CDR Report Form

National Fatality Review

Case Reporting System

Version 5.1







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

1-800-656-2434

info@ncfrp.org

www.ncfrp.org

Instructions:

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

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

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

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

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

Reminder:

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

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

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CASE NUMBER								
			Case Typ	e: O Death		Death C	Certificate Number:	
1					th/serious injury	Birth Ce	ertificate Number:	
State / County or Team Numb	_// ber / Year of Review / Sequenc	e of Review			alive (fetal/stillborn)		oner Number:	
State / Sounty of Team Num	bei / Tear of Neview / Dequene	e of review		never left hospital foll	, ,		eam Notified of Death:	
A OUR DINESPIANT	ION		L Cillia i	lever left flospital foli	owing birtin	Date 16	ann Notified of Death.	
A. CHILD INFORMATI								
A1. CHILD INFORMATI	ON (COMPLETE FOR A	LL AGES)						
1. Child's name: First:		Middle:		Last:				U/K
2. Date of birth: U/K	3. Date of death: U/K	4. Age:	Years	5. Race, check all	that apply:	□ U/K	6. Hispanic or	7. Sex:
		0	Months	☐ White	☐ Native Ha	waiian	Latino origin?	
	,	0	Days	☐ Black	☐ Pacific Isla	ander,	O Yes	○ Male
			Hours	☐ Asian, speci	fy: specify:		○ No	O Female
mm dd yyyy	mm dd yyyy	0	Minutes	☐ American Inc	dian, Tribe:		O u/ĸ	O u/ĸ
		0	U/K	☐ Alaska Nativ	ve, Tribe:			
8. Residence address:	□ U/K	•	9. Child's	weight at death:	, □ u/k		11. State of death:	
Street:		Apt.	O Pound	s/ounces				
			O Grams	/kilograms				
City:			10. Child's	s height at death:	□ u/k		12. County of death	:
State:	Zip: Cour	nty:	○ Feet/ir	nches				
			Ocm					
13. Child had disability or chro	onic illness?	Yes O No) U/K		15. Child's health ins	surance, o	check all that apply:	
If yes, check all that apply	r:			None ☐ Indian Health Service				
☐ Physical/orthopedic, specify: If yes, was child receiving Children's ☐ Private ☐ Other, specify:								
☐ Mental health/substa	ance abuse, specify:	Special Health	Care Nee	ds services?	☐ Medicaid		U/K	
☐ Cognitive/intellectua	II, specify:	O Yes) No	⊃ u/ĸ	☐ State plan			
☐ Sensory, specify:								
□ u/K					16. Was the child up	to date w	ith the Centers for Di	sease Control
	outside of the home prior to this	child's death?			· ·		nunization schedule?	
	s, # O No O U/K				,	,	No, specify:	Ou/ĸ
If the child never left the hospit							, , ,	
17. Type of residence:			18. New r	esidence	19. Residence overc	rowded?	21. Number of other	children living
O Parental home	O Relative home O Jai	l/detention	in pas	t 30 days?	○Yes ○No	O U/K	with child:	□ U/K
C Licensed group home	O Living on own O Otl	ner, specify:	○ Ye	6				
O Licensed foster home	O Shelter		O No		20. Child ever home	less?	-	
Relative foster home	O Homeless O U/F	<	O U/k		OYes ONo	O u/k		
22. Child had history of child m						23. Was t	L there an open CPS ca	ase with child at
As Victim As Perpetrat		petrator	If yes, how	v was history identifie	ed:		of death?	
O N/A		Physical	0	O Through			○ Yes ○	No ○ U/K
O Yes		Neglect	0	Other so		24. Was	child ever placed outs	
O O No		· ·	If through				to the death?	
○ O U/K		Emotional/	As Vid		<u>or</u>		○ Yes ○	No ○ U/K
		psychological		· ·		25. How	many months prior to	
		U/K		 -			contact with a health	
A2. COMPLETE FOR C	HILDREN OVER ONE Y							·
26. Child's highest education le		27. Child's work sta	tus:	28. Did child have p	problems in school?		29. Child had history	of intimate partner
On/a	O Drop out	O N/A		_ '		O u/k	violence? Chec	·
ONone	O HS graduate/GED	○ Employed		If yes, check all			□ N/A	
OPreschool	○ College	Full time	<u>;</u>	☐ Academic		ıl	☐ Yes, as vi	ctim
Grade K-8	Other, specify:	O Part time		☐ Truancy	_			
Grade 9-12	Ou/K	O U/K				n politico		
O Home schooled, K-8								
O nome schooled, 9-12	○ Home schooled, 9-12 ○ U/K							

30. Child had received prior mental health services?	32. Child o	on medications for m	ental health illness?	34. Child was hospitalized for mental health care within the
○ N/A ○ Yes ○ No ○ U/K	0	N/A O Yes	No Ou/K	previous 12 months?
If yes, check all that apply:				○ N/A ○ Yes ○ No ○ U/K
☐ Outpatient				If yes, did the child have a follow-up MH appointment
☐ Day treatment/partial hospitalization	33. Child h	nad emergency depa	artment visit for mental	within 30 days of discharge from the hospital?
Residential	_1	care within the previ		○ Yes ○ No ○ U/K
31. Child was receiving mental health services?	0	N/A O Yes C	No Ou/K	35. Issues prevented child from receiving mental health
○ N/A ○ Yes ○ No ○ U/K	If yes, o	did the child have a	follow-up mental health	services?
If yes, check all that apply:	appoint	tment within 30 days	s of emergency	○ N/A ○ Yes ○ No ○ U/K
☐ Outpatient	departn	ment visit?		If yes, specify:
☐ Day treatment/partial hospitalization	0	Yes O No	O u/k	
Residential				
36. Child had history of substance use or abuse?		37. Child had deling	uent or criminal history?	40. What was child's gender identity?
○ N/A ○ Yes ○ No ○ U/K		○ N/A	○ Yes ○ No ○ U/K	O No identity expressed O Non-binary
If yes, check all that apply:		If yes, check all	that apply:	O Male, not transgender Other, specify:
☐ Alcohol ☐ Prescription drugs, specify:		☐ Assaults	☐ Other, specify:	O Female, not transgender
☐ Cocaine ☐ Over-the-counter drugs, speci	fy:	☐ Robbery		○ Transgender male ○ U/K
☐ Marijuana ☐ Tobacco/nicotine, specify type	э :	☐ Drugs	□ U/K	O Transgender female
☐ Methamphetamine ☐ Other, specify:	[38. Child spent time	e in juvenile detention?	41. What was child's sexual orientation?
☐ Opioids ☐ U/K		O N/A	Yes O No O U/K	O No orientation expressed O Other, specify:
If yes, did the child receive treatment?				O Straight/heterosexual
○Yes ○No ○U/K				○ Gay/lesbian ○ U/K
If yes, type? Check all that apply:	[39. Child acutely ill i	n the two weeks	O Bisexual
☐ Outpatient ☐ Day treatment/partial hospitali	zation	before death?		O Questioning
☐ Inpatient/detox ☐ Residential		○ Yes	O No O U/K	
A3. COMPLETE FOR ALL FETAL/INFANTS UN	DER ON	E YEAR		
42. Was this case reviewed by both a Fetal/Infant Mortality F		•		○ Yes ○ No ○ U/K
43.Gestational age: U/K 44. Birth weight: U/K		45. Multiple gestation		ceased infant, 47. Including the deceased infant,
O Channe Hella arrane				
Grams/kilograms				nancies did the how many live births did the
# weeks O Pounds/ounces		○ No	OU/K birth mother ha	ve?# □ U/K birth mother have?# □ U/K
# weeks O Pounds/ounces 48. Not including the deceased infant, number of children	/ 49. Prenata	O No tal care provided du	U/K birth mother ha	ve?#
# weeks O Pounds/ounces	49. Prenata	No No tal care provided dui	U/K birth mother hating pregnancy of deceased infavisits kept: #	ve?#
# weeks O Pounds/ounces 48. Not including the deceased infant, number of children birth mother still has living? # U/K	49. Prenata If yes, If yes,	No No tal care provided dure, number of prenatal, month of first prena	U/K birth mother hating pregnancy of deceased infavisits kept: #atal visit. Specify 1-9:	ve? #
# weeks O Pounds/ounces 48. Not including the deceased infant, number of children birth mother still has living? # U/K 50. Were there access or compliance issues related to prena	49. Prenata If yes, If yes, tal care?	No No tal care provided dur, number of prenatal, month of first prena	OU/K birth mother had ing pregnancy of deceased infavisits kept: #atal visit. Specify 1-9:	ve? #
# weeks O Pounds/ounces 48. Not including the deceased infant, number of children birth mother still has living? # U/K 50. Were there access or compliance issues related to prena Lack of money for care Language.	49. Prenata If yes, If yes, tal care?	No No tal care provided dur, number of prenatal, month of first prena	□ U/K birth mother hat ing pregnancy of deceased infavisits kept: #tatal visit. Specify 1-9:) No □ U/K If yes, chat lack of family/so	ve? # U/K birth mother have? # U/K ant? O Yes O No O U/K U/K U/K U/K ceck all that apply: botal support Didn't think she was pregnant
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_								
, , _	Other Condition/Con		_	_				
☐ UTI ☐ HELLP syndrom	е	☐ Oral health/dental or gum infection		disorder Preterm labor				
☐ Decreased fetal movement ☐ Maternal develop	omental delay	Gastrointestinal	Abnormal MSAF	P Unother, specify:				
52. Did the mother experience any medical complications in p	previous pregnancies	? O N/A O Yes	O No O U/K	If yes, check all that apply:				
Previous preterm birth		small for gestational age						
☐ Previous low birth weight birth	☐ Previous I	arge for gestational age (greater than						
53. Did the mother use any medications, drugs or other subs	tances during pregna	incy? O Yes O No	U/K If yes, che	eck all that apply:				
☐ Over-the-counter meds ☐ Anti-epileptic	☐ Naus	sea/vomiting medications	☐ Cocaine	☐ Meds to treat drug addiction				
☐ Allergy medications ☐ Anti-hypertensives	☐ Chol	esterol medications	☐ Heroin	☐ Opioids				
☐ Antibiotics ☐ Anti-hypothyroidism	☐ Slee	ping pills	☐ Marijuana	☐ Other pain meds				
☐ Anti-flu/antivirals ☐ Arthritis medications	is ☐ Meds	s to treat preterm labor	☐ Methamphetamine	☐ Other, specify:				
☐ Anti-depressants/anti- ☐ Diabetes medication	ns	s used during delivery	☐ Alcohol	□ U/K				
anxiety/anti-psychotics Asthma medications	s □ Prog	esterone/P17	☐ If alcohol, infan	t born with fetal effects or syndrome?				
If any item is checked, please indicate the generic or bra	nd name of the medi							
54. Was the infant born drug exposed?	O Yes C) No O U/K						
55. Did the infant have neonatal abstinence syndrome (NAS)	? O Yes C	No Ou/K						
56. Level of birth hospital:	57. At discharge from	m the birth hospital, was a case mana	ager assigned to the moth	er?				
○ 1°	0	N/A, mother did not go to a birth hos	spital O Yes C) No ○ U/K				
○ 2°	58. Did the mother	attend a postpartum visit?	○ Yes ○) No O U/K				
○ 3°	59. Did the infant ha	ave a NICU stay of more than one da	y? O Yes C) No O U/K				
Free-standing birth hospital	If yes, for what reason	on(s)? Check all that apply:						
O Home birth	☐ Prematuri	ty Apnea	☐ Hypothermia	☐ Meconium aspiration				
Other, specify:	☐ Low birth	weight Sepsis	☐ Jaundice	☐ Congenital anomalies				
O ∪/K	☐ Tachypne	a Feeding difficulties	☐ Anemia	Other, specify:				
	☐ Drug/alcol	hol exposure		□ U/K				
60. Did mother smoke in the 3 months before pregnancy?	61. Did the mother s	moke at any time Trime	ester 1 Trimester 2	Trimester 3				
O Yes If yes, Avg # cigarettes/day	during pregnand	cy? If yes,		Avg # cigarettes/day				
O No (20 cigarettes in pack)	○ Yes ○	No OU/K —		(20 cigarettes in pack)				
○ U/K ☐ U/K quantity]		☐ U/K quantity				
○ U/K ☐ U/K quantity ☐ ☐ U/K quantity								
62. Did the mother use e-cigarettes or other electronic nicotine products at any time during pregnancy?								
62. Did the mother use e-cigarettes or other electronic nicotin If yes, on average how often? More than once a data		-		⊃ u/k u/k				
_		ay O 2-6 days a week O1 d	_	U/K				
If yes, on average how often?		ay O 2-6 days a week O1 d	ay a week or less	U/K				
If yes, on average how often? More than once a data. Mas mother injured during pregnancy?		2-6 days a week 1 d	ay a week or less	U/K				
If yes, on average how often? More than once a data.	ay Once a da	2-6 days a week 1 d	ay a week or less O ther have postpartum dep O No O U/K	U/K pression?				
If yes, on average how often? More than once a da 63. Was mother injured during pregnancy? Yes No U/K If yes, describe: If this was a fetal death, go to Section B.	ay Once a da	ay 2-6 days a week 1 d 64. Did the mo Yes	ay a week or less O ther have postpartum dep O No O U/K	U/K pression?				
If yes, on average how often? More than once a da 63. Was mother injured during pregnancy? Yes No U/K If yes, describe: If this was a fetal death, go to Section B. 65. Infant ever breastfed? Yes No U/K	ay ○ Once a da	2-6 days a week 1 d 64. Did the mo Yes 66. Did infant have abnormal metab	ther have postpartum dep No U/K Dolic newborn screening re	U/K pression? esults?				
If yes, on average how often? More than once a data of the state of t	No Ou/K	66. Did infant have abnormal metal:	ther have postpartum dep No U/K Dolic newborn screening re	U/K pression? esults?				
If yes, on average how often? More than once a data of the state of t	No Ou/K No Ou/K No Ou/K	66. Did infant have abnormal metal:	ther have postpartum dep No U/K Dolic newborn screening re	U/K pression? esults?				
If yes, on average how often? More than once a da 63. Was mother injured during pregnancy? Yes No U/K If yes, describe: If this was a fetal death, go to Section B. 65. Infant ever breastfed? Yes No U/K If yes, any breast milk at 3 months? N/A Yes If yes, exclusively? Yes If yes, any breast milk at 6 months? N/A Yes If yes, any breast milk at 6 months?	No Ou/K No Ou/K No Ou/K	66. Did infant have abnormal metal:	ther have postpartum dep No U/K Dolic newborn screening re	U/K pression? esults?				
If yes, on average how often? More than once a da 63. Was mother injured during pregnancy? Yes No U/K If yes, describe: If this was a fetal death, go to Section B. 65. Infant ever breastfed? Yes No U/K If yes, any breast milk at 3 months? N/A Yes If yes, exclusively? Yes If yes, any breast milk at 6 months? N/A Yes If yes, exclusively? Yes O	No Ou/K No Ou/K No Ou/K	66. Did infant have abnormal metal:	ther have postpartum dep No U/K Dolic newborn screening re	U/K pression? esults?				
If yes, on average how often? More than once a da 63. Was mother injured during pregnancy? Yes No U/K If yes, describe: If this was a fetal death, go to Section B. 65. Infant ever breastfed? Yes No U/K If yes, any breast milk at 3 months? N/A Yes If yes, exclusively? Yes If yes, any breast milk at 6 months? N/A Yes If yes, exclusively? Yes If yes, exclusively? Yes If yes, exclusively? Yes If yes, exclusively? Yes If ever, was infant receiving breast milk at time of death?	No Ou/K No Ou/K No Ou/K No Ou/K No Ou/K	66. Did infant have abnormal metal:	ther have postpartum dep No U/K Dolic newborn screening re	U/K pression? esults?				
If yes, on average how often? More than once a da 63. Was mother injured during pregnancy? Yes No U/K If yes, describe: If this was a fetal death, go to Section B. 65. Infant ever breastfed? Yes No U/K If yes, any breast milk at 3 months? N/A Yes If yes, exclusively? Yes If yes, any breast milk at 6 months? N/A Yes If yes, exclusively? Yes If yes, exclusively? Yes If yes, exclusively? Yes If yes, exclusively? Yes Yes O	No Once a da	66. Did infant have abnormal metal:	ther have postpartum dep No U/K polic newborn screening re U/K y such as a fatty acid oxid	U/K pression? esults? ation error:				
If yes, on average how often? More than once a da 63. Was mother injured during pregnancy? Yes No U/K If yes, describe: If this was a fetal death, go to Section B. 65. Infant ever breastfed? Yes No U/K If yes, any breast milk at 3 months? N/A Yes If yes, exclusively? Yes If yes, any breast milk at 6 months? N/A Yes If yes, exclusively? Yes If yes, exclusively? Yes If yes, exclusively? Yes If yes, exclusively? Yes If yes, was infant receiving breast milk at time of death? Yes No U/K If the infant never left the hospital following birth, go to Section	No Once a da	2-6 days a week 1 d 64. Did the mo Yes 66. Did infant have abnormal metal N/A Yes No If yes, describe any abnormality	ther have postpartum dep No U/K polic newborn screening re U/K y such as a fatty acid oxid	U/K pression? esults? ation error:				
If yes, on average how often? More than once a da 63. Was mother injured during pregnancy? Yes No U/K If yes, describe: If this was a fetal death, go to Section B. 65. Infant ever breastfed? Yes No U/K If yes, any breast milk at 3 months? N/A Yes If yes, exclusively? Yes If yes, any breast milk at 6 months? N/A Yes If yes, exclusively? Yes If yes, exclusively? Yes If yes, exclusively? Yes If yes, exclusively? Yes OH oU/K If ever, was infant receiving breast milk at time of death? Yes No U/K If the infant never left the hospital following birth, go to Section 67. At any time prior to the infant's last 72 hours, did the infant	No Once a da	64. Did the mo 65. Did infant have abnormal metal. N/A Yes No If yes, describe any abnormality.	ther have postpartum dep No U/K polic newborn screening re U/K y such as a fatty acid oxid	U/K pression? esults? ation error: the following? Check all that apply:				
If yes, on average how often? More than once a da 63. Was mother injured during pregnancy? Yes No U/K If yes, describe: If this was a fetal death, go to Section B. 65. Infant ever breastfed? Yes No U/K If yes, any breast milk at 3 months? N/A Yes If yes, exclusively? Yes If yes, any breast milk at 6 months? N/A Yes If yes, exclusively? Yes If yes, exclusively? Yes If yes, exclusively? Yes OH if ever, was infant receiving breast milk at time of death? Yes No U/K If the infant never left the hospital following birth, go to Section 67. At any time prior to the infant's last 72 hours, did the infant history of (check all that apply):	No U/K No U/K No U/K No U/K No U/K no U/K	2-6 days a week 1 d 64. Did the mo Yes 66. Did infant have abnormal metals N/A Yes No If yes, describe any abnormality 68. In the 72 hours prior to death, d	ther have postpartum dep No U/K polic newborn screening re U/K y such as a fatty acid oxid id the infant have any of t	U/K pression? esults? ation error: the following? Check all that apply: Cyanosis				
If yes, on average how often? More than once a da 63. Was mother injured during pregnancy? Yes No U/K If yes, describe: If this was a fetal death, go to Section B. 65. Infant ever breastfed? Yes No U/K If yes, any breast milk at 3 months? N/A Yes If yes, exclusively? Yes If yes, any breast milk at 6 months? N/A Yes If yes, exclusively? Yes If yes, exclusively? Yes If yes, exclusively? Yes OH if yes, exclusively? Yes OH if yes, was infant receiving breast milk at time of death? Yes No U/K If the infant never left the hospital following birth, go to Section 67. At any time prior to the infant's last 72 hours, did the infant history of (check all that apply):	No U/K No U/K No U/K No U/K No U/K No U/K No OU/K	64. Did the mo O Yes 66. Did infant have abnormal metals N/A Yes No If yes, describe any abnormality 68. In the 72 hours prior to death, d	ther have postpartum dep No U/K poolic newborn screening re U/K y such as a fatty acid oxid id the infant have any of t Vomiting Choking Diarrhea	u/K pression? esults? ation error: he following? Check all that apply: Cyanosis Seizures or convulsions				
If yes, on average how often?	No U/K No U/K No U/K No U/K No U/K no U/K no ht have a	64. Did the mo 65. Did infant have abnormal metal. N/A Yes No If yes, describe any abnormality 68. In the 72 hours prior to death, d None Fever Excessive sweating	ther have postpartum dep No U/K poolic newborn screening re U/K y such as a fatty acid oxid id the infant have any of t Vomiting Choking Diarrhea	be following? Check all that apply: Cyanosis Seizures or convulsions Other, specify:				
If yes, on average how often?	No U/K No U/K No U/K No U/K No U/K no U/K no ht have a	64. Did the mo 65. Did infant have abnormal metals N/A Yes No If yes, describe any abnormality 68. In the 72 hours prior to death, d None Fever Excessive sweating Lethargy/sleeping more than usu	ther have postpartum dep No U/K polic newborn screening re U/K y such as a fatty acid oxid id the infant have any of to Vomiting Choking Diarrhea al	be following? Check all that apply: Cyanosis Seizures or convulsions Other, specify:				
If yes, on average how often?	No U/K	68. In the 72 hours prior to death, d None Fever Excessive sweating Lethargy/sleeping more than usu Fussiness/excessive crying	ther have postpartum dep No U/K polic newborn screening re U/K y such as a fatty acid oxid id the infant have any of t Vomiting Choking Diarrhea al Stool changes Apnea	be following? Check all that apply: Cyanosis Seizures or convulsions Other, specify:				
If yes, on average how often?	No U/K nh B. In thave a	64. Did the mo 65. Did infant have abnormal metals N/A Yes No If yes, describe any abnormality 68. In the 72 hours prior to death, d None Fever Excessive sweating Lethargy/sleeping more than usu Fussiness/excessive crying Decrease in appetite	ther have postpartum dep No U/K polic newborn screening re U/K y such as a fatty acid oxid id the infant have any of t Vomiting Choking Diarrhea al Stool changes Difficulty breathir Apnea as the infant given	u/K pression? esults? ation error: Cyanosis Seizures or convulsions Other, specify:				
If yes, on average how often?	No U/K no ht have a novulsions malities	64. Did the mo 65. Did infant have abnormal metals N/A Yes No If yes, describe any abnormality 68. In the 72 hours prior to death, d None Fever Excessive sweating Lethargy/sleeping more than usu Fussiness/excessive crying Decrease in appetite 71. In the 72 hours prior to death, we	id the infant have any of to Vomiting Choking Diarrhea al Stool changes Difficulty breathin Apnea as the infant given noclude herbal,	be following? Check all that apply: Cyanosis Seizures or convulsions Other, specify: T2. What did the infant have for his/her				
If yes, on average how often?	No U/K no ht have a novulsions malities	64. Did the mo 64. Did the mo 7 yes 66. Did infant have abnormal metals N/A Yes No If yes, describe any abnormality 68. In the 72 hours prior to death, describe any abnormality Compared to the provided service of th	id the infant have any of to Vomiting Choking Diarrhea al Stool changes Difficulty breathin Apnea as the infant given noclude herbal,	besults? ation error: the following? Check all that apply: Cyanosis Seizures or convulsions Other, specify: T2. What did the infant have for his/her last meal? Check all that apply:				
If yes, on average how often?	No U/K The B. The thave a any vaccines? No U/K	68. In the 72 hours prior to death, dethargy/sleeping more than usu Fussiness/excessive crying Decrease in appetite 71. In the 72 hours prior to death, we any medications or remedies? In prescription, over-the-counter me	ther have postpartum dep No U/K polic newborn screening re U/K y such as a fatty acid oxid id the infant have any of t Vomiting Choking Diarrhea all Stool changes Difficulty breathir Apnea as the infant given include herbal, edications and	besults? ation error: Cyanosis Seizures or convulsions Other, specify: 12. What did the infant have for his/her last meal? Check all that apply: Breast milk				
If yes, on average how often?	No U/K The B. The thave a any vaccines? No U/K	68. In the 72 hours prior to death, describe any abnormality 68. In the 72 hours prior to death, describe any abnormality 69. In the 72 hours prior to death, describe any abnormality 69. In the 72 hours prior to death, describe any abnormality 60. In the 72 hours prior to death, describe any abnormality 60. In the 72 hours prior to death, describe any abnormality 61. In the 72 hours prior to death, we any medications or remedies? In prescription, over-the-counter methome remedies.	ther have postpartum dep No U/K polic newborn screening re U/K y such as a fatty acid oxid id the infant have any of t Vomiting Choking Diarrhea all Stool changes Difficulty breathir Apnea as the infant given include herbal, edications and	be following? Check all that apply: Cyanosis Seizures or convulsions Other, specify: 12. What did the infant have for his/her last meal? Check all that apply: Breast milk Formula, type:				
If yes, on average how often?	No U/K The B. The thave a any vaccines? No U/K	68. In the 72 hours prior to death, describe any abnormality 68. In the 72 hours prior to death, describe any abnormality 69. In the 72 hours prior to death, describe any abnormality 69. In the 72 hours prior to death, describe any abnormality 60. In the 72 hours prior to death, describe any abnormality 60. In the 72 hours prior to death, describe any abnormality 61. In the 72 hours prior to death, we any medications or remedies? In prescription, over-the-counter methome remedies.	ther have postpartum dep No U/K polic newborn screening re U/K y such as a fatty acid oxid id the infant have any of the street oxid Choking Choking Choking Diarrhea all Stool changes Difficulty breathin Apnea as the infant given include herbal, edications and	be following? Check all that apply: Cyanosis Seizures or convulsions Other, specify: T2. What did the infant have for his/her last meal? Check all that apply: Breast milk Formula, type: Baby food, type:				

