

CDR REPORT FORM

Version 7.0

National Fatality Review Case Reporting System

Data Entry Website: data.ncfrp.org
Phone: 800-656-2434
Email: info@ncfrp.org



Learning Together, Protecting Tomorrows

Instructions

This form is used by Child Death Review (CDR) teams to enter information into the Pediatric National Fatality Review-Case Reporting System (Pediatric NFR-CRS). States and jurisdictions use this system through a data use agreement with the National Center for Fatality Review and Prevention (National Center).

The form helps teams collect comprehensive information from all agencies participating in a review. It includes questions about the child, the circumstances of the death, investigative actions, services provided or needed, risk factors, and any actions the team recommends to prevent future deaths.

How to Use the Form During Review Meetings

The form supports the review process, but it should not guide the entire meeting. Many teams find it helpful to assign one person to enter information while the team talks. You do not need to discuss or answer every question in order. It is normal not to have answers to every question. As teams gain experience, they better understand the importance of data collection and bring the necessary information to the meeting. Over time, fewer questions are left blank or marked “unknown.”

The Pediatric NFR-CRS Data Dictionary is available at <https://ncfrp.org/what-we-do/pediatric-data/>, in the “Help” menu of the Pediatric NFR-CRS, or as individual help icons next to each question when doing data entry. Using it when unsure how to answer a question helps teams improve data consistency and quality.

Types of Questions

The form includes:

1. Single choice questions (marked with a circle)
2. Multiple choice questions (marked with a square/checkbox)
3. Open text questions (often labeled “specify” or “describe”)

A plus sign (+) next to a question means it does not apply to fetal deaths.

Understanding Missing vs. Unknown

Many teams ask the difference between leaving a question blank and selecting the response “unknown.”

- Unknown: Select “unknown” if an attempt was made to find the information, but there was no clear answer.
- Blank: Leave the question blank/unanswered if no attempt was made to find the information.
- N/A (Not applicable): Select “N/A” for questions that do not apply to the death.

Privacy and Confidentiality

You may enter identifiable information (e.g., names, dates, addresses, counties) if your state/local policy allows. Follow state laws about reporting psychological, substance misuse, and HIV/AIDS information. Please check with your fatality review coordinator if you are unsure.

However, do not include identifiable information in open text fields such as the Narrative or any “specify” or “describe” boxes. This includes specific names, any dates, references to specific counties, practitioners, or facility names. Examples:

- Use “the child,” “mother of child,” “father of child,” not their names.
- Use “EMS,” not “Smith County EMS.”
- Use “the children’s hospital,” not “Smith County Children’s Hospital.”

This rule exists because text fields may be shared with approved researchers under your state or jurisdiction’s data use agreement. Including identifiable information in these fields could violate the Health Insurance Portability and Accountability Act (HIPAA).

Need Help or Want to Participate?

Teams interested in using the Pediatric NFR-CRS for data entry and reporting can contact the National Center (info@ncfrp.org). This version includes the SUID (Sudden Unexpected Infant Death) and SDY (Sudden Death in the Young) Case Registry questions.

CASE NUMBER			
State County/Team Number Year of Review Sequence of Review	Case Type: ☐ Death ☐ Near death/serious injury ☐ Not born alive (fetal/stillborn) Death Certificate Number: Birth Certificate Number: ME/Coroner Number: ☐ Child never left hospital following birth Date Team Notified of Death:		
A. CHILD INFORMATION			
A1. CHILD INFORMATION (COMPLETE FOR ALL AGES) A * symbol means that the question is skipped for fetal deaths.			
1. Child's name: First: Middle: Last: ☐ U/K			
2. Date of birth: ☐ U/K mm / dd / yyyy	3. Date of death: ☐ U/K mm / dd / yyyy	5. Race, check all that apply: ☐ Alaska Native, Tribe: ☐ Native Hawaiian ☐ American Indian, Tribe: ☐ Pacific Islander, specify: ☐ Asian, specify: ☐ White ☐ Black ☐ U/K	6. Hispanic or Latino/a origin? ☐ Yes ☐ No ☐ U/K
4. Age*: ☐ Years ☐ Hours ☐ Months ☐ Minutes ☐ Days ☐ U/K		7. Sex: ☐ Male ☐ Female ☐ U/K	
8. Residence address: ☐ U/K Street: Apt. City: State: Zip: County:		9. Child's weight at death*: ☐ U/K ☐ Pounds/ounces ☐ Grams/kilograms 10. Child's height at death*: ☐ U/K ☐ Feet/inches ☐ Cm	
13. Child had disability or chronic illness*? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Physical/orthopedic, specify: ☐ Mental health/substance abuse, specify: ☐ Cognitive/intellectual, specify: ☐ Sensory, specify: ☐ U/K If yes, was child receiving Children's Special Health Care Needs services? ☐ Yes ☐ No ☐ U/K		11. State of death: 12. County of death: 14. Were any siblings placed outside of the home prior to this child's death? ☐ N/A ☐ Yes, # ☐ No ☐ U/K 15. Child's health insurance, check all that apply*: ☐ None ☐ Medicaid ☐ Indian Health Service ☐ U/K ☐ Private ☐ State plan ☐ Other, specify: 16. Was the child up to date with the Centers for Disease Control and Prevention (CDC) immunization schedule*? ☐ N/A ☐ Yes ☐ No, specify: ☐ U/K 17. Household income: ☐ High ☐ Medium ☐ Low ☐ U/K	
If the child never left the hospital following birth, go to Section A2.			
18. Type of residence: ☐ Parental home ☐ Relative home ☐ Jail/detention ☐ Licensed group home ☐ Living on own ☐ Other, specify: ☐ Licensed foster home ☐ Shelter ☐ Relative foster home ☐ Homeless ☐ U/K		19. New residence in past 30 days? ☐ Yes ☐ No ☐ U/K	
23. Child had history of child maltreatment as victim? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Physical ☐ Neglect ☐ Sexual ☐ Emotional/psychological ☐ U/K		20. Residence overcrowded? ☐ Yes ☐ No ☐ U/K 21. Child ever homeless? ☐ Yes ☐ No ☐ U/K 22. Number of other children living with child: ☐ U/K	
If yes, how was history identified: ☐ Through CPS ☐ Other sources If through CPS: # CPS referrals # Substantiations		24. Was there an open CPS case with child at time of death? ☐ Yes ☐ No ☐ U/K 25. Was child ever placed outside of the home prior to the death? ☐ Yes ☐ No ☐ U/K 26. How many months prior to death did child last have contact with a health care provider?	
A2. COMPLETE FOR CHILDREN OVER ONE YEAR OLD			
27. Child's highest education level: ☐ N/A ☐ Home schooled, 9-12 ☐ None ☐ Drop out ☐ Preschool ☐ HS graduate/GED ☐ Grade K-8 ☐ College ☐ Grade 9-12 ☐ U/K ☐ Home schooled, K-8	28. Child's work status: ☐ N/A ☐ Employed ☐ Not working ☐ U/K	29. Did child have problems in school? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Academic ☐ Expulsion ☐ Truancy ☐ Other, specify: ☐ Suspensions ☐ Behavioral ☐ U/K	30. Child had history of intimate partner violence? Check all that apply: ☐ N/A ☐ Yes, as victim ☐ Yes, as perpetrator ☐ No ☐ U/K

