self, go to Section C	<input type="radio"/> Grandparent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Biological parent	<input type="radio"/> Sibling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Adoptive parent	<input type="radio"/> Other relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Stepparent	<input type="radio"/> Friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Foster parent	<input type="radio"/> Institutional staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Mother's partner	<input type="radio"/> Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Father's partner	<input type="radio"/> U/K	<input type="radio"/>	<input type="radio"/>	2. Caregiver(s) age in years: <u>One</u> <u>Two</u> _____ # Years <input type="checkbox"/> <input type="checkbox"/> U/K	
One	Two	One	Two																																
<input type="radio"/> Self, go to Section C	<input type="radio"/> Grandparent	<input type="radio"/>	<input type="radio"/>																																
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<input type="radio"/> Father's partner	<input type="radio"/> U/K	<input type="radio"/>	<input type="radio"/>																																
3. Caregiver(s) sex: <u>One</u> <u>Two</u> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K		4. Caregiver(s) employment status: <u>One</u> <u>Two</u> <input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> On disability <input type="radio"/> Stay-at-home <input type="radio"/> Retired <input type="radio"/> U/K																																	
5. Caregiver(s) income: <u>One</u> <u>Two</u> <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low <input type="radio"/> U/K		6. Caregiver(s) education: <u>One</u> <u>Two</u> <input type="radio"/> < High school <input type="radio"/> High school <input type="radio"/> College <input type="radio"/> Post graduate <input type="radio"/> U/K																																	
7. Do caregiver(s) speak English? <u>One</u> <u>Two</u> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If no, language spoken: _____		8. Caregiver(s) on active military duty? <u>One</u> <u>Two</u> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, specify branch: _____																																	
9. Caregiver(s) receive social services in the past twelve months? <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">One</th> <th style="text-align: center; border-bottom: 1px solid black;">Two</th> <th style="text-align: center; border-bottom: 1px solid black;">One</th> <th style="text-align: center; border-bottom: 1px solid black;">Two</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="radio"/> Yes</td> <td style="text-align: center;"><input type="radio"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> WIC</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> No</td> <td style="text-align: center;"><input type="radio"/> No</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> TANF</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> U/K</td> <td style="text-align: center;"><input type="radio"/> U/K</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> Medicaid</td> </tr> <tr> <td colspan="2" style="text-align: center;">If yes, check all that apply</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> Food stamps</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> Other, specify: _____</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/> U/K</td> </tr> </tbody> </table>					One	Two	One	Two	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> WIC	<input type="radio"/> No	<input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/> TANF	<input type="radio"/> U/K	<input type="radio"/> U/K	<input type="checkbox"/>	<input type="checkbox"/> Medicaid	If yes, check all that apply		<input type="checkbox"/>	<input type="checkbox"/> Food stamps			<input type="checkbox"/>	<input type="checkbox"/> Other, specify: _____			<input type="checkbox"/>	<input type="checkbox"/> U/K			
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		<input type="checkbox"/>	<input type="checkbox"/> U/K																																

<p>10. Caregiver(s) have substance abuse history?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> <input type="checkbox"/> Cocaine</p> <p><input type="checkbox"/> <input type="checkbox"/> Marijuana</p> <p><input type="checkbox"/> <input type="checkbox"/> Methamphetamine</p> <p><input type="checkbox"/> <input type="checkbox"/> Opiates</p> <p><input type="checkbox"/> <input type="checkbox"/> Prescription drugs</p> <p><input type="checkbox"/> <input type="checkbox"/> Over-the-counter</p> <p><input type="checkbox"/> <input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p>	<p>11. Caregiver(s) ever victim of child maltreatment?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical</p> <p><input type="checkbox"/> <input type="checkbox"/> Neglect</p> <p><input type="checkbox"/> <input type="checkbox"/> Sexual</p> <p><input type="checkbox"/> <input type="checkbox"/> Emotional/psychological</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>_____ # CPS referrals</p> <p>_____ # Substantiations</p> <p><input type="checkbox"/> <input type="checkbox"/> Ever in foster care or adopted</p>	<p>12. Caregiver(s) ever perpetrator of maltreatment?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical</p> <p><input type="checkbox"/> <input type="checkbox"/> Neglect</p> <p><input type="checkbox"/> <input type="checkbox"/> Sexual</p> <p><input type="checkbox"/> <input type="checkbox"/> Emotional/psychological</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>_____ # CPS referrals</p> <p>_____ # Substantiations</p> <p><input type="checkbox"/> <input type="checkbox"/> CPS prevention services</p> <p><input type="checkbox"/> <input type="checkbox"/> Family preservation services</p> <p><input type="checkbox"/> <input type="checkbox"/> Children ever removed</p>	<p>13. Caregiver(s) have disability or chronic illness?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> Mental, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> Sensory, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>If mental illness, was caregiver receiving MH services?</p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p>
<p>14. Caregiver(s) have prior child deaths?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p>	<p>If yes, cause(s): Check all that apply:</p> <p><u>One</u> <u>Two</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Child abuse # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Child neglect # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Accident # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Suicide # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> SIDS # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Other # _____</p> <p>Other, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p>	<p>15. Caregiver(s) have history of intimate partner violence?</p> <p><u>One</u> <u>Two</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Yes, as victim</p> <p><input type="checkbox"/> <input type="checkbox"/> Yes, as perpetrator</p> <p><input type="checkbox"/> <input type="checkbox"/> No</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p>	<p>16. Caregiver(s) have delinquent/criminal history?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Assaults</p> <p><input type="checkbox"/> <input type="checkbox"/> Robbery</p> <p><input type="checkbox"/> <input type="checkbox"/> Drugs</p> <p><input type="checkbox"/> <input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p>
C. SUPERVISOR INFORMATION			
<p>1. Did child have supervision at time of incident leading to death?</p> <p><input type="radio"/> Yes, answer 2-15</p> <p><input type="radio"/> No, not needed given developmental age or circumstances, go to Sect. D</p> <p><input type="radio"/> No, but needed, answer 3-15</p> <p><input type="radio"/> Unable to determine, try to answer 3-15</p>	<p>2. How long before incident did supervisor last see child? Select one:</p> <p><input type="radio"/> Child in sight of supervisor</p> <p><input type="radio"/> Minutes _____ <input type="radio"/> Days _____</p> <p><input type="radio"/> Hours _____ <input type="radio"/> U/K</p>	<p>3. Is person a primary caregiver as listed in previous section?</p> <p><input type="radio"/> Yes, caregiver one, go to 15</p> <p><input type="radio"/> Yes, caregiver two, go to 15</p> <p><input type="radio"/> No</p>	
<p>4. Primary person responsible for supervision? Select only one:</p> <p><input type="radio"/> Biological parent <input type="radio"/> Foster parent <input type="radio"/> Grandparent <input type="radio"/> Friend <input type="radio"/> Institutional staff, go to 15 <input type="radio"/> Other, specify:</p> <p><input type="radio"/> Adoptive parent <input type="radio"/> Mother's partner <input type="radio"/> Sibling <input type="radio"/> Acquaintance <input type="radio"/> Babysitter</p> <p><input type="radio"/> Stepparent <input type="radio"/> Father's partner <input type="radio"/> Other relative <input type="radio"/> Hospital staff, go to 15 <input type="radio"/> Licensed child care worker <input type="radio"/> U/K</p>			
<p>5. Supervisor's age in years:</p> <p>_____ <input type="checkbox"/> U/K</p>	<p>6. Supervisor's sex:</p> <p><input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K</p>	<p>7. Does supervisor speak English?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If no, language spoken:</p>	<p>8. Supervisor on active military duty?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, specify branch:</p>
<p>9. Supervisor has substance abuse history?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Cocaine</p> <p><input type="checkbox"/> Marijuana</p> <p><input type="checkbox"/> Methamphetamine</p> <p><input type="checkbox"/> Opiates</p> <p><input type="checkbox"/> Prescription drugs</p> <p><input type="checkbox"/> Over-the-counter</p> <p><input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> U/K</p>	<p>10. Supervisor has history of child maltreatment?</p> <p><u>As Victim</u> <u>As Perpetrator</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical</p> <p><input type="checkbox"/> <input type="checkbox"/> Neglect</p> <p><input type="checkbox"/> <input type="checkbox"/> Sexual</p> <p><input type="checkbox"/> <input type="checkbox"/> Emotional/psychological</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>_____ # CPS referrals</p> <p>_____ # Substantiations</p> <p><input type="checkbox"/> <input type="checkbox"/> Ever in foster care/adopted</p> <p><input type="checkbox"/> <input type="checkbox"/> CPS prevention services</p> <p><input type="checkbox"/> <input type="checkbox"/> Family preservation services</p> <p><input type="checkbox"/> <input type="checkbox"/> Children ever removed</p>	<p>11. Supervisor has disability or chronic illness?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Physical, specify:</p> <p><input type="checkbox"/> Mental, specify:</p> <p><input type="checkbox"/> Sensory, specify:</p> <p><input type="checkbox"/> U/K</p> <p>If mental illness, was supervisor receiving MH services?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> U/K</p>	<p>12. Supervisor has prior child deaths?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Child abuse # _____</p> <p><input type="checkbox"/> Child neglect # _____</p> <p><input type="checkbox"/> Accident # _____</p> <p><input type="checkbox"/> Suicide # _____</p> <p><input type="checkbox"/> SIDS # _____</p> <p><input type="checkbox"/> Other # _____</p> <p>Other, specify:</p> <p><input type="checkbox"/> U/K</p>