B. BIO	B. BIOLOGICAL PARENT INFORMATION On the information available, go to Section C													
1. Parents	s alive on date of chil	d's death?	Even if	parent(s) are decease	ed at		<u>Female</u>	С	Yes O	No (⊃u/k			
time o	f child's death, pleas	e fill out th	e remain	ing questions.			<u>Male</u>	С	Yes O	No (O u/k			
2. Parents	s' race, check all tha	t apply:			3. Parents	s' Hispanic	or Latino origi	n?	5. Parents	s' employn	nent status:		6. Parent	s' income:
<u>Female</u>	<u>Male</u>		Female	Male	<u>Female</u>				<u>Female</u>	<u>Male</u>			<u>Female</u>	
	☐ White			☐ Native Hawaiian	0		specify origin:		0	○ Emp	oloyed		0	O High
	☐ Black			Pacific Islander,	0	O No			0		mployed		0	O Medium
	☐ Asian, specify:			specify:	0	O U/K			0	O On o	disability		0	O Low
	☐ American Indiar	n, Tribe:		□ u/K	4. Parent	s' age in ye	ears at time of		0		-at-home			O u/k
	☐ AlaskanNative,	Tribe:			child's	death:			0	O Reti	red			
					<u>Female</u>	<u>Male</u>			0	O u/ĸ				
							# Years							
	1					□ U/K							L	
				and understand			eration immigra	ant?			social serv	ices in th	e past twel	ve months?
<u>Female</u>		Englisl			Female				<u>Female</u>					
_	< High school	Female			0		country of orig	ıın:		O Yes	If yes, ch	eck all th	at apply be	low:
	O High school/	0	O Yes	5	0	O N₀ O U/K			0	○ No ○ U/K				
0	GED College	0	O N₀	•			e military duty?	<u> </u>	1			Female	Malo	
	O College O Post graduate		u/r anguage		10. Paren Female		= minuary duty?		Female	<u>Male</u> □ WIC		Female		ion 8/housing
	O U/K	II IIO, I	anguage	sрокеп.	O		specify branch				e visiting,		_	al Security Disability
	O 0/K				0	O No	specify branci			spec	0,			rance (SSI/SSDI)
					0	O U/K				☐ TAN	-			r, specify:
						<i>O</i> 0,				☐ Medi		_		., speeny.
										_	stamps/	П	□ U/K	
									_		P/EBT	_	_ 0,	
12. Paren	ts have substance		13. Pare	ents ever victim of child	i	14. Parent	ts ever perpetr	ator c	f maltreatm	ent?	15. Parent	s have di	sability or o	hronic illness?
abuse	history?		maltr	eatment?		<u>Female</u>	Male .				<u>Female</u>	Male		
<u>Female</u>	<u>Male</u>		Femal	e <u>Male</u>		0	O Yes				0	O Yes		
0	○Yes		0	O Yes		0	○ No				0	○ No		
0	○No		0	○ No		0	O U/K				0	O U/K		
0	○u/K		0	○ u/ĸ		If yes,	check all that a	apply:			If yes, o	check all t	that apply:	
If yes,	check all that apply:		If yes	s, check all that apply:			☐ Physica	al				☐ Phys	sical/orthop	edic, specify:
	□Alcohol			☐ Physical			☐ Neglect	t				☐ Men	tal health/s	ubstance abuse,
	Cocaine			☐ Neglect			☐ Sexual						specify:	
	□Marijuana			☐ Sexual			☐ Emotio	nal/ps	ychological			☐ Cog	nitive/intelle	ectual, specify:
	☐Methamphetam	ine		☐ Emotional/psyc	hological		□ U/K					☐ Sens	sory, speci	fy:
	Opioids			□ U/K			# CI	PS ref	ferrals			□ U/K		
	☐ Prescription dru	ıgs		# CPS refe	rrals		# St	ubstar	ntiations					abuse, was parent
	Over-the-counter	er		# Substanti			☐ CPS pr	event	ion services	6	receivir	ng mental	l health ser	vices?
	Other, specify:			☐ Ever in foster of	are or		☐ Family	prese	rvation serv	vices	0	O Yes		
	□u/ĸ			adopted			☐ Childre	n eve	r removed		0	○ No		
											0	O U/K		
	ts have prior child de	eaths?												
Female	<u> </u>			ause(s): Check all tha	it apply:							_		
	O Yes		Femal	-				Male				Female		.
	O No O U/K			☐ Child abu		_			Suicide #					Other #
	O u/k			- 3					SIDS #_					Other, specify:
			Ц	☐ Accident #	<i>†</i>				Undetermi	neu cause	; #			U/K
17 Paren	ts have history of inti	imate nart	ner violo	nce?		18 Paren	its have deling	uent/	criminal hiet	orv?	If yes, che	ck all the	t annly:	
ii. Faien	Female Male	mate part	I ICI VIOIO	100:		Female	Male	ueril/(zininiai IIISU	.∪ıy !	•	eck all tha <u>Male</u>	ι αρμιγ.	
		Yes, as vi	ctim			O	Yes					<u>waie</u> □ Assa	aults	
		Yes, as pe		r		0	O No					☐ Robl		
		No	- 21. a.o			0	O U/K					☐ Druc	-	
		U/K					_						er, specify:	
												□ U/K		