31. Child had received prior mental health services? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Outpatient ☐ Day treatment/partial hospitalization ☐ Residential	33. Child on medication for mental health illness? ☐ N/A ☐ Yes ☐ No ☐ U/K	35. Child was hospitalized for mental health care within the previous 12 months? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, did the child have a follow-up mental health appointment within 30 days of discharge from the hospital? ☐ Yes ☐ No ☐ U/K				
32. Child was receiving mental health services? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Outpatient ☐ Residential ☐ Day treatment/partial hospitalization	34. Child had emergency department visit for mental health care within the previous 12 months? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, did the child have a follow-up mental health appointment within 30 days of emergency department visit? ☐ Yes ☐ No ☐ U/K	36. Issues prevented child from receiving mental health services? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, specify: 				
37. Child had history of substance use or abuse? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Alcohol ☐ Prescription drugs, specify: ☐ Cocaine ☐ Over-the-counter drugs, specify: ☐ Marijuana ☐ Tobacco/nicotine, specify type: ☐ Methamphetamine ☐ Other, specify: ☐ Opioids ☐ U/K If yes, did the child receive treatment? ☐ Yes ☐ No ☐ U/K If yes, type? Check all that apply: ☐ Outpatient ☐ Day treatment/partial hospitalization ☐ Inpatient/detox ☐ Residential If yes, age at first use: ☐ U/K	38. Child had delinquent or criminal history? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Assault ☐ Robbery/theft ☐ Drugs/alcohol ☐ Misbehavior (truancy, destruction of property, trespassing) ☐ Weapon offense ☐ Other, specify: ☐ U/K					
39. Child spent time in juvenile detention? ☐ N/A ☐ Yes ☐ No ☐ U/K						
40. Child acutely ill in the two weeks before death? ☐ Yes ☐ No ☐ U/K						
A3. COMPLETE FOR ALL FETAL/INFANTS UNDER ONE YEAR A + symbol means that the question is skipped for fetal deaths.						
43. Was this case reviewed by both a Fetal/Infant Mortality Review (FIMR) and Child Death Review (CDR/CFR) team? ☐ Yes ☐ No ☐ U/K						
44. Gestational age: ☐ U/K # weeks	45. Birth weight: ☐ U/K ☐ Grams/kilograms ☐ Pounds/ounces 	46. Multiple gestation pregnancy? ☐ Yes, # of fetuses ☐ No ☐ U/K				
47. Including the deceased infant, how many pregnancies did the mother have? # ☐ U/K						
48. Including the deceased infant, how many live births did the mother have? # ☐ U/K						
49. Not including the deceased infant, number of children mother still has living? # ☐ U/K	50. Prenatal care provided during pregnancy of deceased infant? ☐ Yes ☐ No ☐ U/K If yes, number of prenatal visits kept: # ☐ U/K Week or month of first prenatal visit kept? Specify: ☐ U/K					
51. Were there access or barrier issues related to prenatal care? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Lack of money for care ☐ Limitations of health insurance coverage ☐ Lack of transportation ☐ Cultural differences ☐ Language barriers ☐ Couldn't get provider to take as patient ☐ Multiple providers, not coordinated ☐ Couldn't get an earlier appointment ☐ Lack of child care ☐ Lack of family/social support ☐ Services not available ☐ Distrust of health care system ☐ Unwilling to obtain care ☐ Didn't know where to go ☐ Didn't think she was pregnant ☐ Other, specify: ☐ U/K						
52. During pregnancy, did the mother have any medical conditions/complications? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: <table style="width:100%; border: none;"> <tr> <td style="vertical-align: top; width: 25%; padding: 2px;"> <u>Cardiovascular</u> ☐ Hypertension - gestational ☐ Hypertension - chronic ☐ Pre-eclampsia ☐ Eclampsia <u>Hematologic</u> ☐ Sickle cell disease ☐ Anemia (iron deficiency) ☐ Clotting disorder <u>Respiratory</u> ☐ Asthma <u>Endocrine/Metabolic</u> ☐ Diabetes, type 1 chronic ☐ Diabetes, type 2 chronic ☐ Diabetes, gestational ☐ Thyroid ☐ Polycystic ovarian disease </td> <td style="vertical-align: top; width: 25%; padding: 2px;"> <u>Neurologic/Psychiatric</u> ☐ Addiction disorder ☐ Depression ☐ Anxiety disorder ☐ Seizure disorder <u>Sexually Transmitted Infection (STI)</u> ☐ Chlamydia ☐ Gonorrhea ☐ Herpes ☐ HPV ☐ Syphilis ☐ HIV/AIDS ☐ Other STI, specify: </td> <td style="vertical-align: top; width: 25%; padding: 2px;"> <u>Gynecologic</u> ☐ Uterine/vaginal bleeding ☐ Chorioamnionitis ☐ Oligohydramnios ☐ Polyhydramnios ☐ FGR/IUGR ☐ Premature rupture of membranes (PROM) ☐ Preterm premature rupture of membranes (PPROM) ☐ Cervical insufficiency ☐ Bacterial vaginosis ☐ Group B strep <u>Umbilical cord complications</u> ☐ Prolapse ☐ Nuchal cord ☐ Other cord, specify: </td> <td style="vertical-align: top; width: 25%; padding: 2px;"> <u>Gynecologic (continued)</u> <u>Placental problems</u> ☐ Abruption ☐ Previa ☐ Other placental, specify: <u>Other Condition/Complication</u> ☐ UTI ☐ Decreased fetal movement ☐ HELLP syndrome ☐ Mother developmental disorder ☐ Oral health/dental or gum infection ☐ Gastrointestinal ☐ Mother genetic disorder ☐ Abnormal MSAFP ☐ Preterm labor ☐ Obesity ☐ Other, specify: </td> </tr> </table>			<u>Cardiovascular</u> ☐ Hypertension - gestational ☐ Hypertension - chronic ☐ Pre-eclampsia ☐ Eclampsia <u>Hematologic</u> ☐ Sickle cell disease ☐ Anemia (iron deficiency) ☐ Clotting disorder <u>Respiratory</u> ☐ Asthma <u>Endocrine/Metabolic</u> ☐ Diabetes, type 1 chronic ☐ Diabetes, type 2 chronic ☐ Diabetes, gestational ☐ Thyroid ☐ Polycystic ovarian disease	<u>Neurologic/Psychiatric</u> ☐ Addiction disorder ☐ Depression ☐ Anxiety disorder ☐ Seizure disorder <u>Sexually Transmitted Infection (STI)</u> ☐ Chlamydia ☐ Gonorrhea ☐ Herpes ☐ HPV ☐ Syphilis ☐ HIV/AIDS ☐ Other STI, specify: 	<u>Gynecologic</u> ☐ Uterine/vaginal bleeding ☐ Chorioamnionitis ☐ Oligohydramnios ☐ Polyhydramnios ☐ FGR/IUGR ☐ Premature rupture of membranes (PROM) ☐ Preterm premature rupture of membranes (PPROM) ☐ Cervical insufficiency ☐ Bacterial vaginosis ☐ Group B strep <u>Umbilical cord complications</u> ☐ Prolapse ☐ Nuchal cord ☐ Other cord, specify: 	<u>Gynecologic (continued)</u> <u>Placental problems</u> ☐ Abruption ☐ Previa ☐ Other placental, specify: <u>Other Condition/Complication</u> ☐ UTI ☐ Decreased fetal movement ☐ HELLP syndrome ☐ Mother developmental disorder ☐ Oral health/dental or gum infection ☐ Gastrointestinal ☐ Mother genetic disorder ☐ Abnormal MSAFP ☐ Preterm labor ☐ Obesity ☐ Other, specify:
<u>Cardiovascular</u> ☐ Hypertension - gestational ☐ Hypertension - chronic ☐ Pre-eclampsia ☐ Eclampsia <u>Hematologic</u> ☐ Sickle cell disease ☐ Anemia (iron deficiency) ☐ Clotting disorder <u>Respiratory</u> ☐ Asthma <u>Endocrine/Metabolic</u> ☐ Diabetes, type 1 chronic ☐ Diabetes, type 2 chronic ☐ Diabetes, gestational ☐ Thyroid ☐ Polycystic ovarian disease	<u>Neurologic/Psychiatric</u> ☐ Addiction disorder ☐ Depression ☐ Anxiety disorder ☐ Seizure disorder <u>Sexually Transmitted Infection (STI)</u> ☐ Chlamydia ☐ Gonorrhea ☐ Herpes ☐ HPV ☐ Syphilis ☐ HIV/AIDS ☐ Other STI, specify: 	<u>Gynecologic</u> ☐ Uterine/vaginal bleeding ☐ Chorioamnionitis ☐ Oligohydramnios ☐ Polyhydramnios ☐ FGR/IUGR ☐ Premature rupture of membranes (PROM) ☐ Preterm premature rupture of membranes (PPROM) ☐ Cervical insufficiency ☐ Bacterial vaginosis ☐ Group B strep <u>Umbilical cord complications</u> ☐ Prolapse ☐ Nuchal cord ☐ Other cord, specify: 	<u>Gynecologic (continued)</u> <u>Placental problems</u> ☐ Abruption ☐ Previa ☐ Other placental, specify: <u>Other Condition/Complication</u> ☐ UTI ☐ Decreased fetal movement ☐ HELLP syndrome ☐ Mother developmental disorder ☐ Oral health/dental or gum infection ☐ Gastrointestinal ☐ Mother genetic disorder ☐ Abnormal MSAFP ☐ Preterm labor ☐ Obesity ☐ Other, specify: 			

53. Did the mother experience any medical complications in previous pregnancies? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Previous preterm birth ☐ Previous small for gestational age ☐ Previous low birth weight birth ☐ Previous large for gestational age (greater than 4000 grams)				
54. Did the mother use any medications, drugs or other substances during pregnancy? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Prenatal vitamins ☐ Anti-epileptic ☐ Nausea/vomiting medications ☐ Cocaine ☐ Meds to treat drug addiction ☐ Over-the-counter meds ☐ Anti-hypertensives ☐ Cholesterol medications ☐ Heroin ☐ Other pain meds ☐ Allergy medications ☐ Anti-hypothyroidism ☐ Meds to treat preterm labor ☐ Marijuana ☐ Other, specify: ☐ Antibiotics ☐ Arthritis medications ☐ Meds used during delivery ☐ Methamphetamine ☐ Anti-depressants/anti-anxiety/anti-psychotics ☐ Diabetes medications ☐ Progesterone/P17 ☐ Opioids ☐ Asthma medications ☐ Alcohol ☐ If alcohol, infant born with fetal effects or syndrome? ☐ U/K				
If any item is checked, please indicate the generic or brand name of the medications or drugs:				
55. Was the infant/fetus delivered drug exposed? ☐ Yes ☐ No ☐ U/K		56. Did the infant have neonatal abstinence syndrome (NAS)*? ☐ Yes ☐ No ☐ U/K		
57. Level of birth hospital: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Freestanding birth center ☐ Home birth ☐ Other, specify: ☐ U/K		58. At discharge from the birth hospital, was a case manager assigned to the mother? ☐ N/A, mother did not go to a birth hospital ☐ Yes ☐ No ☐ U/K 59. Did the mother have contact with her care provider within the first 3 weeks postpartum? ☐ Yes ☐ No ☐ U/K 60. Did the infant have a NICU stay of more than one day*? ☐ Yes ☐ No ☐ U/K If yes, for what reason(s)? Check all that apply: ☐ Prematurity ☐ Apnea ☐ Jaundice ☐ Respiratory distress/failure ☐ Low birth weight ☐ Sepsis ☐ Anemia ☐ Other, specify: ☐ Tachypnea ☐ Feeding difficulties ☐ Meconium aspiration ☐ Drug/alcohol exposure ☐ Hypothermia ☐ Congenital anomalies ☐ U/K		
61. Did the mother smoke in the 3 months before pregnancy? ☐ Yes If yes, Avg # cigarettes/day (20 cigarettes in pack) ☐ No ☐ U/K quantity ☐ U/K		62. Did the mother smoke at any time during pregnancy? ☐ Yes ☐ No ☐ U/K If yes, Avg # cigarettes/day (20 cigarettes in pack) ☐ U/K quantity ☐ U/K quantity ☐ U/K quantity		
63. Did the mother use e-cigarettes or other electronic nicotine products at any time during pregnancy? ☐ Yes ☐ No ☐ U/K If yes, on average how often? ☐ More than once a day ☐ Once a day ☐ 2-6 days a week ☐ 1 day a week or less ☐ U/K				
64. Was the mother injured during pregnancy? ☐ Yes ☐ No ☐ U/K If yes, describe:		65. Did the mother have postpartum depression? ☐ Yes ☐ No ☐ U/K		
If this was a fetal death, go to section B.				
66. Infant ever received human milk? ☐ Yes ☐ No ☐ U/K If yes, any human milk at 3 months? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, exclusively? ☐ Yes ☐ No ☐ U/K If yes, any human milk at 6 months? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, exclusively? ☐ Yes ☐ No ☐ U/K If ever, was infant receiving human milk at time of death? ☐ Yes ☐ No ☐ U/K		67. Did infant have abnormal newborn screening results? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, describe any abnormality such as a fatty acid oxidation error: 		
If the infant never left the hospital following birth, go to Section B.				
68. At any time prior to the infant's last 72 hours, did the infant have a history of (check all that apply): ☐ None ☐ Cyanosis ☐ Infection ☐ Seizures or convulsions ☐ Allergies ☐ Cardiac abnormalities ☐ Abnormal growth, weight gain/loss ☐ Other, specify: ☐ Apnea ☐ U/K		69. In the 72 hours prior to death, did the infant have any of the following? Check all that apply: ☐ None ☐ Decrease in appetite ☐ Apnea ☐ Fever ☐ Vomiting ☐ Cyanosis ☐ Excessive sweating ☐ Choking ☐ Seizures or convulsions ☐ Lethargy/sleeping more than usual ☐ Diarrhea ☐ Other, specify: ☐ Fussiness/excessive crying ☐ Stool changes ☐ U/K ☐ Difficulty breathing		
70. In the 72 hours prior to death, was the infant injured? ☐ Yes ☐ No ☐ U/K If yes, describe cause and injuries: 	71. In the 72 hours prior to death, was the infant given any vaccines? ☐ Yes ☐ No ☐ U/K If yes, list name(s) of vaccines: 	72. In the 72 hours prior to death, was the infant given any medications or remedies? Include herbal, prescription, over-the-counter medications and home remedies. ☐ Yes ☐ No ☐ U/K If yes, list name(s) and last dose given: 	73. What did the infant have for his/her last meal? Check all that apply: ☐ Human milk ☐ Formula ☐ Baby food ☐ Cereal ☐ Other, specify: ☐ U/K	

B. BIOLOGICAL PARENT INFORMATION

● No information available, go to Section C

1. Parents alive on date of child's death? Even if parent(s) are deceased at time of child's death, please fill out the remaining questions.

