としている。

1995年に検討された死亡の過半数は自然死（602件中371件）で、その大半は予防不可能と判断された。一方で、不慮の事象による傷害死（99件）のうち96%は予防可能、13件の自殺はすべて予防可能、105件の他殺は93.8%が予防可能と判断された。平均すると、全体の37%の死亡が予防可能とされたことになる。

Table 1 Preventability of youth deaths by manner of death, Philadelphia, 1995

	Preventability			
Manner of death	*Yes (%)*	*No (%)*	*Need more information (%)*	*Total*
Natural	10 (2.7)	337 (90.8)	24 (6.5)	371
Unintentional injury	95 (96.0)	3 (3.0)	1 (1.0)	99
Suicide	13 (100.0)	—	—	13
Homicide	105 (93.8)	—	7 (6.3)	112
Undetermined	1 (14.3)	—	6	7
Total	224 (37.2)	340 (56.5)	38 (6.3)	602

同研究は不慮の事象による傷害死のうち、火傷（29件）について詳細な報告をしている。半数以上が3〜6歳のこどもが起こした火事で、うち半数がマッチで遊んでいたために起こった。そして、半数のケースは煙探知器を有していなかった。

CDRのデータを集積し、この研究のように全体像を分析することは、どの分野でどのような予防策を立案・適用していくのがよいのかを決定する上で有用である。特に、異なる部局（警察、消防、救急、社会福祉、医療、行政、非営利団体等）が異なる視点からひとつひとつのケースを検討し、そのデータを集積することで、ケースごとの検討では見えない共通点、たとえば地域的差異や特徴を知ることができる。

Table 2 Demographic and circumstantial characteristics of fire/burn youth deaths, Philadelphia, 1995

		Age of person (years) starting fire				*Smoke detector*		*Activity of person starting fire*	
Source of fire	*No*	*3*	*4*	*5*	*6*	*Yes*	*No*	*Playing*	*Other*
Matches	8	—	2	4	2	3	5	7	1
Cigarette	5	4	1	—	—	4	1	1	4
Lighter	3	2	1	—	—	3	—	3	—
Space heater	3	*	*	*	*	—	3	—	3
Electrical wire	5	*	*	*	*	3	2	—	5
Other	5	*	*	*	*	2	3	—	5

*Not applicable.

CDRの登録内容の一例を資料として後半に添付した。

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NATIONAL MCH CENTER
FOR CHILD DEATH REVIEW
KEEPING KIDS ALIVE

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

Child Death Review
Case Report

Version 1, Pilot Test

Version One
Pilot Test
2005

Developed by the National Center for Child Death Review
CDR Case Reporting System Action Team

The purpose of the case report is to provide information to better understand how and why a child died as well as to document the actions proposed by the review team.
This case report should be completed on all deaths reviewed by your CDR team.

The case report will provide your team with documentation on:

1. The comprehensive circumstances of the child's death.
2. Your team's recommendations to prevent other deaths.
3. The factors affecting the quality of your case review process.

This report is available, with a user manual and definitions for all elements as a web-based application. Web users must be approved and registered by their state CDR program. The login for registered users is at www.cdrdata.org

This tool is in a pilot-testing mode through 2005 in selected states. Please provide feedback on the tool to:
The National Center for Child Death Review
1-800-656-2434
email: info@childdeathreview.org

The development of this report tool was supported, in part, by Grant No. 1 U93 MC 00225-01 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.

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CASE NUMBER

___/___/_____/_____/_____

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

Death Certificate Number: _____

Birth Certificate Number: _____

A. CHILD INFORMATION

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

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

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

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

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

9. Type of residence:
☐ Parental home ☐ Relative's home ☐ Jail/Detention
☐ Licensed group home ☐ Living on own ☐ Other, specify:
☐ Licensed foster home ☐ Shelter
☐ Relative foster home ☐ Homeless ☐ U/K

4. Age: ☐ Years ☐ Months ☐ Days ☐ Hours ☐ U/K
_____

6. Hispanic or Latino Origin? ☐ No ☐ Yes ☐ U/K

7. Sex: ☐ Male ☐ Female ☐ U/K

10. New residence in past 30 days: ☐ No ☐ Yes ☐ U/K

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

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

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

14. Child's weight: ☐ U/K _____ in pounds

15. Child's height: ☐ U/K
_____/_____
feet inches

17. Child ever truant? ☐ N/A ☐ Yes ☐ No ☐ U/K

19. Child had disability or chronic illness?
☐ No
☐ Yes, check all that apply:
☐ Physical, specify: ☐ U/K
☐ Mental, specify:
☐ Sensory, specify:
☐ U/K
If yes, was child receiving Children's Special Health Care Needs Services?
☐ No ☐ U/K
☐ Yes

16. Highest education level:
☐ N/A
☐ Childcare
☐ Preschool
☐ K-12
☐ Home schooled, K-12
☐ Drop out/employed
☐ Drop out/unemployed
☐ HS grad/employed
☐ HS grad/unemployed
☐ College
☐ Other, specify:
☐ U/K

18. Child's health insurance, check all that apply:
☐ None
☐ Private
☐ Medicaid
☐ State Plan
☐ Other, specify:
☐ U/K

20. Child had history of substance abuse?
☐ No
☐ Yes
☐ U/K
If yes, check all that apply:
☐ Alcohol
☐ Cocaine
☐ Marijuana
☐ Methamphetamine
☐ Other street drugs
☐ Prescription drugs
☐ Over-the-counter
☐ U/K

21. At time of incident leading to death, was child alcohol or drug impaired?
☐ N/A ☐ Yes ☐ No ☐ U/K

22. Child had history of child maltreatment? Check all that apply:

a. As Victim	b. As Perpetrator
☐	☐ N/A
☐	☐ No
☐	☐ Yes, Physical
☐	☐ Yes, Neglect
☐	☐ Yes, Sexual
☐	☐ Yes, Emotional
☐	☐ U/K
____	____ # CPS reports
____	____ # Substantiations

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

24. Was child ever in foster care? ☐ No ☐ Yes ☐ U/K

25. Any siblings in foster care or adoption prior to child's death? ☐ No ☐ Yes, #_____ ☐ U/K

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

27. Child had delinquent or criminal history?
☐ N/A ☐ No ☐ Yes ☐ U/K
If yes, check all that apply:
☐ Assaults
☐ Robbery
☐ Drugs
☐ Other, specify:
☐ U/K

28. Child spent time in juvenile detention?
☐ N/A ☐ Yes ☐ No ☐ U/K

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

30. Are child's parents first generation immigrants?
☐ No
☐ Yes, country of origin:
☐ U/K

31. If child over age 12, what was child's gender identity?
☐ Male
☐ Female
☐ U/K

32. If child over age 12, what was child's sexual orientation?
☐ Heterosexual ☐ Bisexual
☐ Gay ☐ Questioning
☐ Lesbian ☐ U/K

COMPLETE FOR ALL INFANTS UNDER ONE YEAR

33. Gestational age:
_____ weeks
☐ U/K

34. Birth weight:
_____
☐ Grams
☐ Pounds
☐ U/K

35. Multiple birth?
☐ No ☐ U/K
☐ Yes, #____

36. Number of prenatal visits:
____ ☐ U/K

37. Month of first prenatal visit:
Specify 1-9: _____
☐ N/A ☐ U/K

38. During pregnancy, did mother (check all that apply):
☐ Have medical complications/infections?
☐ Smoke tobacco?
☐ Experience intimate partner violence?
☐ Use illicit drugs?
☐ Infant born drug exposed?
☐ Misuse over-the-counter or prescription drugs?
☐ Have heavy alcohol use?
☐ Infant born with fetal alcohol effects or syndrome?