C. PRIMARY CAREGIVE	C. PRIMARY CAREGIVER(S) INFORMATION									
1. Primary caregiver(s): Select	only one each in columns one a	and two.							2. Caregive	er(s) age in years:
One Two		One Two		<u>One</u>	Two				<u>One</u>	Two
O Self, go to Section	on D	O OFost	ter parent	\circ	Othe	r relative				# Years
O OBiological mothe	r, go to Section D	O OMot	her's partner	\circ	OFrier	nd				□ U/K
O OBiological father,	, go to Section D	○ ○ Fath	ner's partner	0	Olnstit	utional sta	ff		3. Caregive	er(s) sex:
O OAdoptive parent		O OGra	ndparent	0	Othe	r, specify:			<u>One</u>	<u>Two</u>
O OStepparent		O Osibli	ng						0	OMale
				\circ	Ou/ĸ				0	Female
									0	Ou/ĸ
4. Caregiver(s) race, check all t	hat apply:	5. Caregi	ver(s) Hispai	nic or	6. Caregi	ver(s) emp	loyment st	atus:	7. Caregive	er(s) income:
One Two	One Two	Latin	o origin?		<u>One</u>	<u>Two</u>			<u>One</u>	<u>Two</u>
□ □ White	☐ ☐ Native Hav	waiian <u>One</u>	Two		0	○ Emp	loyed		0	O High
☐ ☐ Black	☐ ☐ Pacific Isla	ander,	O Yes		0	O Une			0	Medium
☐ ☐ Asian, specify:	specify:		○ No		0	On o	disability		0	OLow
☐ ☐ American Indian, 7	Tribe: U/K	0	O U/K		0		-at-home		0	○ U/K
☐ ☐ Alaska Native, Tril		If ves	specify origi	in·	0	O Retir				.
— — / lacka rativo, riii		ıı yoo,	opoony ong		0	O U/K				
8. Caregiver(s) education:	Do caregiver(s) speak and	10 Care	giver(s) first	gonoration				convices	in the past to	welve months?
One Two	understand English?	immig		ganeration	One	Two	CIVE SUUId	SCI VICES	iii uie pasi li	MOINE HIGHRIS!
O O< High school	•	One One	Two		One		If yes sh-	ok all that	apply below:	
							ii yes, che	ck all that	apply below:	
O High school/GED			,	country of origin:	0	○ No				
OCollege	O O No		○ No		0	O u/ĸ				
O OPost graduate	O O U/K	0	O U/K		One —	Two		One Tw	_	
O Ou/k	If no, language spoken:	11. Care	giver(s) on a	ctive military duty?		□wic			Food stamp	s/SNAP/EBT
		<u>One</u>	Two			Home	visiting		Section 8/h	ousing
		0	OYes, s	pecify branch:		specify	' :		Soc Sec Dis	sability (SSI/SSDI)
		0	○No			\square TANF			Other, spec	ify:
		0	Ou/ĸ			Medica	aid		l u/k	
13. Caregiver(s) have substance	te 14. Caregiver(s) ever v	victim of child	15. Caregiv	ver(s) ever perpetra	tor of malt	reatment?	16. Caregi	ver(s) ha	ve disability o	or chronic illness?
abuse history?	maltreatment?		<u>One</u>	<u>Two</u>			<u>One</u>	Two		
One Two	One Two		0	O Yes			\circ	O Yes		
O O Yes	○ ○ Yes		0	○ No			\circ	○ No		
○ ○ No	○ ○ No		0	O U/K			\circ	O U/K		
O О и/к	○ O U/K		If yes, o	check all that apply:			If yes,	check all	that apply:	
If yes, check all that apply:	If yes, check all that	at apply:		Physical						dic enecify:
□ □ Alcohol								☐ Phys	sical/orthoped	uic, specify.
☐ ☐ Cocaine	☐ ☐ Physica	al		□Neglect					sical/orthoped tal health/sub	ostance abuse,
	,			□ Neglect					tal health/sub	
П ПMarijuana	□ □ Neglec	t		Sexual	chological			□ Men	tal health/sub	ostance abuse,
☐ ☐ Marijuana	☐ ☐ Neglec	t		Sexual Emotional/psyc	chological			☐ Men	ital health/sub specify: nitive/intellec	ostance abuse, tual, specify:
☐ ☐ Methamphetami	□ □ Neglec □ □ Sexual ne □ □ Emotio	t		☐ Sexual ☐ Emotional/psyc	J			☐ Men	tal health/sub specify: nitive/intellec sory, specify:	ostance abuse, tual, specify:
☐ ☐ Methamphetami	□ □ Neglec □ □ Sexual ne □ □ Emotio □ □ U/K	rt nal/psychological		□ Sexual □ Emotional/psyd □ U/K# CPS refer	rrals			☐ Men ☐ Cog ☐ Sens	tal health/sub specify: nitive/intellec sory, specify:	ostance abuse, tual, specify:
☐ ☐ Methamphetami ☐ ☐ Opioids ☐ ☐ Prescription drug	ne	enal/psychological CPS referrals		□ Sexual □ Emotional/psyc □ U/K# CPS refer# Substanti	rrals ations		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐ Men ☐ Cog ☐ Sen: ☐ U/K al health/s	tal health/subspecify: nitive/intellecsory, specify: substance ab	ostance abuse, tual, specify:
☐ ☐ Methamphetami ☐ ☐ Opioids ☐ ☐ Prescription drug ☐ ☐ Over-the-counte	□ □ Neglec □ □ Sexual ne □ □ Emotio □ □ U/K gs# C r# S	et enal/psychological SPS referrals substantiations		□ Sexual □ Emotional/psyc □ U/K	rrals ations n services		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐ Men ☐ Cog ☐ Sens ☐ U/K al health/ser receiving	tal health/sult specify: nitive/intellec sory, specify: substance ab ing MH service	ostance abuse, tual, specify:
☐ ☐ Methamphetami ☐ ☐ Opioids ☐ ☐ Prescription drug ☐ ☐ Over-the-counte ☐ ☐ Other, specify:	□ □ Neglec □ □ Sexual ne □ □ Emotio □ □ U/K gs	onal/psychological CPS referrals substantiations of foster care or		Sexual Emotional/psyc U/K # CPS refer # Substanti CPS prevention Family preserve	rrals ations n services ation servi	ces	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐ Men ☐ Cog ☐ Sen: ☐ U/K al health/ser receivi	tal health/sult specify: nitive/intellec sory, specify: substance ab ing MH service	ostance abuse, tual, specify:
☐ ☐ Methamphetami ☐ ☐ Opioids ☐ ☐ Prescription drug ☐ ☐ Over-the-counte	□ □ Neglec □ □ Sexual ne □ □ Emotio □ □ U/K gs# C r# S	onal/psychological CPS referrals substantiations of foster care or		□ Sexual □ Emotional/psyc □ U/K	rrals ations n services ation servi	ces	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐ Men ☐ Cog ☐ Sen: ☐ U/K al health/ser receivi ☐ Yes ☐ No	tal health/sult specify: nitive/intellec sory, specify: substance ab ing MH service	ostance abuse, tual, specify:
☐ ☐ Methamphetami ☐ ☐ Opioids ☐ ☐ Prescription drug ☐ ☐ Over-the-counte ☐ ☐ Other, specify: ☐ ☐ U/K	ne	enal/psychological CPS referrals substantiations a foster care or ed		□ Sexual □ Emotional/psyc □ U/K# CPS refel# Substanti □ CPS preventiol □ Family preserved □ Children ever references	rrals ations n services ation servi emoved		☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐ Men ☐ Cog ☐ Sen: ☐ U/K al health/ser receivi ☐ Yes ☐ No ☐ U/K	tal health/sul specify: nitive/intellec sory, specify: substance ab ing MH servio	ostance abuse, tual, specify: ouse, was ces?
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☐ ☐ Methamphetami ☐ ☐ Opioids ☐ ☐ Prescription drug ☐ ☐ Over-the-counte ☐ ☐ Other, specify: ☐ ☐ U/K 17. Caregiver(s) have prior child deaths?	If yes, cause(s): Chec	onal/psychological CPS referrals substantiations of foster care or ed	18. Caregiv	Sexual Emotional/psyc U/K # CPS refer # Substanti CPS prevention Family preserved Children ever rever(s) have history ce?	rrals ations n services ation servi emoved		If ment caregiv	☐ Men ☐ Cog ☐ Sen: ☐ U/K al health/ser receivi ☐ Yes ☐ No ☐ U/K iver(s) ha	tal health/sult specify: nitive/intellect sory, specify: substance abing MH service we delinquer	ostance abuse, tual, specify: ouse, was ces?
☐ ☐ Methamphetami ☐ ☐ Opioids ☐ ☐ Prescription drug ☐ ☐ Over-the-counte ☐ ☐ Other, specify: ☐ ☐ U/K 17. Caregiver(s) have prior child deaths? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	If yes, cause(s): Cheid a	enal/psychological CPS referrals Substantiations I foster care or ed ck all that apply:	18. Caregiv violence	Sexual Emotional/psyc U/K # CPS refer # Substanti CPS prevention Family preserve Children ever rever(s) have history ce?	rrals ations n services ation servi emoved of intimate		If ment caregiv	☐ Men ☐ Cog ☐ Sen: ☐ U/K al health/s er receivi ☐ Yes ☐ No ☐ U/K iver(s) ha Two ☐ Y	tal health/sult specify: nitive/intellectory, specify: substance abing MH service delinquer	ostance abuse, tual, specify: ouse, was ces?
☐ ☐ Methamphetami ☐ ☐ Opioids ☐ ☐ Prescription drug ☐ ☐ Over-the-counte ☐ ☐ Other, specify: ☐ ☐ U/K 17. Caregiver(s) have prior child deaths? ☐ ☐ ☐ Yes ☐ ☐ Yes	If yes, cause(s): Chec	enal/psychological CPS referrals Substantiations I foster care or ed ck all that apply: buse # leglect #	18. Caregin violence One	Sexual Emotional/psyc U/K # CPS refer # Substanti CPS prevention Family preserved Children ever rever(s) have history ce? Two Yes, as victin	ations n services ation servi emoved of intimate		If ment caregiv	☐ Men ☐ Cog ☐ Sen: ☐ U/K al health/ster receivi ☐ Yes ☐ No ☐ U/K iver(s) ha ☐ Two ☐ Y	tal health/sult specify: nitive/intellectory, specify: substance abing MH service ave delinquer /es	ostance abuse, tual, specify: ouse, was ces?
	If yes, cause(s): Chec	enal/psychological CPS referrals Substantiations I foster care or ed Ck all that apply: Libuse # Leglect # Int #	18. Caregin violence One	Sexual Emotional/psyc U/K # CPS refer # Substanti CPS prevention Family preserved Children ever rever(s) have history ce? Two Yes, as victin Yes, as perper	ations n services ation servi emoved of intimate		If ment caregiv	☐ Men ☐ Cog ☐ Sen: ☐ U/K al health/ser receivi ☐ Yes ☐ No ☐ U/K iver(s) ha	tal health/sult specify: nitive/intellect sory, specify: substance abing MH service ave delinquer ves No	ostance abuse, tual, specify: ouse, was ces?
☐ ☐ Methamphetami ☐ ☐ Opioids ☐ ☐ Prescription drug ☐ ☐ Over-the-counte ☐ ☐ Other, specify: ☐ ☐ U/K 17. Caregiver(s) have prior child deaths? ☐ ☐ ☐ Yes ☐ ☐ Yes	If yes, cause(s): Chec	enal/psychological CPS referrals substantiations foster care or ed ck all that apply: buse # eglect # et # et #	18. Caregin violence	Sexual Emotional/psyc U/K # CPS refer # Substanti CPS prevention Family preserved Children ever rever(s) have history ce? Two Yes, as victin	ations n services ation servi emoved of intimate		If ment caregiv	☐ Men ☐ Cog ☐ Sen: ☐ U/K al health/ser receivi ☐ Yes ☐ No ☐ U/K iver(s) ha	tal health/sult specify: nitive/intellectory, specify: substance abing MH service ave delinquer /es	ostance abuse, tual, specify: ouse, was ces?
	If yes, cause(s): Chec	enal/psychological CPS referrals substantiations foster care or ed ck all that apply: buse # eglect # et # et #	18. Caregin violence One	Sexual Emotional/psyc U/K # CPS refer # Substanti CPS prevention Family preserved Children ever rever(s) have history ce? Two Yes, as victin Yes, as perper	ations n services ation servi emoved of intimate		If ment caregiv	☐ Men ☐ Cog ☐ Sen: ☐ U/K al health/ser receivi ☐ Yes ☐ No ☐ U/K iver(s) ha ☐ Two ☐ N ☐ Check all I	tal health/sult specify: nitive/intellect sory, specify: substance abing MH service ave delinquer ves No	ostance abuse, tual, specify: ouse, was ces?
☐ ☐ Methamphetami ☐ ☐ Opioids ☐ ☐ Prescription drug ☐ ☐ Over-the-counte ☐ ☐ Other, specify: ☐ ☐ U/K 17. Caregiver(s) have prior child deaths? ☐ ☐ ☐ Yes ☐ ☐ Yes ☐ ☐ No	If yes, cause(s): Chec	enal/psychological CPS referrals Substantiations I foster care or ed ck all that apply: buse # reglect # at # at # # #	18. Caregin violence	Sexual Emotional/psyc U/K # CPS refer # Substanti CPS prevention Family preserve Children ever rever(s) have history ce? Two Yes, as victin Yes, as perper	ations n services ation servi emoved of intimate		If ment caregiv	☐ Men ☐ Cog ☐ Sen: ☐ U/K al health/ster receivi ☐ Yes ☐ No ☐ U/K iver(s) ha ☐ Men ☐ A	tal health/sult specify: nitive/intellectory, specify: substance about the service of the servic	ostance abuse, tual, specify: ouse, was ces?
☐ ☐ Methamphetami ☐ ☐ Opioids ☐ ☐ Prescription drug ☐ ☐ Over-the-counte ☐ ☐ Other, specify: ☐ ☐ U/K 17. Caregiver(s) have prior child deaths? ☐ ☐ ☐ Yes ☐ ☐ Yes ☐ ☐ No	If yes, cause(s): Chec	enal/psychological CPS referrals Substantiations I foster care or ed ck all that apply: buse # reglect # at # at # # #	18. Caregin violence	Sexual Emotional/psyc U/K # CPS refer # Substanti CPS prevention Family preserve Children ever rever(s) have history ce? Two Yes, as victin Yes, as perper	ations n services ation servi emoved of intimate		If ment caregiv	☐ Men ☐ Cog ☐ Sen: ☐ U/K al health/ster receivi ☐ Yes ☐ No ☐ U/K iver(s) ha ☐ Men ☐ A	tal health/sult specify: nitive/intellectory, specify: substance about the service of the servic	ostance abuse, tual, specify: ouse, was ces?
☐ ☐ Methamphetami ☐ ☐ Opioids ☐ ☐ Prescription drug ☐ ☐ Over-the-counte ☐ ☐ Other, specify: ☐ ☐ U/K 17. Caregiver(s) have prior child deaths? ☐ ☐ ☐ Yes ☐ ☐ Yes ☐ ☐ No	If yes, cause(s): Chec	enal/psychological CPS referrals substantiations a foster care or ed ck all that apply: buse # eglect # # ermined # ermined	18. Caregin violence	Sexual Emotional/psyc U/K # CPS refer # Substanti CPS prevention Family preserve Children ever rever(s) have history ce? Two Yes, as victin Yes, as perper	ations n services ation servi emoved of intimate		If ment caregiv	☐ Men ☐ Cog ☐ Sen: ☐ U/K al health/ser receivi ☐ Yes ☐ No ☐ U/K iver(s) ha ☐ Two ☐ N ☐ L check all t ☐ F ☐ E	tal health/sult specify: nitive/intellectory, specify: substance about the service of the servic	ostance abuse, tual, specify: buse, was ces?
	If yes, cause(s): Checonomic Child a Child a Cause a C	enal/psychological CPS referrals substantiations a foster care or ed ck all that apply: buse # eglect # # ermined # ermined	18. Caregin violence	Sexual Emotional/psyc U/K # CPS refer # Substanti CPS prevention Family preserve Children ever rever(s) have history ce? Two Yes, as victin Yes, as perper	ations n services ation servi emoved of intimate		If ment caregiv	☐ Men ☐ Cog ☐ Sen: ☐ U/K al health/ser receivi ☐ Yes ☐ No ☐ U/K iver(s) ha ☐ Two ☐ N ☐ L check all t ☐ F ☐ E	tal health/sult specify: nitive/intellectsory, specify: substance about the service of the servi	ostance abuse, tual, specify: buse, was ces?