13. Supervisor has history of intimate partner violence? <input type="checkbox"/> Yes, as victim <input type="checkbox"/> Yes, as perpetrator <input type="checkbox"/> No <input type="checkbox"/> U/K	14. Supervisor has delinquent or criminal history? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K If yes, check all that apply: <input type="checkbox"/> Assaults <input type="checkbox"/> Drugs <input type="checkbox"/> U/K <input type="checkbox"/> Robbery <input type="checkbox"/> Other, specify: _____	15. At time of incident was supervisor impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K If yes, check all that apply: <input type="checkbox"/> Drug impaired, specify: _____ <input type="checkbox"/> Absent <input type="checkbox"/> Alcohol impaired <input type="checkbox"/> Impaired by illness, specify: _____ <input type="checkbox"/> Asleep <input type="checkbox"/> Impaired by disability, specify: _____ <input type="checkbox"/> Distracted <input type="checkbox"/> Other, specify: _____			
D. INCIDENT INFORMATION					
1. Date of incident event: <input type="checkbox"/> Same as date of death <input type="checkbox"/> If different than date of death: ____/____/____ <input type="checkbox"/> U/K (mm/dd/yyyy)	2. Approximate time of day that incident occurred? <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> U/K Hour, specify 1-12 ____	3. Interval between incident and death: <input type="checkbox"/> U/K <input type="checkbox"/> Minutes ____ <input type="checkbox"/> Weeks ____ <input type="checkbox"/> Hours ____ <input type="checkbox"/> Months ____ <input type="checkbox"/> Days ____ <input type="checkbox"/> Years ____			
4. Place of incident, check all that apply: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Child's home <input type="checkbox"/> Relative's home <input type="checkbox"/> Friend's home <input type="checkbox"/> Licensed foster care home <input type="checkbox"/> Relative foster care home <input type="checkbox"/> Licensed group home </div> <div style="width: 33%;"> <input type="checkbox"/> Licensed child care center <input type="checkbox"/> Licensed child care home <input type="checkbox"/> Unlicensed child care home <input type="checkbox"/> Farm/ranch <input type="checkbox"/> School <input type="checkbox"/> Place of work </div> <div style="width: 33%;"> <input type="checkbox"/> Indian reservation/trust lands <input type="checkbox"/> Military installation <input type="checkbox"/> Jail/detention facility <input type="checkbox"/> Sidewalk <input type="checkbox"/> Roadway </div> <div style="width: 33%;"> <input type="checkbox"/> Driveway <input type="checkbox"/> Other parking area <input type="checkbox"/> State or county park <input type="checkbox"/> Sports area <input type="checkbox"/> Other recreation area <input type="checkbox"/> Hospital </div> <div style="width: 33%;"> <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> U/K </div> </div>			5. Type of area: <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Frontier <input type="checkbox"/> U/K		
6. Incident state:	7. Incident county:	8. Death state:	9. Death county:	10. Was the incident witnessed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K If yes, by whom? <input type="checkbox"/> Parent/relative <input type="checkbox"/> Health care professional, if death occurred in a hospital setting <input type="checkbox"/> Other caretaker/babysitter <input type="checkbox"/> Teacher/coach/athletic trainer <input type="checkbox"/> Stranger <input type="checkbox"/> Other acquaintance <input type="checkbox"/> Other, specify: _____	
11. Was 911 or local emergency called? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K				12. Was resuscitation attempted? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K If yes, by whom? <input type="checkbox"/> EMS <input type="checkbox"/> Stranger <input type="checkbox"/> Parent/relative <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Other caretaker/babysitter <input type="checkbox"/> Teacher/coach/athletic trainer <input type="checkbox"/> Other acquaintance <input type="checkbox"/> Health care professional, if death occurred in a hospital setting	
If yes, type of resuscitation: <input type="checkbox"/> CPR <input type="checkbox"/> Automated External Defibrillator (AED) If no AED, was AED available/accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K If AED, was shock administered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K If yes, how many shocks were administered? ____ <input type="checkbox"/> Rescue medications, specify type: _____ <input type="checkbox"/> Other, specify: _____					
13. At time of incident leading to death, had child used drugs or alcohol? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K		14. Child's activity at time of incident, check all that apply: <input type="checkbox"/> Sleeping <input type="checkbox"/> Working <input type="checkbox"/> Driving/vehicle occupant <input type="checkbox"/> U/K <input type="checkbox"/> Playing <input type="checkbox"/> Eating <input type="checkbox"/> Other, specify: _____		15. Total number of deaths at incident event: ____ Children, ages 0-18 <input type="checkbox"/> U/K ____ Adults	
E. INVESTIGATION INFORMATION					
1. Death referred to: <input type="checkbox"/> Medical examiner <input type="checkbox"/> Coroner <input type="checkbox"/> Not referred <input type="checkbox"/> U/K	2. Person declaring official cause and manner of death: <input type="checkbox"/> Medical examiner <input type="checkbox"/> Mortician <input type="checkbox"/> Coroner <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Hospital physician <input type="checkbox"/> Other physician <input type="checkbox"/> U/K		3. Autopsy performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K If yes, conducted by: <input type="checkbox"/> Forensic pathologist <input type="checkbox"/> Other physician <input type="checkbox"/> Pediatric pathologist <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> General pathologist <input type="checkbox"/> Unknown pathologist <input type="checkbox"/> U/K If yes, was a specialist consulted during autopsy (cardiac, neurology, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K 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. <div style="display: flex;"> <div style="width: 50%;"> <u>Yes</u> <u>No</u> <u>U/K</u> Imaging: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> X-ray - single <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> X-ray - multiple views <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> X-ray - complete skeletal series <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other imaging, specify (includes MRI, CT scan, photos of the brain, etc): _____ </div> <div style="width: 50%;"> <u>Yes</u> <u>No</u> <u>U/K</u> External Exam: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exam of general appearance <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Head circumference Other Autopsy Procedures: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was a gross examination of organs done? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Were weights of any organs taken? </div> </div>				5. Were any of these additional tests performed at or prior to the autopsy? Please list any abnormalities/significant findings in E8. <u>Yes</u> <u>No</u> <u>U/K</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cultures for infectious disease <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Microscopic/histologic exam <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postmortem metabolic screen <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vitreous testing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Genetic testing	

6. Was any toxicology testing performed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Negative <input type="checkbox"/> Alcohol <input type="checkbox"/> Cocaine </div> <div> <input type="checkbox"/> Opiates <input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamine </div> <div> <input type="checkbox"/> Too high Rx drug, specify: <input type="checkbox"/> Too high OTC drug, specify: <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K </div> </div>																						
7. Was the child's medical history reviewed as part of the autopsy? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, did this include: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> Review of the newborn metabolic screen results? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <input type="radio"/> Not Performed Review of neonatal CCHD screen results? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <input type="radio"/> Not Performed </div> </div>																						
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? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If no, describe the differences:																						
10. Was a death scene investigation performed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, which of the following death scene investigation components were completed? <div style="display: flex; justify-content: space-between;"> <div> <table border="0" style="width: 100%;"> <tr> <th style="text-align: left;"><u>Yes</u></th> <th style="text-align: left;"><u>No</u></th> <th style="text-align: left;"><u>U/K</u></th> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table> </div> <div> If yes, shared with CDR team? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No </div> </div>	<u>Yes</u>	<u>No</u>	<u>U/K</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11. Agencies that conducted a scene investigation, check all that apply: <div style="margin-top: 5px;"> <input type="checkbox"/> Medical examiner <input type="checkbox"/> Coroner <input type="checkbox"/> ME investigator <input type="checkbox"/> Coroner investigator <input type="checkbox"/> Law enforcement <input type="checkbox"/> Fire investigator <input type="checkbox"/> EMS <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K </div>
<u>Yes</u>	<u>No</u>	<u>U/K</u>																				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
12. Was a CPS record check conducted as a result of death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K																						
13. Did any investigation find evidence of prior abuse? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, from what source? Check all that apply: <input type="checkbox"/> From x-rays <input type="checkbox"/> U/K <input type="checkbox"/> From autopsy <input type="checkbox"/> From CPS review <input type="checkbox"/> From law enforcement	14. CPS action taken because of death? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <div style="display: flex;"> <div style="flex: 1;"> If yes, highest level of action taken because of death: <input type="radio"/> Report screened out and not investigated <input type="radio"/> Unsubstantiated <input type="radio"/> Inconclusive <input type="radio"/> Substantiated </div> <div style="flex: 1;"> If yes, services or actions resulting, check all that apply: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Voluntary services offered <input type="checkbox"/> Voluntary services provided <input type="checkbox"/> Court-ordered services provided <input type="checkbox"/> Voluntary out of home placement </div> <div> <input type="checkbox"/> Court-ordered out of home placement <input type="checkbox"/> Children removed <input type="checkbox"/> Parental rights terminated <input type="checkbox"/> U/K </div> </div> </div> </div>	15. If death occurred in licensed setting (see D4), indicate action taken: <input type="radio"/> No action <input type="radio"/> License suspended <input type="radio"/> License revoked <input type="radio"/> Investigation ongoing <input type="radio"/> Other, specify: <input type="radio"/> U/K																				
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: _____ <input type="checkbox"/> U/K																						
2. Enter the following information exactly as written on the death certificate: <input type="checkbox"/> U/K <div style="margin-top: 10px;"> Immediate cause (final disease or condition resulting in death): a. Sequentially list any conditions leading to immediate cause of death. In other words, list underlying disease or injury that initiated events resulting in death: b. c. d. </div>																						
3. Enter other significant conditions contributing to death but not the underlying cause(s) listed in F2 exactly as written on the death certificate: <input type="checkbox"/> U/K																						
4. If injury, describe how injury occurred exactly as written on the death certificate: <input type="checkbox"/> U/K																						

<p>5. Official manner of death from the death certificate:</p> <p> <input type="radio"/> Natural <input type="radio"/> Accident <input type="radio"/> Suicide <input type="radio"/> Homicide <input type="radio"/> Undetermined <input type="radio"/> Pending <input type="radio"/> U/K </p> <hr/> <p>If Homicide: <u>Yes</u></p> <p>Child abuse? <input type="checkbox"/></p> <p>Child neglect? <input type="checkbox"/></p> <p>Complete Section I, Acts of Omission or Commission</p> <hr/> <p>If Suicide: Complete Section I, Acts of Omission or Commission</p>	<p>6. Primary cause of death: Choose only 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause.</p> <p> <input type="radio"/> <u>From an injury (external cause). Select one and answer F4:</u> <input type="radio"/> Motor vehicle and other transport, go to G1 <input type="radio"/> Fire, burn, or electrocution, go to G2 <input type="radio"/> Drowning, go to G3 <input type="radio"/> Asphyxia, go to G4 <input type="radio"/> Weapon, including body part, go to G5 <input type="radio"/> Animal bite or attack, go to G6 <input type="radio"/> Fall or crush, go to G7 <input type="radio"/> Poisoning, overdose or acute intoxication, go to G8 <input type="radio"/> Exposure, go to G9 <input type="radio"/> Undetermined, go to H1 <input type="radio"/> Other cause, go to G11 <input type="radio"/> U/K, go to H1 </p> <p> <input type="radio"/> <u>From a medical cause. Select one:</u> <input type="radio"/> Asthma, go to G10 <input type="radio"/> Cancer, specify and go to G10 <input type="radio"/> Cardiovascular, specify and go to G10 <input type="radio"/> Congenital anomaly, specify and go to G10 <input type="radio"/> Diabetes, go to G10 <input type="radio"/> HIV/AIDS, go to G10 <input type="radio"/> Influenza, go to G10 <input type="radio"/> Low birth weight, go to G10 <input type="radio"/> Malnutrition/dehydration, go to G10 <input type="radio"/> Neurological/seizure disorder, go to G10 <input type="radio"/> Pneumonia, specify and go to G10 <input type="radio"/> Prematurity, go to G10 <input type="radio"/> SIDS, go to G10 <input type="radio"/> Other infection, specify and go to G10 <input type="radio"/> Other perinatal condition, specify and go to G10 <input type="radio"/> Other medical condition, specify and go to G10 <input type="radio"/> Undetermined, go to G10 <input type="radio"/> U/K, go to G10 </p> <p> <input type="radio"/> <u>Undetermined if injury or medical cause, go to H1</u> <input type="radio"/> <u>U/K go to H1</u> </p>
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G. DETAILED INFORMATION BY CAUSE OF DEATH: CHOOSE ONE SECTION ONLY, THAT IS SAME AS THE CAUSE SELECTED ABOVE

1. MOTOR VEHICLE AND OTHER TRANSPORT

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

Child as driver	Child's driver	Driver of other primary vehicle	Child as driver	Child's driver	Driver of other primary vehicle
	Age of Driver	Age of Driver			
	<input type="radio"/>	<input type="radio"/> <16 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Has a graduated license
	<input type="radio"/>	<input type="radio"/> 16 to 18 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Has a full license
	<input type="radio"/>	<input type="radio"/> 19 to 21 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Has a full license that has been restricted
	<input type="radio"/>	<input type="radio"/> 22 to 29 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Has a suspended license
	<input type="radio"/>	<input type="radio"/> 30 to 65 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> If recreational vehicle, has driver safety certificate
	<input type="radio"/>	<input type="radio"/> >65 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other, specify:
	<input type="radio"/>	<input type="radio"/> U/K age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Was violating graduated licensing rules:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Responsible for causing incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Nighttime driving curfew
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Was alcohol/drug impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Passenger restrictions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Has no license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Driving without required supervision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Has a learner's permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other violations, specify:
					<input type="checkbox"/> U/K

h. Total number of occupants in vehicles:

In child's vehicle, including child:

☐ N/A, child was not in a vehicle

Total number of occupants: _____ ☐ U/K

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

Total number of deaths: _____ ☐ U/K

Total number of teen deaths: _____ ☐ U/K

In other primary vehicle involved in incident:

☐ N/A, incident was a single vehicle crash

Total number of occupants: _____ ☐ U/K

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

Total number of deaths: _____ ☐ U/K

Total number of teen deaths: _____ ☐ U/K

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

	<u>Not</u> <u>Needed</u>	<u>Needed,</u> <u>none present</u>	<u>Present, used</u> <u>correctly</u>	<u>Present, used</u> <u>incorrectly</u>	<u>Present,</u> <u>not used</u>	<u>U/K</u>
Airbag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lap belt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shoulder belt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child seat*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Belt positioning booster seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helmet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*If child seat, type:
☐ Rear facing
☐ Front facing
☐ U/K

2. FIRE, BURN, OR ELECTROCUTION

a. Ignition, heat or electrocution source:

☐ Matches ☐ Heating stove ☐ Lightning ☐ Other explosives

☐ Cigarette lighter ☐ Space heater ☐ Oxygen tank ☐ Appliance in water

☐ Utility lighter ☐ Furnace ☐ Hot cooking water ☐ Other, specify:

☐ Cigarette or cigar ☐ Power line ☐ Hot bath water

☐ Candles ☐ Electrical outlet ☐ Other hot liquid, specify:

☐ Cooking stove ☐ Electrical wiring ☐ Fireworks ☐ U/K

b. Type of incident:

☐ Fire, go to c

☐ Scald, go to r

☐ Other burn, go to t

☐ Electrocution, go to s

☐ Other, specify and go to t

☐ U/K, go to t

c. For fire, child died from:

☐ Burns

☐ Smoke inhalation

☐ Other, specify:

☐ U/K

d. Material first ignited:	e. Type of building on fire:	f. Building's primary construction material:	g. Fire started by a person?	h. Did anyone attempt to put out fire?
<input type="radio"/> Upholstery	<input type="radio"/> N/A	<input type="radio"/> Wood	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K
<input type="radio"/> Mattress	<input type="radio"/> Single home	<input type="radio"/> Steel		
<input type="radio"/> Christmas tree	<input type="radio"/> Duplex	<input type="radio"/> Brick/stone	If yes, person's age _____	i. Did escape or rescue efforts worsen fire?
<input type="radio"/> Clothing	<input type="radio"/> Apartment	<input type="radio"/> Aluminum	Does person have a history of setting fires?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K
<input type="radio"/> Curtain	<input type="radio"/> Trailer/mobile home	<input type="radio"/> Other, specify:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	j. Did any factors delay fire department arrival?
<input type="radio"/> Other, specify:	<input type="radio"/> Other, specify:	<input type="radio"/> U/K		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K
<input type="radio"/> U/K	<input type="radio"/> U/K			If yes, specify:

k. Were barriers preventing safe exit?	l. Was building a rental property?	m. Were building/rental codes violated?	n. Were proper working fire extinguishers present?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K
If yes, check all that apply:	o. Was sprinkler system present?	p. Were smoke detectors present?	
<input type="checkbox"/> Locked door	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	
<input type="checkbox"/> Window grate	If yes, was it working?	If yes, what type?	If yes, functioning properly?
<input type="checkbox"/> Locked window	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	<input type="checkbox"/> Removable batteries	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K
<input type="checkbox"/> Blocked stairway		<input type="checkbox"/> Non-removable batteries	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K
<input type="checkbox"/> Other, specify:		<input type="checkbox"/> Hardwired	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K
<input type="checkbox"/> U/K		<input type="checkbox"/> U/K	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K
			Other, specify:
			If yes, was there an adequate number present? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K

<p>q. Suspected arson?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>r. For scald, was hot water heater set too high?</p> <p><input type="radio"/> N/A</p> <p><input type="radio"/> Yes, temp. setting: _____</p> <p><input type="radio"/> No</p> <p><input type="radio"/> U/K</p>	<p>s. For electrocution, what cause:</p> <p><input type="radio"/> Electrical storm</p> <p><input type="radio"/> Faulty wiring</p> <p><input type="radio"/> Wire/product in water</p> <p><input type="radio"/> Child playing with outlet</p> <p><input type="radio"/> Other, specify: _____</p> <p><input type="radio"/> U/K</p>	<p>t. Other, describe in detail:</p>	
<p>3. DROWNING</p>				
<p>a. Where was child last seen before drowning? Check all that apply:</p> <p><input type="checkbox"/> In water <input type="checkbox"/> In yard</p> <p><input type="checkbox"/> On shore <input type="checkbox"/> In bathroom</p> <p><input type="checkbox"/> On dock <input type="checkbox"/> In house</p> <p><input type="checkbox"/> Poolside <input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> U/K</p>	<p>b. What was child last seen doing before drowning?</p> <p><input type="radio"/> Playing <input type="radio"/> Tubing</p> <p><input type="radio"/> Boating <input type="radio"/> Waterskiing</p> <p><input type="radio"/> Swimming <input type="radio"/> Sleeping</p> <p><input type="radio"/> Bathing <input type="radio"/> Other, specify: _____</p> <p><input type="radio"/> Fishing</p> <p><input type="radio"/> Surfing <input type="radio"/> U/K</p>	<p>c. Was child forcibly submerged?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>d. Drowning location:</p> <p><input type="radio"/> Open water, go to e <input type="radio"/> U/K, go to n</p> <p><input type="radio"/> Pool, hot tub, spa, go to i</p> <p><input type="radio"/> Bathtub, go to w</p> <p><input type="radio"/> Bucket, go to x</p> <p><input type="radio"/> Well/cistern/septic, go to n</p> <p><input type="radio"/> Toilet, go to z</p> <p><input type="radio"/> Other, specify and go to n</p>	
<p>e. For open water, place:</p> <p><input type="radio"/> Lake <input type="radio"/> Quarry</p> <p><input type="radio"/> River <input type="radio"/> Gravel pit</p> <p><input type="radio"/> Pond <input type="radio"/> Canal</p> <p><input type="radio"/> Creek <input type="radio"/> U/K</p> <p><input type="radio"/> Ocean</p>	<p>f. For open water, contributing environmental factors:</p> <p><input type="radio"/> Weather <input type="radio"/> Drop off</p> <p><input type="radio"/> Temperature <input type="radio"/> Rough waves</p> <p><input type="radio"/> Current <input type="radio"/> Other, specify: _____</p> <p><input type="radio"/> Riptide/undertow <input type="radio"/> U/K</p>	<p>g. If boating, type of boat:</p> <p><input type="radio"/> Sailboat <input type="radio"/> Commercial</p> <p><input type="radio"/> Jet ski <input type="radio"/> Other, specify: _____</p> <p><input type="radio"/> Motorboat</p> <p><input type="radio"/> Canoe</p> <p><input type="radio"/> Kayak <input type="radio"/> U/K</p> <p><input type="radio"/> Raft</p>	<p>h. For boating, was the child piloting boat?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	
<p>i. For pool, type of pool:</p> <p><input type="radio"/> Above ground</p> <p><input type="radio"/> In-ground <input type="radio"/> Hot tub, spa</p> <p><input type="radio"/> Wading <input type="radio"/> U/K</p>	<p>j. For pool, child found:</p> <p><input type="radio"/> In the pool/hot tub/spa</p> <p><input type="radio"/> On or under the cover</p> <p><input type="radio"/> U/K</p>	<p>k. For pool, ownership is:</p> <p><input type="radio"/> Private</p> <p><input type="radio"/> Public</p> <p><input type="radio"/> U/K</p>	<p>l. Length of time owners had pool/hot tub/spa:</p> <p><input type="radio"/> N/A <input type="radio"/> >1yr</p> <p><input type="radio"/> <6 months <input type="radio"/> U/K</p> <p><input type="radio"/> 6m-1 yr</p>	
<p>m. Flotation device used?</p> <p><input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Coast Guard approved <input type="checkbox"/> Not Coast Guard approved <input type="checkbox"/> U/K</p> <p><input type="checkbox"/> Jacket <input type="checkbox"/> Cushion <input type="checkbox"/> Lifesaving ring</p> <p>If jacket:</p> <p>Correct size? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>Worn correctly? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p><input type="checkbox"/> Swim rings</p> <p><input type="checkbox"/> Inner tube</p> <p><input type="checkbox"/> Air mattress</p> <p><input type="checkbox"/> Other, specify: _____</p>			<p>n. What barriers/layers of protection existed to prevent access to water?</p> <p>Check all that apply:</p> <p><input type="checkbox"/> None <input type="checkbox"/> Alarm, go to r</p> <p><input type="checkbox"/> Fence, go to o <input type="checkbox"/> Cover, go to s</p> <p><input type="checkbox"/> Gate, go to p <input type="checkbox"/> U/K</p> <p><input type="checkbox"/> Door, go to q</p>	
<p>o. Fence:</p> <p>Describe type:</p> <p>Fence height in ft _____</p> <p>Fence surrounds water on:</p> <p><input type="radio"/> Four sides <input type="radio"/> Two or less sides</p> <p><input type="radio"/> Three sides <input type="radio"/> U/K</p>	<p>p. Gate, check all that apply:</p> <p><input type="checkbox"/> Has self-closing latch</p> <p><input type="checkbox"/> Has lock</p> <p><input type="checkbox"/> Is a double gate</p> <p><input type="checkbox"/> Opens to water</p> <p><input type="checkbox"/> U/K</p>	<p>q. Door, check all that apply:</p> <p><input type="checkbox"/> Patio door <input type="checkbox"/> Opens to water</p> <p><input type="checkbox"/> Screen door <input type="checkbox"/> Barrier between door and water</p> <p><input type="checkbox"/> Steel door <input type="checkbox"/> U/K</p> <p><input type="checkbox"/> Self-closing <input type="checkbox"/> U/K</p> <p><input type="checkbox"/> Has lock</p>	<p>r. Alarm, check all that apply:</p> <p><input type="checkbox"/> Door</p> <p><input type="checkbox"/> Window</p> <p><input type="checkbox"/> Pool</p> <p><input type="checkbox"/> Laser</p> <p><input type="checkbox"/> U/K</p>	<p>s. Type of cover:</p> <p><input type="radio"/> Hard</p> <p><input type="radio"/> Soft</p> <p><input type="radio"/> U/K</p>
<p>t. Local ordinance(s) regulating access to water?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, rules violated?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>u. How were layers of protection breached? Check all that apply:</p> <p><input type="checkbox"/> No layers breached <input type="checkbox"/> Gap in fence <input type="checkbox"/> Door screen torn <input type="checkbox"/> Cover left off</p> <p><input type="checkbox"/> Gate left open <input type="checkbox"/> Damaged fence <input type="checkbox"/> Door self-closer failed <input type="checkbox"/> Cover not locked</p> <p><input type="checkbox"/> Gate unlocked <input type="checkbox"/> Fence too short <input type="checkbox"/> Window left open <input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> Gate latch failed <input type="checkbox"/> Door left open <input type="checkbox"/> Window screen torn</p> <p><input type="checkbox"/> Gap in gate <input type="checkbox"/> Door unlocked <input type="checkbox"/> Alarm not working</p> <p><input type="checkbox"/> Climbed fence <input type="checkbox"/> Door broken <input type="checkbox"/> Alarm not answered <input type="checkbox"/> U/K</p>			
<p>v. Child able to swim?</p> <p><input type="radio"/> N/A <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>w. For bathtub, child in a bathing aid?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, specify type: _____</p>	<p>x. Warning sign or label posted?</p> <p><input type="radio"/> N/A <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> U/K</p>	<p>y. Lifeguard present?</p> <p><input type="radio"/> N/A <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> U/K</p>	
<p>z. Rescue attempt made?</p> <p><input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, who? Check all that apply:</p> <p><input type="checkbox"/> Parent <input type="checkbox"/> Bystander</p> <p><input type="checkbox"/> Other child <input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> Lifeguard <input type="checkbox"/> U/K</p>		<p>aa. Did rescuer(s) also drown?</p> <p><input type="radio"/> N/A <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> U/K</p> <p>If yes, number of rescuers that drowned: _____</p>	<p>bb. Appropriate rescue equipment present?</p> <p><input type="radio"/> N/A <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> U/K</p>	