32. Were there access or compliance issues related to prenatal care?

- ☐ No
- ☐ U/K
- ☐ Yes, check all that apply:
  - ☐ Lack of money for care
  - ☐ Limitations of health insurance coverage
  - ☐ Multiple health insurance, not coordinated
  - ☐ Lack of transportation
  - ☐ No phone
  - ☐ Cultural differences
  - ☐ Religious objections to care
  - ☐ Language barriers
  - ☐ Referrals not made
  - ☐ Specialist needed, not available
  - ☐ Multiple providers, not coordinated
  - ☐ Lack of child care
  - ☐ Lack of family/social support
  - ☐ Services not available
  - ☐ Distrust of health care system
  - ☐ Unwilling to obtain care
  - ☐ Intimate partner would not allow care
  - ☐ Other, specify:
  - ☐ U/K

B. PRIMARY CAREGIVER(S) INFORMATION

1. Primary caregiver: (select up to two)

a. One	b. Two	
☐		Self, Go to Sect. C
☐	☐	Biological parent
☐	☐	Adoptive parent
☐	☐	Step parent
☐	☐	Foster parent
☐	☐	Mother's partner
☐	☐	Father's partner
☐	☐	Grandparent
☐	☐	Sibling
☐	☐	Other relative
☐	☐	Friend
☐	☐	Institutional staff
☐	☐	Other, specify:
☐	☐	U/K

2. Age in Years:

a. One	b. Two	
____	____	# Years
☐	☐	U/K

3. Caregiver(s) sex:

a. One	b. Two	
☐	☐	Male
☐	☐	Female
☐	☐	U/K

4. Caregiver(s) employment status:

a. One	b. Two	
☐	☐	Fulltime
☐	☐	Part-time
☐	☐	Unemployed
☐	☐	On disability
☐	☐	Retired
☐	☐	U/K

5. Caregiver(s) income:

a. One	b. Two	
☐	☐	High
☐	☐	Medium
☐	☐	Low
☐	☐	U/K

6. Caregiver(s) education:

a. One	b. Two	
☐	☐	Less than HS
☐	☐	High School
☐	☐	College
☐	☐	Post Graduate
☐	☐	U/K

7. Does caregiver(s) speak English?

a. One	b. Two	
☐	☐	No
☐	☐	Yes
☐	☐	U/K

If no, language spoken:

8. Caregiver(s) on active military duty?

a. One	b. Two	
☐	☐	No
☐	☐	Yes, specify branch:
☐	☐	U/K

9. Any caregiver receiving social services in the past twelve months? Check all that apply:

a. One	b. Two	
☐	☐	WIC
☐	☐	TANF
☐	☐	Medicaid
☐	☐	Food stamps
☐	☐	Other, specify:

10. Caregiver(s) have substance abuse history?

a. One	b. Two	
☐	☐	No
☐	☐	Yes
☐	☐	U/K

If yes, check all that apply:

☐	☐	Alcohol
☐	☐	Cocaine
☐	☐	Marijuana
☐	☐	Methamphetamine
☐	☐	Other street drugs
☐	☐	Prescription drugs
☐	☐	Over-the-counter
☐	☐	U/K

11. Caregiver(s) have history of child maltreatment as a victim? Check all that apply:

a. One	b. Two	
☐	☐	No
☐	☐	Yes, Physical
☐	☐	Yes, Neglect
☐	☐	Yes, Sexual
☐	☐	Yes, Emotional
☐	☐	U/K
____	____	# CPS referrals
____	____	# Substantiations
☐	☐	Ever in foster care/adopted?

12. Caregiver(s) have history of child maltreatment as a perpetrator? Check all that apply:

a. One	b. Two	
☐	☐	No
☐	☐	Yes, Physical
☐	☐	Yes, Neglect
☐	☐	Yes, Sexual
☐	☐	Yes, Emotional
☐	☐	U/K
____	____	# CPS referrals
____	____	# Substantiations
☐	☐	CPS prevention services?
☐	☐	Family Preservation svcs?
☐	☐	Children ever removed?

13. Caregiver(s) have history of Post Traumatic Stress Disorder?

a. One	b. Two	
☐	☐	No
☐	☐	Yes, describe circumstances:
☐	☐	U/K

14. Caregiver(s) have prior child deaths?

a. One	b. Two	
☐	☐	No
☐	☐	Yes
☐	☐	U/K

If yes, cause(s): Check all that apply:

a. One	b. Two	
☐	☐	Child abuse # __
☐	☐	Child neglect # __
☐	☐	Accident # __
☐	☐	Suicide # __
☐	☐	SIDS # __
☐	☐	Other # __ specify:
☐	☐	U/K

15. Caregiver(s) have history of intimate partner violence? Check all that apply:

a. One	b. Two	
☐	☐	No
☐	☐	Yes, as victim
☐	☐	Yes, as perpetrator
☐	☐	U/K

16. Caregiver(s) have delinquent or criminal history?

a. One	b. Two	
☐	☐	No
☐	☐	Yes
☐	☐	U/K

If yes, check all that apply:

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

C. SUPERVISOR INFORMATION

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

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

3. Primary person responsible for supervision at time of incident? Select only one:
   - ☐ Biological parent
   - ☐ Adoptive parent
   - ☐ Step parent
   - ☐ Foster parent
   - ☐ Mother's partner
   - ☐ Father's partner
   - ☐ Grandparent
   - ☐ Sibling
   - ☐ Other relative
   - ☐ Friend
   - ☐ Acquaintance
   - ☐ Hospital staff
   - ☐ Institutional staff
   - ☐ Babysitter
   - ☐ Licensed child care worker
   - ☐ Other, specify:
   - ☐ U/K

4. Supervisor's age in years: ____ ☐ U/K

5. Supervisor's sex: ☐ Male ☐ Female ☐ U/K

6. Is person a primary caregiver as listed in previous section?
   - ☐ No, go to next question
   - ☐ Yes, go to question 15

7. Does supervisor speak English?
☐ No, language spoken:
☐ Yes
☐ U/K

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

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

10. Supervisor has history of child maltreatment?
a. As Victim b. As Perpetrator (Check all that apply)
☐ ☐ No
☐ ☐ Yes, Physical
☐ ☐ Yes, Neglect
☐ ☐ Yes, Sexual
☐ ☐ Yes, Emotional
☐ ☐ U/K
____ ____ # CPS referrals
____ ____ # Substantiations
☐ Ever in foster care/adopted?
☐ CPS prevention services?
☐ Family Preservation services?
☐ Children ever removed?

11. Supervisor has history of Post Traumatic Stress Disorder?
☐ No ☐ U/K
☐ Yes, describe circumstances:

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

13. Supervisor has history of intimate partner violence?
Check all that apply:
☐ No
☐ Yes, as victim
☐ Yes, as perpetrator
☐ U/K

14. Supervisor has delinquent or criminal history?
☐ No If yes, check all that apply:
☐ Yes ☐ Assaults
☐ U/K ☐ Robbery
☐ Drugs
☐ Other, specify:
☐ U/K

15. At time of incident was supervisor, (check all that apply):
☐ Drug impaired? ☐ Impaired by illness? Specify:
☐ Alcohol impaired?
☐ Asleep? ☐ Impaired by disability? Specify:
☐ Distracted?
☐ Absent? ☐ Other? Specify:

D. INCIDENT INFORMATION

1. Date of incident event if different than date of death: ☐ Same ☐ U/K
mm / dd / yyyy

2. Interval between incident and death:
(Number)
____ Hours ____ Weeks ____ Months ____ Years
☐ U/K

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

4. Type of area:
☐ Urban
☐ Suburb
☐ Rural
☐ Frontier
☐ U/K

5. Incident state:
_____

6. Incident county:
_____

7. 911 called?
☐ N/A
☐ No
☐ Yes
☐ U/K

8. CPR performed before EMS arrived?
☐ N/A
☐ No
☐ Yes
☐ U/K

9. EMS to scene?
☐ N/A
☐ No
☐ Yes
☐ U/K

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

11. Total number of deaths at incident event:
____Children, ages 0-18
____ Adults
☐ U/K

E. INVESTIGATION INFORMATION

1. Death referred to:
☐ Medical examiner
☐ Coroner
☐ Not referred
☐ U/K

2. Person declaring official cause and manner of death:
☐ Medical examiner
☐ Coroner
☐ Hospital physician
☐ Other physician
☐ Mortician
☐ Other, specify:
☐ U/K