D. SUPERVISOR INFO		Answer this section only if the child ever left the hospital following birth							
Did child have supervision a	at time of i	ncident leading to death?		2. How lo	ng before i	incident did supervisor last see	child?		
Yes, answer D2-16				Select	one:				
<u> </u>	/elopmenta	al age or circumstances, go to S	ec. E	Child	l in siaht of	supervisor			
O No, but needed, answer D		g		_	ites	_			
O Unable to determine, try to		03-16			's				
Is supervisor listed in a previous statement of the						esponsible for supervision at the	e time of i	incident? Select only	one.
Yes, biological mother,					optive pare		◯ Institutional staff, go to D15		
Yes, biological father, g	_			_	epparent	O Sibling		O Babysitter	, go to 2 10
Yes, caregiver one, go				OFoster parent Other re				Licensed child ca	are worker
Yes, caregiver two, go				_	ther's parti			Other, specify:	are worker
O No	10 113			_	ther's partn	_		O U/K	
O NO				O Fai	mers parm	O Hospital staff, go	to D15	○ 0/K	
E. Cumaminada ana in usana		6 Cumaminanta assu			7 Cuman			O. Cumamilaan an aa	Air committee management
5. Supervisor's age in years:	1102	6. Supervisor's sex:	O 11/1/		_	risor speaks and understands l Yes O No OU/K	=ngiisn?	8. Supervisor on ac	No OU/K
l —— "	U/K	O Male O Female	O U/K						
					If no, la	anguage spoken:		If yes, specify bra	
9. Supervisor has substance abuse history?		10. Supervisor has history of c		eatment?		11. Supervisor has disability or chronic illness?		12. Supervisor has deaths?	prior child
, ,		As Victim As Perp							
	O u/k	O O Yes	5			C 111 C 111	O u/ĸ) №
If yes, check all that apply:		O O No				If yes, check all that apply:		If yes, check all t	
☐ Alcohol		O O U/k				☐ Physical/orthopedic, sp		☐ Child abuse	
☐ Cocaine —		If yes, check all th				☐ Mental health/substanc	e abuse,	☐ Child neglect	
☐ Marijuana ☐ ☐ Physical						specify:		☐ Accident #	
☐ Methamphetamine ☐ ☐ Neglect						☐ Cognitive/intellectual, s	pecify:	☐ Suicide #	
☐ Opioids ☐ ☐ Sexual				☐ Sensory, specify:			□ SIDS #		
☐ Prescription drugs ☐ ☐ Emotional/				ychologica	l	□ U/K			d cause #
☐ Over-the-counter		□ □ U/k						☐ Other #	
Other, specify:		#	CPS refe	rals		If mental health/substance	abuse,	Other, specify	y:
		#	Substanti	ntiations was supervisor receiving			nental		
		☐ Eve	er in foster	care/adop	oted	health services?			
□ u/k		☐ CP	S prevent	on service	s	○Yes		□ u/k	
		☐ Far	nily prese	rvation ser	vices	○ No			
	1	☐ Chi	ldren evei	removed		○U/K			
	14. Super	visor has delinquent	15. At the			was the supervisor asleep?	16. At tin	ne of incident was su	
intimate partner violence?	or crir	ninal history?	0	Yes C	No (O u/k		O Yes	No U/K
☐ Yes, as victim	0	Yes O No O U/K	If yes,	select the	most appro	opriate description of the	If yes	s, check all that apply	:
☐ Yes, as perpetrator	If yes, o	check all that apply:	super	visor's slee	eping perio	d at incident:	☐ Dr	rug impaired, specify:	
□ No	☐ Ass	sault	0	Night time	sleep		☐ Ald	cohol impaired	
□ U/K	☐ Ro	•	0	Day time	nap, descri	ibe:	☐ Dis	stracted	
	☐ Dru	=	0	Day time	sleep (for e	example, supervisor is	☐ Ab	sent	
		ner, specify:		night shift	worker), d	escribe:	☐ Im	paired by illness, spe	cify:
	□ U/Ł	(0	Other, de	scribe:		☐ Im	paired by disability, s	pecify:
							□ Ot	her, specify:	
E. INCIDENT INFORMA	ATION					Answer this section only if t	he child e	ver left the hospital	following birth
Was the date of the incident	nt the same	e as the date of death?			2. Approx	imate time of day that incident	occurred?	?	
Yes, same as date of d	eath					O AM	1		
O No, different than date	of death.	Enter date of incident:	/	/	Hour, sp	pecify 1-12: OPN	1		
O u/ĸ		mm	/ dd /	уууу		○ U/	K		
3. Place of incident, check all	that apply:								4. Type of area:
☐ Child's home		Licensed child care center	□India	ın reservat	ion/	☐Driveway	☐ Othe	er, specify:	O Urban
☐ Relative's home		Licensed child care home	trust	lands		☐ Other parking area			O Suburban
☐ Friend's home		Unlicensed child care home	□Milita	Military installation ☐ State or county park					O Rural
Licensed foster care ho	me 🗆	Farm/ranch	□Jail/d	Jail/detention facility ☐ Sports area ☐ U/K				O Frontier	
☐ Relative foster care hom	ne 🗆	School	☐ Sidewalk ☐ Other recreation area				O u/ĸ		
Licensed group home		Place of work	□Roa						

5. Incident state: 6. Incident county:			
7. Was the death attributed (either directly or indirectly) to an extreme	weather event, emergency medical situa	ation, natural disaster or mass shooting?	?
O Yes ONo OU/K If yes, specify the type of event (e.g., tornado, heat wave, flood, medical o	crisis, etc.) and general circumstances s	urrounding the death:
If yes, specify the name of the ev	vent if applicable (e.g., Paradise Wild Fire	e, Hurricane Irma, COVID-19, etc.):	
8. Was the incident witnessed? OYes ONO UK	☐ Parent/relative	☐ Health care professional, if death	9. Was 911 or local emergency
If yes, by whom?	☐ Other caretaker/babysitter	occurred in a hospital setting	called?
	☐ Teacher/coach/athletic trainer	☐ Stranger	○ N/A ○ Yes
	☐ Other acquaintance	Other, specify:	O No O U/K
10. Was resuscitation attempted? O N/A O Yes O No	○ U/K		
If yes, by whom?	If yes, type of resuscitation:		If yes, was a rhythm recorded?
☐ EMS ☐ Stranger	□CPR		○ Yes ○ No ○ U/K
☐ Parent/relative ☐ Other, specify:	☐ Automated External Defibrillator (Al	=D)	
☐ Other caretaker/babysitter	If no AED, was AED available/acc	, o	
☐ Teacher/coach/athletic trainer	If AED, was shock administered?	0 0	If yes, what was the rhythm?
I =			ii yes, what was the mythin?
U Other acquaintance	If yes, how many shocks we	ere administered?	
Health care professional, if death occurred in a hospital setting	Rescue medications, specify type:		
	☐ Other, specify:	T	
At time of incident leading to death, had child used drugs or alcohol? If yes, check all that apply:		12. Child's activity at time of incider	_
	_	☐ Sleeping ☐ Working ☐ ☐	
O N/A O Yes O No O U/K Alcohol	☐ Opioids ☐ U/K	☐ Playing ☐ Eating ☐ C	Other, specify:
☐ Cocaine	☐ Prescription drugs	13. Total number of deaths at incid	ent event, including child:
☐ Marijuana	Over-the-counter drugs	——— Children, ages 0-18	Ou/ĸ
☐ Methamphetamine	☐ Other, specify:	Adults	
F. INVESTIGATION INFORMATION			
1. Was a death investigation conducted? OYes ONo	⊃ u/k		
If yes, check all that apply:			
☐ Medical examiner ☐ ME invo	estigator	□EMS	Other, specify:
☐ Coroner ☐ Corone	r investigator	☐ Child Protective Services	□ u/k
	-		
If yes, which of the following death investigation component	s were completed?		
Yes No U/K	·	shared with review team?	
CDC's SUIDI Reporting Form	n or jurisdictional equivalent	○ Yes ○ No	
Narrative description of circu	•	○ Yes ○ No	
O O Scene photos		○ Yes ○ No	
Scene recreation with doll		O Yes O No	
O O Scene recreation without do		O Yes O No	
		O Yes O No	
O O Witness interviews		Yes O No	
		O. 1774	
If yes, was a death scene investigation conducted at the pla		Ou/K	
What additional information would the team like to have known about			
3. Death referred to:	Person declaring official cause and		
O Medical examiner O Not referred		Hospital physician O Morticial	
○ Coroner ○ U/K	O Coroner O	Other physician Other, s	pecify:
5. Autopsy performed? O Yes O No O U/K			
If yes, conducted by: O Forensic pathologist O Unknow	vn type pathologist	cialist consulted during autopsy (cardiac	c, neurology, etc.)?
O Pediatric pathologist O Other p	hysician O Yes	○ No ○ U/K If yes, specify spe	ecialist:
○ General pathologist ○ Other,	specify: If no, why not (e.	g. parent or caregiver objected)?	
O ∪/K	1		
6. Were the following assessed either through the autopsy or through	information collected prior to the autopsy	? 7. Were any o	f these additional tests performed
Please list any abnormalities/significant findings in F10.		at or prior to	the autopsy? Please list any
Yes No U/K Yes		abnormalitie	es/significant findings in F10.
	nal Exam:	Yes No	
O O X-ray - single	Exam of general appearance		Cultures for infectious disease
X-ray - multiple views	Head circumference		Microscopic/histologic exam
	r Autopsy Procedures: O O Was a gross examination o	f organs done?	Postmortem metabolic screen
O Other imaging, specify (includes MRI, CT scan, photos of the brain, etc):	Was a gross examination of the weights of any organic		Vitreous testingGenetic testing

8. Was any toxicology testing	performed? O Yes	○ No ○U/K			
If yes, what were the resu	Its?	Cocaine	namphetamine 🔲 To	oo high Rx drug, specify:	☐ Other, specify:
Check all that apply:	☐ Alcohol ☐	Marijuana	oids 🗆 Te	oo high OTC drug, specify:	□ U/K
9. Was the child's medical hist	tory reviewed as part of the aut	opsy? O Yes O No	O U/K	10. Descri	be any abnormalities or other significant
If yes, did this include:	Review of the newborn metabo	olic screen results?)Yes ○No ○U/K (Not performed findings	s noted in the autopsy:
	Review of neonatal CCHD scre	een results?	Yes ONo OU/K (Not performed	
11. What additional informatio	n would the team	12. Was there agreemer	nt between the cause of d	leath listed on the autopsy report	and on the death certificate?
like to have known about th	e autopsy?	O N/A O Yes	O No O U/K		
		If no, describe	the differences:		
13. Was a CPS record check	conducted as a result of death?	○ Yes ○ I	No OU/K		
14. Did any investigation find	15. CPS action take	en because of death?	○ N/A ○ Yes	O No O U/K	16. If death occurred in
evidence of prior abuse?					licensed setting (see E3),
O N/A O Yes O No (U/K If yes, highest level	of action If ves. what	services or actions resul	Ited? Check all that apply:	indicate action taken:
If yes, from what source?	taken because of d	-		117	○ No action
Check all that apply:	O Report scree	ood out	y services offered	☐ Court-ordered out of home	
	U/K and not inve			placement	C License suspended C License revoked
_ ′			y services provided	<u> </u>	
☐ Autopsy	O Unsubstantia		dered services provided	☐ Children removed	O Investigation ongoing
☐ CPS review	OInconclusive	☐ Voluntary	y out of home placement	☐ Parental rights terminated	Other, specify:
☐ Law enforcement	○ Substantiated	I		☐ U/K	○ u/k
G. OFFICIAL MANNER	AND PRIMARY CAUSE	OF DEATH			
Enter the cause of death co	de (ICD-10) assigned to this ca	ase by Vital Records using	a capital letter and corre	esponding number (e.g., W75 or V	(94.4) and include up
to one decimal place if appli	, ,	,	, ' □ U/K	1 5 (3)	,
Enter the following informat	·	ath certificate:	∪/K		
_	nal disease or condition resultin		□ 0/K		
· ·	iai disease di condition resulti	g iii deaiii).			
a.					
Sequentially list any	conditions leading to immediate	e cause of death. In othe	er words, list underlying di	sease or injury that initiated event	ts resulting in death:
b.					
C.					
d.					
3. Enter other significant cond	itions contributing to death but	not the underlying cause(s) listed in G2 exactly as	written on the death certificate:	□ U/K
4. If injury, describe how injury	occurred exactly as written on	the death certificate:	□ U/K		
Official manner of death	6. Primary cause of death: Ch	oose only 1 of the 4 major	r categories, then a speci	ific cause. For pending, choose m	nost likely cause.
from the death certificate:	,		From a medical c		Undetermined if injury or U/K
O Natural	From an injury (external	cause). Select one and			
	answer G4:		-	ratory, specify and go to H8	medical cause, go to I1 go to I1
Accident	Motor vehicle and other	, , ,	Cancer, speci	fy and go to H8	
Suicide	Fire, burn, or electroci	ution, go to H2	Cardiovascula	ar, specify and go to H8	
O Homicide	Orowning, go to H3		O Congenital an	omaly, specify and go to H8	
O Undetermined	O Unintentional asphyxia	a, go to H4	OCOVID-19, go	to H8	
O Pending	Assault, weapon or pe	rson's body part, go to H5	Diabetes, go t	to H8	
O U/K	○ Fall or crush, go to H6	i	○HIV/AIDS, go	to H8	
	OPoisoning, overdose of	or acute intoxication,	◯ Influenza, go	to H8	
☐ If manner of death	go to H7		◯ Low birth weig		
was not Natural or	Undetermined injury,	no to I1		ehydration, go to H8	
Suicide, check this	Other cause, go to H9			, , , ,	
box if it is possible	_		_	seizure disorder, go to H8	
	◯U/K, go to I1			pecify and go to H8	
that the child intended			OPrematurity, g		
to hurt him/herself.			◯SIDS, go to H	8	
If checked, complete			Other infection	n, specify and go to H8	
the Suicide Section			Other perinata	al condition, specify and go to H8	
(I6) to note other risk			Other medical	I condition, specify and go to H8	
factors in the child's			Oundetermined	I medical cause, go to H8	
life.			OU/K, go to H8		