4. ASPHYXIA									
a. Type of event: <input type="radio"/> Suffocation, go to b <input type="radio"/> Strangulation, go to c <input type="radio"/> Choking, go to d <input type="radio"/> Other, specify and go to e <input type="radio"/> U/K, go to e		b. If suffocation/asphyxia, action causing event: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="radio"/> Sleep-related (e.g. bedding, overlay, wedged) <input type="radio"/> Covered in or fell into object, but not sleep-related <input type="radio"/> Plastic bag <input type="radio"/> Dirt/sand <input type="radio"/> Other, specify: <input type="radio"/> U/K </div> <div style="width: 33%;"> <input type="radio"/> Confined in tight space <input type="radio"/> Refrigerator/freezer <input type="radio"/> Toy chest <input type="radio"/> Automobile <input type="radio"/> Trunk <input type="radio"/> Other, specify: <input type="radio"/> U/K <input type="radio"/> Other, specify: <input type="radio"/> U/K </div> <div style="width: 33%;"> <input type="radio"/> Swaddled in tight blanket, but not sleep-related <input type="radio"/> Wedged into tight space, but not sleep-related <input type="radio"/> Asphyxia by gas, go to G8h <input type="radio"/> Other, specify: <input type="radio"/> U/K </div> </div>							
c. If strangulation, object causing event: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="radio"/> Clothing <input type="radio"/> Blind cord <input type="radio"/> Car seat <input type="radio"/> Stroller <input type="radio"/> High chair <input type="radio"/> Belt <input type="radio"/> Rope/string </div> <div style="width: 50%;"> <input type="radio"/> Leash <input type="radio"/> Electrical cord <input type="radio"/> Person, go to G5q <input type="radio"/> Automobile power window or sunroof <input type="radio"/> Other, specify: <input type="radio"/> U/K </div> </div>			d. If choking, object causing choking: <input type="radio"/> Food, specify: <input type="radio"/> Toy, specify: <input type="radio"/> Balloon <input type="radio"/> Other, specify: <input type="radio"/> U/K		e. Was asphyxia an autoerotic event? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K		g. History of seizures? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, # ____ If yes, witnessed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K		
					f. Was child participating in 'choking game' or 'pass out game'? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K		h. History of apnea? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, # ____ If yes, witnessed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K		
					i. Was Heimlich Maneuver attempted? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K				
5. WEAPON, INCLUDING PERSON'S BODY PART									
a. Type of weapon: <input type="radio"/> Firearm, go to b <input type="radio"/> Sharp instrument, go to j <input type="radio"/> Blunt instrument, go to k <input type="radio"/> Person's body part, go to l <input type="radio"/> Explosive, go to m <input type="radio"/> Rope, go to m <input type="radio"/> Pipe, go to m <input type="radio"/> Biological, go to m <input type="radio"/> Other, specify and go to m <input type="radio"/> U/K, go to m		b. For firearms, type: <input type="radio"/> Handgun <input type="radio"/> Shotgun <input type="radio"/> BB gun <input type="radio"/> Hunting rifle <input type="radio"/> Assault rifle <input type="radio"/> Air rifle <input type="radio"/> Sawed off shotgun <input type="radio"/> Other, specify: <input type="radio"/> U/K		c. Firearm licensed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K		d. Firearm safety features, check all that apply: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Trigger lock <input type="checkbox"/> Personalization device <input type="checkbox"/> External safety/drop safety <input type="checkbox"/> Loaded chamber indicator </div> <div style="width: 50%;"> <input type="checkbox"/> Magazine disconnect <input type="checkbox"/> Minimum trigger pull <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K </div> </div>			
				e. Where was firearm stored? <input type="radio"/> Not stored <input type="radio"/> Under mattress/pillow <input type="radio"/> Locked cabinet <input type="radio"/> Other, specify: <input type="radio"/> Unlocked cabinet <input type="radio"/> Glove compartment <input type="radio"/> U/K			f. Firearm stored with ammunition? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K		
				g. Firearm stored loaded? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K					
h. Owner of fatal firearm: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="radio"/> U/K, weapon stolen <input type="radio"/> U/K, weapon found <input type="radio"/> Self <input type="radio"/> Biological parent <input type="radio"/> Adoptive parent <input type="radio"/> Stepparent <input type="radio"/> Foster parent <input type="radio"/> Mother's partner <input type="radio"/> Father's partner </div> <div style="width: 33%;"> <input type="radio"/> Grandparent <input type="radio"/> Sibling <input type="radio"/> Spouse <input type="radio"/> Other relative <input type="radio"/> Friend <input type="radio"/> Acquaintance <input type="radio"/> Child's boyfriend or girlfriend <input type="radio"/> Classmate </div> <div style="width: 33%;"> <input type="radio"/> Co-worker <input type="radio"/> Institutional staff <input type="radio"/> Neighbor <input type="radio"/> Rival gang member <input type="radio"/> Stranger <input type="radio"/> Law enforcement <input type="radio"/> Other, specify: <input type="radio"/> U/K </div> </div>			i. Sex of fatal firearm owner: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K		j. Type of sharp object: <input type="radio"/> Kitchen knife <input type="radio"/> Switchblade <input type="radio"/> Pocketknife <input type="radio"/> Razor <input type="radio"/> Hunting knife <input type="radio"/> Scissors <input type="radio"/> Other, specify: <input type="radio"/> U/K		k. Type of blunt object: <input type="radio"/> Bat <input type="radio"/> Club <input type="radio"/> Stick <input type="radio"/> Hammer <input type="radio"/> Rock <input type="radio"/> Household item <input type="radio"/> Other, specify: <input type="radio"/> U/K		
l. What did person's body part do? Check all that apply: <input type="checkbox"/> Beat, kick or punch <input type="checkbox"/> Drop <input type="checkbox"/> Push <input type="checkbox"/> Bite <input type="checkbox"/> Shake <input type="checkbox"/> Strangle <input type="checkbox"/> Throw <input type="checkbox"/> Drown <input type="checkbox"/> Burn <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K		m. Did person using weapon have history of weapon-related offenses? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K n. Does anyone in child's family have a history of weapon offenses or die of weapons-related causes? <input type="radio"/> Yes, describe circumstances: <input type="radio"/> No <input type="radio"/> U/K		o. Persons handling weapons at time of incident, check all that apply: <div style="display: flex;"> <div style="width: 50%;"> Fatal and/or Other weapon <input type="checkbox"/> Self <input type="checkbox"/> Biological parent <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster parent <input type="checkbox"/> Mother's partner <input type="checkbox"/> Father's partner <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Other relative </div> <div style="width: 50%;"> Fatal and/or Other weapon <input type="checkbox"/> Friend <input type="checkbox"/> Acquaintance <input type="checkbox"/> Child's boyfriend or girlfriend <input type="checkbox"/> Classmate <input type="checkbox"/> Co-worker <input type="checkbox"/> Institutional staff <input type="checkbox"/> Neighbor <input type="checkbox"/> Rival gang member <input type="checkbox"/> Stranger <input type="checkbox"/> Law enforcement officer <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K </div> </div>				p. Sex of person(s) handling weapon: Fatal weapon: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K Other weapon: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> U/K	

<p>q. Use of weapon at time, check all that apply:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Self injury</td> <td><input type="checkbox"/> Argument</td> <td><input type="checkbox"/> Hunting</td> <td><input type="checkbox"/> Russian roulette</td> <td><input type="checkbox"/> Intervener assisting crime victim (Good Samaritan)</td> </tr> <tr> <td><input type="checkbox"/> Commission of crime</td> <td><input type="checkbox"/> Jealousy</td> <td><input type="checkbox"/> Target shooting</td> <td><input type="checkbox"/> Gang-related activity</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Drive-by shooting</td> <td><input type="checkbox"/> Intimate partner violence</td> <td><input type="checkbox"/> Playing with weapon</td> <td><input type="checkbox"/> Self-defense</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Random violence</td> <td><input type="checkbox"/> Hate crime</td> <td><input type="checkbox"/> Weapon mistaken for toy</td> <td><input type="checkbox"/> Cleaning weapon</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Child was a bystander</td> <td><input type="checkbox"/> Bullying</td> <td><input type="checkbox"/> Showing gun to others</td> <td><input type="checkbox"/> Loading weapon</td> <td><input type="checkbox"/> U/K</td> </tr> </table>					<input type="checkbox"/> Self injury	<input type="checkbox"/> Argument	<input type="checkbox"/> Hunting	<input type="checkbox"/> Russian roulette	<input type="checkbox"/> Intervener assisting crime victim (Good Samaritan)	<input type="checkbox"/> Commission of crime	<input type="checkbox"/> Jealousy	<input type="checkbox"/> Target shooting	<input type="checkbox"/> Gang-related activity		<input type="checkbox"/> Drive-by shooting	<input type="checkbox"/> Intimate partner violence	<input type="checkbox"/> Playing with weapon	<input type="checkbox"/> Self-defense	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Random violence	<input type="checkbox"/> Hate crime	<input type="checkbox"/> Weapon mistaken for toy	<input type="checkbox"/> Cleaning weapon		<input type="checkbox"/> Child was a bystander	<input type="checkbox"/> Bullying	<input type="checkbox"/> Showing gun to others	<input type="checkbox"/> Loading weapon	<input type="checkbox"/> U/K
<input type="checkbox"/> Self injury	<input type="checkbox"/> Argument	<input type="checkbox"/> Hunting	<input type="checkbox"/> Russian roulette	<input type="checkbox"/> Intervener assisting crime victim (Good Samaritan)																									
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<input type="checkbox"/> Random violence	<input type="checkbox"/> Hate crime	<input type="checkbox"/> Weapon mistaken for toy	<input type="checkbox"/> Cleaning weapon																										
<input type="checkbox"/> Child was a bystander	<input type="checkbox"/> Bullying	<input type="checkbox"/> Showing gun to others	<input type="checkbox"/> Loading weapon	<input type="checkbox"/> U/K																									

6. ANIMAL BITE OR ATTACK		
<p>a. Type of animal:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Domesticated dog <input type="radio"/> Domesticated cat <input type="radio"/> Snake <input type="radio"/> Wild mammal, specify: </div> <div> <input type="radio"/> Insect <input type="radio"/> Other, specify: <input type="radio"/> U/K </div> </div>	<p>b. Animal access to child, check all that apply:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Animal on leash <input type="checkbox"/> Animal caged or inside fence <input type="radio"/> Child reached in <input type="radio"/> Child entered animal area <input type="radio"/> U/K </div> <div> <input type="checkbox"/> Animal escaped from cage or leash <input type="checkbox"/> Animal not caged or leashed <input type="checkbox"/> U/K </div> </div>	<p>c. Did child provoke animal?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, how? <hr/> <p>d. Animal has history of biting or attacking?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K

7. FALL OR CRUSH				
<p>a. Type:</p> <input type="radio"/> Fall, go to b <input type="radio"/> Crush, go to h	<p>b. Height of fall:</p> <div style="display: flex;"> <div style="flex: 1;"> <p>_____ feet</p> <p>_____ inches</p> </div> <div> <input type="checkbox"/> U/K </div> </div>	<p>c. Child fell from:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Open window <input type="radio"/> Screen <input type="radio"/> No screen <input type="radio"/> U/K if screen </div> <div> <input type="radio"/> Natural elevation <input type="radio"/> Man-made elevation <input type="radio"/> Playground equipment <input type="radio"/> Tree </div> <div> <input type="radio"/> Stairs/steps <input type="radio"/> Furniture <input type="radio"/> Bed <input type="radio"/> Roof </div> <div> <input type="radio"/> Moving object, specify: <input type="radio"/> Bridge <input type="radio"/> Overpass <input type="radio"/> Balcony </div> <div> <input type="radio"/> Animal, specify: <input type="radio"/> Other, specify: <input type="radio"/> U/K </div> </div>	<p>d. Surface child fell onto:</p> <input type="radio"/> Cement/concrete <input type="radio"/> Grass <input type="radio"/> Gravel <input type="radio"/> Wood floor <input type="radio"/> Carpeted floor <input type="radio"/> Linoleum/vinyl <input type="radio"/> Marble/tile <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>e. Barrier in place:</p> <p>Check all that apply:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None <input type="checkbox"/> Screen <input type="checkbox"/> Other window guard <input type="checkbox"/> Fence <input type="checkbox"/> Railing <input type="checkbox"/> Stairway <input type="checkbox"/> Gate <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K </div> </div>
		<p>f. Child in a baby walker?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p>g. Was child pushed, dropped or thrown?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, go to G5q </div>	<p>h. For crush, did child:</p> <input type="radio"/> Climb up on object <input type="radio"/> Pull object down <input type="radio"/> Hide behind object <input type="radio"/> Go behind object <input type="radio"/> Fall out of object <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>i. For crush, object causing crush:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Appliance <input type="radio"/> Television <input type="radio"/> Furniture <input type="radio"/> Walls <input type="radio"/> Playground equipment <input type="radio"/> Animal <input type="radio"/> Tree branch <input type="radio"/> Boulders/rocks </div> <div> <input type="radio"/> Dirt/sand <input type="radio"/> Person, go to G5q <input type="radio"/> Commercial equipment <input type="radio"/> Farm equipment <input type="radio"/> Other, specify: <input type="radio"/> U/K </div> </div>