3. Autopsy performed?
☐ No
☐ Yes
☐ U/K
If yes, conducted by:
☐ Forensic pathologist
☐ Pediatric pathologist
☐ General pathologist
☐ Unknown pathologist
☐ Other physician
☐ Other, specify:
☐ U/K

4. Agencies that conducted a scene investigation, check all that apply:
☐ Not conducted
☐ Medical examiner
☐ Coroner
☐ ME investigator
☐ Coroner investigator
☐ Law enforcement
☐ Fire investigator
☐ EMS
☐ Child Protective Services
☐ Other, specify:
☐ U/K

5. Toxicology screen conducted?
☐ No ☐ U/K
☐ Yes, check all that apply:
☐ Negative
☐ Alcohol
☐ Cocaine
☐ Marijuana
☐ Methamphetamine
☐ Other street drug, specify:
☐ Too high prescription drug, specify:
☐ Too high over-the-counter drug, specify:
☐ Results unknown

6. X-rays taken?
☐ No ☐ U/K
☐ Yes

7. Was a CPS record check conducted as a result of the death?
☐ No ☐ U/K
☐ Yes

8. Did investigation find evidence of prior abuse?
☐ No ☐ U/K
☐ Yes, check all that apply:
☐ From X-rays ☐ U/K
☐ From autopsy
☐ From CPS review

9. CPS action taken because of death?
☐ No ☐ U/K
☐ Yes, check all that apply:
☐ Case screened out
☐ Prevention services refused
☐ Prevention services provided
☐ Maltreatment substantiated
☐ Children removed
☐ Parental rights terminated
☐ U/K

F. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH

1. Official manner of death from the death certificate:

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

2. Primary cause of death. Choose only one. For pending, choose most likely cause.

☐ From an injury (external) cause, select one:

- ☐ Motor vehicle and other transport, go to G1
- ☐ Fire, burn, or electrocution, go to G2
- ☐ Drowning, go to G3
- ☐ Suffocation or strangulation, go to G4
- ☐ Weapon, including body part, go to G6
- ☐ Animal bite or attack, go to G7
- ☐ Fall or crush, go to G8
- ☐ Poisoning, go to G9
- ☐ Exposure, go to G10
- ☐ Undetermined. If under age one, go to G5 and G12. If over age one, go to G12.
- ☐ Other, go to G12
- ☐ U/K, go to G12

☐ From a medical cause, select one:

- ☐ Asthma, go to G11
- ☐ Cancer, go to G11
- ☐ Cardiovascular, go to G11
- ☐ Congenital anomaly, go to G11
- ☐ HIV/AIDS, go to G11
- ☐ Influenza, go to G11
- ☐ Low birth weight, go to G11
- ☐ Malnutrition/dehydration, go to G11
- ☐ Neurological/seizure disorder, go to G11
- ☐ Pneumonia, go to G11
- ☐ Prematurity, go to G11
- ☐ SIDS, go to G5
- ☐ Other infection, specify and go to G11
- ☐ Other perinatal condition, specify and go to G11
- ☐ Other medical condition, specify and go to G11
- ☐ Undetermined. If under age one, go to G5 and G11. If over age one, go to G11.
- ☐ U/K. If under age one, go to G5 and G11. If over age one, go to G11.

☐ Unknown

G. DETAILED INFORMATION BY CAUSE OF DEATH: CHOOSE ONE SECTION ONLY matching the cause of death selected above

1. MOTOR VEHICLE AND OTHER TRANSPORT

a. Vehicles involved in incident:

Total number of vehicles: _____

1. Child's	2. Other primary vehicle
☐	☐ None
☐	☐ Car
☐	☐ Van
☐	☐ Sport utility vehicle
☐	☐ Truck
☐	☐ Semi/tractor trailer
☐	☐ RV
☐	☐ School bus
☐	☐ Other bus
☐	☐ Motorcycle
☐	☐ Tractor
☐	☐ Other farm vehicle
☐	☐ All terrain
☐	☐ Snowmobile
☐	☐ Bicycle
☐	☐ Train
☐	☐ Subway
☐	☐ Trolley
☐	☐ Other, specify:
☐	☐ U/K

b. Position of child:

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

c. Causes of incident, check all that apply:

- ☐ Speeding over limit
- ☐ Unsafe speed for conditions
- ☐ Recklessness
- ☐ Ran stop sign or red light
- ☐ Driver distraction
- ☐ Driver inexperience
- ☐ Mechanical failure
- ☐ Poor tires
- ☐ Poor weather
- ☐ Poor visibility
- ☐ Drugs or alcohol use
- ☐ Fatigue/sleeping
- ☐ Medical event, specify:
- ☐ Backover
- ☐ Poor sight line
- ☐ Car changing lanes
- ☐ Road hazard
- ☐ Animal in road
- ☐ Cell phone use while driving
- ☐ Racing, not authorized
- ☐ Other driver error, specify:
- ☐ Other, specify:
- ☐ U/K

d. Collision type:

- ☐ Child not in/on a vehicle, but struck by a vehicle
- ☐ Child in/on a vehicle, struck by other vehicle
- ☐ Child in/on a vehicle that struck other vehicle
- ☐ Child in/on a vehicle that struck person or object
- ☐ Other, specify:
- ☐ U/K

e. Driving conditions, check all that apply:

- ☐ Normal
- ☐ Loose gravel
- ☐ Muddy
- ☐ Ice/Snow
- ☐ Fog
- ☐ Wet
- ☐ Construction zone
- ☐ Inadequate lighting
- ☐ Other, specify:
- ☐ U/K

f. Location of incident, check all that apply:

- ☐ City street
- ☐ Residential street
- ☐ Rural road
- ☐ Highway
- ☐ Intersection
- ☐ Shoulder
- ☐ Sidewalk
- ☐ Driveway
- ☐ Parking area
- ☐ Off road
- ☐ Railroad crossing/tracks
- ☐ Other, specify:
- ☐ U/K

g. Drivers involved in incident, check all that apply:

1. Child as driver	2. Child's driver	3. Driver of other primary vehicle	
	_____	_____	Age of Driver
☐	☐	☐	Responsible for causing incident
☐	☐	☐	Was alcohol/drug impaired
☐	☐	☐	Has no license
☐	☐	☐	Has a valid license
☐	☐	☐	Has a full license, *not* graduated
☐	☐	☐	Has a suspended license
☐	☐	☐	Has a graduated license
☐	☐	☐	Was violating graduated licensing rules:
☐	☐	☐	Nighttime driving curfew
☐	☐	☐	Passenger restrictions
☐	☐	☐	Driving w/o required supervision
☐	☐	☐	Other, specify:

h. Total number of occupants in vehicles:

1. In child's vehicle, including child:
   - ☐ N/A
   - Total number occupants: _____ ☐ U/K
   - Number teens, ages 14-21: _____ ☐ U/K
   - Total number of deaths: _____ ☐ U/K
   - Total number teen deaths: _____ ☐ U/K
2. In other primary vehicle involved in incident:
   - ☐ N/A
   - Total number occupants: _____ ☐ U/K
   - Number teens, ages 14-21: _____ ☐ U/K
   - Total number of deaths: _____ ☐ U/K
   - Total number teen deaths: _____ ☐ U/K

i. Protective measures for child, check all that apply:	a. Not needed	b. Needed, none present	c. Present, used correctly	d. Present, used incorrectly	e. Present, not used	f. Unknown
Airbag	☐	☐	☐	☐	☐	☐
Lap belt	☐	☐	☐	☐	☐	☐
Shoulder belt	☐	☐	☐	☐	☐	☐
Child seat, rear facing	☐	☐	☐	☐	☐	☐
Child seat, front facing	☐	☐	☐	☐	☐	☐
Belt positioning booster seat	☐	☐	☐	☐	☐	☐
Helmet	☐	☐	☐	☐	☐	☐
Other, specify:	☐	☐	☐	☐	☐	☐