DETAILED INFORMATION BY CAUSE OF DEATH: CHOOSE THE ONE SECTION THAT IS SAME AS THE CAUSE SELECTED ABOVE MOTOR VEHICLE AND OTHER TRANSPORT a. Vehicles involved in incident: b. Position of child: c. Causes of incident, check all that apply: Total number of vehicles: ODriver ☐ Speeding over limit ☐ Back/front over ☐ Flipover OPassenger ☐ Unsafe speed for conditions Child's Other primary vehicle If passenger, relationship of driver to child: \square Poor sight line 0 0 O Front seat Recklessness OBiological parent None 0 \bigcirc Car O Back seat OAdoptive parent ☐ Ran stop sign or red light ☐ Car changing lanes 0 0 O Truck bed ☐ Driver distraction ☐ Road hazard OStepparent Van \bigcirc \bigcirc Other, specify: ☐ Driver inexperience Sport utility vehicle OFoster parent ☐ Animal in road 0 0 Truck Ou/ĸ OMother's partner ☐ Mechanical failure Cell phone use while driving 0 0 Semi/tractor trailer On bicycle OFather's partner ☐ Poor tires Racing, not authorized 0 0 R\/ O Pedestrian OGrandparent ☐ Poor weather Other driver error, specify: 0 0 School bus ○ Walking **OSibling** Poor visibility 0 0 Other bus O Boarding/blading Other relative Drugs or alcohol use Other, specify: 0 0 Motorcycle Other, specify: OFriend ☐ Fatique/sleeping 0 0 Tractor Ou/ĸ Other, specify: ☐ Medical event, specify: □ U/K 0 0 Ou/k Ou/k Other farm vehicle 0 0 All terrain vehicle d. Collision type: e. Driving conditions, check all that f. Location of incident, check all that apply: 0 0 apply: Snowmobile Ochild not in/on a vehicle, Other event, □ Driveway ☐ City street but struck by vehicle specify: 0 0 Bicycle ☐ Normal ☐ Inadequate ☐ Residential street ☐ Parking area lighting 0 0 ☐ Off road Train Ochild in/on a vehicle, ☐ Loose gravel ☐ Rural road \bigcirc 0 struck by other vehicle Subway ☐ Muddy ☐ Other, ☐ Highway ☐ RR xing/tracks specify: 0 0 ☐ Ice/snow Trolley Ochild in/on a vehicle Ou/k ☐ Intersection Other, specify: that struck other vehicle 0 0 Other, specify: ☐ Fog ☐ Shoulder □ u/ĸ Ochild in/on a vehicle ☐ Wet ☐ Sidewalk U/K that struck person/object 0 \bigcirc ☐ Construction zone U/K Drivers involved in incident, check all that apply: Child as driver Child as driver Child's driver Driver of other primary vehicle Age of Driver Age of Driver Has a graduated license 0 \circ <16 years П Has a full license 0 0 16 to 18 years old Has a full license that has been restricted П 0 \bigcirc 19 to 21 years old Has a suspended license 0 22 to 29 years old If recreational vehicle, has driver safety certificate \bigcirc 30 to 65 years old П П 0 Other, specify: \bigcirc >65 years old Was violating graduated licensing rules: 0 \bigcirc 0 Nighttime driving curfew 0 U/K age Responsible for causing incident Passenger restrictions П Was alcohol/drug impaired Driving without required supervision П Has no license Other violations, specify: \Box Has a learner's permit h. Total number of occupants in vehicles: In other primary vehicle involved in incident: In child's vehicle, including child: N/A, child was not in a vehicle N/A, incident was a single vehicle crash ☐ U/K Total number of occupants: ☐ U/K Total number of occupants: Number of teens, ages 14-21: ☐ U/K Number of teens, ages 14-21: ☐ U/K ☐ U/K Total number of deaths: Total number of deaths: ☐ U/K □ U/K □ U/K Total number of teen deaths: Total number of teen deaths: Protective measures for child, Not Needed, Present, used Present, used Present, Select one option per row: U/K Needed none present correctly incorrectly not used 0 0 0 0 0 0 Airbag 0 0 0 0 0 0 *If child seat, type: Lap belt 0 0 0 0 \bigcirc 0 O Rear facing Shoulder belt 0 0 0 0 0 0 O Front facing Child seat* O U/K 0 0 0 0 0 0 Belt positioning booster seat 0 0 0 0 0 0 Helmet 0 \bigcirc 0 0 0 0 Other, specify:

H2. FIRE, BURN, OR	RELECTR	OCUTION										
a. Ignition, heat or electrocu	ıtion source:					b. Type o	of incident:			c. For fire, o	child diec	from:
O Matches	O Heatin	ng stove	Lightning	0	Other explosives	O Fi	re, go to c			Ов	urns	
O Cigarette lighter	○ Space	heater C	Oxygen tank	0	Appliance in water	○ s	cald, go to	r		○ s	moke inh	alation
O Utility lighter	O Furna	ce C	Hot cooking water		Other, specify:	00	ther burn,	go to t		\bigcirc 0	ther, spe	cify:
O Cigarette or cigar	OPower	rline	Hot bath water			O EI	ectrocutior	n, go to s				
O Candles	O Electri	ical outlet	Other hot liquid, sp	pecify:		00	ther, speci	fy and go to	y and go to t			
O Cooking stove	O Electri	g	Fireworks	С) U/K	O U	K, go to t					
d. Material first ignited:	e. Type o	of building on fire:	f. Building's primary		g. Fire started by a			h. Did anyone attempt to put out fire?				
Oupholstery	O N/A	•	construction mate	rial:	○ Yes ○ No	OU/i	<	○ Yes ○ No ○ U/K				
O Mattress		ngle home	O Wood		If you noroon's ago			i. Did escape or rescue efforts worsen fire?				
O Christmas tree	ODu	-	O Steel		If yes, person's age			<u> </u>	O No	○ U/K		
○ Clothing	_ `	artment	O Brick/stone		Does person have	a history	of			lay fire depa	rtment a	rrival?
O Curtain		ailer/mobile home	Aluminum		setting fires?				i ○ No	○u/ĸ		
Other, specify:		her, specify:	Other, specif	y:	Yes O No	OU/F	(If yes	s, specify:			
O u/ĸ	O U/I		○ U/K	1								
k. Were barriers preventing		I. Was building a re		_	building/rental codes			n. Were		king fire extir	nguishers	3
OYes ONo OU/	/K	OYes O No	5 O U/K	O Yes	•					O		
				· ·	, describe in narrative		O Yes		O No	O U/K		
If yes, check all that apply:		o. Was sprinkler sy	stem present?	p. Were	smoke alarms prese	nt?	○ Yes	○ No	O u/ĸ			
Locked door		O Yes O No	O U/K									
☐ Window grate					hat type?	If yes, fu	ınctioning	oroperly?		ctioning prop	-	
□ Locked window If yes, was it working? □ Blocked stairway ○ Yes ○ No ○ U/K			=	Пъ		Ov	O NI-	O u/ĸ	Missing		Other	U/K
☐ Blocked stairway		OYes ONG) OU/K		vable batteries	OYes	○ No ○ No	O U/K		_		
☐ Other, specify:				□ Non-re	emovable batteries	○ Yes	O No	O U/K		٦		
□u/ĸ				U/K	/irea	O Yes	O No	O U/K		_		
□ 0/K				□ 0/K		O Yes	∪ NO	O U/K	Other, spe	_	Ш	Ш
				If yes w	vas there an adequat	e number	nresent?	O Yes	Oliter, spe	O U/K		
q. Suspected arson?		r. For scald, was h	nt water heater	<u> </u>	ectrocution, what cau			describe i		<u> </u>		
O Yes O No O U/	/K	set too high?	or water rieuter	_	ectrical storm		t. Othor,	docombo ii	ii dotaii.			
	,,,,	O N/A		_	ulty wiring							
		OYes, temp.	settina:	_	re/product in water							
		ONo	3 <u>——</u>		ild playing with outlet	t						
		○u/ĸ			her, specify:							
				Ou/i	<						•	
H3. DROWNING		l		<u> </u>			<u> </u>					
a. Where was child last see	n hefore	h What was child	ast seen doing before	<u> </u>	c. Was child forcibl	v suhmer	red?	d Drown	ning location	ı.		
drowning? Check all that		drowning?	ast seen doing belore	-	O Yes O No			_	pen water,		O U/K	go to n
☐ In water ☐ In ya	ard	O Playing	○ Tubing		0 100 0 110	0 0/1	•			spa, go to i	0 0/10	goton
· · · · · · · · · · · · · · · · · · ·	athroom	O Boating	○ Waterskiing					_	athtub, go t			
☐ On dock ☐ In he		Swimming	Sleeping						ucket, go to			
☐ Poolside ☐ Othe	er, specify:	○ Bathing	Other, specif	v:						eptic, go to	n	
	, ,	○ Fishing		•					oilet, go to z			
□ u/k		Surfing	O U/K						_	y and go to r	1	
e. For open water, place:			contributing environm	ental	g. If boating, type	of boat:				he child pilot		?
O Lake O Qua	arry	factors:			○ Sailboat	O Com	nmercial	○Yes	O No	○ U/K		
O River O Gra	vel pit	O Weather	O Drop off		O Jet ski	O Othe	er, specify:					
O Pond O Car	nal	O Temperature	O Rough wave	s	OMotorboat							
○ Creek ○ U/K	(O Current	Other, speci	fy:	Canoe							
Ocean		O Riptide/	O U/K		◯ Kayak	O U/K						
		undertow			○Raft							
i. For pool, type of pool:		j. For pool, child fo	und:		k. For pool, owners	hip is:		I. Length	of time ow	ners had poo	l/hot tub	/spa:
O Above ground		O In the pool/h	ot tub/spa		O Private				N/A		O >1	yr
O In-ground O Hot	tub, spa	On or under	the cover		OPublic				<6 month	s	O U/	K
○ Wading ○ U/K	(O u/ĸ			O u/ĸ				6m-1 yr			

m. Flotation devi	ce used?						n. What barriers/l	avers of prot	ection existed
On/A	If yes, check all that	apply:					to prevent acc		
○Yes	☐ Coast Guard			□ Not (Coast Guard app	proved U/K	'		
ONo	□ Coast Guard	□ Cushion	☐ Lifesaving ring	1	Swim rings	proved — O/K	None		☐ Alarm, go to r
Ou/k			□ Lilesaving ring						
∪0/K	If jacket:	_	0		Inner tube		☐ Fence, go t	_	☐ Cover, go to s
	Correct	_			Air mattress		☐Gate, go to	•	□ U/K
	Worn co	orrectly? O Yes	O No O U/K		Other, specify:		☐ Door, go to	q	
		1							
o. Fence:		p. Gate, check all th	nat apply:	q. Door,	check all that ap	oply:	r. Alarm, check all	that apply:	s. Type of cover:
Describe type:		☐ Has self-c	closing latch		Patio door	☐ Opens to water	☐ Door		○Hard
Fence height in	n ft	☐ Has lock			Screen door	☐ Barrier between	☐ Window	<i>I</i>	○Soft
Fence surroun	ds water on:	☐ Is a doubl	e gate		Steel door	door and water	☐ Pool		Ou/ĸ
O Four sides	O Two or	☐ Opens to	water		Self-closing	□ U/K	☐ Laser		
O Three side:	s less sides	□ u/ĸ			Has lock		□ u/k		
	O u/k								
t. Local ordinance	e(s) regulating	u. How were layers	of protection breach	ed? Check	all that apply:				
access to water	., .		yers breached		in fence	☐ Door screen to	orn	☐ Cover le	ft off
O Yes O N	√o Ou/K		e left open		aged fence	☐ Door self-close	er failed	☐ Cover n	ot locked
	.5 0 0,		unlocked		ce too short	☐ Window left or		Other, s	
If yes, rules vi	olated?		e latch failed	_	r left open	☐ Window scree		— Othor, 0	poony.
O Yes O N		□Gap			r unlocked	☐ Alarm not worl			
O Tes O T	10 O/K	1	bed fence			☐ Alarm not ans	· ·	□ u/k	
			bed rence	□ 000	Droken	☐ Alarm not ans	werea	□ 0/K	
	· 0						T	10	
v. Child able to sw		w. For bathtub, child	_			n or label posted?	y. Lifeguard prese		
On/A	○No	○Yes ○No	○ U/K		On/A	○ No	On/A	○No	_
○Yes	Ou/k	If yes, specify t	ype:		○Yes	Ou/ĸ	○Yes	○u/ŀ	(
z. Rescue attemp	ı				_	r(s) also drown?	bb. Appropriate re		•
○ N/A	If yes, who? Che				On/a	○No	On/A	O _{No}	
O Yes	☐ Parent	☐ Bystander			OYes	Ou/k	OYes	Ou/⊦	(
○ No	Other chi		ecify:			mber of rescuers			
O u/ĸ	☐ Lifeguard	□ u/ĸ			that drown	ned:			
H4. UNINTE	ENTIONAL ASPHY	/XIA							
a. Type of event:		b. If suffocation/asp	hyxia, action causin	g event:					
Suffocation	ı, go to b	Sleep-related ((e.g. bedding, overla	y, wedged) Coi	nfined in tight space	Swaddled in tight	blanket, but	not sleep-related
○ Strangulati	on, go to c	Covered in or	fell into object, but n	ot sleep-re	lated O F	Refrigerator/freezer	Wedged into tight	t space, but i	not sleep-related,
O Choking, g	o to d	O Plastic ba	g		От	Γoy chest	specify:		
Other, spec	cify and go to e	O _{Dirt/sand}			O A	Automobile	Asphyxia by gas,	go to H7g	
		Other, spe	ecify:		(OTrunk	Other, specify:		
○U/K, go to	е	Ou/ĸ			(Other, specify:) u/k		
						Ou/k			
					_	Other, specify:			
					0 (· ·			
c If strangulation	, object causing event:		d. If choking, objec	t	e Was asnhy	xia an autoerotic event?	g. History of seizu	ıres?	
OClothing	OLeash		causing choking			Yes O No OU/k	l _	_	If yes, #
OBlind cord	O Electrical con	d	O Food, specify		O IN/A	7 103 O 190 O U/r	If yes, witnessed	_	ONo OU/K
OCar seat	O Person, go to		O Toy, specify:		f Was abild	articipating in			CINU CU/K
		•	_			articipating in ne' or 'pass out game'?	h. History of apne		lf.vaa #
OStroller	O Automobile p	ower window	O Balloon	.		-			If yes, #
OHigh chair	or sunroof		Other, specif	y:	O N/A	Yes O No OU/k			ONo OU/K
OBelt	Other, specif	y:	O u/ĸ				i. Was Heimlich M		empted?
ORope/string	Ou/ĸ						O Yes O No	Ou/K	
I					1		1		

H5. ASSAULT, WEAPON OR PERSON'S BODY PART												
a. Type of weapon:		b. For fire	arms, type:	c. Firear	m licensed	?		d. Firearm safe	ty features, che	eck all that	apply:	
OFirearm, go to b		○Har	ndgun	O Yes	s O No	OU/K		☐Trigger I	ock		Magazine	disconnect
O Sharp instrument, go to	j	○Sho	otgun					Persona	lization device		Minimum	trigger pull
OBlunt instrument, go to l	(Овв	gun					□External	safety/drop saf	fety \Box	Other, spe	ecify:
OPerson's body part, go to	οl	○Hur	nting rifle					□Loaded	chamber indica	itor 🗆	lu/K	
C Explosive, go to m		OAss	ault rifle	e. Where	was firea	m stored?		•		f. Firearm	stored wi	th
O Rope, go to m		○Air	rifle	ONG	ot stored	C) Un	der mattress/pill	low	ammunition?		
OPipe, go to m		○Sav	ved off shotgun	Оь	cked cabir	net C	Oth	her, specify:		○ Yes	○ No	○ U/K
O Biological, go to m		Oth	er, specify:	OUr	nlocked ca	pinet				g. Firearr	n stored lo	aded?
Other, specify and go to	m			○gi	ove compa	artment C) U/k	<		O Yes	○ No	○ U/K
OU/K, go to m		Ou/k										
h. Owner of fatal firearm:	_					i. Sex of fatal		j. Type of shar				blunt object:
O U/K, weapon stolen		andparent		-worker		firearm owner	r:	O Kitchen			O Bat	
O U/K, weapon found	O Sib	Ü		titutional	staff	○ Male		O Switchbl			○ Clu	
○ Self	○ Sp		○ Nei	•		O Female		O Pocketki	nife		○ Stid	
O Biological parent	O Otl	ner relative	○ Riv	al gang m	nember	O u/ĸ		O Razor			○ Haı	
O Adoptive parent	○ Fri	end	○ Stra	anger				OHunting			○ Ro	
O Stepparent	O Ac	quaintance	○ Lav	v enforce	ment			O Scissors	i			usehold item
O Foster parent		ild's boyfrie	nd Oth	er, speci	fy:			Other, s	pecify:		O Oth	ner, specify:
O Mother's partner	or	girlfriend										
O Father's partner	O Cla	ssmate	O u/k	(O u/ĸ			O U/k	(
											L	
What did person's body part do? Check all that		_	•			g weapons at time	e of				ļ	p. Sex of person(s)
·	offens	of weapon	i-related		and/or <u>Oth</u>		ı		Other weapon			handling weapon:
apply:] [Self			Friend			
☐ Beat, kick or punch	O Ye					Biological paren			☐ Acquainta			Fatal weapon:
□Drop	O No					Adoptive parent			_	oyfriend or (jirlfriend	○ Male
□Push	O u/					Stepparent			☐ Classmat			O Female
☐Bite		•	hild's family have on offenses or			Foster parent			☐ Co-worke			O U/K
☐Shake			elated causes?			Mother's partner			☐ Institution			.
☐ Strangle/choke	_					Father's partner			☐ Neighbor			Other weapon:
☐Throw	O Ye	es, describe	e circumstances:			Grandparent			_	g member		○ Male
□Drown] [Sibling			Stranger		-	○ Female
□Burn	O] [Spouse				rcement off	icer	O u/k
☐ Other, specify: ☐ U/K	O No				Ц	Other relative			Other, sp	есіту:		
⊔U/K	O 0/	K							□ U/K			
q. Use of weapon at time, che	ck all that	apply:										
☐ Self injury			s a bystander	☐ Bull	ying			☐ Showing gun	to others		Loading w	/eapon
☐ Commission of crime		☐ Argumer	nt	☐ Hun	iting			☐ Russian roule	ette		Intervener	assisting crime
☐ Drug dealing/trading		Jealousy		□Targ	get shootin	g		☐ Gang-related	activity		victim (Gc	ood Samaritan)
☐ Drive-by shooting		-	partner violence		ing with w	_		☐ Self-defense	·		Other, spe	ecify:
☐ Random violence		☐ Hate crin	ne	-	-	ken for toy		☐ Cleaning wea	pon		U/K	•
				_		·		· ·				
H6. FALL OR CRUSH												
a. Type:	b. Height	of fall:	c. Child fell from:									
○ Fall, go to b		feet	Open window		O Natural			Stairs/steps	OMoving	object, spe		Animal, specify:
O Crush, go to h		inches	Screen ⊖		_	ade elevation		Furniture	OBridge		(Other, specify:
			O No screen		,,	und equipment		Bed	Overpa			_
		U/K	^O O U/K if scre	een (Tree		(Roof	Balcony	,	(⊃u/k