Mother alive:☐ Yes☐ No☐ U/KFather alive:☐ Yes☐ No☐ U/K

2. Parents' race, check all that apply:

Mother Father☐ ☐ Alaska Native, Tribe:☐ ☐ American Indian, Tribe:☐ ☐ Asian, specify:☐ ☐ Black☐ ☐ Native Hawaiian☐ ☐ Pacific Islander, specify:☐ ☐ White☐ ☐ U/K

3. Parents' Hispanic or Latino/a origin?

Mother Father☐ ☐ Yes, specify origin:☐ ☐ No☐ ☐ U/K

4. Parents' age in years at time of child's death:

Mother Father☐ ☐ # Years☐ ☐ U/K

5. Parents' employment status:

Mother Father☐ ☐ Employed☐ ☐ Unemployed☐ ☐ On disability☐ ☐ Stay-at-home☐ ☐ Retired☐ ☐ U/K

6. Parents' education:

Mother Father☐ ☐ < High school☐ ☐ High school/ GED☐ ☐ College☐ ☐ Post graduate☐ ☐ U/K

7. Parents speak and understand English?

Mother Father☐ ☐ Yes☐ ☐ No

If no, language spoken:

☐ ☐ U/K

8. Parents first generation immigrant?

Mother Father☐ ☐ Yes, country of origin:☐ ☐ No☐ ☐ U/K

9. Parents on active military duty?

Mother Father☐ ☐ Yes, specify branch:☐ ☐ No☐ ☐ U/K

10. Parents receive social services in the past twelve months?

Mother Father☐ ☐ Yes☐ ☐ No☐ ☐ U/K

If yes, check all that apply below:

Mother Father☐ ☐ WIC☐ ☐ Home visiting, specify:☐ ☐ TANF☐ ☐ Medicaid☐ ☐ Food stamps/SNAP/EBTMother Father☐ ☐ Section 8/housing☐ ☐ Social Security Disability Insurance (SSI/SSDI)☐ ☐ Other, sepcify:☐ ☐ U/K

11. Parents have substance abuse history?

Mother Father☐ ☐ Yes☐ ☐ No☐ ☐ U/K

12. Parents ever victim of child maltreatment?

Mother Father☐ ☐ Yes☐ ☐ No☐ ☐ U/K

13. Parents ever perpetrator of maltreatment?

Mother Father☐ ☐ Yes☐ ☐ No☐ ☐ U/K

14. Parents have disability or chronic illness?

Mother Father☐ ☐ Yes☐ ☐ No☐ ☐ U/K

15. Parents have prior child deaths?

Mother Father☐ ☐ Yes☐ ☐ No☐ ☐ U/K

16. Parents have history of intimate partner violence?

Check all that apply: Mother Father☐ ☐ Yes, as victim☐ ☐ Yes, as perpetrator☐ ☐ No☐ ☐ U/K

17. Parents have delinquent/criminal history?

Mother Father☐ ☐ Yes☐ ☐ No☐ ☐ U/K**C. PRIMARY CAREGIVER(S) INFORMATION**

If fetal death, skip to Section D

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

One Two☐ ☐ Self, go to Section D☐ ☐ Mother, go to Section D☐ ☐ Father, go to Section D☐ ☐ Adoptive parent☐ ☐ StepparentOne Two☐ ☐ Foster parent☐ ☐ Parent's partner☐ ☐ Grandparent☐ ☐ Sibling☐ ☐ Other relativeOne Two☐ ☐ Friend☐ ☐ Institutional staff☐ ☐ Other, specify:☐ ☐ U/K

2. Caregiver(s) age in years:

One Two☐ ☐ # Years☐ ☐ U/K

3. Caregiver(s) sex:

One Two☐ ☐ Male☐ ☐ Female☐ ☐ U/K

4. Caregiver(s) race, check all that apply:

One Two☐ ☐ Alaska Native, Tribe:☐ ☐ American Indian, Tribe:☐ ☐ Asian, specify:☐ ☐ Black☐ ☐ Native Hawaiian☐ ☐ Pacific Islander, specify:☐ ☐ White☐ ☐ U/K

5. Caregiver(s) Hispanic or Latino/a origin?

One Two☐ ☐ Yes☐ ☐ No☐ ☐ U/K

If yes, specify origin:

☐ ☐ U/K☐ ☐ U/K

6. Caregiver(s) employment status:

One Two☐ ☐ Employed☐ ☐ Unemployed☐ ☐ On disability☐ ☐ Stay-at-home☐ ☐ Retired☐ ☐ U/K

7. Caregiver(s) education: <u>One</u> <u>Two</u> ☐ < High school ☐ High school/GED ☐ College ☐ Post graduate ☐ U/K	8. Do caregiver(s) speak and understand English? <u>One</u> <u>Two</u> ☐ Yes ☐ No If no, language spoken: ☐ ☐ U/K	9. Caregiver(s) first generation immigrant? <u>One</u> <u>Two</u> ☐ Yes, specify country of origin: ☐ No ☐ U/K	10. Caregivers on active military duty? <u>One</u> <u>Two</u> ☐ Yes, specify branch: ☐ No ☐ U/K
11. Caregiver(s) receive social services in the past twelve months? <u>One</u> <u>Two</u> ☐ Yes If yes, check all that apply: ☐ No ☐ U/K <u>One</u> <u>Two</u> ☐ WIC ☐ Home visiting, specify: ☐ TANF ☐ Medicaid ☐ Food stamps/SNAP/EBT <u>One</u> <u>Two</u> ☐ Section 8/housing ☐ Social Security Disability Insurance (SSI/SSDI) ☐ Other, specify: ☐ U/K			
12. Caregiver(s) have substance abuse history? <u>One</u> <u>Two</u> ☐ Yes ☐ No ☐ U/K	13. Caregiver(s) ever victim of child maltreatment? <u>One</u> <u>Two</u> ☐ Yes ☐ No ☐ U/K	14. Caregiver(s) ever perpetrator of maltreatment? <u>One</u> <u>Two</u> ☐ Yes ☐ No ☐ U/K	15. Caregiver(s) have disability or chronic illness? <u>One</u> <u>Two</u> ☐ Yes ☐ No ☐ U/K
16. Caregiver(s) have prior child deaths? <u>One</u> <u>Two</u> ☐ Yes ☐ No ☐ U/K	17. Caregiver(s) have history of intimate partner violence? <u>One</u> <u>Two</u> ☐ Yes, as victim ☐ Yes, as perpetrator ☐ No ☐ U/K	18. Caregiver(s) have delinquent/criminal history? <u>One</u> <u>Two</u> ☐ Yes ☐ No ☐ U/K	

D. SUPERVISOR INFORMATION

Answer this section only if child ever left hospital following birth

1. Did child have supervision at time of incident leading to death? ☐ Yes, answer D2-16 ☐ No, not needed given developmental age or circumstances, go to Sec. E ☐ No, but needed, answer D3-16 ☐ Unable to determine, try to answer D3-16		2. How long before incident did supervisor last see child? Select one: ☐ Child in sight of supervisor ☐ Minutes ☐ Days ☐ Hours ☐ U/K	
3. Is supervisor listed in a previous section? ☐ Yes, mother, go to D15 ☐ Yes, father, go to D15 ☐ Yes, caregiver one, go to D15 ☐ Yes, caregiver two, go to D15 ☐ No	4. Primary person responsible for supervision at the time of incident? Select only one: ☐ Adoptive parent ☐ Stepparent ☐ Foster parent ☐ Parent's partner ☐ Grandparent ☐ Sibling ☐ Other relative ☐ Friend ☐ Acquaintance ☐ Hospital staff, go to D15 ☐ Institutional staff, go to D15 ☐ Babysitter ☐ Licensed child care worker ☐ Other, specify: ☐ U/K		
5. Supervisor's age in years: ☐ U/K	6. Supervisor's sex: ☐ Male ☐ Female ☐ U/K	7. Supervisor speaks and understands English? ☐ Yes ☐ No ☐ U/K If no, language spoken: 	8. Supervisor on active military duty? ☐ Yes ☐ No ☐ U/K If yes, specify branch:
9. Supervisor has substance abuse history? ☐ Yes ☐ No ☐ U/K	10. Supervisor has history of child maltreatment? <u>As Victim</u> <u>As Perpetrator</u> ☐ Yes ☐ Yes ☐ No ☐ No ☐ U/K ☐ U/K	11. Supervisor has a disability or chronic illness? ☐ Yes ☐ No ☐ U/K	12. Supervisor has prior child deaths? ☐ Yes ☐ No ☐ U/K
13. Supervisor has history of intimate partner violence? ☐ Yes, as victim ☐ Yes, as perpetrator ☐ No ☐ U/K	15. At the time of incident, was the supervisor asleep? ☐ Yes ☐ No ☐ U/K If yes, select the most appropriate description of the supervisor's sleeping period at incident: ☐ Night time sleep ☐ Day time nap, describe: ☐ Day time sleep (for example supervisor is night shift worker), describe: ☐ Other, describe:		16. At time of incident, was supervisor distracted or impaired? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Drug impaired, specify: ☐ Alcohol impaired ☐ Distracted ☐ Absent ☐ Impaired by illness, specify: ☐ Impaired by disability, specify: ☐ Other, specify:
14. Supervisor has delinquent or criminal history? ☐ Yes ☐ No ☐ U/K			