8. POISONING, OVERDOSE OR ACUTE INTOXICATION														
<p>a. Type of substance involved, check all that apply:</p> <table style="width: 100%;"> <tr> <th style="text-decoration: underline;">Prescription drug</th> <th style="text-decoration: underline;">Over-the-counter drug</th> <th style="text-decoration: underline;">Cleaning substances</th> <th style="text-decoration: underline;">Other substances</th> <th><input type="checkbox"/> U/K</th> </tr> <tr> <td> <input type="checkbox"/> Antidepressant <input type="checkbox"/> Blood pressure medication <input type="checkbox"/> Pain killer (opiate) <input type="checkbox"/> Pain killer (non-opiate) <input type="checkbox"/> Methadone <input type="checkbox"/> Cardiac medication <input type="checkbox"/> Other, specify: </td> <td> <input type="checkbox"/> Diet pills <input type="checkbox"/> Stimulants <input type="checkbox"/> Cough medicine <input type="checkbox"/> Pain medication <input type="checkbox"/> Children's vitamins <input type="checkbox"/> Iron supplement <input type="checkbox"/> Other vitamins <input type="checkbox"/> Other, specify: <input type="checkbox"/> Cosmetics/personal care products </td> <td> <input type="checkbox"/> Bleach <input type="checkbox"/> Drain cleaner <input type="checkbox"/> Alkaline-based cleaner <input type="checkbox"/> Solvent <input type="checkbox"/> Other, specify: </td> <td> <input type="checkbox"/> Plants <input type="checkbox"/> Alcohol <input type="checkbox"/> Street drugs <input type="checkbox"/> Pesticide <input type="checkbox"/> Antifreeze <input type="checkbox"/> Other chemical <input type="checkbox"/> Herbal remedy <input type="checkbox"/> Carbon monoxide, go to f <input type="checkbox"/> Other fume/gas/vapor <input type="checkbox"/> Other, specify: </td> <td></td> </tr> </table>					Prescription drug	Over-the-counter drug	Cleaning substances	Other substances	<input type="checkbox"/> U/K	<input type="checkbox"/> Antidepressant <input type="checkbox"/> Blood pressure medication <input type="checkbox"/> Pain killer (opiate) <input type="checkbox"/> Pain killer (non-opiate) <input type="checkbox"/> Methadone <input type="checkbox"/> Cardiac medication <input type="checkbox"/> Other, specify:	<input type="checkbox"/> Diet pills <input type="checkbox"/> Stimulants <input type="checkbox"/> Cough medicine <input type="checkbox"/> Pain medication <input type="checkbox"/> Children's vitamins <input type="checkbox"/> Iron supplement <input type="checkbox"/> Other vitamins <input type="checkbox"/> Other, specify: <input type="checkbox"/> Cosmetics/personal care products	<input type="checkbox"/> Bleach <input type="checkbox"/> Drain cleaner <input type="checkbox"/> Alkaline-based cleaner <input type="checkbox"/> Solvent <input type="checkbox"/> Other, specify:	<input type="checkbox"/> Plants <input type="checkbox"/> Alcohol <input type="checkbox"/> Street drugs <input type="checkbox"/> Pesticide <input type="checkbox"/> Antifreeze <input type="checkbox"/> Other chemical <input type="checkbox"/> Herbal remedy <input type="checkbox"/> Carbon monoxide, go to f <input type="checkbox"/> Other fume/gas/vapor <input type="checkbox"/> Other, specify:	
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<p>b. Where was the substance stored?</p> <input type="radio"/> Open area <input type="radio"/> Open cabinet <input type="radio"/> Closed cabinet, unlocked <input type="radio"/> Closed cabinet, locked <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>c. Was the product in its original container?</p> <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p>d. Did container have a child safety cap?</p> <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K </div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <p>e. If prescription, was it child's?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K </div>	<p>f. Was the incident the result of?</p> <input type="radio"/> Accidental overdose <input type="radio"/> Medical treatment mishap <input type="radio"/> Adverse effect, but not overdose <input type="radio"/> Deliberate poisoning <input type="radio"/> Acute intoxication <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>g. Was Poison Control called?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, who called: <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Other caregiver <input type="radio"/> First responder <input type="radio"/> Medical person <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>h. For CO poisoning, was a CO detector present?</p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, how many? _____ Functioning properly? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K										

9. EXPOSURE																																																																																																																																																																																																																						
a. Circumstances, check all that apply: <div><input type="checkbox"/> Abandonment <input type="checkbox"/> Left in car <input type="checkbox"/> Left in room <input type="checkbox"/> Submerged in water <input type="checkbox"/> Injured outdoors</div> <div><input type="checkbox"/> Lost outdoors <input type="checkbox"/> Illegal border crossing <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K</div>				b. Condition of exposure: <div><input type="radio"/> Hyperthermia <input type="radio"/> Hypothermia <input type="radio"/> U/K</div> <div>_____ Ambient temp, degrees F</div>		c. Number of hours exposed: <div>_____</div> <div><input type="checkbox"/> U/K</div>		d. Was child wearing appropriate clothing? <div><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</div>																																																																																																																																																																																																														
10. MEDICAL CONDITION																																																																																																																																																																																																																						
a. How long did the child have the medical condition? <div><input type="radio"/> In utero <input type="radio"/> Weeks <input type="radio"/> Since birth <input type="radio"/> Months <input type="radio"/> Hours <input type="radio"/> Years <input type="radio"/> Days <input type="radio"/> U/K</div>		b. Was death expected as a result of the medical condition? <div><input type="radio"/> N/A not previously diagnosed <input type="radio"/> Yes <input type="checkbox"/> But at a later date <input type="radio"/> No <input type="radio"/> U/K</div>		c. Was child receiving health care for the medical condition? <div><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</div> <div>If yes, within 48 hours of the death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</div>			d. Were the prescribed care plans appropriate for the medical condition? <div><input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No, specify: <input type="radio"/> U/K</div>																																																																																																																																																																																																															
e. Was child/family compliant with the prescribed care plans? <div><div><input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</div><div>If no, what wasn't compliant? Check all that apply.</div></div> <div><input type="checkbox"/> Appointments <input type="checkbox"/> Medications, specify: <input type="checkbox"/> Medical equipment use, specify: <input type="checkbox"/> Therapies, specify: <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K</div>				f. Was child up to date with American Academy of Pediatrics immunization schedule? <div><input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No, specify: <input type="radio"/> U/K</div>		g. Was the medical condition associated with an outbreak? <div><input type="radio"/> Yes, specify: <input type="radio"/> No <input type="radio"/> U/K</div>																																																																																																																																																																																																																
h. Was environmental tobacco exposure a contributing factor in death? <div><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</div>		i. Were there access or compliance issues related to the death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <div><div><input type="checkbox"/> Lack of money for care <input type="checkbox"/> Limitations of health insurance coverage <input type="checkbox"/> Multiple health insurance, not coordinated <input type="checkbox"/> Lack of transportation <input type="checkbox"/> No phone <input type="checkbox"/> Cultural differences <input type="checkbox"/> Religious objections to care</div><div><input type="checkbox"/> Language barriers <input type="checkbox"/> Referrals not made <input type="checkbox"/> Specialist needed, not available <input type="checkbox"/> Multiple providers, not coordinated <input type="checkbox"/> Lack of child care <input type="checkbox"/> Lack of family or social support <input type="checkbox"/> Services not available</div><div><input type="checkbox"/> Caregiver distrust of health care system <input type="checkbox"/> Caregiver unskilled in providing care <input type="checkbox"/> Caregiver unwilling to provide care <input type="checkbox"/> Caregiver's partner would not allow care <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K</div></div>																																																																																																																																																																																																																				
11. OTHER KNOWN INJURY CAUSE																																																																																																																																																																																																																						
Specify cause, describe in detail:																																																																																																																																																																																																																						
H. OTHER CIRCUMSTANCES OF INCIDENT - ANSWER RELEVANT SECTIONS																																																																																																																																																																																																																						
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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? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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? <div><input type="checkbox"/> U/K for all</div> <table><thead><tr><th>Symptom</th><th colspan="3">Present w/in 72 hours of death</th><th colspan="3">Present w/in 72 hours of death</th></tr><tr><th></th><th>Yes</th><th>No</th><th>U/K</th><th>Yes</th><th>No</th><th>U/K</th></tr></thead><tbody><tr><td>Cardiac</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Chest pain</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td></tr><tr><td>Dizziness/lightheadedness</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td></tr><tr><td>Fainting</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td></tr><tr><td>Palpitations</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td></tr><tr><td>Neurologic</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Concussion</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td></tr><tr><td>Confusion</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td></tr><tr><td>Convulsions/seizure</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td></tr><tr><td>Headache</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td></tr><tr><td>Head injury</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td></tr><tr><td>Psychiatric symptoms</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td></tr><tr><td>Paralysis (acute)</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td></tr><tr><td>Respiratory</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Asthma</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td></tr><tr><td>Pneumonia</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td></tr><tr><td>Difficulty breathing</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td></td><td></td><td></td></tr></tbody></table>					Symptom	Present w/in 72 hours of death			Present w/in 72 hours of death				Yes	No	U/K	Yes	No	U/K	Cardiac							Chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				Dizziness/lightheadedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				Fainting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				Palpitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				Neurologic							Concussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				Confusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				Convulsions/seizure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				Head injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				Psychiatric symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				Paralysis (acute)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				Respiratory							Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				Pneumonia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				Difficulty breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				c. At any time more than 72 hours preceding death did the child have a personal history of any of the following chronic conditions or symptoms? <input type="checkbox"/> U/K for all <table><thead><tr><th>Symptom</th><th colspan="3">Present more than 72 hours of death</th></tr><tr><th></th><th>Yes</th><th>No</th><th>U/K</th></tr></thead><tbody><tr><td>Cardiac</td><td></td><td></td><td></td></tr><tr><td>Chest pain</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>Dizziness/lightheadedness</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>Fainting</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>Palpitations</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>Neurologic</td><td></td><td></td><td></td></tr><tr><td>Concussion</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>Confusion</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>Convulsions/seizure</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>Headache</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>Head injury</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>Respiratory</td><td></td><td></td><td></td></tr><tr><td>Difficulty breathing</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>Other</td><td></td><td></td><td></td></tr><tr><td>Slurred speech</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr><tr><td>Other, specify:</td><td><input type="radio"/></td><td></td><td></td></tr></tbody></table>					Symptom	Present more than 72 hours of death				Yes	No	U/K	Cardiac				Chest pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dizziness/lightheadedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fainting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Palpitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neurologic				Concussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Confusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Convulsions/seizure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Head injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Respiratory				Difficulty breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other				Slurred speech	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other, specify:	<input type="radio"/>		
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d. Did the child have any prior serious injuries (e.g. near drowning, car accident, brain injury)?
☐ Yes ☐ No ☐ U/K If yes, describe: _____

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

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

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

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

<input type="checkbox"/> Cardiac ablation	<input type="checkbox"/> Heart surgery	<input type="checkbox"/> Heart transplant
<input type="checkbox"/> Cardiac device placement (implanted cardioverter defibrillator (ICD) or pacemaker or Ventricular Assist Device (VAD))	<input type="checkbox"/> Interventional cardiac catheterization	<input type="checkbox"/> Other, specify: _____
		<input type="checkbox"/> U/K

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

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

If sudden unexpected death before age 50, describe (for example, SIDS, drowning, relative who died in single and/or unexplained motor vehicle accident (driver of car)): _____