d. Surface child fell onto:	hat apply::	g. For crush, did ch	ild.	h. For crush, obj	ect causing cr	rush:		
Cement/concrete	O Linoleum	, ,	Stairway	Climb up on o		O Appliance		Boulders/rocks
O Grass	O Marble/til	, I <u> </u>	Gate	O Pull object do		O Television	_	Dirt/sand
O Gravel	Other, sp	<u></u>	Other, specify:	O Hide behind		O Furniture	_	Person, go to H5q
O Wood floor	Other, sp	Fence		O Go behind ob	•	O Walls		Commercial
	O 11/1/		□ U/K		•	_	_	
O Carpeted floor	O u/k	Railing		Fall out of obj		O Playgroun	_	equipment
		f. Was child pushed, dropped	d or thrown?	Other, specify	y:	equipmen	_	Farm equipment
		○Yes ○ No ○ U/K				O Animal		Other, specify:
		If yes, go to H5q		O u/k		O Tree bran	ch C) U/K
		OR ACUTE INTOXICATION						
**		that apply and note source of substance						□ u/k
	•	ler or stranger (Prescription or illicit only	4 = Took from friend or relative without asking 7 = Other					
	ught from frien		5 = Own prescription (Prescription only) 9 = U/K					
	om friend or rel		_	ht from store/pharma	cy (OTC o		* *	
Prescription drug/sour	rce	Over-the-counter drug/source	<u>Illicit</u>	t drugs/source		<u>Ott</u>	her substance	s/source
Antidepressant		Pain medication		_ Pain medication (d	pioids)		Alco	nol
☐— Pain medication ((opioids)	Cold medicine		_ Pain medication (r	on-opioids	s)	☐ Carb	oon monoxide,
☐ Pain medication ((non-opioids)	Other OTC, specify:		Methadone			go	to e
☐ Methadone				_ Cocaine			Othe	er fume/gas/vapor
☐ Other Rx, specify	r:		Heroin Other, spec					er, specify:
If prescription, was it cl	hild's? O`	Yes O No O U/K		☐ Other illicit drug, specify:				
b. Where was the substance	ce stored?	c. Was the product in its original	e. Was the inciden	t the result of?		oison Control	-	O poisoning, was a
Open area		container?	O Accidental ove	erdose	called	?	CO ala	arm present?
Open cabinet		○ N/A ○ No	○ Medical treatment mishap ○ Yes ○ No			○ No ○ U/K ○ Yes ○ No ○		○ No O U/K
O Closed cabinet, unloc	cked	○ Yes ○U/K	O Adverse effect	, but not overdose	If yes	, who called:		
O Closed cabinet, locke	ed		O Deliberate pois	soning	OCh	ild	If yes,	how many?
Other, specify:		d. Did container have a child	Acute intoxicat	tion	○ Pa	rent	_	
		safety cap?	Other, specify:		Ooti	ner caregiver		
O u/k		On/a Ono				st responder	Functio	oning properly?
		○Yes ○U/K	○ U/K			dical person	○ Yes	○ No O U/K
			Other, specify:			ner, specify:		
					○ U/I	K		
H8. MEDICAL COND	ITION							
a. How long did the child ha	ave the	b. Was death expected as a result of		ng health care for the				lans appropriate for
medical condition?		the medical condition?	medical condition	1?		the medical co	ndition?	
O In utero O W	Veeks	 N/A, not previously diagnosed 	○ Yes ○ No	○u/ĸ		○ N/A		
	Months	○ Yes □ But at a later date	If yes, within 48 ho			○Yes		
O Hours O Y		○ No	O Yes O No	Ou/ĸ		○ No, sp	ecify:	
O Days		O U/K		1		○u/k		
e. Was child/family complian		·		f. Was th		ŭ	as environmen	
	hat wasn't	Appointments	☐ Therapies, s		ion associa		posure a contr death?	ibuting factor
O Yes complia		☐ Medications, specify:	Other, speci	_	n outbreak	· _		
	all that apply.	☐ Medical equipment use, specify:			s, specify:		Yes	
Ou/K			□ u/K	○ No			No U/K	
h \\/.		as valeted to the death?	ONa OHW				U/K	: \\\\ d==4
h. Were there access or co	•		○No ○U/K	If yes, check all that				i. Was death
☐ Lack of money for ca		Couldn't get provider to ta	•	☐ Caregiver distrus		•	□ U/K	caused by a
Limitations of health		_		☐ Caregiver unskill		•		medical
☐ Lack of transportation	n	☐ Couldn't get an earlier app	pointment	☐ Caregiver unwilli	•	ue care		misadventure?
☐ No phone		☐ Lack of child care		☐ Didn't know when	•			○ Yes
Cultural differences		☐ Lack of family/social supp	ort	☐ Mother didn't thir	ik sne was	pregnant		O No
Language barriers	LIMITURY	Services not available		Other, specify:				O u/k
H9. OTHER KNOWN		AUSE						
Specify cause, describe	ın detail:							

OTHER CIRCUMSTANCES OF INCIDENT - ANSWER RELEVANT SECTIONS 11. SUDDEN AND UNEXPECTED DEATH IN THE YOUNG (SDY) This section displays online based on your state's settings. Section I1: OMB No. 0920-1092, Exp. Date: 4/30/2022 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: O A homicide? O A suicide? O An overdose? If any of these apply, go to Section I2, A result of an external cause that was the obvious and only reason for the fatal injury? THIS IS NOT AN SDY CASE O Expected within 6 months due to terminal illness? O None of the above, go to I1b THIS IS AN SDY CASE O U/K, go to I1b b. Did the child have a history of any of the following acute conditions or symptoms within 72 hours prior to death? c. At any time more than 72 hours preceding death did the child have a personal history of any of the following ☐ U/K for all chronic conditions or symptoms? □ U/K for all Present w/in 72 hours of death Present w/in 72 hours of death Present more than 72 hours of death Symptom Symptom Cardiac Other Acute Symptoms Cardiac U/K U/K U/K Yes No Yes No Yes No Chest pain 0 0 0 \bigcirc 0 0 0 0 0 Fever Chest pain 0 0 0 0 Dizziness/lightheadedness \bigcirc \bigcirc \bigcirc Heat exhaustion/heat stroke \bigcirc 0 Dizziness/lightheadedness \bigcirc 0 0 0 0 0 0 Fainting Fainting Muscle aches/cramping 0 0 0 0 0 \bigcirc 0 0 \bigcirc 0 0 **Palpitations** Slurred speech **Palpitations** 0 0 0 Vomiting Neurologic Neurologic 0 0 Concussion \bigcirc 0 0 Other, specify: 0 Concussion 0 0 0 0 Confusion \bigcirc \bigcirc \bigcirc Confusion 0 \bigcirc 0 \bigcirc \bigcirc \bigcirc Convulsions/seizure Convulsions/seizure \bigcirc 0 0 0 \bigcirc 0 Headache Headache Head injury \bigcirc 0 \bigcirc Head injury 0 0 Psychiatric symptoms 0 0 0 Respiratory Paralysis (acute) 0 0 0 Difficulty breathing 0 \bigcirc Other Respiratory 0 0 0 Asthma Slurred speech 0 0 0 0 0 \bigcirc 0 Pneumonia Other, specify: Difficulty breathing 0 0 0 d. Did the child have any prior serious injuries (e.g. near drowning, car accident, brain injury)? O Yes O No O u/k If yes, describe: e. Had the child ever been diagnosed by a medical professional for the following? ☐ U/K for all Diagnosed Diagnosed Diagnosed Condition Condition Condition Neurologic Other **Blood disease** U/K U/K U/K No Yes No Yes 0 0 0 0 0 \circ 0 0 \bigcirc Anoxic brain Injury Connective tissue disease Sickle cell disease 0 0 0 0 0 0 0 0 0 Sickle cell trait Traumatic brain injury/ Diabetes 0 0 0 0 Thrombophilia (clotting disorder) 0 0 head injury/concussion Endocrine disorder, other: 0 0 0 Cardiac Brain tumor thyroid, adrenal, pituitary 0 0 0 0 0 \bigcirc 0 0 0 Brain aneurysm Abnormal electrocardiogram Hearing problems or deafness 0 0 0 0 0 0 (EKG or ECG) Brain hemorrhage Kidney disease 0 0 0 0 0 0 0 0 0 Aneurysm or aortic dilatation Developmental brain disorder Mental illness/psychiatric disease 0 0 0 0 \bigcirc \bigcirc \bigcirc 0 0 Arrhythmia/arrhythmia syndrome Epilepsy/seizure disorder Metabolic disease 0 0 0 0 0 0 0 0 0 Febrile seizure Muscle disorder or muscular Cardiomyopathy 0 \bigcirc \bigcirc \bigcirc \bigcirc 0 Commotio cordis Mesial temporal sclerosis dystrophy 0 0 0 \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc Congenital heart disease Neurodegenerative disease Oncologic disease treated by 0 0 0 0 0 0 Stroke/mini stroke/ chemotherapy or radiation Coronary artery abnormality 0 0 0 0 0 0 Coronary artery disease TIA-Transient Ischemic Attack Prematurity Central nervous system infection 0 0 0 0 0 Congenital disorder/ 0 (atherosclerosis) 0 0 0 (meningitis or encephalitis) Endocarditis genetic syndrome 0 0 0 0 Heart failure Respiratory Other, specify: 0 0 0 0 0 0 Heart murmur Apnea 0 0 0 0 \bigcirc 0 High cholesterol Asthma 0 0 0 \bigcirc \bigcirc \bigcirc Hypertension Pulmonary embolism 0 0 0 0 0 0 Myocarditis (heart infection) Pulmonary hemorrhage

0

0

0

0

Pulmonary hypertension

Sudden cardiac arrest

 \bigcirc

0

 \bigcirc

0

Respiratory arrest

If a more specific diagnosis is known, provide any additional information:										
If any cardiac conditions	above	are sele	cted, wha	t cardiac trea	atments	did the child	have? C	heck all that apply:	☐ None	
Car	diac abl	ation						Heart surgery		Heart transplant
☐ Car	diac de	vice plac	ement					Interventional cardiac		Other, specify:
	(implant	ed cardi	overter d	efibrillator (IC	CD)			catheterization		U/K
(or pacer	maker oi	r Ventricu	ılar Assist De	vice (V	'AD))				
f. Did the child have any blood rela with the following diseases, cond				arents, aunts		s, cousins, gr	andparer	nts or other more distant re	elatives)	g. Has any blood relative (siblings, parents, aunts, uncles, cousins,
Y N U/K Deaths										grandparents) had genetic testing?
O O Sudden unexp	ected d	leath be	fore age s	50						○ Yes ○ No ○ U/K
If yes, describe the	type of	event, w	vhich rela	tive, and rela	itive's a	ige at death (or exam	ple, brother at age 30 who	died	
in an unexplained r	notor ve	hicle ac	cident (dr	iver of car)):						
Heart Disease Y N U/K						-	<u>ptoms</u>	If yes, describe the test/gene tested,		
O O Heart conditio				efore age 50)	000				reason for testing, family member
O O Aortic aneurys						000	Unexp	lained fainting		tested, and results:
O O Arrhythmia (fa		egular h	eart rhyth	ım)		0.00		er Diagnoses		
O O Cardiomyopat	•					000	Ü	nital deafness		
OOO Congenital he						000		ctive tissue disease		
<u>Neurologi</u>						000		ondrial disease		
O O Epilepsy or co			re			000		e disorder or muscular dys		Was a gene mutation found?
O Other neurolo	gic dise	ase				000		bophilia (clotting disorder)		◯ Yes ◯ No ◯ U/K
						0		diseases that are genetic	or	
							run ii	n families, specify:		
h. In the 72 hours prior to death wa		nild takin	ng any pre	escribed med	lication	(s)?		= -	following substar	nce(s) within 24 hours of death?
○Yes ○ No ○ U/	K							ck all that apply:		Cumplements
If yes, describe:								Over-the-counter medic		☐ Supplements ☐ Tobacco
							_	Recent/short term preso	ripuoris	☐ Alcohol
i. Within 2 weeks prior to death ha				N/A Yes		<u>U/K</u> ()		Energy drinks Caffeine		☐ Illegal drugs
Taken extra doses of prescrib Missed doses of prescribed m				0 0	_	0		Performance enhancers		
Changed prescribed medicati					_	0		Diet assisting medicatio		☐ Legalized marijuana☐ Other, specify:
<u> </u>			1:4:					Diet assisting medicatio	113	☐ U/K
j. Was the child compliant with the	•		edication	S?				If yes to any items abov	e describe	_ <i>0</i> ///
If not compliant, descri	_		v often:					,,	-,	
I. Did the child experience any of t				e of incident	or with	in 24 hours o	the incid	dent? U/K for all at t	ime of incident	
i. Bid the office experience drift of t		At incide				of incident	tho more	□ U/K for all with		ncident
Stimuli	Yes	No	<u>U/K</u>	Yes	No	U/K				
Physical activity	$\overline{\circ}$	$\overline{\circ}$	$\overline{\bigcirc}$	$\overline{\bigcirc}$	$\overline{\circ}$	$\overline{\bigcirc}$		If yes to physical activity	, describe type	of activity:
Sleep deprivation	0	0	0	\circ	0	0		At incident	Within 24	4 hours of incident
Driving	0	0	0	0	0	0				
Visual stimuli	0	0	0	\circ	0	0				
Video game stimuli	\circ	0	\circ	0	\circ	0				
Emotional stimuli	\circ	\circ	\circ	0	0	0				
Auditory stimuli/startle	\circ	\circ	0	0	0	0				
Physical trauma	\circ	\circ	\circ	0	0	0		Other specify:		
Other, specify:	\circ			\circ				At incident	Within 24	4 hours of incident
m. Was the child an athlete?	0	I/A (O Yes	O № O	U/K					
	If	f yes, typ	oe of spor	rt: C	Compe	etitive 🔘	Recreati	ional O U/K		
		If com	npetitive,	did the child	particip	ate in the 6 n	nonths pr	rior to death? O Yes	s O No O	U/K
n. Did the child ever have any of th	ne follow	ing unc l	haracteri	stic symptor	ns durii	ng or	o. For c	child age 12 or older, did th	e child receive a	a pre-participation exam for a sport?
within 24 hours after physical a		•				-			es ONo C	
☐ Chest pain		☐ Hea	dache				If yes			
Confusion		☐ Palp	oitations					it done within a year prior	to death?	○ Yes ○ No ○ U/K
☐ Convulsions/seizure		☐ Sho	rtness of	breath/diffici	ulty brea	athing		-		otherwise? OYes ONo OU/K
☐ Dizziness/lightheadedne	ss		er, specif			=		If yes, specify restrictio	•	- -
☐ Fainting		□ U/K						· ·		
If yes to any item, describe type	of physic	cal activ	ity and ex	tent of symn	toms.					