E. INCIDENT INFORMATION		Answer only E7 if the child never left the hospital following birth																								
1. Was the date of the incident the same as the date of death? ☐ Yes, same as date of death ☐ No, different than date of death. Enter date of incident: / / MM DD YYYY ☐ U/K	2. Approximate time of day that incident occurred? Hour, specify 1-12: ☐ AM ☐ PM ☐ U/K																									
3. Place of incident, check all that apply: <table style="width: 100%; border: none;"> <tr> <td>☐ Child's home</td> <td>☐ Licensed child care center</td> <td>☐ Military installation</td> <td>☐ State or county park, other recreation area</td> </tr> <tr> <td>☐ Relative's home</td> <td>☐ Licensed child care home</td> <td>☐ Jail/detention facility</td> <td>☐ Hospital</td> </tr> <tr> <td>☐ Friend's home</td> <td>☐ Unlicensed child care home</td> <td>☐ Sidewalk</td> <td>☐ Hotel/motel</td> </tr> <tr> <td>☐ Licensed foster care home</td> <td>☐ Farm/ranch</td> <td>☐ Roadway</td> <td>☐ Other, specify: </td> </tr> <tr> <td>☐ Relative foster care home</td> <td>☐ School</td> <td>☐ Driveway</td> <td>☐ U/K</td> </tr> <tr> <td>☐ Licensed group home</td> <td>☐ Indian reservation/trust lands</td> <td>☐ Other parking area</td> <td></td> </tr> </table>			☐ Child's home	☐ Licensed child care center	☐ Military installation	☐ State or county park, other recreation area	☐ Relative's home	☐ Licensed child care home	☐ Jail/detention facility	☐ Hospital	☐ Friend's home	☐ Unlicensed child care home	☐ Sidewalk	☐ Hotel/motel	☐ Licensed foster care home	☐ Farm/ranch	☐ Roadway	☐ Other, specify: 	☐ Relative foster care home	☐ School	☐ Driveway	☐ U/K	☐ Licensed group home	☐ Indian reservation/trust lands	☐ Other parking area	
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4. Type of area: ☐ Urban ☐ Suburban ☐ Rural ☐ Frontier ☐ U/K																										
5. Incident state: 6. Incident county: 																										
7. Was the death attributed (either directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting? ☐ Yes ☐ No ☐ U/K If yes, specify the type of event (e.g., tornado, heat wave, flood, medical crisis, etc.) and general circumstances surrounding the death: If yes, specify the name of the event if applicable (e.g., Paradise Wild Fire, Hurricane Irma, etc.): 																										
8. Was the incident witnessed? ☐ Yes ☐ No ☐ U/K If yes, by whom? <table style="width: 100%; border: none;"> <tr> <td>☐ Parent/relative</td> <td>☐ Teacher/coach/athletic trainer</td> <td>☐ Stranger</td> </tr> <tr> <td>☐ Other caretaker/babysitter</td> <td>☐ Other acquaintance</td> <td>☐ Other, specify: </td> </tr> <tr> <td>☐ Health care professional, if death occurred in hospital setting</td> <td></td> <td></td> </tr> </table>		☐ Parent/relative	☐ Teacher/coach/athletic trainer	☐ Stranger	☐ Other caretaker/babysitter	☐ Other acquaintance	☐ Other, specify: 	☐ Health care professional, if death occurred in hospital setting			9. Was 911 or local emergency called? ☐ NA ☐ Yes ☐ No ☐ U/K															
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<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; vertical-align: top;"> 10. Was resuscitation attempted? ☐ NA ☐ Yes ☐ No ☐ U/K If yes, by whom? ☐ EMS ☐ Parent/relative ☐ Other caretaker/babysitter ☐ Teacher/coach/athletic trainer ☐ Other acquaintance ☐ Health care professional, if death occurred in hospital setting ☐ Stranger ☐ Other, specify: </td> <td style="width: 40%; vertical-align: top;"> If yes, type of resuscitation: ☐ CPR ☐ Automated External Defibrillator (AED) If no AED, was AED available/accessible? ☐ Yes ☐ No ☐ U/K If AED, was shock administered? ☐ Yes ☐ No ☐ U/K If yes, how many shocks were administered? ☐ Rescue medications, including naloxone, specify type: ☐ Other, specify: </td> <td style="width: 30%; vertical-align: top;"> If yes, was a rhythm recorded? ☐ Yes ☐ No ☐ U/K If yes, what was the rhythm? </td> </tr> </table>			10. Was resuscitation attempted? ☐ NA ☐ Yes ☐ No ☐ U/K If yes, by whom? ☐ EMS ☐ Parent/relative ☐ Other caretaker/babysitter ☐ Teacher/coach/athletic trainer ☐ Other acquaintance ☐ Health care professional, if death occurred in hospital setting ☐ Stranger ☐ Other, specify: 	If yes, type of resuscitation: ☐ CPR ☐ Automated External Defibrillator (AED) If no AED, was AED available/accessible? ☐ Yes ☐ No ☐ U/K If AED, was shock administered? ☐ Yes ☐ No ☐ U/K If yes, how many shocks were administered? ☐ Rescue medications, including naloxone, specify type: ☐ Other, specify: 	If yes, was a rhythm recorded? ☐ Yes ☐ No ☐ U/K If yes, what was the rhythm? 																					
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11. At time of incident leading to death, had child used drugs or alcohol? ☐ NA ☐ Yes ☐ No ☐ U/K If yes, check all that apply: <table style="width: 100%; border: none;"> <tr> <td>☐ Alcohol</td> <td>☐ Over-the-counter drugs</td> <td>☐ U/K</td> </tr> <tr> <td>☐ Cocaine</td> <td>☐ Prescription drugs</td> <td></td> </tr> <tr> <td>☐ Marijuana</td> <td>☐ Opioids</td> <td> </td> </tr> <tr> <td>☐ Methamphetamine</td> <td>☐ Other, specify: </td> <td></td> </tr> </table>		☐ Alcohol	☐ Over-the-counter drugs	☐ U/K	☐ Cocaine	☐ Prescription drugs		☐ Marijuana	☐ Opioids	 	☐ Methamphetamine	☐ Other, specify: 		12. Child's activity at time of incident, check all that apply: ☐ Sleeping ☐ Working ☐ Driving/vehicle occupant ☐ U/K ☐ Playing ☐ Eating ☐ Other, specify: 												
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13. Total number of deaths at incident event, including child: Children, ages 0-18 ☐ U/K Adults																										
F. INVESTIGATION INFORMATION		A + symbol means that the question is skipped for fetal deaths.																								
1. Was a death investigation conducted*? ☐ Yes ☐ No ☐ U/K If yes, which of the following death investigation components were completed? <table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"><u>Yes</u></td> <td style="width: 10%;"><u>No</u></td> <td style="width: 10%;"><u>U/K</u></td> <td style="width: 70%;">CDC's SUIDI Reporting Form or jurisdictional equivalent</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>Narrative description of circumstances</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>Scene photos</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>Scene recreation with doll</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>Scene recreation without doll</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>Witness interviews</td> </tr> </table> If yes, shared with review team? ☐ Yes ☐ No			<u>Yes</u>	<u>No</u>	<u>U/K</u>	CDC's SUIDI Reporting Form or jurisdictional equivalent	☐	☐	☐	Narrative description of circumstances	☐	☐	☐	Scene photos	☐	☐	☐	Scene recreation with doll	☐	☐	☐	Scene recreation without doll	☐	☐	☐	Witness interviews
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2. What additional information would the team like to have known about the death scene investigation*?																										

3. Death referred to*: ☐ Medical examiner ☐ Not referred ☐ Coroner ☐ U/K			4. Person declaring official cause and manner of death*: ☐ Medical examiner ☐ Hospital physician ☐ Mortician ☐ U/K ☐ Coroner ☐ Other physician ☐ Other, specify: _____																																																																																	
5. Autopsy performed? ☐ Yes ☐ No ☐ U/K If yes, conducted by: ☐ Forensic pathologist ☐ Other physician ☐ Pediatric pathologist ☐ Other, specify: _____ ☐ General pathologist _____ ☐ Unknown type pathologist ☐ U/K			If yes, was a specialist consulted during autopsy (cardiac, neurology, etc.)? ☐ Yes ☐ No ☐ U/K If yes, specify specialist: _____ If no, why not (e.g. parent or caregiver objected)? _____																																																																																	
6. Were the following assessed either through the autopsy or through information collected prior to the autopsy? Please list any abnormalities/significant findings in F10. <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <table style="width:100%; border: none;"> <tr> <th style="text-align: left;">Yes</th> <th style="text-align: left;">No</th> <th style="text-align: left;">U/K</th> <th></th> </tr> <tr> <td colspan="4">Imaging:</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>X-ray - single</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>X-ray - multiple views</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>X-ray - complete skeletal series</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>Other imaging, specify (includes MRI, CT scans, photos of brain, etc.): _____</td> </tr> </table> </td> <td style="width:33%; border: none;"> <table style="width:100%; border: none;"> <tr> <th style="text-align: left;">Yes</th> <th style="text-align: left;">No</th> <th style="text-align: left;">U/K</th> <th></th> </tr> <tr> <td colspan="4">External Exam:</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>Exam of general appearance</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>Head circumference</td> </tr> <tr> <td colspan="4">Other Autopsy Procedures:</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>Gross examination of organs done?</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>Were weights of any organs taken?</td> </tr> </table> </td> <td style="width:33%; border: none;"></td> </tr> </table>			<table style="width:100%; border: none;"> <tr> <th style="text-align: left;">Yes</th> <th style="text-align: left;">No</th> <th style="text-align: left;">U/K</th> <th></th> </tr> <tr> <td colspan="4">Imaging:</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>X-ray - single</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>X-ray - multiple views</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>X-ray - complete skeletal series</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>Other imaging, specify (includes MRI, CT scans, photos of brain, etc.): _____</td> </tr> </table>	Yes	No	U/K		Imaging:				☐	☐	☐	X-ray - single	☐	☐	☐	X-ray - multiple views	☐	☐	☐	X-ray - complete skeletal series	☐	☐	☐	Other imaging, specify (includes MRI, CT scans, photos of brain, etc.): _____	<table style="width:100%; border: none;"> <tr> <th style="text-align: left;">Yes</th> <th style="text-align: left;">No</th> <th style="text-align: left;">U/K</th> <th></th> </tr> <tr> <td colspan="4">External Exam:</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>Exam of general appearance</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>Head circumference</td> </tr> <tr> <td colspan="4">Other Autopsy Procedures:</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>Gross examination of organs done?</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>Were weights of any organs taken?</td> </tr> </table>	Yes	No	U/K		External Exam:				☐	☐	☐	Exam of general appearance	☐	☐	☐	Head circumference	Other Autopsy Procedures:				☐	☐	☐	Gross examination of organs done?	☐	☐	☐	Were weights of any organs taken?		7. Were any of these additional tests performed at/prior to the autopsy? Please list any abnormalities/significant findings in F10 or Narrative. <table style="width:100%; border: none;"> <tr> <th style="text-align: left;">Yes</th> <th style="text-align: left;">No</th> <th style="text-align: left;">U/K</th> <th></th> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>Cultures for infectious disease</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>Microscopic/histologic exam</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>Postmortem metabolic screen</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>Vitreous testing</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>Genetic testing</td> </tr> </table>			Yes	No	U/K		☐	☐	☐	Cultures for infectious disease	☐	☐	☐	Microscopic/histologic exam	☐	☐	☐	Postmortem metabolic screen	☐	☐	☐	Vitreous testing	☐	☐	☐	Genetic testing
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8. Was any toxicology testing performed on the child? ☐ Yes ☐ No ☐ U/K If yes, what were the results? Check all that apply ☐ Negative ☐ Cocaine ☐ Methamphetamine ☐ Too high Rx drug, specify: _____ ☐ Other, specify: _____ ☐ Alcohol ☐ Marijuana ☐ Opioids ☐ Too high OTC drug, specify: _____ ☐ U/K																																																																																				
9. Was the child's medical history reviewed as part of the autopsy? ☐ Yes ☐ No ☐ U/K If yes, did this include: Review of the newborn metabolic screen results? ☐ Yes ☐ No ☐ U/K ☐ Not performed Review of neonatal CCHD screen results? ☐ Yes ☐ No ☐ U/K ☐ Not performed																																																																																				
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11. What additional information would the team like to have known about the autopsy*? _____			12. Was there agreement between the cause of death listed on the autopsy report and on the death certificate*? ☐ NA ☐ Yes ☐ No ☐ U/K If no, describe differences: _____																																																																																	
13. Was a CPS record check conducted as a result of death*? ☐ Yes ☐ No ☐ U/K																																																																																				
14. Did the child ever have any injuries that were suspicious of child abuse*? ☐ Yes ☐ No ☐ U/K If yes, what injuries were found? ☐ Skin injury ☐ Broken bones ☐ Abdominal injury ☐ Mouth injury ☐ Head injury ☐ U/K ☐ Burns			15. Did any investigation find evidence of prior abuse*? ☐ NA ☐ Yes ☐ No ☐ U/K If yes, from what source? ☐ From x-rays ☐ From law enforcement ☐ From autopsy ☐ U/K ☐ From CPS review																																																																																	
16. CPS action taken because of death*? ☐ NA ☐ Yes ☐ No ☐ U/K If yes, highest level of action taken because of death: ☐ Report screened out and not investigated ☐ Unsubstantiated ☐ Inconclusive ☐ Substantiated			If yes, what services or actions resulted? Check all that apply: ☐ Voluntary services offered ☐ U/K ☐ Voluntary services provided ☐ Court-ordered services provided ☐ Voluntary out of home placement ☐ Court-ordered out of home placement ☐ Children removed ☐ Parental rights terminated																																																																																	
17. If death occurred in licensed setting (see E3), indicate action taken+: ☐ No action ☐ License suspended ☐ License revoked ☐ Investigation ongoing ☐ Other, specify: _____ ☐ U/K																																																																																				

G. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH

1. Enter the cause of death code (ICD-10) assigned to this case by Vital Records using a capital letter and corresponding number (e.g., W75 or V94.4) and include up to one decimal place if applicable: _____ ☐ U/K	
2. Enter the following information exactly as written on the death certificate: ☐ U/K Immediate cause (final disease or condition resulting in death): a. _____ Sequentially list any conditions leading to immediate cause of death. In other words, list underlying disease or injury that initiated events resulting in death: b. _____ c. _____ d. _____	
3. Enter other significant conditions contributing to death but not the underlying cause(s) listed in G2 exactly as written on the death certificate: ☐ U/K _____	
4. If injury, describe how injury occurred exactly as written on the death certificate: ☐ U/K _____	

5. Official manner of death from the death certificate: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Undetermined ☐ Pending ☐ U/K ☐ If manner of death was not Natural or Suicide, check this box if it is possible that the child intended to hurt themselves. If checked, complete the Suicide Section (I6) to note other risk factors in the child's life.	6. Primary cause of death: Choose 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause. ☐ <u>From an external cause of injury. Select one:</u> ☐ Motor vehicle and other transport, go to H1 ☐ Fire, burn, or electrocution, go to H2 ☐ Drowning, go to H3 ☐ Asphyxia, go to H4 ☐ Bodily force or weapon, go to H5 ☐ <u>From a medical cause. Select one and go to H8:</u> ☐ Asthma/respiratory, specify: ☐ Cancer, specify: ☐ Cardiovascular, specify: ☐ Congenital anomaly, specify: ☐ COVID-19 ☐ Diabetes ☐ HIV/AIDS ☐ Influenza ☐ Low birth weight ☐ Malnutrition/dehydration ☐ Undetermined if injury or medical cause, go to I1 ☐ U/K, go to I1 ☐ Fall or crush, go to H6 ☐ Poisoning, overdose or acute intoxication, go to H7 ☐ Undetermined injury, go to I1 ☐ Other cause, go to H9 ☐ U/K, go to I1 ☐ Neurological/seizure disorder ☐ Pneumonia, specify: ☐ Prematurity ☐ SIDS ☐ Other infection, specify: ☐ Other perinatal condition, specify: ☐ Other medical condition, specify: ☐ Undetermined medical cause ☐ U/K
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H. DETAILED INFORMATION BY CAUSE OF DEATH: CHOOSE THE ONE SECTION THAT IS SAME AS THE CAUSE SELECTED ABOVE

H1. MOTOR VEHICLE AND OTHER TRANSPORT

a. Vehicles involved in incident: Total number of vehicles: <table style="width: 100%;"> <tr> <th style="text-align: left; font-weight: normal;">Child's</th> <th style="text-align: left; font-weight: normal;">Other primary vehicle</th> </tr> <tr> <td>☐</td> <td>☐ None</td> </tr> <tr> <td>☐</td> <td>☐ Car</td> </tr> <tr> <td>☐</td> <td>☐ Van</td> </tr> <tr> <td>☐</td> <td>☐ Sport utility vehicle</td> </tr> <tr> <td>☐</td> <td>☐ Truck</td> </tr> <tr> <td>☐</td> <td>☐ Semi/tractor trailer</td> </tr> <tr> <td>☐</td> <td>☐ RV/bus/school bus</td> </tr> <tr> <td>☐</td> <td>☐ Motorcycle</td> </tr> <tr> <td>☐</td> <td>☐ Tractor/farm vehicle</td> </tr> <tr> <td>☐</td> <td>☐ All terrain vehicle</td> </tr> <tr> <td>☐</td> <td>☐ Snowmobile</td> </tr> <tr> <td>☐</td> <td>☐ Bicycle</td> </tr> <tr> <td>☐</td> <td>☐ Train/subway/trolley</td> </tr> <tr> <td>☐</td> <td>☐ Scooter</td> </tr> <tr> <td>☐</td> <td>☐ Skateboard</td> </tr> <tr> <td>☐</td> <td>☐ Other, specify: </td> </tr> <tr> <td>☐</td> <td>☐ U/K </td> </tr> </table>	Child's	Other primary vehicle	☐	☐ None	☐	☐ Car	☐	☐ Van	☐	☐ Sport utility vehicle	☐	☐ Truck	☐	☐ Semi/tractor trailer	☐	☐ RV/bus/school bus	☐	☐ Motorcycle	☐	☐ Tractor/farm vehicle	☐	☐ All terrain vehicle	☐	☐ Snowmobile	☐	☐ Bicycle	☐	☐ Train/subway/trolley	☐	☐ Scooter	☐	☐ Skateboard	☐	☐ Other, specify:	☐	☐ U/K	b. Position of child: ☐ Driver ☐ Passenger ☐ Front seat ☐ Back seat ☐ Truck bed ☐ Other, specify: ☐ U/K ☐ On bicycle ☐ Pedestrian ☐ Walking ☐ Boarding/blading ☐ Other, specify: ☐ U/K ☐ U/K If passenger, relationship of driver to child: ☐ Biological parent ☐ Adoptive parent ☐ Stepparent ☐ Foster parent ☐ Parent's partner ☐ Grandparent ☐ Sibling ☐ Other relative ☐ Friend ☐ Other, specify: ☐ U/K
Child's	Other primary vehicle																																				
☐	☐ None																																				
☐	☐ Car																																				
☐	☐ Van																																				
☐	☐ Sport utility vehicle																																				
☐	☐ Truck																																				
☐	☐ Semi/tractor trailer																																				
☐	☐ RV/bus/school bus																																				
☐	☐ Motorcycle																																				
☐	☐ Tractor/farm vehicle																																				
☐	☐ All terrain vehicle																																				
☐	☐ Snowmobile																																				
☐	☐ Bicycle																																				
☐	☐ Train/subway/trolley																																				
☐	☐ Scooter																																				
☐	☐ Skateboard																																				
☐	☐ Other, specify:																																				
☐	☐ U/K																																				

<u>Autonomous?</u>		Was child riding or powered by something electric?
	N/A Yes No U/K	☐ Yes ☐ No ☐ U/K
Child's vehicle	☐ ☐ ☐ ☐	
Other vehicle	☐ ☐ ☐ ☐	