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

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

Was a gene mutation found?
☐ Yes ☐ No ☐ U/K

<p>h. In the 72 hours prior to death was the child taking any prescribed medication(s)?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, describe:</p>			<p>k. Was the child taking any of the following substance(s) within 24 hours of death?</p> <p>Check all that apply:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Over the counter medicine <input type="checkbox"/> Recent/short term prescriptions <input type="checkbox"/> Energy drinks <input type="checkbox"/> Caffeine <input type="checkbox"/> Performance enhancers <input type="checkbox"/> Diet assisting medications </div> <div style="width: 45%;"> <input type="checkbox"/> Supplements <input type="checkbox"/> Tobacco <input type="checkbox"/> Alcohol <input type="checkbox"/> Illegal drugs <input type="checkbox"/> Legalized marijuana <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K </div> </div> <p>If yes to any items above, describe:</p>																						
<p>i. Within 2 weeks prior to death had the child:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">N/A</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">U/K</th> </tr> </thead> <tbody> <tr> <td>Taken extra doses of prescribed medications</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Missed doses of prescribed medications</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Changed prescribed medications, describe:</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table>				N/A	Yes	No	U/K	Taken extra doses of prescribed medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Missed doses of prescribed medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Changed prescribed medications, describe:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>l. Did the child experience any of the following stimuli at time of incident or within 24 hours of the incident?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> U/K for all at time of incident</p> <p><input type="checkbox"/> U/K for all within 24 hours of incident</p> </div> <div style="width: 45%;"> <p>If yes to physical activity, describe type of activity:</p> <p>At incident Within 24 hours of incident</p> <p>Other specify:</p> <p>At incident Within 24 hours of incident</p> </div> </div>		
	N/A	Yes	No	U/K																					
Taken extra doses of prescribed medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																					
Missed doses of prescribed medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																					
Changed prescribed medications, describe:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																					
<p>j. Was the child compliant with their prescribed medications?</p> <p><input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If not compliant, describe why and how often:</p>																									
<p>m. Was the child an athlete? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, type of sport: <input type="radio"/> Competitive <input type="radio"/> Recreational <input type="radio"/> Unknown</p> <p>If competitive, did the child participate in the 6 months prior to death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>																									
<p>n. Did the child ever have any of the following uncharacteristic symptoms during or within 24 hours after physical activity? Check all that apply:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Chest pain <input type="checkbox"/> Confusion <input type="checkbox"/> Convulsions/seizure <input type="checkbox"/> Dizziness/lightheadedness <input type="checkbox"/> Fainting </div> <div style="width: 45%;"> <input type="checkbox"/> Headache <input type="checkbox"/> Palpitations <input type="checkbox"/> Shortness of breath/difficulty breathing <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K </div> </div> <p>If yes to any item, describe type of physical activity and extent of symptoms:</p>			<p>o. If child age 12 or older, did the child receive a pre-participation exam for a sport?</p> <p><input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes:</p> <p>Was it done within a year prior to death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>Did the exam lead to restrictions for sports or otherwise? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, specify restrictions:</p>																						
<p>Questions p through v: Answer if "Epilepsy/Seizure Disorder" is answered Yes in question e above (Diagnosed for a medical condition)</p>																									
<p>p. How old was the child when diagnosed with epilepsy/seizure disorder?</p> <p>Age 0 (infant) through 20 years: _____</p> <p><input type="checkbox"/> U/K</p>		<p>r. What type(s) of seizures did the child have? Check all that apply:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Non-convulsive <input type="checkbox"/> Convulsive (grand mal seizure or generalized tonic-clonic seizure) <input type="checkbox"/> Occur when exposed to strobe lights, video game, or flickering light (reflex seizure) <input type="checkbox"/> U/K </div> <div style="width: 45%;"> <p>t. How many seizures did the child have in the year preceding death?</p> <p><input type="radio"/> 0/never <input type="radio"/> 2 <input type="radio"/> More than 3 <input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> U/K</p> </div> </div>																							
<p>q. What were the underlying cause(s) of the child's seizures? Check all that apply:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Brain injury/trauma, specify: <input type="checkbox"/> Brain tumor <input type="checkbox"/> Cerebrovascular <input type="checkbox"/> Central nervous system infection <input type="checkbox"/> Degenerative process <input type="checkbox"/> Developmental brain disorder <input type="checkbox"/> Inborn error of metabolism </div> <div style="width: 45%;"> <input type="checkbox"/> Genetic/chromosomal <input type="checkbox"/> Mesial temporal sclerosis <input type="checkbox"/> Idiopathic or cryptogenic <input type="checkbox"/> Other acute illness or injury other than epilepsy <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K </div> </div>		<p>s. Describe the child's epilepsy/seizures. Check all that apply:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Last less than 30 minutes <input type="checkbox"/> Last more than 30 minutes (status epilepticus) <input type="checkbox"/> Occur in the presence of fever (febrile seizure) <input type="checkbox"/> Occur in the absence of fever <input type="checkbox"/> Occur when exposed to strobe lights, video game, or flickering light (reflex seizure) </div> <div style="width: 45%;"> <p>u. Did treatment for seizures include anti-epileptic drugs?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, how many different types of anti-epilepsy drugs (AED) did the child take?</p> <p><input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> More than 6 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> U/K <input type="radio"/> 3 <input type="radio"/> 6</p> </div> </div>																							
<p>v. Was night surveillance used?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>		<p>2. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE:</p> <p>WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT?</p> <p><input type="radio"/> Yes, go to H2a <input type="radio"/> No, go to H2s <input type="radio"/> U/K, go to H2s</p>																							
<p>a. Incident sleep place:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="radio"/> Crib <p>If crib, type:</p> <input type="radio"/> Not portable <input type="radio"/> Portable, e.g. pack-n-play <input type="radio"/> Unknown crib type <input type="radio"/> Bassinet </div> <div style="width: 30%;"> <input type="radio"/> Adult bed <input type="radio"/> Waterbed <input type="radio"/> Futon <input type="radio"/> Playpen/other play structure but not portable crib <input type="radio"/> Couch </div> <div style="width: 30%;"> <input type="radio"/> Chair <input type="radio"/> Floor <input type="radio"/> Car seat <input type="radio"/> Stroller <input type="radio"/> Other, specify: <input type="radio"/> U/K </div> </div> <p>If adult bed, what type?</p> <p><input type="radio"/> Twin <input type="radio"/> Full <input type="radio"/> Queen <input type="radio"/> King <input type="radio"/> Other, specify: <input type="radio"/> U/K</p> <p>If futon,</p> <p><input type="radio"/> Bed position <input type="radio"/> Couch position <input type="radio"/> U/K</p>																									

b. Child put to sleep: <input type="radio"/> On back <input type="radio"/> On stomach <input type="radio"/> On side <input type="radio"/> U/K	c. Child found: <input type="radio"/> On back <input type="radio"/> On stomach <input type="radio"/> On side <input type="radio"/> U/K	e. Usual sleep position: <input type="radio"/> On back <input type="radio"/> On stomach <input type="radio"/> On side <input type="radio"/> U/K	f. Was there a crib, bassinet or port-a-crib in home for child? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K																																																																																																																																																																																																																																																								
d. Usual sleep place: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> Crib If crib, type: <input type="radio"/> Not portable <input type="radio"/> Portable, e.g. pack-n-play <input type="radio"/> Unknown crib type <input type="radio"/> Bassinette <input type="radio"/> Adult bed <input type="radio"/> Waterbed <input type="radio"/> Futon </div> <div style="width: 45%;"> <input type="radio"/> Playpen/other play structure but not portable crib <input type="radio"/> Couch <input type="radio"/> Chair <input type="radio"/> Floor <input type="radio"/> Car seat <input type="radio"/> Stroller <input type="radio"/> Other, specify: _____ <input type="radio"/> U/K </div> </div>		g. Child in a new or different environment than usual? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, specify: _____																																																																																																																																																																																																																																																									
j. Child overheated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, outside temp ____ degrees F Check all that apply: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Room too hot, temp ____ degrees F <input type="checkbox"/> Too much bedding <input type="checkbox"/> Too much clothing </div> <div> h. Child last placed to sleep with a pacifier? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K </div> </div>		i. Child wrapped or swaddled in blanket? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, describe: _____																																																																																																																																																																																																																																																									
		k. Child exposed to second hand smoke? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, how often: <input type="radio"/> Frequently <input type="radio"/> Occasionally																																																																																																																																																																																																																																																									
l. Child's face when found: <input type="radio"/> Down <input type="radio"/> Up <input type="radio"/> To left or right side <input type="radio"/> U/K	m. Child's neck when found: <input type="radio"/> Hyperextended (head back) <input type="radio"/> Hypoextended (chin to chest) <input type="radio"/> Neutral <input type="radio"/> Turned <input type="radio"/> U/K	n. Child's airway: <input type="radio"/> Unobstructed by person or object <input type="radio"/> Fully obstructed by person or object <input type="radio"/> Partially obstructed by person or object <input type="radio"/> U/K	If fully or partially obstructed, what was obstructed? <input type="checkbox"/> Nose <input type="checkbox"/> U/K <input type="checkbox"/> Mouth <input type="checkbox"/> Chest compressed																																																																																																																																																																																																																																																								
o. Objects in child's sleep environment in relation to airway obstruction: <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th rowspan="3">Objects:</th> <th colspan="8">If present, describe position of object:</th> <th colspan="3">If present, did object obstruct airway?</th> </tr> <tr> <th colspan="3">Present?</th> <th>On top</th> <th>Under</th> <th>Next</th> <th>Tangled</th> <th rowspan="2">U/K</th> <th rowspan="2">Yes</th> <th rowspan="2">No</th> <th rowspan="2">U/K</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>U/K</th> <th>of child</th> <th>child</th> <th>to child</th> <th>around child</th> </tr> </thead> <tbody> <tr><td>Adult(s)</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Other child(ren)</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Animal(s)</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Mattress</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Comforter, quilt, or other</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Thin blanket/flat sheet</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Pillow(s)</td><td><input 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type="checkbox"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Sleep positioner (wedge)</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Bumper pads</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Clothing</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input 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Present?			On top	Under	Next	Tangled	U/K	Yes	No	U/K	Yes	No	U/K	of child	child	to child	around child	Adult(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Animal(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mattress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Comforter, quilt, or other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thin blanket/flat sheet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pillow(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cushion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Boppy or U shaped pillow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sleep positioner (wedge)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bumper pads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Clothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Crib railing/side	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Wall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Toy(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other(s), specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	p. Caregiver/supervisor fell asleep while feeding child? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, type of feeding: <input type="radio"/> Bottle <input type="radio"/> U/K <input type="radio"/> Breast		
Objects:	If present , describe position of object:								If present , did object obstruct airway?																																																																																																																																																																																																																																																		
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q. Child sleeping in the same room as caregiver/supervisor at time of death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K			r. Child sleeping on same surface with person(s) or animal(s)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> With adult(s): # _____ #U/K Adult obese: <input type="radio"/> Yes <input type="radio"/> U/K <input type="radio"/> No <input type="checkbox"/> With other children: # _____ #U/K Children's ages: _____ <input type="checkbox"/> With animal(s): # _____ #U/K Type(s) of animal: _____ <input type="checkbox"/> U/K																																																																																																																																																																																																																																																								
s. Is there a scene re-creation photo available for upload? <input type="radio"/> Yes <input type="radio"/> No If yes, upload here. Only one photo allowed. Select photo that most describes child placement and relevant objects. Size must be less than 6 mb and in .jpg or .gif format.																																																																																																																																																																																																																																																											
3. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT?																																																																																																																																																																																																																																																											
a. Describe product and circumstances:	b. Was product used properly? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	c. Is a recall in place? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	d. Did product have safety label? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	e. Was Consumer Product Safety Commission (CPSC) notified? <input type="radio"/> Yes <input type="radio"/> U/K <input type="radio"/> No, go to www.saferproducts.gov to report																																																																																																																																																																																																																																																							

4. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K 																																																													
a. Type of crime, check all that apply: <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 50%;"><input type="checkbox"/> Robbery/burglary</div> <div style="width: 50%;"><input type="checkbox"/> Other assault</div> <div style="width: 50%;"><input type="checkbox"/> Arson</div> <div style="width: 50%;"><input type="checkbox"/> Illegal border crossing</div> <div style="width: 50%;"><input type="checkbox"/> U/K</div> <div style="width: 50%;"><input type="checkbox"/> Interpersonal violence</div> <div style="width: 50%;"><input type="checkbox"/> Gang conflict</div> <div style="width: 50%;"><input type="checkbox"/> Prostitution</div> <div style="width: 50%;"><input type="checkbox"/> Auto theft</div> <div style="width: 50%;"><input type="checkbox"/> Sexual assault</div> <div style="width: 50%;"><input type="checkbox"/> Drug trade</div> <div style="width: 50%;"><input type="checkbox"/> Witness intimidation</div> <div style="width: 50%;"><input type="checkbox"/> Other, specify:</div> </div>																																																													
I. ACTS OF OMISSION OR COMMISSION INCLUDING POOR SUPERVISION, CHILD ABUSE & NEGLECT, ASSAULTS, AND SUICIDE																																																													
TYPE OF ACT																																																													
1. Did any act(s) of omission or commission cause and/or contribute to the death? <input type="radio"/> Yes <input type="radio"/> No, go to Section J <input type="radio"/> Probable <input type="radio"/> U/K, go to Section J If yes/probable, were the act(s) either or both? Check all that apply: <input type="checkbox"/> The direct cause of death <input type="checkbox"/> The contributing cause of death		2. What act(s) caused or contributed to the death? Check only one per column and describe in narrative. <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Caused</th> <th style="text-align: center; border-bottom: 1px solid black;">Contributed</th> </tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/> Poor/absent supervision, go to 10</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/> Child abuse, go to 3</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/> Child neglect, go to 8</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/> Other negligence, go to 9</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/> Assault, not child abuse, go to 10</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/> Religious/cultural practices, go to 10</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/> Suicide, go to 27</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/> Medical misadventure, specify and go to 11</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/> Other, specify and go to 10</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/> U/K, go to 10</td></tr> </table>		Caused	Contributed	<input type="radio"/>	<input type="radio"/> Poor/absent supervision, go to 10	<input type="radio"/>	<input type="radio"/> Child abuse, go to 3	<input type="radio"/>	<input type="radio"/> Child neglect, go to 8	<input type="radio"/>	<input type="radio"/> Other negligence, go to 9	<input type="radio"/>	<input type="radio"/> Assault, not child abuse, go to 10	<input type="radio"/>	<input type="radio"/> Religious/cultural practices, go to 10	<input type="radio"/>	<input type="radio"/> Suicide, go to 27	<input type="radio"/>	<input type="radio"/> Medical misadventure, specify and go to 11	<input type="radio"/>	<input type="radio"/> Other, specify and go to 10	<input type="radio"/>	<input type="radio"/> U/K, go to 10																																				
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<input type="radio"/>	<input type="radio"/> U/K, go to 10																																																												
3. Child abuse, type. Check all that apply and describe in narrative. <input type="checkbox"/> Physical, go to 4 <input type="checkbox"/> Emotional, specify and go to 10 <input type="checkbox"/> Sexual, specify and go to 10 <input type="checkbox"/> U/K, go to 10	4. Type of physical abuse, check all that apply: <input type="checkbox"/> Abusive head trauma, go to 5 <input type="checkbox"/> Chronic Battered Child Syndrome, go to 7 <input type="checkbox"/> Beating/kicking, go to 7 <input type="checkbox"/> Scalding or burning, go to 7 <input type="checkbox"/> Munchausen Syndrome by Proxy, go to 7 <input type="checkbox"/> Other, specify and go to 7 <input type="checkbox"/> U/K, go to 7	5. For abusive head trauma, were there retinal hemorrhages? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K 6. For abusive head trauma, was the child shaken? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, was there impact? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K	7. Events(s) triggering physical abuse, check all that apply: <input type="checkbox"/> None <input type="checkbox"/> Crying <input type="checkbox"/> Toilet training <input type="checkbox"/> Disobedience <input type="checkbox"/> Feeding problems <input type="checkbox"/> Domestic argument <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K																																																										
8. Child neglect, check all that apply: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Failure to protect from hazards, specify: <input type="checkbox"/> Failure to provide necessities <input type="checkbox"/> Food <input type="checkbox"/> Shelter <input type="checkbox"/> Other, specify: </div> <div> <input type="checkbox"/> Failure to seek/follow treatment, specify: <input type="checkbox"/> Emotional neglect, specify: <input type="checkbox"/> Abandonment, specify: <input type="checkbox"/> U/K </div> </div>		9. Other negligence: <input type="radio"/> Vehicular <input type="radio"/> Other, specify: <input type="radio"/> U/K	10. Was act(s) of omission/commission: <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Caused</th> <th style="text-align: center; border-bottom: 1px solid black;">Contributed</th> </tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/> Chronic with child</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/> Pattern in family or with perpetrator</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/> Isolated incident</td></tr> <tr><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/> U/K</td></tr> </table>	Caused	Contributed	<input type="radio"/>	<input type="radio"/> Chronic with child	<input type="radio"/>	<input type="radio"/> Pattern in family or with perpetrator	<input type="radio"/>	<input type="radio"/> Isolated incident	<input type="radio"/>	<input type="radio"/> U/K																																																
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PERSON(S) RESPONSIBLE																																																													
11. Is person the caregiver or supervisor in previous section? <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Caused</th> <th style="text-align: center; border-bottom: 1px solid black;">Contributed</th> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Yes, caregiver one, go to 24</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Yes, caregiver two, go to 24</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Yes, supervisor, go to 25</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> No</td> </tr> </table>		Caused	Contributed	<input type="radio"/>	<input type="radio"/> Yes, caregiver one, go to 24	<input type="radio"/>	<input type="radio"/> Yes, caregiver two, go to 24	<input type="radio"/>	<input type="radio"/> Yes, supervisor, go to 25	<input type="radio"/>	<input type="radio"/> 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 style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Caused</th> <th style="text-align: center; border-bottom: 1px solid black;">Contributed</th> <th style="text-align: center; border-bottom: 1px solid black;">Caused</th> <th style="text-align: center; border-bottom: 1px solid black;">Contributed</th> <th style="text-align: center; border-bottom: 1px solid black;">Caused</th> <th style="text-align: center; border-bottom: 1px solid black;">Contributed</th> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Self, go to 24</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Grandparent</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Medical provider</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Biological parent</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Sibling</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Institutional staff</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Adoptive parent</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Other relative</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Babysitter</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Stepparent</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Friend</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Licensed child care worker</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Foster parent</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Acquaintance</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Other, specify:</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Mother's partner</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Child's boyfriend or girlfriend</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> U/K</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Father's partner</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Stranger</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> U/K</td> </tr> </table>		Caused	Contributed	Caused	Contributed	Caused	Contributed	<input type="radio"/>	<input type="radio"/> Self, go to 24	<input type="radio"/>	<input type="radio"/> Grandparent	<input type="radio"/>	<input type="radio"/> Medical provider	<input type="radio"/>	<input type="radio"/> Biological parent	<input type="radio"/>	<input type="radio"/> Sibling	<input type="radio"/>	<input type="radio"/> Institutional staff	<input type="radio"/>	<input type="radio"/> Adoptive parent	<input type="radio"/>	<input type="radio"/> Other relative	<input type="radio"/>	<input type="radio"/> Babysitter	<input type="radio"/>	<input type="radio"/> Stepparent	<input type="radio"/>	<input type="radio"/> Friend	<input type="radio"/>	<input type="radio"/> Licensed child care worker	<input type="radio"/>	<input type="radio"/> Foster parent	<input type="radio"/>	<input type="radio"/> Acquaintance	<input type="radio"/>	<input type="radio"/> Other, specify:	<input type="radio"/>	<input type="radio"/> Mother's partner	<input type="radio"/>	<input type="radio"/> Child's boyfriend or girlfriend	<input type="radio"/>	<input type="radio"/> U/K	<input type="radio"/>	<input type="radio"/> Father's partner	<input type="radio"/>	<input type="radio"/> Stranger	<input type="radio"/>	<input type="radio"/> U/K
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13. Person's age in years: <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Caused</th> <th style="text-align: center; border-bottom: 1px solid black;">Contributed</th> </tr> <tr> <td style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> # Years </td> <td style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> # Years </td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> U/K</td> <td style="text-align: center;"><input type="checkbox"/> U/K</td> </tr> </table>	Caused	Contributed	<div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> # Years	<div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> # Years	<input type="checkbox"/> U/K	<input type="checkbox"/> U/K	14. Person's sex: <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Caused</th> <th style="text-align: center; border-bottom: 1px solid black;">Contributed</th> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Male</td> <td style="text-align: center;"><input type="radio"/> Female</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> U/K</td> <td style="text-align: center;"><input type="radio"/> U/K</td> </tr> </table>	Caused	Contributed	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> U/K	<input type="radio"/> U/K	15. Does person speak English? <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Caused</th> <th style="text-align: center; border-bottom: 1px solid black;">Contributed</th> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Yes</td> <td style="text-align: center;"><input type="radio"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> U/K</td> <td style="text-align: center;"><input type="radio"/> U/K</td> </tr> </table> If no, language spoken:	Caused	Contributed	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> U/K	<input type="radio"/> U/K	16. Person on active military duty? <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Caused</th> <th style="text-align: center; border-bottom: 1px solid black;">Contributed</th> </tr> <tr> <td style="text-align: center;"><input type="radio"/> Yes</td> <td style="text-align: center;"><input type="radio"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/> U/K</td> <td style="text-align: center;"><input type="radio"/> U/K</td> </tr> </table> If yes, specify branch:	Caused	Contributed	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> U/K	<input type="radio"/> U/K																																		
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<p>17. Person have history of substance abuse?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> <input type="checkbox"/> Cocaine</p> <p><input type="checkbox"/> <input type="checkbox"/> Marijuana</p> <p><input type="checkbox"/> <input type="checkbox"/> Methamphetamine</p> <p><input type="checkbox"/> <input type="checkbox"/> Opiates</p> <p><input type="checkbox"/> <input type="checkbox"/> Prescription drugs</p> <p><input type="checkbox"/> <input type="checkbox"/> Over-the-counter</p> <p><input type="checkbox"/> <input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p>	<p>18. Person have history of child maltreatment as victim?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical</p> <p><input type="checkbox"/> <input type="checkbox"/> Neglect</p> <p><input type="checkbox"/> <input type="checkbox"/> Sexual</p> <p><input type="checkbox"/> <input type="checkbox"/> Emotional/psychological</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>_____ # CPS referrals</p> <p>_____ # Substantiations</p> <p><input type="checkbox"/> <input type="checkbox"/> Ever in foster care or adopted</p>	<p>19. Person have history of child maltreatment as a perpetrator?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical</p> <p><input type="checkbox"/> <input type="checkbox"/> Neglect</p> <p><input type="checkbox"/> <input type="checkbox"/> Sexual</p> <p><input type="checkbox"/> <input type="checkbox"/> Emotional/psychological</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>_____ # CPS referrals</p> <p>_____ # Substantiations</p> <p><input type="checkbox"/> <input type="checkbox"/> CPS prevention services</p> <p><input type="checkbox"/> <input type="checkbox"/> Family preservation services</p> <p><input type="checkbox"/> <input type="checkbox"/> Children ever removed</p>	<p>20. Person have disability or chronic illness?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> Mental, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> Sensory, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p> <p>If mental illness, was person receiving MH services?</p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p>																																																								
<p>21. Person have prior child deaths?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p>	<p>If yes, check all that apply:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Child abuse # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Child neglect # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Accident # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Suicide # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> SIDS # _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Other # _____</p> <p>Other, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p>	<p>22. Person have history of intimate partner violence?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Yes, as victim</p> <p><input type="checkbox"/> <input type="checkbox"/> Yes, as perpetrator</p> <p><input type="checkbox"/> <input type="checkbox"/> No</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p>	<p>23. Person have delinquent/criminal history?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> Yes</p> <p><input type="radio"/> <input type="radio"/> No</p> <p><input type="radio"/> <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Assaults</p> <p><input type="checkbox"/> <input type="checkbox"/> Robbery</p> <p><input type="checkbox"/> <input type="checkbox"/> Drugs</p> <p><input type="checkbox"/> <input type="checkbox"/> Other, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p>																																																								
<p>24. At time of incident was person impaired?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If yes, check all that apply:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Drug impaired</p> <p><input type="checkbox"/> <input type="checkbox"/> Alcohol impaired</p> <p><input type="checkbox"/> <input type="checkbox"/> Asleep</p> <p><input type="checkbox"/> <input type="checkbox"/> Distracted</p> <p><input type="checkbox"/> <input type="checkbox"/> Absent</p> <p><input type="checkbox"/> <input type="checkbox"/> Impaired by illness, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> Impaired by disability, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> Other, specify:</p>	<p>25. Does person have, check all that apply:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Prior history of similar acts</p> <p><input type="checkbox"/> <input type="checkbox"/> Prior arrests</p> <p><input type="checkbox"/> <input type="checkbox"/> Prior convictions</p>	<p>26. Legal outcomes in this death, check all that apply:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> No charges filed</p> <p><input type="checkbox"/> <input type="checkbox"/> Charges pending</p> <p><input type="checkbox"/> <input type="checkbox"/> Charges filed, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> Charges dismissed</p> <p><input type="checkbox"/> <input type="checkbox"/> Confession</p> <p><input type="checkbox"/> <input type="checkbox"/> Plead, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> Not guilty verdict</p> <p><input type="checkbox"/> <input type="checkbox"/> Guilty verdict, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> Tort charges, specify:</p> <p><input type="checkbox"/> <input type="checkbox"/> U/K</p>																																																									
<p>FOR SUICIDE</p>																																																											
<p>27. For suicide, select yes, no or u/k for each question. Describe answers in narrative.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; width: 10%;">Yes</th> <th style="text-align: center; width: 10%;">No</th> <th style="text-align: center; width: 10%;">U/K</th> <th style="width: 40%;"></th> <th style="text-align: center; width: 10%;">Yes</th> <th style="text-align: center; width: 10%;">No</th> <th style="text-align: center; width: 10%;">U/K</th> <th style="width: 40%;"></th> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>A note was left</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Child had a history of self mutilation</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Child talked about suicide</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>There is a family history of suicide</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Prior suicide threats were made</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Suicide was part of a murder-suicide</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Prior attempts were made</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Suicide was part of a suicide pact</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Suicide was completely unexpected</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Suicide was part of a suicide cluster</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td>Child had a history of running away</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				Yes	No	U/K		Yes	No	U/K		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A note was left	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child had a history of self mutilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child talked about suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	There is a family history of suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Prior suicide threats were made	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suicide was part of a murder-suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Prior attempts were made	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suicide was part of a suicide pact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suicide was completely unexpected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suicide was part of a suicide cluster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child had a history of running away				
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child had a history of running away																																																								
<p>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:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> None known <input type="checkbox"/> Family discord <input type="checkbox"/> Parents' divorce/separation <input type="checkbox"/> Argument with parents/caregivers <input type="checkbox"/> Argument with boyfriend/girlfriend <input type="checkbox"/> Breakup with boyfriend/girlfriend <input type="checkbox"/> Argument with other friends <input type="checkbox"/> Rumor mongering </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Suicide by friend or relative <input type="checkbox"/> Other death of friend or relative <input type="checkbox"/> Bullying as victim <input type="checkbox"/> Bullying as perpetrator <input type="checkbox"/> School failure <input type="checkbox"/> Move/new school <input type="checkbox"/> Other serious school problems <input type="checkbox"/> Pregnancy </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Physical abuse/assault <input type="checkbox"/> Rape/sexual abuse <input type="checkbox"/> Problems with the law <input type="checkbox"/> Drugs/alcohol <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Religious/cultural issues <input type="checkbox"/> Job problems <input type="checkbox"/> Money problems </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Gambling problems <input type="checkbox"/> Involvement in cult activities <input type="checkbox"/> Involvement in computer or video games <input type="checkbox"/> Involvement with the Internet, specify: <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K </td> </tr> </table>				<input type="checkbox"/> None known <input type="checkbox"/> Family discord <input type="checkbox"/> Parents' divorce/separation <input type="checkbox"/> Argument with parents/caregivers <input type="checkbox"/> Argument with boyfriend/girlfriend <input type="checkbox"/> Breakup with boyfriend/girlfriend <input type="checkbox"/> Argument with other friends <input type="checkbox"/> Rumor mongering	<input type="checkbox"/> Suicide by friend or relative <input type="checkbox"/> Other death of friend or relative <input type="checkbox"/> Bullying as victim <input type="checkbox"/> Bullying as perpetrator <input type="checkbox"/> School failure <input type="checkbox"/> Move/new school <input type="checkbox"/> Other serious school problems <input type="checkbox"/> Pregnancy	<input type="checkbox"/> Physical abuse/assault <input type="checkbox"/> Rape/sexual abuse <input type="checkbox"/> Problems with the law <input type="checkbox"/> Drugs/alcohol <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Religious/cultural issues <input type="checkbox"/> Job problems <input type="checkbox"/> Money problems	<input type="checkbox"/> Gambling problems <input type="checkbox"/> Involvement in cult activities <input type="checkbox"/> Involvement in computer or video games <input type="checkbox"/> Involvement with the Internet, specify: <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K																																																				
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J. SERVICES TO FAMILY AND COMMUNITY AS A RESULT OF DEATH