Questions p through v: Answer if "Epilepsy/Seizure Disorder" is answered Yes in question e above (Diagnosed for a medical condition)									
p. How old was the child when	diagnose	d with epilepsy/seizure	r. What type(s) of seizures did the child have? Check all				t. How many seizures did the child have in		
disorder?			that a	pply:			the year preceding death?		
Age 0 (infant) through 20	years: _			Non-convulsive			O/never O 2 O More than 3		
□ U/K				Convulsive (grand mal se	eizure or		○ 1 ○ 3 ○ U/K		
q. What were the underlying o	ause(s) o	f the child's seizures?		generalized tonic-clonic			u. Did treatment for seizures include		
Check all that apply:				Occur when exposure to	strobe lights,		anti-epileptic drugs?		
☐ Brain injury/trauma, speci	fy:	Genetic/chromosomal		video game, or flickerir	•	eizure)	○ Yes ○No ○U/K		
☐ Brain tumor	.,.	Mesial temporal sclerosis		U/K	• -		If yes, how many different types of anti-		
☐ Cerebrovascular		· ·		ibe the child's epilepsy/sei		ding the	epileptic drugs did the child take?		
☐ Central nervous system		Other acute illness or injury		re at time of death). Chec	`	uling and	○1 ○ 4 ○ More than 6		
infection		other than epilepsy		Last less than 30 minute			O2 O 5 O U/K		
☐ Degenerative process		Other, specify:		Last more than 30 minut		oticus)	O3 O 6		
☐ Developmental brain diso	rder 🗆			Occur in the presence of	`	•			
☐ Inborn error of metabolisr		O/K		Occur in the absence of	,	sizui c _j	v. Was night surveillance used? Ores O No O U/K		
I IIIDOITI GITOI OI IIIGABE	11			Occur when exposed to		lan	7103 0 110 0 0/1.		
			-	game, or flickering ligh	•				
12. ANSWER THIS ON	LY IF C	HILD IS UNDER AGE FIV	E:						
WAS DEATH RELAT	ED TO	SLEEPING OR THE SLE	EP ENV	/IRONMENT?	Yes, go to	o l2a	No, go to I2s U/K, go to I2a		
a. Incident sleep place:									
○ Crib		O Adult bed		O Car seat	If adult be	ed, what ty	pe? If futon,		
If crib, type:		O Waterbed		O Rock 'n Play	0) Twin	O Bed position		
O Not portable		O Futon		O Stroller		Full	O Couch position		
O Portable, e.g. Pack '	n Play	O Playpen/other play		O Swing		Queen	O U/K		
Unknown crib type	,	structure, not a porta		O Bouncy chair	_	King If car seat, was car seat			
O Bassinet		O Couch	,			Other, sp			
O Bed side sleeper		Chair				U/K	O Yes O No O U/K		
		0		O u/ĸ		/ U/K	O Tes O NO O O/K		
O Baby box		O Floor		UN					
b. Child put to sleep: c. Child found:			e. Usual sleep position:			f. Was th	nere any type of crib, Pack 'n Play, bassinet,		
On back	On back On back			On back			le sleeper or baby box in home for child?		
On stomach		On stomach		On stomach			○ Yes ○ No ○ U/K		
On side		On side		On side					
O u/k		O u/k		O U/K					
		5 5,11							
d. Usual sleep place:		.!				ļ			
O Crib		O Baby box	○ Floor			If adult be	ed, what type?		
If crib, type:		O Adult bed	○ Car seat			0	Twin O King		
O Not portable		OWaterbed	O Rock 'n Play			O Full Other, specify:			
O Portable, e.g. Pack '	n Plav	OFuton	O Stroller			0	Queen O U/K		
Unknown crib type		O Playpen/other play							
OBassinet		structure, not a por				If futon,	O Bed position		
O Bed side sleeper		O Couch	-			ii iutori,	Couch position		
Sed side sieepei		Chair	Other, specify: O U/K				O U/K		
g. Child in a new or different e	nvironme		h Ct	nild last placed to sleep wit	h a nacifier?		i. Child wrapped or swaddled in blanket?		
	O u/k	nt than addar.	11. 01.	O Yes O No O			O Yes O No O U/K		
If yes, describe why:				O Tes O NO	O/IX		If yes, describe:		
ii yes, describe wily.	•						ii yes, describe.		
j. Child overheated?	O Yes	○ No ○ U/K				k. Child	exposed to second hand smoke?		
If yes, outside temp d	egrees F	Check all that apply:		Room too hot, temp	_ degrees F		○ Yes ○ No ○ U/K		
				Too much bedding		If yes, how often: O Frequently U/K			
				Too much clothing			Occasionally		
I. Child's face when found:	m. Child	's neck when found:	n. Child	l's airway when found (incl	udes	If fully or	partially obstructed, what was obstructed?		
Opown	Онур	erextended (head back)	nose,	mouth, neck and/or chest	:):		Nose		
○Up	Онур	oextended (chin to chest)	O Ur	nobstructed by person or c	object		Mouth □ U/K		
O To left or right side	ONeu	itral	_	illy obstructed by person o			Neck compressed		
Ou/k	OTurr	ned		artially obstructed by perso	-	If fully or	partially obstructed, describe obstruction in detail:		
	Ouk			K	,	, , , , , , , , , , , , , , , , , , , ,			

o. Objects in child's sleep	o. Objects in child's sleep environment and relation to airway obstruction:												
		If present , describe position of object:						If prese	ent, did obje	ect			
Objects:		Presen	nt?	On top	<u>Under</u>	Next	<u>Tangled</u>		obstru	uct airway?			
	Yes	No	<u>U/K</u>	of child	<u>child</u>	to child		1	Yes	No.	<u>UK</u>		_
Adult(s)	0	0	0						0	0	\circ	. ,	ructed airway, describe
Other child(ren)	0	0	0						0	0	0	1	o of adult to child (for
Animal(s)	0	0	0									example, bi	iological mother):
Mattress	0	0	0						0	0	0		
Comforter, quilt, or other	0	0	0						0	0	0		
Fitted sheet Thin blanket/flat sheet	0	0	0						0	0	0		
Thin blanket/flat sheet	0	0	0						0	0	0		
Pillow(s)	0	0	0						0	0	0		
Cushion Boppy or U shaped pillow	_	0	0						0	0	0		
Sleep positioner (wedge)	0	0	0						0	0	0		
Bumper pads	0	0	0					_	0	0	0		
Clothing	0	0	0						0	0	0		
Crib railing/side	0	0	0						0	0	0		
Wall	0	0	0						0	0	0		
Toy(s)	0	0	0						0	0	0		
Other(s), specify:		C			_	_	_		\cup	O			!
	0		!						\circ	0	0		!
	0		!						0	0	0		!
	-		1						_	C	C		Ī
p. Was there a reliable, no	on-con	flicting v	witness acr	count of ho	w the child	d was foun	nd? '	Oyes O No	○u/ĸ				
q. Caregiver/supervisor fe								r. Child sleeping ir			caregiver/s	supervisor at time	of death?
OYes ON	_	Эи/к						○Yes	O No	Ou/ĸ			ĺ
If yes, type of fe		0	Bottle	0	Breast	0) U/K	l					ĺ
								İ					
s. Child sleeping on same	,	If y	es, reasor	ns stated fo	or sleeping	on		If yes, check all t	hat apply:				
surface with person(s) or	r	sar	ne surface	e, check all	that apply	:		☐ With adult(s):	#		☐ # U/K		
animal(s)?			To feed					Adult ob			○ No	○ U/K	
○ Yes ○ No ○ U	/K		To soothe					☐ With other ch	ildren: #_			Children's ages	
			Usual sled	ep pattern				☐ With animal(s	s): #	[□ # U/K	Type(s) of anim	nal:
				bed availal									
			Home/livi	ing space o	vercrowde	ed be							
			Other, spe	ecify:									
			U/K										
		<u> </u>											
t. Is there a scene re-crea				•		○No		upload here. Only					
Select photo that demo	onstrate	es positio	on and loc	ation of chi	ild's body a	and airway	/ (nose, moi	uth, neck, and ches	st). Size n	nust be less	s than 6 m	به and in .jpg or .ç	gif format.
								. =				~	
I3. WAS DEATH A	CON	SEQU	ENCE C	F A PRO	OBLEM V	WITH A	CONSUM	MER PRODUCT	Γ?	Yes	3 (No, go to I4	OU/K, go to I4
a. Describe product and c	ircums	tances:											
									- II				
b. Was product used prop	•	ļ	_	call in place	_	1		safety label?	e. Was			afety Commission	n (CPSC) notified?
◯ Yes ◯ No ◯ U	/K	ļ	O Yes	○No	○ U/K	O Yes	○ No	O U/K		○ Ye			
		ļ			ŀ					_	=	ww.saferproducts	gov to report
										O U/			
I4. DID DEATH O	CCUR	DURI	NG CO	MMISSIC	N OF A	NOTHE	R CRIME	?		Yes	3	No, go to I5	OU/K, go to I5
a. Type of crime, check all	that a	pply:		·									
☐ Robbery/burglar	у		Other ass	sault		Arson		☐ Illegal bo	order cross	sing		□ u/k	
☐ Interpersonal vio	olence		Gang con	ıflict		Prostitutio	on	☐ Auto the	:ft				
☐ Sexual assault			Drug trade	ie		Witness i	intimidation	☐ Other, s	pecify:				

15. CHILD ABUSE, NEGLECT, POOR	SUPER	ISION AND EXPOSU	RE TO HA	ZARDS					
a. Did child abuse, neglect, poor or absent	b. Type	of child abuse, check all that	t apply: c. For abusive head trauma, were			e. Events	e. Events(s) triggering child abuse,		
supervision or exposure to hazards cause	☐ Abu	sive head trauma, go to I5c		there retinal hem	orrhages?	check all that apply:			
or contribute to the child's death?	☐ Chro	onic Battered Child Syndrome	e, go to I5e	○Yes ○ No ○ U/K			□None		
O Yes/probable	obable						ring		
O No, go to next section	☐ Scal	ding or burning, go to I5e		d. For abusive head	trauma, was	□Toi	let training		
O U/K, go to next section	☐ Mun	chausen Syndrome by Proxy	, go to I5e	the child shaken?		□Dis	Disobedience		
If yes/probable, choose primary reason:	☐ Sex	ual assault, go to I5h		◯Yes ◯ No	◯ U/K	∏Fee	eding problems		
Child abuse, go to I5b	☐ Othe	er, specify and go to I5h		If yes, was there	impact?	□Doi	mestic argument		
Child neglect, go to I5f	□ U/K,	go to I5e		○Yes ○ No	◯ U/K	□Oth	ner, specify:		
O Poor/absent supervision, go to I5h						□u/k	(
Exposure to hazards, go to I5g									
f. Child neglect, check all that apply:				g. Exposure to haza	ards:		h. Was poverty a factor?		
☐ Failure to provide necessities ☐	Exposure	to hazards:		Do not include ch	nild's own behavior.		○ Yes ○ No ○ U/K		
☐ Food	Do not in	clude child's own behavior.		O Hazard(s) in s	sleep environment				
☐ Shelter	○ Ha	zard(s) in sleep environmen	t	(including sle	ep position and surfa	се	If yes, explain in		
☐ Other, specify:	(in	cluding sleep position and su	ırface	sharing)			Narrative		
☐ Failure to provide supervision	sh	aring)		Fire hazard					
☐ Emotional neglect, specify:	○ Fir	e hazard		O Unsecured m	edication/poison				
☐ Abandonment, specify:	O Ur	secured medication/poison		O Firearm haza	rd				
☐ Failure to seek/follow treatment,	O Fir	earm hazard		O Water hazard	I				
specify:	\bigcirc W	ater hazard		O Motor vehicle	hazard				
If yes, was this due to religious or	○ Mo	otor vehicle hazard		Maternal subs	stance use during				
cultural practices?	O Ot	ner hazard, specify:		pregnancy					
○ Yes ○ No ○ U/K			Other hazard, specify:						
16. SUICIDE									
a. Child's history. Check all that have ever applied:		b. Was the child ever diagr	nosed with an	y of the	d. Did the child ever	r communi	cate any suicidal		
☐ None listed below		following? Check all that	apply.		thoughts, actions	or intent?			
☐ Involved in sports	☐ None listed below			○Yes	No O	U/K			
☐ Involved in activities (not sports)	☐ Anxiety spectrum disord	er		If yes, with	n whom? _				
☐ Viewed, posted or interacted on social media		☐ Depressive spectrum dis	sorder		e. Was there evider	nce the dea	ath was planned or		
If yes, specify platform(s):		☐ Bipolar spectrum disord	er		premeditated?				
☐ History of running away		☐ Disruptive, impulse cont	t disorder	○Yes	No O	U/K			
\square History of fearfulness, withdrawal or anxiety		☐ Eating disorder			f. Did the death occ	ur under ci	ircumstances where		
\square History of explosive anger, yelling or disobeying		☐ Substance-related or ad	dictive disord	lers	it would likely be	observed a	and intervened by others?		
☐ History of head injury		☐ Other, specify:			○Yes ○	No O	U/K		
If yes, when was the last head injury?		□ u/ĸ			g. Did the child ever	r have a hi	story of non-suicidal		
\square Death of a peer, friend or family member		c. Check all suicidal behav	iors/attempts	that ever applied:	self-harm, such a	as cutting c	or burning oneself?		
If yes, specify relationship to child:		☐None listed below	☐ Interru	ipted attempt #	○Yes ○	No O	U/K		
When did death occur:		□Preparatory behavior #	Non-fa	atal attempt #	If yes, ☐ Repo	ported to others			
Was death a suicide? ○ Yes ○ No ○	U/K	□Aborted attempt #	□ u/ĸ		☐ Note	d on autop	sy		
h. Warning signs (https://youthsuicidewarningsigns	org) w/in	30 days of death. Check all	that apply:	i. Child experienced	j. Suicide	was part o	of: Check all that apply.		
☐ None listed below		Expressed perceived burde	n on others	known crisis with	in 🗆 None	e listed belo	ow		
☐ Talked about or made plans for suicide		Showed worrisome behavio	oral cues	30 days of the de	days of the death?				
☐ Expressed hopelessness about the future	•	or marked changes in beha	vior	○Yes ○ No ○	U/K A co	ntagion, co	ppy-cat or		
☐ Displayed severe/overwhelming		U/K		If yes, explain: imitation					
emotional pain or distress									
I7. LIFE STRESSORS Please inc	dicate all s	tressors that were present fo	or this child ar	ound the time of deat	th.				
a. Life stressors - Social/economic	b. Life st	ressors - Relationships (age	5 and over)				c. Life stressors - School		
□None listed below □ Housing instability	☐ None	listed below	☐Argument	t with friends	☐ Stress due to sex	kual	(age 5 and over)		
□Racism □ Witnessed	☐ Family	discord	☐Bullying a	s a victim	orientation Stress due to		☐ None listed below		
□ Discrimination violence	☐ Argun	nent with parents/caregivers	☐ Bullying a	s a perpetrator	gender identity		☐ School failure		
□Poverty □ Pregnancy	☐ Paren	ts' divorce/separation	Cyberbull	ying as a victim			☐ Pressure to succeed		
□ Neighborhood discord □ Pregnancy	☐ Paren	ts' incarceration	Cyberbull	ying as a perpetrator			☐ Extracurricular activities		
□Job problems scare	☐ Argun	nent with significant other	☐ Peer viole	ence as a victim			☐ New school		
☐Money problems		up with significant other	☐ Peer viole	ence as a perpetrator			☐ Other school problems		
☐Food insecurity	discord	☐Isolation	<u> </u>						