c. Did any of the following contribute to the incident? Check all that apply: ☐ None listed below ☐ Speeding over limit ☐ Unsafe speed for conditions ☐ Recklessness ☐ Carelessness ☐ Racing, not authorized ☐ Drug use ☐ Alcohol use ☐ Vehicle ran over child ☐ Vehicle flipped over ☐ Poor weather ☐ Poor visibility ☐ Poor sight line ☐ Road hazard ☐ Vehicle changing lanes ☐ Driver inexperience ☐ Electronic use (e.g. cell phone, smart watch, in car navigation) ☐ Driver distraction ☐ Ran stop sign or red light ☐ Other driver error, specify: ☐ Other, specify: ☐ U/K	d. Location of incident, check all that apply: ☐ City street ☐ Residential street ☐ Rural road ☐ Highway ☐ Intersection ☐ Driveway ☐ Parking area ☐ Off road ☐ Railroad crossing/tracks ☐ Other, specify: ☐ U/K	e. Did driving conditions factor into this incident? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Loose gravel ☐ Ice/snow ☐ Wet ☐ Inadequate lighting ☐ Flooding ☐ Other, specify: ☐ U/K
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f. Incident type: ☐ Child not in/on a vehicle, but struck by vehicle ☐ Child in/on a vehicle, struck by the other vehicle ☐ Child in/on a vehicle that struck the other vehicle ☐ Child in/on a vehicle that struck person/object/ran off road ☐ Other event, specify: ☐ U/K	g. Driver who was responsible for the incident. Vehicles include motorized vehicles (cars, SUVs, motorbikes, etc) but also bicycles, skates, scooters, and other wheeled conveyances, whether motorized or not. ☐ Child was responsible as driver of vehicle, including single vehicle incidents ☐ Driver of child's vehicle was responsible, including single vehicle incidents ☐ Driver of the other vehicle was responsible, including child as pedestrian hit by vehicle ☐ Multiple drivers were responsible, go to j ☐ Unable to determine driver responsible, go to j ☐ Other, specify: ☐ U/K	
h. Age and license type of driver responsible for incident, check all that apply: Age of Driver (if not child) ☐ <16 years ☐ 16 to 18 years old ☐ 19 to 21 years old ☐ 22 to 29 years old ☐ 30 to 65 years old ☐ >65 years old ☐ U/K License type/violation: ☐ Has no license ☐ Has a learner's permit ☐ Has a graduated license ☐ Has a full license ☐ Has a full license that has been restricted ☐ Has a suspended license ☐ Was violating graduated license rules ☐ Other, specify: ☐ U/K	i. Total number of occupants in vehicle responsible for incident: ☐ N/A Total number of occupants: ☐ U/K Number of teens, ages 14-21: ☐ U/K j. Was a restraint or safety measure used by the child? ☐ Yes ☐ No ☐ U/K If yes, select the restraint or safety measures used: ☐ Lap/shoulder belt ☐ Child seat ☐ Belt positioning booster seat ☐ Helmet ☐ U/K If yes, describe:	
H2. FIRE, BURN, OR ELECTROCUTION		
a. Ignition, heat or electrocution source: ☐ Matches ☐ Cigarette lighter ☐ Cigarette or cigar ☐ Candles ☐ Cooking stove ☐ Heating stove ☐ Space heater ☐ Power line ☐ Electrical outlet ☐ Electrical wiring ☐ Lightning ☐ Hot bath water ☐ Other, specify: ☐ U/K	b. Type of incident: ☐ Fire, go to c ☐ Scald, go to l1 ☐ Electrocution, go to o ☐ U/K, go to l1	c. Type of building on fire: ☐ N/A ☐ Single home ☐ Row home/townhouse ☐ Multi-unit (duplex, apartment, condo) ☐ Trailer/mobile home ☐ Other, specify: ☐ U/K
d. Fire started by a person? ☐ Yes ☐ No ☐ U/K If yes, person's age: If yes, did the person have a history of starting fires? ☐ Yes ☐ No ☐ U/K If yes, suspected arson? ☐ Yes ☐ No ☐ U/K	e. Did any factors delay fire department arrival? ☐ Yes ☐ No ☐ U/K If yes, specify:	f. Were barriers preventing safe exit? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Locked/blocked door ☐ Window security bars ☐ Locked/blocked window ☐ Blocked stairway ☐ Trapped above first floor ☐ Smoke/fire ☐ Household items/hoarding ☐ Other, specify: ☐ U/K
g. Was the child found in the same location as where the fire started? ☐ Yes ☐ No ☐ U/K	h. Was building a rental property? ☐ Yes ☐ No ☐ U/K	i. Were building/rental codes violated? ☐ Yes ☐ No ☐ U/K If yes, describe in narrative.
j. Were proper working fire extinguishers present? ☐ Yes ☐ No ☐ U/K	k. Was fire sprinkler system present? ☐ Yes ☐ No ☐ U/K	l. Was fire sprinkler system required? ☐ Yes ☐ No ☐ U/K
m. Were smoke alarms present? ☐ Yes ☐ No ☐ U/K If yes, were they functioning properly? ☐ Yes ☐ No ☐ U/K	n. Did the child or family (check all that apply): ☐ None listed below ☐ Have a fire escape plan ☐ Practice a home fire drill ☐ Have two or more possible exits from the location as where the child was found ☐ Attempt to put out fire ☐ U/K	
o. For electrocution, what cause: ☐ Lightning/electrical storm ☐ Faulty wiring ☐ Contact with power line ☐ Wire/product in water ☐ Child playing with outlet ☐ Other, specify: ☐ U/K		

H3. DROWNING									
a. Where was child last seen before drowning? Select one. ☐ In water ☐ Near water ☐ In yard ☐ In bathroom/tub ☐ In house ☐ In car ☐ Other, specify: ☐ U/K	b. Drowning location: ☐ Open water/pond, go to c ☐ Pool, hot tub, spa, go to f ☐ Bathtub, go to h ☐ Other, specify and go to h ☐ U/K, go to h	c. For open water, place: ☐ Lake ☐ Ocean ☐ River ☐ Quarry or gravel pit ☐ Pond ☐ Canal/drainage ditch ☐ Creek ☐ U/K	e. Select all contributing environmental factors. Check all that apply. ☐ None ☐ Dropoff ☐ Weather ☐ Rough waves ☐ Temperature ☐ Flash flood ☐ Current ☐ Water clarity ☐ Riptide/undertow ☐ U/K						
f. For pool, type of pool: ☐ Above-ground ☐ In-ground ☐ Wading ☐ Hot tub, spa ☐ U/K	g. For pool, ownership is: ☐ Private ☐ Public ☐ U/K	h. Did child have an illness or medical condition that may have contributed to the drowning? If yes, check all that apply. ☐ Yes ☐ No ☐ U/K ☐ Autism ☐ Other, specify: ☐ Developmental disability ☐ Epilepsy or seizure disorder ☐ U/K ☐ Febrile seizure							
i. How deep was water where child was last seen? ☐ N/A, child last seen on land ☐ <6 inches ☐ 6-11 inches ☐ 12-23 inches	☐ 2-6 feet ☐ >6 feet ☐ U/K	j. What temperature was water at time of submersion? ☐ 0-32° F ☐ 33-60° F ☐ 61-80° F ☐ >80° F	k. Flotation device used at time of the incident? ☐ N/A ☐ Yes, specify: ☐ No ☐ U/K						
l. Did the child depend on a life jacket, swim vest, or swim aid while in or around water? ☐ N/A ☐ Yes ☐ No ☐ U/K									
m. Did barriers/layers of protection exist to prevent access to water? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; vertical-align: top; padding: 5px;"> ☐ Fence Was it breached? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Climbed fence ☐ Gap in fence ☐ Damaged fence ☐ Fence too short Fence surrounds water on: ☐ Four Sides ☐ Three sides ☐ Two or one side ☐ U/K </td> <td style="width: 20%; vertical-align: top; padding: 5px;"> ☐ Gate Was it breached? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Gate left open ☐ Gate unlocked ☐ Gate latch failed ☐ Gap in gate </td> <td style="width: 20%; vertical-align: top; padding: 5px;"> ☐ Door Was it breached? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Door left open ☐ Door unlocked ☐ Door broken ☐ Door screen torn ☐ Door self-closer failed ☐ Pet door/flap </td> <td style="width: 20%; vertical-align: top; padding: 5px;"> ☐ Alarm Was it breached? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Alarm not working ☐ Alarm not answered ☐ Alarm not set </td> <td style="width: 20%; vertical-align: top; padding: 5px;"> ☐ Cover Was it breached? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Cover left off ☐ Cover not locked ☐ Cover torn/damaged </td> </tr> </table>					☐ Fence Was it breached? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Climbed fence ☐ Gap in fence ☐ Damaged fence ☐ Fence too short Fence surrounds water on: ☐ Four Sides ☐ Three sides ☐ Two or one side ☐ U/K	☐ Gate Was it breached? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Gate left open ☐ Gate unlocked ☐ Gate latch failed ☐ Gap in gate	☐ Door Was it breached? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Door left open ☐ Door unlocked ☐ Door broken ☐ Door screen torn ☐ Door self-closer failed ☐ Pet door/flap	☐ Alarm Was it breached? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Alarm not working ☐ Alarm not answered ☐ Alarm not set	☐ Cover Was it breached? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Cover left off ☐ Cover not locked ☐ Cover torn/damaged
☐ Fence Was it breached? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Climbed fence ☐ Gap in fence ☐ Damaged fence ☐ Fence too short Fence surrounds water on: ☐ Four Sides ☐ Three sides ☐ Two or one side ☐ U/K	☐ Gate Was it breached? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Gate left open ☐ Gate unlocked ☐ Gate latch failed ☐ Gap in gate	☐ Door Was it breached? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Door left open ☐ Door unlocked ☐ Door broken ☐ Door screen torn ☐ Door self-closer failed ☐ Pet door/flap	☐ Alarm Was it breached? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Alarm not working ☐ Alarm not answered ☐ Alarm not set	☐ Cover Was it breached? ☐ Yes ☐ No ☐ U/K If yes, check all that apply: ☐ Cover left off ☐ Cover not locked ☐ Cover torn/damaged					
n. Local ordinance(s) regulating access to water? ☐ Yes ☐ No ☐ U/K If yes, were rules violated? ☐ Yes ☐ No ☐ U/K	o. Select all of the child's water safety skills (without assistance or flotation device): ☐ None of these ☐ Tread water for 1 minute ☐ Swim 25 yards ☐ Float on their back independently ☐ Find a safe exit from the water ☐ Exit the water ☐ Step or jump into water over their head ☐ Control breathing ☐ Had swimming lessons ☐ Return to surface ☐ U/K			p. Child able to swim? ☐ N/A ☐ Yes ☐ No ☐ U/K Child's swimming level: ☐ Beginner ☐ Intermediate ☐ Advanced ☐ U/K					
q. Warning sign or label posted? ☐ N/A ☐ Yes ☐ No ☐ U/K		r. Lifeguard present? ☐ N/A ☐ Yes ☐ No ☐ U/K							
s. Rescue attempt made? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, who? ☐ Parent/relative ☐ Other child ☐ Lifeguard ☐ Other adult ☐ EMS/first responder ☐ Bystander ☐ Other, specify: ☐ U/K If yes, did rescuer(s) also drown? ☐ Yes ☐ No ☐ U/K			t. Appropriate rescue equipment present? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, was it used? ☐ Yes ☐ No ☐ U/K If no, describe:						