2. FIRE, BURN, or ELECTROCUTION

a. Ignition, heat or electrocution source:

☐ Matches ☐ Cigarette lighter ☐ Utility lighter ☐ Cigarette or cigar ☐ Candles ☐ Cooking stove
☐ Heating stove ☐ Space heater ☐ Furnace ☐ Power line ☐ Electrical outlet ☐ Electrical wiring
☐ Lightning ☐ Oxygen tank ☐ Hot cooking water ☐ Hot bath water ☐ Other hot liquid, specify: ☐ Fireworks
☐ Other explosives ☐ Appliance in water ☐ Other, specify: ☐ 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, check only one:
☐ Burns
☐ Smoke inhalation
☐ Other, specify:
☐ U/K

d. Material first ignited:
☐ Upholstery ☐ U/K
☐ Mattress
☐ Christmas Tree
☐ Clothing
☐ Curtain
☐ Other, specify:

e. Type of building on fire:
☐ N/A ☐ U/K
☐ Single home
☐ Duplex
☐ Apartment
☐ Trailer/mobile home
☐ Other, specify:

f. Building's primary construction material:
☐ Wood ☐ U/K
☐ Steel
☐ Brick/stone
☐ Aluminum
☐ Other, specify:

g. Fire started by person?
☐ No
☐ Yes, age_____
Person has a history of setting fires?
☐ No
☐ Yes
☐ U/K
☐ U/K

h. Did anyone attempt to put out fire?
☐ No ☐ U/K
☐ Yes

i. Did escape or rescue efforts worsen fire?
☐ No ☐ U/K
☐ Yes

k. Were barriers preventing safe exit?
☐ No ☐ U/K
☐ Yes, check all that apply:
☐ Locked door ☐ Blocked stairway
☐ Window grate ☐ Other, specify:
☐ Locked window ☐ U/K

j. Did any factors delay fire department arrival?
☐ No ☐ U/K
☐ Yes, specify:

l. Was building a rental property?
☐ No ☐ U/K
☐ Yes

m. Were building/rental codes violated?
☐ No ☐ U/K
☐ Yes, describe in narrative.

n. Were fire extinguishers present?
☐ No ☐ U/K
☐ Yes

p. Were smoke detectors present?
☐ No ☐ U/K
☐ Yes
If yes, type and number of detectors, Check all that apply:
☐ With removable batteries, #____
☐ Missing batteries, #____
☐ Other reason not working #____
☐ With non-removable batteries, #____
☐ Missing batteries, #____
☐ Other reason not working #____
☐ Hardwired, #____
☐ Not working, #____
☐ U/K

q. Suspected arson?
☐ No ☐ U/K
☐ Yes

s. For electrocution, cause:
☐ Electrical storm
☐ Faulty wiring
☐ Wire/product in water
☐ Child playing with outlet
☐ Other, specify:
☐ U/K

o. Was sprinkler system present?
☐ No
☐ Yes
If yes, working?
☐ No
☐ Yes
☐ U/K
☐ U/K

r. For scald, was hot water heater set too high?
☐ N/A ☐ U/K
☐ No
☐ Yes, temp. setting:

t. Other, describe in detail:

3. DROWNING

a. Where was child right before drowning? Check all that apply:
☐ In water
☐ Near open water
☐ On shore
☐ On dock
☐ In bathroom
☐ Poolside
☐ Other, specify:
☐ U/K

b. Activity before drowning: check only one:
☐ Playing near water
☐ Boating
☐ Swimming
☐ Bathing
☐ Fishing
☐ Surfing
☐ Tubing
☐ Water-skiing
☐ Other, specify:
☐ U/K

c. Was child forcibly submerged?
☐ No ☐ U/K
☐ Yes

d. Drowning location:
☐ Open water, go to e
☐ Pool, hot tub, spa, go to i
☐ Bath tub, go to v
☐ Bucket, go to w
☐ Well/ cistern/ septic, go to m
☐ Toilet, go to y
☐ Other, specify and go to m:
☐ U/K, go to m

e. For open water, place:
☐ Lake ☐ Ocean
☐ River ☐ Quarry
☐ Pond ☐ Gravel pit
☐ Creek ☐ Canal
☐ U/K

f. Contributing environmental factors:
☐ Weather ☐ Drop off
☐ Temperature ☐ Other, specify:
☐ Current
☐ Riptide ☐ U/K

g. For boating, type of boat:
- ☐ Sailboat
- ☐ Jet ski
- ☐ Motorboat
- ☐ Canoe
- ☐ Kayak
- ☐ Raft
- ☐ Commercial boat
- ☐ Other, specify:
- ☐ U/K

h. For boating, child piloting boat?
- ☐ No
- ☐ Yes
- ☐ U/K

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

j. For pool, child found:
- ☐ In the pool, hot tub or spa
- ☐ On or under the cover
- ☐ U/K

k. Length of time owners had pool/hot tub/spa:
- ☐ N/A
- ☐ >1yr
- ☐ <6 months
- ☐ U/K
- ☐ 6m-1 yr

l. Flotation device used?
- ☐ N/A ☐ No ☐ Yes ☐ U/K

If yes, type: (Check all that apply)
- ☐ Coast Guard approved
  - ☐ Jacket
    - Correct size? ☐ No ☐ Yes ☐ U/K
    - Worn correctly? ☐ No ☐ Yes ☐ U/K
  - ☐ Cushion
  - ☐ Lifesaving Ring
- ☐ Not Coast Guard approved
  - ☐ Swim rings
  - ☐ Inner tube
  - ☐ Air mattress
  - ☐ Other, specify:
- ☐ U/K

m. What barriers/layers of protection existed to prevent access to water?

Check all that apply:
- ☐ None
- ☐ Fence, go to n
- ☐ Gate, go to o
- ☐ Door, go to p
- ☐ Alarm, go to q
- ☐ Cover, go to r
- ☐ U/K

n. Fence:

Describe type:

Fence height in ft _____

Fence surrounds water:
- ☐ Four sides
- ☐ Three sides
- ☐ Two sides
- ☐ U/K

o. Gate, check all that apply:
- ☐ Has self closing latch
- ☐ Has lock
- ☐ Is a double gate
- ☐ Opens to water
- ☐ U/K

p. Door, check all that apply:
- ☐ Patio door
- ☐ Screen door
- ☐ Steel door
- ☐ Self closing
- ☐ Has lock
- ☐ Opens to water
- ☐ Barrier between door and water
- ☐ U/K

q. Alarm, check all that apply:
- ☐ Door
- ☐ Window
- ☐ Pool
- ☐ Laser
- ☐ U/K

r. Type of cover:
- ☐ Hard
- ☐ Soft
- ☐ U/K

Approved?
- ☐ No
- ☐ Yes
- ☐ U/K

s. Local ordinance(s) regulating access?
- ☐ No ☐ U/K
- ☐ Yes

If yes, rules violated?
- ☐ No
- ☐ Yes
- ☐ U/K

t. How were layers of protection breached, check all that apply:
- ☐ No layers breached
- ☐ Gate left open
- ☐ Gate unlocked
- ☐ Gate latch failed
- ☐ Gap in gate
- ☐ Climbed fence
- ☐ Gap in fence
- ☐ Damaged fence
- ☐ Fence too short
- ☐ Door left open
- ☐ Door unlocked
- ☐ Door broken
- ☐ Door screen torn
- ☐ Door self-closer failed
- ☐ Window left open
- ☐ Window screen torn
- ☐ Alarm not working
- ☐ Alarm not answered
- ☐ Cover left off
- ☐ Cover not locked
- ☐ Other, specify:
- ☐ U/K

u. Child able to swim?
- ☐ N/A ☐ Yes
- ☐ No ☐ U/K

v. For bathtub, child in a bathing aid?
- ☐ No ☐ U/K
- ☐ Yes, specify type:

w. Warning sign or label posted?
- ☐ N/A ☐ Yes
- ☐ No ☐ U/K

x. Lifeguard present?
- ☐ N/A ☐ Yes
- ☐ No ☐ U/K

y. Rescue attempt made?
- ☐ N/A ☐ Yes
- ☐ No ☐ U/K

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

z. Did rescuer(s) also drown?
- ☐ N/A ☐ Yes
- ☐ No ☐ U/K

_____ Number persons

aa. Appropriate rescue equipment present?
- ☐ N/A ☐ Yes
- ☐ No ☐ U/K

4. SUFFOCATION OR STRANGULATION

a. Action causing suffocation, check only one:
- ☐ Suffocated in bedding or product or by overlay while in a sleeping environment. Also answer Section H1.
- ☐ Strangled by, check all that apply:
  - ☐ Clothing
  - ☐ Blind cord
  - ☐ Car seat
  - ☐ Stroller
  - ☐ High chair
  - ☐ Belt
  - ☐ Rope/string
  - ☐ Leash
  - ☐ Electrical cord
  - ☐ Person, answer question G6q.
  - ☐ Other, specify:
  - ☐ U/K
- ☐ Covered in or fell into object but not sleep-related:
  - ☐ Plastic bag
  - ☐ Dirt/Sand
  - ☐ Other, specify:
  - ☐ U/K
- ☐ Confined in tight space:
  - ☐ Refrigerator/freezer
  - ☐ Toy chest
  - ☐ Other box
  - ☐ Automobile
    - ☐ Trunk
    - ☐ Other, specify:
    - ☐ U/K
  - ☐ U/K
- ☐ Choked on object:
  - ☐ Food, specify:
  - ☐ Toy, specify:
  - ☐ Balloon
  - ☐ Other, specify:
  - ☐ U/K
- ☐ Swaddled in tight blanket, but not sleep related.
- ☐ Wedged into tight space, not sleep related, specify:
- ☐ By gas, answer G9h.
- ☐ Autoerotic asphyxiation
- ☐ Other, specify:
- ☐ U/K

b. History of seizures?
- ☐ No ☐ U/K
- ☐ Yes

If yes, # _____

If yes, witnessed?
- ☐ No ☐ U/K
- ☐ Yes

c. History of apnea?
- ☐ No ☐ U/K
- ☐ Yes

If yes, # _____

If yes, witnessed?
- ☐ No ☐ U/K
- ☐ Yes

d. Was Heimlich Maneuver attempted?
- ☐ No ☐ Yes ☐ U/K

5. SIDS AND UNDETERMINED CAUSE UNDER ONE YEAR OF AGE

a. Child exposed to 2nd-hand smoke? ☐ No ☐ Yes ☐ U/K
If yes, how often
☐ Frequently
☐ Occasionally
☐ U/K

b. Child overheated? ☐ No ☐ Yes ☐ U/K
If yes, Outside temp ____ deg. F
Check all that apply:
☐ Room too hot, temp ____ deg. F
☐ Too much bedding
☐ Too much clothing

c. History of seizures?
☐ No ☐ Yes ☐ U/K
☐ If yes, #_____
If yes, witnessed?
☐ No ☐ U/K
☐ Yes

d. History of apnea?
☐ No ☐ Yes ☐ U/K
☐ If yes, #_____
If yes, witnessed?
☐ No ☐ U/K
☐ Yes

e. For SIDS, go to Section H, page 9. For undetermined injury cause to infants also complete G12, page 9, then go to Section H. For undetermined or unknown medical cause to infants also complete G11, page 8, then go to Section H.

6. WEAPON, INCLUDING BODY PART

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

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

c. Firearm licensed?
☐ No ☐ U/K
☐ Yes

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

e. Where was firearm stored:
☐ Not stored
☐ Locked cabinet
☐ Unlocked cabinet
☐ Glove compartment
☐ Under mattress/pillow
☐ Other, specify:
☐ U/K

f. Firearm stored with ammunition?
☐ No ☐ U/K
☐ Yes

g. Firearm stored loaded?
☐ No ☐ U/K
☐ Yes

h. Owner of fatal firearm:
☐ U/K, weapon stolen
☐ U/K weapon found
☐ Self
☐ Biological parent
☐ Adoptive parent
☐ Stepparent
☐ Foster parent
☐ Mother's partner
☐ Father's partner
☐ Grandparent
☐ Sibling
☐ Spouse
☐ Other relative
☐ Friend
☐ Acquaintance
☐ Child's boyfriend/girlfriend
☐ Classmate
☐ Co-worker
☐ Institutional staff
☐ Neighbor
☐ Gang member
☐ Stranger
☐ Law enforcement
☐ Other, specify:
☐ U/K

i. Sex of owner of fatal firearm:
☐ Male
☐ Female
☐ U/K

j. Type of sharp object:
☐ Kitchen knife
☐ Switchblade
☐ Pocketknife
☐ Razor
☐ Hunting knife
☐ Scissor
☐ Other, specify:
☐ U/K

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

l. What did body part do?
Check all that apply:
☐ Beat
☐ Drop
☐ Kick
☐ Punch
☐ Push
☐ Bite
☐ Shake
☐ Strangle
☐ Throw
☐ Drown
☐ Burn
☐ Other, specify:
☐ U/K

m. Did person using weapon have history of similar offense?
☐ No
☐ Yes
☐ U/K

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

o. Persons handling weapons at time of incident, check all that apply:

1. Fatal	2. Other weapon
☐	☐ Self
☐	☐ Biological parent
☐	☐ Adoptive parent
☐	☐ Stepparent
☐	☐ Foster parent
☐	☐ Mother's partner
☐	☐ Father's partner
☐	☐ Grandparent
☐	☐ Sibling
☐	☐ Spouse
☐	☐ Other relative

1. Fatal	2. Other weapon
☐	☐ Friend
☐	☐ Acquaintance
☐	☐ Child's boyfriend/girlfriend
☐	☐ Classmate
☐	☐ Co-worker
☐	☐ Institutional staff
☐	☐ Neighbor
☐	☐ Rival gang member
☐	☐ Stranger
☐	☐ Law enforcement officer
☐	☐ Other, specify:
☐	☐ U/K

p. Sex of person(s) handling weapon
Fatal weapon
☐ Male
☐ Female
☐ U/K
Other weapon
☐ Male
☐ Female
☐ U/K

q. Use of weapon at time, check all that apply:
☐ Self-injury
☐ Commission of crime
☐ Drive-by shooting
☐ Random violence
☐ Child was a bystander
☐ Argument
☐ Jealousy
☐ Intimate partner violence
☐ Hate crime
☐ Bullying
☐ Hunting
☐ Target shooting
☐ Playing with weapon
☐ Weapon mistaken for toy
☐ Showing gun to others
☐ Russian Roulette
☐ Gang-related activity
☐ Self-defense
☐ Cleaning weapon
☐ Loading weapon
☐ Intervener assisting crime victim, e.g. Good Samaritan
☐ Other, specify:
☐ U/K

7. ANIMAL BITE OR ATTACK

a. Type of animal:
☐ Domesticated dog
☐ Domesticated cat
☐ Snake
☐ Wild mammal, specify:
☐ Other, specify:
☐ U/K

b. Animal access to child, check all that apply:
☐ Animal on leash
☐ Animal caged or inside fence
☐ Child reached in
☐ Child entered animal area
☐ U/K
☐ Animal escaped from cage or leash
☐ Animal not caged or leashed
☐ U/K

c. Did child provoke animal?
☐ No
☐ Yes, specify:
☐ U/K

d. Animal has history of biting or attacking?
☐ No
☐ Yes
☐ U/K

8. FALL OR CRUSH

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

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

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

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

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

f. Was child in a baby walker?
- ☐ N/A ☐ Yes
- ☐ No ☐ U/K

g. Child pushed, dropped or thrown?
- ☐ No ☐ U/K
- ☐ Yes, answer question G6q, page 7