1. Services:	<u>Provided</u>	<u>Offered but</u>	<u>Offered but</u>	<u>Should be</u>	<u>Needed but</u>	<u>CDR review</u>
Select one option per row:	<u>after death</u>	<u>refused</u>	<u>U/K if used</u>	<u>offered</u>	<u>not available</u>	<u>led to referral</u>
Bereavement counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Debriefing for professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Economic support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Funeral arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Emergency shelter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Foster care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Legal services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Genetic counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Other, specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

K. PREVENTION INITIATIVES RESULTING FROM THE REVIEW

☐ Mark this case to edit/add prevention actions at a later date

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

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

Briefly describe the initiatives:

3. Who took responsibility for championing the prevention initiatives? Check all that apply:

- ☐ N/A, no strategies ☐ Mental health ☐ Law enforcement ☐ Advocacy organization ☐ Other, specify:
- ☐ No one ☐ Schools ☐ Medical examiner ☐ Local community group
- ☐ Health department ☐ Hospital ☐ Coroner ☐ New coalition/task force
- ☐ Social services ☐ Other health care providers ☐ Elected official ☐ Youth group ☐ U/K

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

<p>5. Were the following data sources available at the CDR meeting?</p> <p>Check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CDC's SUIDI Reporting Form <input type="checkbox"/> Jurisdictional equivalent of the CDC SUIDI Reporting Form <input type="checkbox"/> Birth certificate - full form <input type="checkbox"/> Death certificate <input type="checkbox"/> Child's medical records or clinical history, including vaccinations <input type="checkbox"/> Biological mother's obstetric and prenatal information <input type="checkbox"/> Newborn screening results <input type="checkbox"/> Law enforcement records <input type="checkbox"/> Social service records <input type="checkbox"/> Child protection agency records <input type="checkbox"/> EMS run sheet <input type="checkbox"/> Hospital records <input type="checkbox"/> Autopsy/pathology reports <input type="checkbox"/> Mental health records <input type="checkbox"/> School records <input type="checkbox"/> Substance abuse treatment records 	<p>6. Factors that prevented an effective CDR meeting, check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Confidentiality issues among members prevented full exchange of information <input type="checkbox"/> HIPAA regulations prevented access to or exchange of information <input type="checkbox"/> Inadequate investigation precluded having enough information for review <input type="checkbox"/> Team members did not bring adequate information to the meeting <input type="checkbox"/> Necessary team members were absent <input type="checkbox"/> Meeting was held too soon after death <input type="checkbox"/> Meeting was held too long after death <input type="checkbox"/> Records or information were needed from another locality in-state <input type="checkbox"/> Records or information were needed from another state <input type="checkbox"/> Team disagreement on circumstances <input type="checkbox"/> Other factors, specify:
<p>7. CDR meeting outcomes, check all that apply:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <ul style="list-style-type: none"> <input type="checkbox"/> Review led to additional investigation <input type="checkbox"/> Team disagreed with official manner of death. What did team believe manner should be? <input type="checkbox"/> Team disagreed with official cause of death. What did team believe cause should be? <input type="checkbox"/> Because of the review, the official cause or manner of death was changed </div> <div style="width: 48%;"> <ul style="list-style-type: none"> <input type="checkbox"/> Review led to the delivery of services <input type="checkbox"/> Review led to changes in agency policies or practices <input type="checkbox"/> Review led to prevention initiatives being implemented </div> </div> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> National </div>	
<p>8. Describe the factor(s) that directly contributed to this death:</p>	
<p>9. Which of the factors that directly contributed to this death are modifiable?</p>	
<p>10. List any recommendations to prevent deaths from similar causes or circumstances in the future:</p>	
<p>11. What additional information would the team like to know about the death scene investigation?</p>	
<p>12. What additional information would the team like to know about the autopsy?</p>	
<p>M. SUID AND SDY CASE REGISTRY</p>	
<p>Section M: OMB No. 0920-1092, Exp. Date: 12/31/2018</p> <p>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)</p>	
<p>1. Is this an SDY or SUID case? <input type="radio"/> Yes <input type="radio"/> No If no, go to Section N</p>	
<p>2. Did this case go to Advanced Review for the SDY Case Registry?</p> <p style="text-align: center;"><input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, date of first Advanced Review meeting:</p>	<p>3. Notes from Advanced Review meeting, including case details that helped determine SDY categorization and any ways to improve the review:</p>
<p>4. Did the Advanced Review team believe the autopsy was comprehensive?</p> <p style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>5. If autopsy performed, did the ME/coroner/pathologist use the SDY Autopsy Guidance or Summary?</p> <p style="text-align: center;"><input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>
<p>6. Was a specimen sent to the SDY Case Registry bio-repository?</p> <p style="text-align: center;"><input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	<p>7. Did the family consent to have DNA saved as part of the SDY Case Registry?</p> <p style="text-align: center;"><input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p> <p>If no, why not?</p> <ul style="list-style-type: none"> <input type="radio"/> Consent was not attempted <input type="radio"/> Consent was attempted but follow up was unsuccessful <input type="radio"/> Consent was attempted but family declined <input type="radio"/> Other, specify:
<p>8. Categorization for SDY Case Registry (choose only one):</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <ul style="list-style-type: none"> <input type="radio"/> Excluded from SDY Case Registry <input type="radio"/> Incomplete case information <input type="radio"/> Explained cardiac </div> <div style="width: 50%;"> <ul style="list-style-type: none"> <input type="radio"/> Explained neurological <input type="radio"/> Explained infant suffocation (under age 1) <input type="radio"/> Explained other <input type="radio"/> Unexplained, possible cardiac <input type="radio"/> Unexplained, possible cardiac and SUDEP </div> <div style="width: 50%;"> <ul style="list-style-type: none"> <input type="radio"/> Unexplained, SUDEP <input type="radio"/> Unexplained infant death/SUID (under age 1) <input type="radio"/> Unexplained child death (age 1 and over) </div> </div>	
<p>9. Categorization for SUID Case Registry (choose only one):</p> <ul style="list-style-type: none"> <input type="radio"/> Excluded (other explained causes, not suffocation) <input type="radio"/> Unexplained: No autopsy or death scene investigation <input type="radio"/> Unexplained: Incomplete case information <input type="radio"/> Unexplained: No unsafe sleep factors <input type="radio"/> Unexplained: Unsafe sleep factors <input type="radio"/> Unexplained: Possible suffocation with unsafe sleep factors <input type="radio"/> Explained: Suffocation with unsafe sleep factors 	<div style="display: flex;"> <div style="flex: 1;"> <p>If possible suffocation or explained suffocation, select the primary mechanism(s) leading to the death, check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Soft bedding <input type="checkbox"/> Wedging <input type="checkbox"/> Overlay <input type="checkbox"/> Other, specify: </div> <div style="flex: 1; padding-left: 10px;"> <p>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.</p> <p>SUID Case Registry Data Entry Complete <input type="checkbox"/></p> </div> </div>

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?

O. 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 ☐



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 accompanying booklet, Bereavement Support Services in Tennessee.

Prevention Through Understanding

www.mtsu.edu/learn/sids

Prevention Through Understanding
mtsu.edu/learn/sids

Association of SIDS and Infant Mortality Programs
1148 S Hillside St
Wichita, KS 67211
Toll Free: 800-930-7437 • Fax: 517-485-0163
asip1.org

The Compassionate Friends, Inc.
1000 Jorie Blvd., Suite 140
Oak Brook, IL 60523
Toll Free: 877-969-0010 • Fax: 630-990-0246
compassionatefriends.org

CJ First Candle/SIDS Alliance
49 Locust Ave, Suite 104
New Canaan, CT 06840
800-221-7437
cjfirstcandle.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: 202-687-5387
cultural@georgetown.edu
nccc.georgetown.edu

National Institute of Child Health and Human Development
6710 Rockledge Dr.
Bethesda, MD 20817
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
Toll Free: 866-866-7437 • Fax: 202-784-9777
info@sidscenter.org
sidscenter.org

Notes

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