H4. ASPHYXIA					
a. Type of event: ☐ Sleep-related, go to I1 ☐ Not sleep-related, including intentional hangings, go to b ☐ U/K, go to b		b. If not sleep-related, was the event: ☐ Suffocation, go to c ☐ Strangulation, go to d ☐ Choking, go to e ☐ Other, go to I1		c. If suffocation, was the child: ☐ Covered in or fell into object ☐ Confined in tight space ☐ Wedged into tight space, specify: ☐ Other, specify: 	
d. If strangulation, object causing event: ☐ Clothing ☐ Person, go to H5I ☐ Blind cord ☐ Automobile power window or sunroof ☐ Car seat ☐ Belt ☐ Other, specify: ☐ Rope/string ☐ Leash ☐ Electrical cord ☐ U/K		e. If choking, object causing choking: ☐ Food, specify: ☐ Toy, specify: ☐ Vomit/gastric contents ☐ Other, specify: ☐ U/K		f. If choking, was Heimlich Maneuver attempted? ☐ Yes ☐ No ☐ U/K	
H5. BODILY FORCE OR WEAPON					
a. Was the death a result of a weapon? ☐ Yes, go to b ☐ No, death due to bodily force, go to I ☐ U/K, go to b		b. Type of weapon: ☐ Firearm, go to c ☐ Knife or sharp instrument, go to I ☐ Other, specify and go to I ☐ U/K		c. For firearms, type: ☐ Handgun ☐ Shotgun ☐ Rifle, specify: ☐ 3D gun ☐ Other, specify: ☐ U/K	
		d. Was firearm considered a smart firearm, e.g., uses a fingerprint lock, RFID watch? ☐ Yes ☐ No ☐ U/K		e. Was the firearm kept loaded? ☐ Yes ☐ No ☐ U/K If no, was ammunition stored locked? ☐ Yes ☐ No ☐ U/K	
f. Was the firearm kept locked? ☐ Yes ☐ No ☐ U/K		g. Did the shooter of the firearm have permission to use the firearm at the time of incident? ☐ Yes ☐ No ☐ U/K		h. Did the caregiver or supervisor know a firearm was present at the time of incident? ☐ Yes ☐ No ☐ U/K	
		i. Was the person handling the firearm the owner? ☐ Yes ☐ No ☐ U/K		j. Owner of fatal firearm: ☐ Caregiver ☐ Friend/acquaintance ☐ Other, specify: ☐ Other family member ☐ Stranger ☐ Child's significant other ☐ U/K 	
				k. Was the firearm stolen? ☐ Yes ☐ No ☐ U/K	
l. Use of weapon at time, check all that apply: ☐ Self injury ☐ Child was a bystander ☐ Hunting ☐ Self-defense ☐ U/K ☐ Commission of crime ☐ Argument ☐ Target shooting ☐ Cleaning weapon ☐ Drug dealing/trading ☐ Jealousy ☐ Playing with weapon ☐ Loading weapon ☐ Drive-by shooting ☐ Intimate partner violence ☐ Showing gun to others ☐ Other, specify: ☐ Random violence ☐ Hate crime ☐ Russian roulette ☐ Child abuse ☐ Bullying ☐ Gang-related activity					
m. Type of bodily force used. Check all that apply: ☐ Beat, kick or punch ☐ Throw ☐ U/K ☐ Drop ☐ Drown ☐ Push ☐ Burn ☐ Bite ☐ Other, specify: ☐ Shake ☐ Strangle/choke					
H6. FALL OR CRUSH					
a. Type: ☐ Fall, go to b ☐ Crush, go to g		b. Height of fall: Feet Inches ☐ U/K		c. Child fell from: ☐ Open window Screen? ☐ Screen ☐ No screen ☐ U/K ☐ Natural elevation ☐ Man-made elevation ☐ Playground equipment ☐ Tree ☐ Stairs/steps ☐ Balcony ☐ Furniture ☐ Bed ☐ Roof ☐ Bridge ☐ Overpass ☐ Moving object, specify: ☐ Animal, specify: ☐ Other, specify: ☐ U/K	
d. Surface child fell onto: ☐ Cement/concrete ☐ Grass ☐ Gravel ☐ Wood floor ☐ Carpeted floor		e. Barrier in place, check all that apply: ☐ None ☐ Screen ☐ Other window guard ☐ Fence ☐ Railing ☐ Stairway ☐ Gate		f. Was child pushed, dropped or thrown? ☐ Yes ☐ No ☐ U/K If yes, go to H5I	
		☐ Linoleum/vinyl ☐ Marble/tile ☐ Other, specify: ☐ U/K			
		☐ Other, specify: ☐ U/K			

g. For crush, did child: ☐ Climb up on object ☐ Fall out of object ☐ Pull object down ☐ Other, specify: ☐ Hide behind object ☐ Go behind object ☐ U/K		h. For crush, object causing crush: ☐ Appliance ☐ Playground equipment ☐ Dirt/sand ☐ Other, specify: ☐ Television ☐ Animal ☐ Person, go to H5I ☐ Furniture ☐ Tree branch ☐ Commercial equipment ☐ Walls ☐ Boulder/rocks ☐ Farm equipment ☐ U/K																																																																					
H7. POISONING, OVERDOSE OR ACUTE INTOXICATION																																																																							
a. Type of substance involved, check all that apply and note source, storage, and route of administration of substance: ☐ U/K																																																																							
Source of substance 1 = Bought from dealer or stranger (Prescription or illicit only) 2 = Bought from friend or relative 3 = From friend or relative for free 4 = Took from friend or relative without asking 5 = Own prescription (Prescription only) 6 = Bought from store/pharmacy (OTC or other substances only) 7 = Other 9 = U/K		Stored in locked cabinet? Y = Yes N = No U = U/K																																																																					
How substance was taken 1 = In utero 2 = Orally 3 = Nasally/inhaled 4 = Intravenously 5 = Through skin 9 = U/K																																																																							
Prescription drugs		Over-the-counter drugs																																																																					
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b. Was the incident the result of? ☐ Accidental overdose/acute intoxication ☐ Medical treatment mishap ☐ Deliberate poisoning ☐ Other, specify: ☐ U/K		c. Did the child have a prescription for a controlled substance within the previous 24 months? ☐ Yes ☐ No ☐ U/K																																																																					
		d. Did child have a non-fatal overdose within the previous 12 months? ☐ Yes ☐ No ☐ U/K																																																																					
		e. Was Poison Control contacted? ☐ Yes ☐ No ☐ U/K																																																																					
		f. For CO poisoning, was a CO alarm present? ☐ Yes ☐ No ☐ U/K																																																																					
H8. MEDICAL CONDITION																																																																							
This section is skipped for fetal deaths*																																																																							
a. How long did the child have the medical condition? ☐ In utero ☐ 7-30 days ☐ Since birth ☐ 1-11 months ☐ < 1 day ☐ >= 1 year ☐ 1-6 days ☐ U/K		b. Was the death expected as a result of the medical condition? ☐ N/A, not previously diagnosed ☐ Yes ☐ No ☐ U/K ☐ But at later date																																																																					
		c. Was child receiving health care for the medical condition? ☐ Yes ☐ No ☐ U/K If yes, within 48 hours of the death? ☐ Yes ☐ No ☐ U/K If yes, was the care plan appropriate for the medical condition? ☐ N/A ☐ Yes ☐ No ☐ U/K If no, specify:																																																																					
d. Did the family experience barriers that prohibited following the care plan? ☐ N/A If yes, what treatment components were not completed? Check all that apply. ☐ Yes ☐ No ☐ U/K		☐ Appointments ☐ Therapies, specify: ☐ Medications, specify: ☐ Medical equipment use, specify: ☐ Other, specify: ☐ U/K																																																																					
		e. In the week prior to the death, did the child experience any changes to medical care? ☐ Yes, describe: ☐ No ☐ U/K																																																																					

f. Was the medical condition associated with an outbreak? ☐ Yes, specify: ☐ No ☐ U/K If yes, was child vaccinated? ☐ Yes ☐ No ☐ U/K	g. Was the death potentially caused by a medical error? ☐ Yes ☐ No ☐ U/K h. Was the medical condition that caused the death a result of a complication or side effect of a previous illness, injury, condition, or medical treatment? ☐ Yes ☐ No ☐ U/K
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H9. OTHER KNOWN INJURY CAUSE

Specify cause, describe in detail:

I. OTHER CIRCUMSTANCES OF INCIDENT - ANSWER RELEVANT SECTIONS

I1. SUDDEN AND UNEXPECTED DEATH IN THE YOUNG (SDY)
This section displays online based on your state's settings.

Section I1: OMB No. 0920-1092, Exp. Date: 11/30/2028

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

a. Was this death:

☐ A homicide?

☐ A suicide?

☐ An overdose?

☐ A result of an external cause that was the obvious and only reason for the fatal injury

☐ Expected within 6 months due to terminal illness?

☐ None of the above, go to I1b THIS IS AN SDY CASE

☐ U/K, go to I1b

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

b. Did the child have a history of any of the following acute conditions or symptoms within 72 hours prior to death? <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Symptom</th> <th colspan="3" style="text-align: center;">Present w/in 72 hours of death</th> </tr> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">U/K</th> </tr> </thead> <tbody> <tr><td><u>Cardiac</u></td><td></td><td></td><td></td></tr> <tr><td>Chest pain</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td></tr> <tr><td>Dizziness/lightheadedness</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td></tr> <tr><td>Fainting</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td></tr> <tr><td>Palpitations</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td></tr> <tr><td><u>Neurologic</u></td><td></td><td></td><td></td></tr> <tr><td>Concussion</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td></tr> <tr><td>Confusion</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td></tr> <tr><td>Convulsions/seizure</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td></tr> <tr><td>Headache</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td></tr> <tr><td>Head injury</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td></tr> <tr><td><u>Respiratory</u></td><td></td><td></td><td></td></tr> <tr><td>Asthma</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td></tr> <tr><td>Pneumonia</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td></tr> <tr><td>Difficulty breathing</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td></tr> <tr><td><u>Other Acute Symptoms</u></td><td></td><td></td><td></td></tr> <tr><td>Fever</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td></tr> <tr><td>Muscle aches/cramping</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td></tr> <tr><td>Vomiting</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td><td style="text-align: center;">☐</td></tr> <tr><td>Other, specify:</td><td style="text-align: center;">☐</td><td></td><td></td></tr> <tr><td colspan="4" style="border: 1px solid black; height: 20px; margin-top: 5px;"></td></tr> </tbody> </table>	Symptom	Present w/in 72 hours of death				Yes	No	U/K	<u>Cardiac</u>				Chest pain	☐	☐	☐	Dizziness/lightheadedness	☐	☐	☐	Fainting	☐	☐	☐	Palpitations	☐	☐	☐	<u>Neurologic</u>				Concussion	☐	☐	☐	Confusion	☐	☐	☐	Convulsions/seizure	☐	☐	☐	Headache	☐	☐	☐	Head injury	☐	☐	☐	<u>Respiratory</u>				Asthma	☐	☐	☐	Pneumonia	☐	☐	☐	Difficulty breathing	☐	☐	☐	<u>Other Acute Symptoms</u>				Fever	☐	☐	☐	Muscle aches/cramping	☐	☐	☐	Vomiting	☐	☐	☐	Other, specify:	☐							c. 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e. Had the child in the past ever been diagnosed by a medical professional for the following?