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

i. For crush, object causing crush:
- ☐ Appliance
- ☐ Television
- ☐ Furniture
- ☐ Walls
- ☐ Playground equipment
- ☐ Animal
- ☐ Tree branch
- ☐ Boulders/rocks
- ☐ Dirt/sand
- ☐ Person, answer question G6q, page 7
- ☐ Commercial equipment
- ☐ Farm equipment
- ☐ Motor vehicle
  - ☐ Back over
  - ☐ Roll over
  - ☐ Other, specify:
  - ☐ U/K
- ☐ Other, specify:
- ☐ U/K

9. POISONING

a. Type of poison involved, check all that apply:

Prescription drug:
- ☐ Antidepressant
- ☐ Blood pressure medication
- ☐ Pain killer (opiate)
- ☐ Pain killer (non-opiate)
- ☐ Methadone
- ☐ Cardiac medication
- ☐ Other, specify:

Over the counter drug:
- ☐ Diet pills
- ☐ Stimulants
- ☐ Cough medicine
- ☐ Pain medication
- ☐ Children's vitamins
- ☐ Iron supplement
- ☐ Other vitamins
- ☐ Other, specify:
- ☐ Cosmetics/personal care products

Cleaning substances:
- ☐ Bleach
- ☐ Drain cleaner
- ☐ Alkaline-based cleaner
- ☐ Solvent
- ☐ Other, specify:

Other substances:
- ☐ Plants
- ☐ Alcohol
- ☐ Street drugs
- ☐ Pesticide
- ☐ Antifreeze
- ☐ Other chemical
- ☐ Herbal remedy
- ☐ Carbon monoxide, go to h
- ☐ Other fume/gas/vapor
- ☐ Other, specify:

Unknown
- ☐

b. Where was the poison stored?
- ☐ Open area
- ☐ Open cabinet
- ☐ Closed cabinet, unlocked
- ☐ Closed cabinet, locked
- ☐ Other, specify:
- ☐ U/K

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

d. Did the container contain a child-safety cap?
- ☐ N/A ☐ Yes
- ☐ No ☐ U/K

e. If prescription, was it for child?
- ☐ No ☐ Yes ☐ U/K

f. Was the poisoning the result of?
- ☐ Accidental overdose
- ☐ Medical treatment mishap
- ☐ Adverse effect, but not overdose
- ☐ Deliberate poisoning

g. Was Poison Control called?
- ☐ No ☐ U/K
- ☐ Yes

If yes, who called:
- ☐ Child
- ☐ Parent
- ☐ Other caregiver
- ☐ First responder
- ☐ Medical person
- ☐ Other, specify:
- ☐ U/K

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

If yes, how many? ____

Functioning properly?
- ☐ No ☐ U/K
- ☐ Yes

10. ENVIRONMENTAL EXPOSURE

a. Circumstances, check all that apply:
- ☐ Abandonment
- ☐ Left in car
- ☐ Left in room
- ☐ Submerged in water
- ☐ Injured outdoors
- ☐ Lost outdoors
- ☐ Other, specify:
- ☐ U/K

b. Condition of exposure:
- ☐ Hyperthermia
- ☐ Hypothermia
- ☐ U/K
- _____ Ambient temp, degrees F

c. Number of hours exposed: _____
- ☐ U/K

d. Clothing appropriate?
- ☐ No ☐ U/K
- ☐ Yes

11. MEDICAL CONDITION

a. How long did the child have the medical condition?
- ☐ Since birth
- ☐ Hours
- ☐ Days
- ☐ Weeks
- ☐ Months
- ☐ Years
- ☐ U/K

b. Was death expected as a result of the medical condition?
- ☐ No
- ☐ Yes
  - ☐ But at a later time
- ☐ U/K

c. Was child receiving health care for the medical condition?
- ☐ No
- ☐ Yes

Within 48 hours of the death?
- ☐ No ☐ U/K
- ☐ Yes

- ☐ U/K

d. Was child/family compliant with prescribed care plans?
- ☐ No, check all that apply:
  - ☐ Appointments ☐ U/K
  - ☐ Medications, specify:
  - ☐ Medical equipment use, specify:
  - ☐ Therapies, specify:
  - ☐ Other, specify:
- ☐ Yes
- ☐ U/K

e. Were the prescribed care plans appropriate for the medical condition?
- ☐ No, specify:
- ☐ Yes
- ☐ U/K

f. Was child up to date with immunization schedule?
- ☐ No, specify:
- ☐ Yes
- ☐ U/K

g. Was medical condition associated with an outbreak?
- ☐ No
- ☐ Yes, specify:
- ☐ U/K

h. Were there compliance or access issues related to the death?
- ☐ No ☐ U/K
- ☐ Yes, check all that apply:
  - ☐ Lack of money for care
  - ☐ Limitations of health insurance coverage
  - ☐ Multiple health insurance, not coordinated
  - ☐ Lack of transportation
  - ☐ No phone
  - ☐ Cultural differences
  - ☐ Religious objections to care
  - ☐ Language barriers
  - ☐ Referrals not made
  - ☐ Specialist needed, not available
  - ☐ Multiple providers, not coordinated
  - ☐ Lack of child care
  - ☐ Lack of family/social support
  - ☐ Services not available
  - ☐ Caregiver distrust of health care system
  - ☐ Caregiver unskilled in providing care
  - ☐ Caregiver unwilling to provide care
  - ☐ Caregiver's partner would not allow care
  - ☐ Other, specify:
  - ☐ U/K

12. OTHER CAUSE AND CAUSE OR MANNER UNDETERMINED

Specify cause, describe in detail:

H: OTHER CIRCUMSTANCES OF INCIDENT-ANSWER RELEVANT SECTIONS

1. DEATH OCCURRED WHILE CHILD SLEEPING OR IN A SLEEPING ENVIRONMENT ☐ No, go to H2 ☐ Yes ☐ U/K

a. Incident sleep place:
- ☐ Crib
- ☐ Bassinette
- ☐ Twin mattress
- ☐ Full size mattress
- ☐ Waterbed
- ☐ Playpen
- ☐ Couch
- ☐ Chair
- ☐ Floor
- ☐ Carseat/stroller
- ☐ Other, specify:
- ☐ U/K

d. Usual sleep place:
- ☐ Crib
- ☐ Bassinette
- ☐ Twin mattress
- ☐ Full size mattress
- ☐ Waterbed
- ☐ Playpen
- ☐ Couch
- ☐ Chair
- ☐ Floor
- ☐ Carseat/stroller
- ☐ Other, specify:
- ☐ U/K

b. Child put to sleep:
- ☐ On back
- ☐ On stomach
- ☐ On side
- ☐ U/K

e. Usual sleep position:
- ☐ On back
- ☐ On stomach
- ☐ On side
- ☐ U/K

c. Child found:
- ☐ On back
- ☐ On stomach
- ☐ On side
- ☐ U/K

f. Child in new environment?
- ☐ No
- ☐ Yes, specify:
- ☐ U/K

g. Position and location of child when found:

Child found: (Check one)
- ☐ With face and body unobstructed
- ☐ Under
- ☐ Between
- ☐ Wedged into
- ☐ Pressed into
- ☐ Fell or rolled onto
- ☐ Tangled in
- ☐ Other, specify:
- ☐ U/K

With what object or where: (Check all that apply)
- ☐ Adult(s)
- ☐ Child(ren)
- ☐ Animal(s)
- ☐ Blanket
- ☐ Pillow
- ☐ Comforter
- ☐ Mattress, specify type:
- ☐ Water bed mattress
- ☐ Crib rail
- ☐ Couch
- ☐ Chair, type:
- ☐ Car seat/stroller
- ☐ Stuffed toy
- ☐ Other toy, specify:
- ☐ Clothing
- ☐ Cord
- ☐ Plastic bag
- ☐ Other plastic, specify:
- ☐ Other, specify:
- ☐ U/K

h. Child fell asleep while feeding?
- ☐ No
- ☐ Yes
  - ☐ Bottle
  - ☐ Breast
  - ☐ U/K
- ☐ U/K

i. Child sleeping on same surface with person(s) or animal(s), check all that apply:
- ☐ With adult(s):
  - Number: ____ ☐ U/K
  - Adult obese:
    - ☐ No
    - ☐ Yes
    - ☐ U/K
- ☐ With other children:
  - Number: ____ ☐ U/K
  - Ages:
- ☐ With animal(s):
  - Number: ____ ☐ U/K
  - Type:
- ☐ U/K

2. DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT ☐ No, go to H3 ☐ Yes ☐ U/K

a. Describe product:

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

c. Recall in place?
- ☐ No
- ☐ Yes
- ☐ U/K

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

e. Was Consumer Product Safety Commission notified?
- ☐ No, call 1-800-638-2772 to file report
- ☐ Yes
- ☐ U/K

3. DEATH OCCURRED DURING COMMISSION OF A CRIME OTHER THAN INCIDENT CAUSING DEATH ☐ No ☐ Yes ☐ U/K

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

I. ACTS OF OMISSION OR COMMISSION

Type of Act

1. Did any action(s) of omission or commission cause or contribute to the death?
   - ☐ No, go to Section J, page 11
   - ☐ Yes, check all that apply:
     - ☐ Direct cause of death
     - ☐ Contributing cause of death
   - ☐ U/K, go to Section J.