d. Life stressors - Technology (age s	+) e. Life s	tressors - Transitions (age 5 an	d over)		f. Life stres	sors - Trau	ıma (age 5 and over)	
Stress/negative consequences due to	: None	listed below	☐ Release from juvenile justice facility ☐ Nor			one listed below		
☐None listed below	☐ Relea	ase from hospital	☐ End of school year/school break ☐ Rape			pe/sexual assault		
□Electronic gaming	☐ Trans	sition from any level of mental	Transition	on to/from child welfare	☐ Previous	ious abuse (emotional/physical)		
□Texting	health	n care to another (e.g. inpatient	system			ily/domestic violence		
☐Restriction of technology	to outpatient, inpatient to residential,			from immigrant detention	g. Life stres	ssors - Des	scribe any other life stressors:	
☐Social media	itient to inpatient, etc.)	center		(age 5 a	5 and over)			
J. PERSON RESPONSIBLE	(OTHER	THAN DECEDENT)						
Did a person or persons other that		2. What act(s)? Enter inform	ation for the	first person under "One" and	if there is a	3.	Did the team have information	
do something or fail to do someth		second person, use colum		•			about the person(s)?	
caused or contributed to the deat	-	One Two		One Two			One Two	
O Yes/probable	•	Child abu	188	0 0	to hazards		O O Yes	
○ No, go to Section K		O Child neg			not child abus		O No, go to Section K	
OU/K, go to Section K		O Poor/abs		O Other, spe			O No, go to occion K	
O/K, go to section K		supervis		O O U/K	ecity.			
Is person listed in a previous sect	n?	5. Primary person(s) respons			son resnons	ible		
One Two	JII :	One Two	ibic for action	One Two	3011 TC3POTIS	ibio.	One Two	
	go to 117		nt.	Grandparent				
	-		iii.					
Yes, biological father	-	O Stepparent		O Sibling			O Institutional staff	
Yes, caregiver one, g		O Foster parent		O Other relative	9		O Babysitter	
Yes, caregiver two, g		O Mother's partn		O O Friend			C Licensed child care worker	
Yes, supervisor, go to	J19	○ ○ Father's partne	er	O Acquaintance				
○ ○ No				Child's boyfrie	end or girlfrie	end	O Other, specify:	
	I		I	O Stranger			O O U/K	
Person's age in years:One Two	7. Perso One	on's sex: <u>Two</u>	8. Person s	speaks and understands Engl <u>Two</u>	ish? 9		n active military duty? <u>Two</u>	
Olie 1 WO	O	<u>∩ Male</u>	O	O Yes		One .	Yes	
# Years		○ Female		○ No		0	○ No	
<u></u>		○ U/K		O U/K		0	○ U/K	
□ □ U/K		O 0/K		_			pecify branch:	
10. Paragn(s) have history of	11 Porc	pan(a) have history of shild		nguage spoken:	ootmont 1		-	
10. Person(s) have history of substance abuse?		son(s) have history of child reatment as victim?		n(s) have history of child maltro erpetrator?	eauneni		s) have disability or chronic illness?	
							Two	
One Two	One One	Two	One One	Two		0	○ Yes	
O Yes	0	○ Yes		O Yes		0	○ No	
○ ○ No	0	○ No	0	○ No		O	○ U/K	
O	0	O U/K	0	○ U/K		_	heck all that apply:	
If yes, check all that apply:		s, check all that apply:		check all that apply:			Physical/orthopedic, specify:	
☐ ☐ Alcohol		☐ Physical		☐ Physical			☐ Mental health/substance abuse,	
☐ ☐ Cocaine		☐ Neglect		☐ Neglect			specify:	
☐ ☐ Marijuana		☐ Sexual		☐ Sexual			☐ Cognitive/intellectual, specify:	
☐ ☐ Methamphetamine		☐ Emotional/		☐ Emotional/psychologica	I		Sensory, specify:	
☐ ☐ Opioids		psychological		□ U/K			□ U/K	
☐ ☐ Prescription drugs		□ U/K		# CPS referrals		If mental	health/substance abuse, was person	
□ □ Over-the-counter		# CPS referrals		# Substantiations		receiving	mental health services?	
☐ ☐ Other, specify:		# Substantiations		☐ CPS prevention service	s	\circ	○ Yes	
□ □ U/K		☐ Ever in foster care		☐ Family preservation ser	vices	0	○ No	
		or adopted		☐ Children ever removed		0	○ U/K	
14. Person(s) have prior If yes	check all tha	at apply:	15. Person	(s) have history of	1	6. Person((s) have delinquent/criminal history?	
child deaths? One	<u>Two</u>		intima	te partner violence?		One	<u>Two</u>	
One Two	☐ Chi	ld abuse #	<u>One</u>	<u>Two</u>		\circ	O Yes	
○ ○ Yes □	☐ Chi	ld neglect #		Yes, as victim		\circ	O No	
○ ○ No □	_	ident #		☐ Yes, as perpetrator		\circ	O u/k	
0 0 U/K 🗆				□ No			eck all that apply:	
		S #		□ U/K		-	☐ Assaults	
	_	determined cause #	_				Robbery	
	_	er#					□ Drugs	
		er, specify:					Other, specify:	
							☐ II/K	

I								
17. At the time of the incident, was the person asleep?	One							
One Two If yes, select the most appropriate	0							
Yes description of the person's sleeping		O Da	y time nap, descri	ibe:				
No period at incident:		O Da	y time sleep (for e	example, person is i	night shift worker), describe:			
O	0	Oot	her, describe:					
18. At time of incident was person impaired?	19. Pers	son(s) have, ch	eck all	20. Legal outcomes	s in this death, check all that apply:			
One <u>Two</u>	tha	apply:		One Two				
○Yes ○No ○U/K ○Yes ○No ○U/K	<u>One</u>	<u>Two</u>			o charges filed			
If yes, check all that apply:		☐ Prior h	nistory of	□ □ c	harges pending			
One Two One Two		simila	r acts	□ □ c	harges filed, specify:			
☐ ☐ Drug impaired, specify: ☐ ☐ Impaired by illness,		☐ Prior a	arrests	□ □ c	harges dismissed			
☐ ☐ Alcohol impaired specify:		☐ Prior o	convictions		onfession			
☐ ☐ Distracted ☐ ☐ Impaired by disabili	itv.				ead, specify:			
☐ ☐ Absent specify:	,				ot guilty verdict			
☐ ☐ Other, specify:					uilty verdict, specify:			
Guier, specify.					ort charges, specify:			
K. SERVICES TO FAMILY AND COMMUNITY AS A RESUI	T OF THE I	DEATH						
			OV ON-	O 11/1/				
Were new or revised services recommended or implemented as a resu			○Yes ○ No	○ U/K				
If yes, select one option per row: Referred for service	е	Review led to	Referral need		1102			
Bereavement counseling before review		<u>referral</u>	not availabl	<u>N/A</u>	<u>и/к</u> О			
		0	0	0	0			
		_		_				
Economic support		0	0	0	0			
Funeral arrangements		0	0	0	0			
Emergency shelter		0	0	0	0			
Mental health services		0	\circ	0	0			
Foster care		0	\circ	0	0			
Health services		0	\circ	\circ	0			
Legal services		0	\circ	0	\circ			
Genetic counseling		\circ	\circ	\circ	\circ			
Home visiting		0	\circ	\circ	\circ			
Substance abuse		0	\circ	0	\circ			
Other, specify:		0	0	0	\circ			
, ,								
L. FINDINGS IDENTIFIED DURING THE REVIEW			Mark this	case to edit/add f	indings at a later date			
	tamaa with which	the cointenants			-			
Describe any significant challenges faced by the child, the family, the system of the child, the family of the child, the family of the child, the family of the child, the system of the child, the family of the child, the family of the child, the system of the child, the system of the child, the system of the child, the child of the ch		-	•					
demographics, overt or inadvertent actions, the way systems functioned, o	r other environi	nental characte	eristics. (See Data	a Dictionary for exa	mpies.)			
Describe any notable positive elements in this case. They could be demo	graphic, behavi	oral, or enviror	nmental characteri	stics that may have	promoted resiliency in the			
child or family, the systems with which they interreacted or the response to	the incident. (S	See Data Dictio	nary for examples).				
3. List any recommendations and/or initiatives that could be implemented to	prevent deaths	from similar ca	auses or circumsta	ances in the future:				
4. Were new or revised agency services, policies or practices recommende	d or implemente	ed as a result o	f the review?	○Yes ○ No	O U/K			
If yes, select all that apply and describe:								
☐ Child welfare Describe:	☐ Education	n	Describe:					
☐ Law enforcement Describe:	— ☐ Mental h		Describe:					
☐ Public health Describe:	□ EMS		Describe:					
☐ Coroner/medical examiner Describe:	_	ce abuse	Describe:					
Courts Describe:	☐ Other, s		Describe:					
Health care systems Describe:	Oulei, 5	Joony.	Describe.					
	<u> </u>		<u> </u>					
5. Could the death have been prevented? Yes, probably	○No, prob	ably not		ld not determine				

M. THE REVIEW MEETING PROCESS							
Date of first review meeting:	2. Number of	review meetings	for this case:	3. Is review complete?	O N/A O Yes O No		
4. Agencies and individuals at review meeting, check	c all that apply:			•			
☐ Medical examiner/coroner/pathologist	☐ CPS	☐ Fire	е	☐ Indian Health Service	s/ Military		
☐ Death investigator	☐ Other social serv	ices 🗆 EM	IS	Tribal Health	☐ Domestic violence		
☐ Law enforcement	☐ Physician	☐ Fai	th based organization	☐ Home visiting	☐ Others, list:		
☐ Prosecutor/district attorney	☐ Nurse	□ Ed	ucation	☐ Healthy Start			
☐ Public health	☐ Hospital	□ Ме	ntal health	☐ Court			
☐ HMO/managed care	Other health care	e □ Su	bstance abuse	☐ Child advocate			
5. Were the following data sources available at the re	view meeting?		Did any of the following fact	tors reduce meeting effective	veness check all that apply:		
Check all that apply:	wiew meeting.		□ None	note roduce moderng enecati	onood, onook all that apply.		
☐ CDC's SUIDI Reporting Form				mong members prevented f	ull exchange of information		
☐ Jurisdictional equivalent of the CDC SUIDI	Reporting Form			vented access to or exchang	=		
☐ Birth certificate - full form	reporting romi			n precluded having enough			
Death certificate				bring adequate information			
☐ Child's medical records or clinical history, in	ncluding vaccinations		☐ Necessary team memb	- ·	to the moduling		
☐ Biological mother's obstetric and prenatal in	=		☐ Meeting was held too s				
☐ Newborn screening results			☐ Meeting was held too lo				
☐ Law enforcement records			_	were needed from another l	locality in-state		
☐ Social service records				were needed from another	•		
☐ Child protection agency records			☐ Team disagreement on		2000		
☐ EMS run sheet			Other factors, specify:				
☐ Hospital records							
☐ Autopsy/pathology reports							
☐ Home visiting							
☐ Mental health records							
☐ School records							
☐ Substance abuse treatment records							
7. Review meeting outcomes, check all that apply:							
☐ Review led to additional investigation				☐ Review led to the delive	ery of services		
\square Team disagreed with official manner of death.	What did team believe	manner should b	pe?	☐ Review led to changes	in agency policies or practices		
☐ Team disagreed with official cause of death. W	/hat did team believe o	ause should be?		☐ Review led to prevention	on initiatives being implemented		
☐ Because of the review, the official cause or ma	anner of death was cha	nged		☐ Local	☐ State ☐ National		
N. SUID AND SDY CASE REGISTRY			This section display	rs online based on your state	e's settings.		
Section N: OMB No. 0920-1092, Exp. Date: 4/30/2022 Public reporting burden of this collection of information is es maintaining the data needed, and completing and reviewing unless it displays a currently valid OMB control number. Se burden to: CDC/ATSDR Reports Clearance Officer; 1600 C	the collection of informa end comments regarding to Clifton Road NE, MS D-74	tion. An agency ma this burden estimat , Atlanta, Georgia	y not conduct or sponsor, and a p e or any other aspect of this collec 30333; ATTN: PRA (0920-1092)	erson is not required to respond	d to a collection of information		
1. Is this an SDY or SUID case? Yes		no, go to Section					
2. Did this case go to Advanced Review for the SDY	Case Registry? 3		vanced Review meeting (includ	·	=		
O N/A O Yes O No		and any ways t	o improve the review) or reaso	n wny case did not go to Ad	vanced Review:		
If yes, date of first Advanced Review meet	ting:						
Professionals at the Advanced Review meeting, cl	heck all that apply:						
	h investigator		☐ Geneticist or genetic co	ounselor \Box	Pediatrician		
I	•		_				
_ '	ptologist		☐ Mental health professional ☐ Public health representative				
☐ Coroner ☐ Forei	nsic pathologist/medica	al examiner	☐ Neonatologist		Others, specify:		
Did the Advanced Review team believe the autops	sv was	If autonsy perform	med, did the ME/coroner/patho	logist use the SDY Autoney	Guidance or Summary?		
comprehensive? OYes ONo OU	*		N/A O Yes O No C				
		O					

7. Was a specimen saved for the SDY Case Registry?	9. Did the family consent t	to have DNA saved as part of the SDY Case Registry?				
○N/A ○Yes ○No ○U/K		○ Yes ○ No ○ U/K				
	If no, why not?	Consent was not attempted				
8. Was a specimen sent to the SDY Case Registry biorepository?		Consent was attempted but follow up was unsuccessful				
○N/A ○Yes ○No ○U/K	İ	Octors was attempted but family declined				
40. C. I. marie tier for CDV Ocea Pariety (aboos only one)	<u> </u>	Other, specify:				
10. Categorization for SDY Case Registry (choose only one):	· ·····l- ··iaal amooifin	O Hanveleined CliDED				
	neurological, specify: infant suffocation	 Explained other, specify: Unexplained, possible cardiac Unexplained death 				
Incomplete case information		Unexplained, possible cardiac Unexplained death				
C Explained cardiac, specify.	age 1)	and SUDEP				
11. Categorization for SUID Case Registry (choose only one):						
Excluded (other explained causes, not suffocation)		If possible suffocation or explained suffocation, select the primary				
Unexplained: No autopsy or death scene investigation		mechanism(s) leading to the death, check all that apply:				
O Unexplained: Incomplete case information		☐ Soft bedding				
O Unexplained: No unsafe sleep factors		☐ Wedging				
O Unexplained: Unsafe sleep factors		☐ Overlay				
O Unexplained: Possible suffocation with unsafe sleep factors		☐ Other, specify:				
O Explained: Suffocation with unsafe sleep factors						
O. NARRATIVE						
O1. NARRATIVE						
HIPAA identifying information should not be recorded in this		ownloads, and per MPHI/NCFRP's data use agreement with your state,				
P. FORM COMPLETED BY:						
Person:	Emai					
Title:	Date	completed:				
Agency:	Data	entry completed for this case?				
Phone:		State Program Use Only:				
		quality assurance completed by state?				
C	RATIONA CEPTONA enter for Fatality Review 8	RP				
The development of this report tool was su	pported, in part, by Gr	rant 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	n the US Centers for D	isease Control and Prevention, Division of Reproductive Health				
	Data Entry: https://da	ata.ncfrp.org				
www.ncfrp.org info@ncfrp	o.org 1-800-656-2	434 Facebook and Twitter: NationalCFRP				