2. Was the act(s): Check only one per column.

a. Caused	b. Contributed
☐	☐ Unintentional
☐	☐ Intentional
☐	☐ Undetermined intent
☐	☐ U/K

3. What acts caused or contributed to the death? Check only one per column and describe in narrative.

a. Caused	b. Contributed	
☐	☐	Poor/absent supervision, go to 11
☐	☐	Child physical abuse, go to 4
☐	☐	Child neglect, go to 9
☐	☐	Other negligence, go to 10
☐	☐	Assault, not child abuse, go to 11
☐	☐	Religious/cultural practices, go to 11
☐	☐	Suicide, go to 28
☐	☐	Medical misadventure, specify and go to 12:
☐	☐	Other, specify and go to 11:
☐	☐	U/K, go to 11

4. Child abuse, type (check all that apply and describe in narrative):
   - ☐ Physical, go to 5
   - ☐ Emotional, specify and go to 11:
   - ☐ Sexual, specify and go to 11:
   - ☐ U/K, go to 11

5. Type of physical abuse, check all that apply:
   - ☐ Abusive head trauma, go to 6
   - ☐ Chronic Battered Child Syndrome, go to 8
   - ☐ Beating/kicking, go to 8
   - ☐ Scalding or burning, go to 8
   - ☐ Munchausen Syndrome by Proxy, go to 8
   - ☐ Other, specify and go to 8:
   - ☐ U/K, go to 8

6. For abusive head trauma, were there retinal hemorrhages?
   - ☐ No
   - ☐ Yes
   - ☐ U/K

7. For abusive head trauma, was the child shaken?
   - ☐ No
   - ☐ Yes
   - ☐ U/K

   If yes, was there impact?
   - ☐ No
   - ☐ Yes
   - ☐ U/K

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

9. Child neglect, check all that apply:
   - ☐ Failure to protect from hazards, specify:
   - ☐ Failure to provide necessities:
     - ☐ Food
     - ☐ Shelter
     - ☐ Other, specify:
   - ☐ Failure to seek/follow treatment, specify:
   - ☐ Emotional neglect, specify:
   - ☐ Abandonment, specify:
   - ☐ U/K

10. Other negligence:
    - ☐ Vehicular
    - ☐ Other, specify:
    - ☐ U/K

11. Was act(s) of omission/commision:

a. Caused	b. Contributed	
☐	☐	Chronic with child
☐	☐	Pattern in family or with perpetrator
☐	☐	Isolated incident

Person(s) Responsible

12. Primary person responsible for action(s) that caused or contributed to the death: (Check only one per column)

a. Caused	b. Contributed	
☐	☐	Self, go to 24
☐	☐	Biological parent
☐	☐	Adoptive parent
☐	☐	Step parent
☐	☐	Foster parent
☐	☐	Mother's partner
☐	☐	Father's partner
☐	☐	Grandparent
☐	☐	Sibling
☐	☐	Other relative
☐	☐	Friend
☐	☐	Acquaintance
☐	☐	Child's boyfriend/girlfriend
☐	☐	Stranger
☐	☐	Medical provider
☐	☐	Institutional staff
☐	☐	Babysitter
☐	☐	Licensed child care worker
☐	☐	Other, specify:
☐	☐	U/K

14. Person's age in years:

a. Caused	b. Contributed	
____	____	
☐	☐	U/K

15. Is person the caregiver/supervisor listed in previous sections?

a. Caused	b. Contributed	
☐	☐	No, go to 16
☐	☐	Yes, caregiver, go to 25
☐	☐	Yes, supervisor, go to 26

16. Does person speak English?

a. Caused	b. Contributed	
☐	☐	No
☐	☐	Yes
☐	☐	U/K

If no, language spoken:

17. Person on active military duty?

a. Caused	b. Contributed	
☐	☐	No
☐	☐	Yes, branch:
☐	☐	U/K

19. Person has history of substance abuse?

a. Caused	b. Contributed	
☐	☐	No
☐	☐	Yes
☐	☐	U/K

If yes, check all that apply:

a. Caused	b. Contributed	
☐	☐	Alcohol
☐	☐	Cocaine
☐	☐	Marijuana
☐	☐	Methamphetamine
☐	☐	Other street drugs
☐	☐	Prescription drugs
☐	☐	Over-the-counter drugs
☐	☐	U/K

20. Person has history as a victim of child maltreatment? Check all that apply:

a. Caused	b. Contributed	
☐	☐	No
☐	☐	Yes, Physical
☐	☐	Yes, Neglect
☐	☐	Yes, Sexual
☐	☐	Yes, Emotional
☐	☐	U/K
____	____	# CPS referrals
____	____	# Substantiations
☐	☐	Ever in foster care/adopted?

21. Person has history as a perpetrator of child maltreatment? Check all that apply:

a. Caused	b. Contributed	
☐	☐	No
☐	☐	Yes, Physical
☐	☐	Yes, Neglect
☐	☐	Yes, Sexual
☐	☐	Yes, Emotional
☐	☐	U/K
____	____	# CPS referrals
____	____	# Substantiations
☐	☐	CPS prevention services?
☐	☐	Family Preservation services?
☐	☐	Children ever removed?

13. Person's sex:

a. Caused	b. Contributed	
☐	☐	Male
☐	☐	Female
☐	☐	U/K

18. Person has history of intimate partner violence? Check all apply:

a. Caused	b. Contributed	
☐	☐	No
☐	☐	Yes, as victim
☐	☐	Yes, as perpetrator
☐	☐	U/K

22. Person has delinquent or criminal history?

a. Caused	b. Contributed	
☐	☐	No
☐	☐	Yes
☐	☐	U/K

If yes, check all that apply:

1. Caused	2. Contributed	
☐	☐	Assaults
☐	☐	Robbery
☐	☐	Drugs
☐	☐	Other, specify:
☐	☐	U/K

23. Person has prior child deaths?

a. Caused	b. Contributed	
☐	☐	No
☐	☐	Yes
☐	☐	U/K

If yes, check all that apply:

- ☐ Child abuse # ___
- ☐ Child neglect # ___
- ☐ Accident # ___
- ☐ Suicide # ___
- ☐ SIDS # ___
- ☐ Other, specify: # ___
- ☐ U/K

24. Person has a history of Post Traumatic Stress Disorder?

a. Caused	b. Contributed	
☐	☐	No
☐	☐	Yes, describe:
☐	☐	U/K

25. At time of incident, was person, (Check all that apply):

a. Caused	b. Contributed		a. Caused	b. Contributed	
☐	☐	Drug impaired?	☐	☐	Impaired by illness? Specify:
☐	☐	Alcohol impaired?	☐	☐	Impaired by disability? Specify:
☐	☐	Asleep?			
☐	☐	Distracted?			
☐	☐	Absent?	☐	☐	Other? Specify:

26. Does person have (check all that apply):

a. Caused	b. Contributed	
☐	☐	Prior history of similar acts?
☐	☐	Prior arrests?
☐	☐	Prior convictions?

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

a. Caused	b. Contributed		a. Caused	b. Contributed	
☐	☐	No charges filed	☐	☐	Plead, specify:
☐	☐	Charges pending	☐	☐	Not guilty verdict
☐	☐	Charges filed, specify:	☐	☐	Guilty verdict, sentence:
☐	☐	Confession	☐	☐	Tort charges, specify:
			☐	☐	U/K

For Suicide

28. For suicide, check each question and describe answers in narrative:

a. Yes	b. No	c. U/K	
☐	☐	☐	A note was left?
☐	☐	☐	Child talked about suicide?
☐	☐	☐	Prior suicide threats were made?
☐	☐	☐	Prior attempts were made?
☐	☐	☐	Suicide was completely unexpected?
☐	☐	☐	Child had received prior mental health services?
☐	☐	☐	Child was receiving mental health services?
☐	☐	☐	Child was on medications for mental illness?
☐	☐	☐	Issues prevented child from receiving mental health services? Specify:
☐	☐	☐	Child had a history of running away?
☐	☐	☐	Child had a history of self mutilation?
☐	☐	☐	There is a family history of suicide?
☐	☐	☐	Suicide was part of a murder-suicide?
☐	☐	☐	Suicide was part of a suicide pact?
☐	☐	☐	Suicide was part of a suicide cluster?

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

- ☐ No history
- ☐ Family discord
- ☐ Parents' divorce/separation
- ☐ Argument with parents/caregivers
- ☐ Argument with boyfriend/girlfriend
- ☐ Breakup with boyfriend/girlfriend
- ☐ Argument with other friends
- ☐ Rumor mongering
- ☐ Suicide by friend or relative
- ☐ Other death of friend or relative
- ☐ Bullying as victim
- ☐ Bullying as perpetrator
- ☐ School failure
- ☐ Move/new school
- ☐ Other serious school problems
- ☐ Pregnancy
- ☐ Physical abuse/assault
- ☐ Rape/sexual abuse
- ☐ Problems with the law
- ☐ Drugs/alcohol
- ☐ Sexual orientation
- ☐ Religious/cultural issues
- ☐ Job problems
- ☐ Money problems
- ☐ Gambling problems
- ☐ Involvement in cult activities
- ☐ Involvement in computer or video games
- ☐ Involvement with the Internet, specify:
- ☐ Other, specify:
- ☐ U/K

J. SERVICES TO FAMILY AND COMMUNITY AS A RESULT OF DEATH

1. Services, check all that apply:	a. Provided after death	b. Offered but not wanted	c. Needed but not available	d. Should be offered	e. Unknown	f. CDR review led to referral
Bereavement counseling	☐	☐	☐	☐	☐	☐
Economic support	☐	☐	☐	☐	☐	☐
Funeral arrangements	☐	☐	☐	☐	☐	☐
Emergency shelter	☐	☐	☐	☐	☐	☐
Mental health services	☐	☐	☐	☐	☐	☐
Foster care	☐	☐	☐	☐	☐	☐
Health care	☐	☐	☐	☐	☐	☐
Legal services	☐	☐	☐	☐	☐	☐
Family planning	☐	☐	☐	☐	☐	☐
Other, specify:	☐	☐	☐	☐	☐	☐

K. PREVENTION INITIATIVES RESULTING FROM THE REVIEW

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

2. Did the team or team members conduct any assessment of the risk factors and possible resources, services, programs or initiatives related to the prevention of this type of death?
   - ☐ No
   - ☐ Yes — If yes, check all that apply:
     - ☐ Literature review
     - ☐ Presentation by expert(s)
     - ☐ Data collection/analysis
     - ☐ Review programs, services, resources
     - ☐ Contact existing groups, agencies
     - ☐ Other, specify:
   - ☐ U/K

3. What specific change(s) does the team believe should occur to prevent other deaths and to keep children safe, healthy and protected?

☐ Individual: _____

☐ Community: _____

☐ Agency: _____

4. To effect this change, what specific recommendations and/or actions resulted from the review? Check all that apply: ☐ No recommendations made, go to Section L

		a. Current Action Stage			b. Type of Action		c. Level of Action		
		1. Recommendation	2. Planning	3. Implementation	1. Short term	2. Long term	1. Local	2. State	3. Natl
Education	Media campaign	☐	☐	☐	☐	☐	☐	☐	☐
	School program	☐	☐	☐	☐	☐	☐	☐	☐
	Community safety project	☐	☐	☐	☐	☐	☐	☐	☐
	Provider education	☐	☐	☐	☐	☐	☐	☐	☐
	Parent education	☐	☐	☐	☐	☐	☐	☐	☐
	Public forum	☐	☐	☐	☐	☐	☐	☐	☐
	Other education	☐	☐	☐	☐	☐	☐	☐	☐
Agency	New policy(ies)	☐	☐	☐	☐	☐	☐	☐	☐
	Revised policy(ies)	☐	☐	☐	☐	☐	☐	☐	☐
	New program	☐	☐	☐	☐	☐	☐	☐	☐
	New services	☐	☐	☐	☐	☐	☐	☐	☐
	Expanded services	☐	☐	☐	☐	☐	☐	☐	☐
Law	New law/ordinance	☐	☐	☐	☐	☐	☐	☐	☐
	Amended law/ordinance	☐	☐	☐	☐	☐	☐	☐	☐
	Enforcement of law/ordinance	☐	☐	☐	☐	☐	☐	☐	☐
Environment	Modify a consumer product	☐	☐	☐	☐	☐	☐	☐	☐
	Recall a consumer product	☐	☐	☐	☐	☐	☐	☐	☐
	Modify a public space	☐	☐	☐	☐	☐	☐	☐	☐
	Modify a private space(s)	☐	☐	☐	☐	☐	☐	☐	☐
	Other, specify:	☐	☐	☐	☐	☐	☐	☐	☐

Briefly describe the strategies:

5. Who took responsibility for championing the prevention strategies? Check all that apply:

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

6. Number of person(s)/agency(ies) responsible for prevention strategies:

____ Individual member(s) of team
____ Member agency(ies) of team
____ Person/Agency(ies) not on team

☐ U/K

L. THE REVIEW MEETING PROCESS

1. Number of review meetings for this case:

2. Is review complete? ☐ No ☐ Yes

3. Agencies at review, check all that apply:

- ☐ Medical examiner/coroner
- ☐ Law enforcement
- ☐ Prosecutor/district attorney
- ☐ Public health
- ☐ CPS
- ☐ Other social services
- ☐ Physician
- ☐ Hospital records staff
- ☐ Other health care
- ☐ Fire
- ☐ EMS
- ☐ Education
- ☐ Mental health
- ☐ Substance abuse
- ☐ Court
- ☐ Child advocate
- ☐ Others, list:

4. Factors that prevented an effective review, check all that apply:

- ☐ Confidentiality issues among members prevented full exchange of information.
- ☐ HIPAA regulations prevented access to or exchange of information.
- ☐ Inadequate investigation precluded having enough information for review.
- ☐ Team members did not bring adequate information to the meeting.
- ☐ Necessary team members were absent.
- ☐ Meeting was held too soon after death.
- ☐ Meeting was held too long after death.
- ☐ Records or information were needed from another locality in-state.
- ☐ Records or information were needed from another state.
- ☐ Team disagreement on circumstances.
- ☐ Other factors, specify:

5. Review meeting outcomes, check all that apply:

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

M. NARRATIVE

Use this space to provide more detail on the circumstances of the death, and to describe any other relevant information

N. FORM COMPLETED BY:

PERSON:	DATE:
TITLE:	PHONE:
AGENCY:	EMAIL:
SIGNATURE:	DATA ENTRY COMPLETED FOR THIS CASE? ☐ Yes ☐ No

NOTES:

The development of this report tool was supported, in part, by Grant No. 1 U93 MC 00225-01
from the Maternal and Child Health Bureau (Title V, Social Security Act),
Health Resources and Services Administration, Department of Health and Human Services.

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KEEPING KIDS ALIVE

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