Condition	Diagnosed			Condition	Diagnosed			Condition	Diagnosed		
	Y	N	U/K		Y	N	U/K		Y	N	U/K
Blood disease				Cardiac (cont.)				Neurologic (cont.)			
Sickle cell disease	☐	☐	☐	High cholesterol	☐	☐	☐	Neurodegenerative disease	☐	☐	☐
Sickle cell trait	☐	☐	☐	Hypertension	☐	☐	☐	Stroke/mini stroke/ TIA-Transient Ischemic Attack	☐	☐	☐
Thrombophilia (clotting disorder)	☐	☐	☐	Myocarditis (heart infection)	☐	☐	☐	Central nervous system infection (meningitis or encephalitis)	☐	☐	☐
Cardiac				Pulmonary hypertension	☐	☐	☐	Respiratory			
Abnormal electrocardiogram (EKG or ECG)	☐	☐	☐	Sudden cardiac arrest	☐	☐	☐	Apnea	☐	☐	☐
Aneurysm or aortic dilatation	☐	☐	☐	Neurologic				Asthma	☐	☐	☐
Arrhythmia/arrhythmia syndrome	☐	☐	☐	Anoxic brain Injury	☐	☐	☐	Pulmonary embolism	☐	☐	☐
Cardiomyopathy	☐	☐	☐	Traumatic brain injury/head injury/ concussion	☐	☐	☐	Pulmonary hemorrhage	☐	☐	☐
Congenital heart disease	☐	☐	☐	Brain tumor	☐	☐	☐	Respiratory arrest	☐	☐	☐
Coronary artery abnormality	☐	☐	☐	Brain hemorrhage	☐	☐	☐				
Endocarditis	☐	☐	☐	Developmental brain disorder	☐	☐	☐				
Heart failure	☐	☐	☐	Epilepsy/seizure disorder	☐	☐	☐				
Heart murmur	☐	☐	☐	Febrile seizure	☐	☐	☐				

Condition	Diagnosed			Condition	Diagnosed			Condition	Diagnosed		
	Y	N	U/K		Y	N	U/K		Y	N	U/K
Other				Other							
Connective tissue disease	☐	☐	☐	Kidney disease	☐	☐	☐	Oncologic disease treated by chemotherapy or radiation	☐	☐	☐
Diabetes	☐	☐	☐	Mental illness/psychiatric disease	☐	☐	☐	Prematurity	☐	☐	☐
Endocrine disorder, other: thyroid, adrenal, pituitary	☐	☐	☐	Metabolic disease	☐	☐	☐	Congenital disorder/genetic syndrome	☐	☐	☐
Hearing problems or deafness	☐	☐	☐	Muscle disorder or muscular dystrophy	☐	☐	☐	Other, specify:	☐	☐	☐

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

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

- ☐ Cardiac ablation
 ☐ Heart surgery
 ☐ Other, specify:
- ☐ Cardiac device placement (implanted cardioverter defibrillator (ICD) or pacemaker or Ventricular Assist Device (VAD))
 ☐ Interventional cardiac catheterization
 ☐ Heart transplant

☐ U/K

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

Y N U/K **Deaths**

☐ ☐ ☐ Sudden unexpected death before age 50

If yes, the type of event, which relative, and relative's age at death (for example, brother at age 30 who died in an unexplained motor vehicle accident (driver of car)):

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

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

If yes, describe the test/gene tested, reason for testing, family member tested, and results:

Was a gene mutation found?

☐ Yes ☐ No ☐ U/K

h. In the 72 hours prior to death was the child taking any prescribed medication(s)?

☐ Yes ☐ No ☐ U/K If yes, describe:

j. Was the child compliant with their prescribed medications?

☐ N/A ☐ Yes ☐ No ☐ U/K

If not, describe why and how often:

i. Within 2 weeks prior to death had the child: <table style="width: 100%;"> <tr> <td style="width: 30%;">Taken extra doses of prescribed medications</td> <td style="width: 10%; text-align: center;">N/A</td> <td style="width: 10%; text-align: center;">Y</td> <td style="width: 10%; text-align: center;">N</td> <td style="width: 10%; text-align: center;">U/K</td> </tr> <tr> <td>Missed doses of prescribed medications</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Changed prescribed medications, describe:</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> </table>	Taken extra doses of prescribed medications	N/A	Y	N	U/K	Missed doses of prescribed medications	☐	☐	☐	☐	Changed prescribed medications, describe:	☐	☐	☐	☐	k. Was the child taking any of the following substance(s) within 24 hours of death? <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> ☐ None ☐ Over-the-counter medicine ☐ Energy drinks ☐ Caffeine ☐ Performance enhancers ☐ Supplements ☐ Tobacco </td> <td style="width: 50%; vertical-align: top;"> ☐ Alcohol ☐ Illegal drugs ☐ Legalized marijuana ☐ Other, specify: ☐ U/K </td> </tr> </table>	☐ None ☐ Over-the-counter medicine ☐ Energy drinks ☐ Caffeine ☐ Performance enhancers ☐ Supplements ☐ Tobacco	☐ Alcohol ☐ Illegal drugs ☐ Legalized marijuana ☐ Other, specify: ☐ U/K
Taken extra doses of prescribed medications	N/A	Y	N	U/K														
Missed doses of prescribed medications	☐	☐	☐	☐														
Changed prescribed medications, describe:	☐	☐	☐	☐														
☐ None ☐ Over-the-counter medicine ☐ Energy drinks ☐ Caffeine ☐ Performance enhancers ☐ Supplements ☐ Tobacco	☐ Alcohol ☐ Illegal drugs ☐ Legalized marijuana ☐ Other, specify: ☐ U/K																	

l. Did the child experience any of the following stimuli at time of incident or within 24 hours of the incident?						
	At incident		Within 24 hrs of incident			
Stimuli	Yes	No	U/K	Yes	No	U/K
Physical activity	☐	☐	☐	☐	☐	☐
Sleep deprivation	☐	☐	☐	☐	☐	☐
Driving	☐	☐	☐	☐	☐	☐
Visual/video game stimuli	☐	☐	☐	☐	☐	☐
Emotional stimuli	☐	☐	☐	☐	☐	☐
Auditory stimuli/startle	☐	☐	☐	☐	☐	☐
Physical trauma	☐	☐	☐	☐	☐	☐
Other, specify:	☐			☐		

m. Was the child an athlete? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes, type of sport: ☐ Competitive ☐ Recreational ☐ U/K If competitive, did the child participate in the 6 months prior to death? ☐ Yes ☐ No ☐ U/K	o. For child age 12 or older, did the child receive a pre-participation exam for a sport? ☐ N/A ☐ Yes ☐ No ☐ U/K If yes: Was it done within a year prior to death? ☐ Yes ☐ No ☐ U/K Did the exam lead to restrictions for sports or otherwise? ☐ Yes ☐ No ☐ U/K If yes, specify restrictions:
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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 diagnosed with epilepsy/seizure disorder? Age 0 (infant) through 20 years: ☐ U/K	q. What were the underlying cause(s) of the child's seizures? Check all that apply: <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> ☐ Brain injury/trauma, specify: ☐ Brain tumor ☐ Cerebrovascular </td> <td style="width: 50%; vertical-align: top;"> ☐ Central nervous system infection ☐ Developmental brain disorder ☐ Genetic/chromosomal ☐ Idiopathic or cryptogenic </td> </tr> </table>	☐ Brain injury/trauma, specify: ☐ Brain tumor ☐ Cerebrovascular	☐ Central nervous system infection ☐ Developmental brain disorder ☐ Genetic/chromosomal ☐ Idiopathic or cryptogenic
☐ Brain injury/trauma, specify: ☐ Brain tumor ☐ Cerebrovascular	☐ Central nervous system infection ☐ Developmental brain disorder ☐ Genetic/chromosomal ☐ Idiopathic or cryptogenic		

r. What type(s) of seizures did the child have? Check all that apply: <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> ☐ Non-convulsive ☐ Convulsive (grand mal seizure or generalized tonic-clonic seizure) </td> <td style="width: 50%; vertical-align: top;"> ☐ Occur when exposure to strobe lights, video game, or flickering light (reflex seizure) ☐ U/K </td> </tr> </table>	☐ Non-convulsive ☐ Convulsive (grand mal seizure or generalized tonic-clonic seizure)	☐ Occur when exposure to strobe lights, video game, or flickering light (reflex seizure) ☐ U/K	t. How many seizures did the child have in the year preceding death? ☐ 0/never ☐ 1 ☐ 2 ☐ 3 ☐ More than 3 ☐ U/K
☐ Non-convulsive ☐ Convulsive (grand mal seizure or generalized tonic-clonic seizure)	☐ Occur when exposure to strobe lights, video game, or flickering light (reflex seizure) ☐ U/K		
s. Describe the child's epilepsy/seizures (not including the seizure at time of death). Check all that apply: ☐ Last less than 30 minutes ☐ Last more than 30 minutes (status epilepticus) ☐ Occur in the presence of fever (febrile seizure) ☐ Occur in the absence of fever ☐ Occur when exposed to strobe lights, video game, or flickering light (reflex seizure)	u. Did treatment for seizures include anti-epileptic drugs? ☐ Yes ☐ No ☐ U/K If yes, how many different types of anti-epileptic drugs did the child take? ☐ 1 ☐ 3 ☐ 5 ☐ More than 6 ☐ 2 ☐ 4 ☐ 6 ☐ U/K		
	v. Was night surveillance used? ☐ Yes ☐ No ☐ U/K		

12. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE: WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT?		☐ Yes, go to l2a ☐ No, go to l2t ☐ U/K, go to l2a		
a. Incident sleep place: <table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> ☐ Crib If crib, type: ☐ Not portable ☐ Portable ☐ Unknown crib type ☐ Bassinet ☐ Bed side sleeper ☐ Baby box </td> <td style="width: 33%; vertical-align: top;"> ☐ Adult bed ☐ Waterbed ☐ Air mattress ☐ Futon ☐ Couch ☐ Chair ☐ Floor ☐ Car seat </td> <td style="width: 33%; vertical-align: top;"> ☐ Rocking-inclined sleeper ☐ Stroller ☐ Swing ☐ Bouncy chair ☐ Other, specify: ☐ U/K </td> </tr> </table>	☐ Crib If crib, type: ☐ Not portable ☐ Portable ☐ Unknown crib type ☐ Bassinet ☐ Bed side sleeper ☐ Baby box	☐ Adult bed ☐ Waterbed ☐ Air mattress ☐ Futon ☐ Couch ☐ Chair ☐ Floor ☐ Car seat	☐ Rocking-inclined sleeper ☐ Stroller ☐ Swing ☐ Bouncy chair ☐ Other, specify: ☐ U/K	If adult bed, what type? ☐ Twin ☐ Full ☐ Queen ☐ King ☐ Other, specify: ☐ U/K If car seat, was car seat secured in seat of car? ☐ Yes ☐ No ☐ U/K
☐ Crib If crib, type: ☐ Not portable ☐ Portable ☐ Unknown crib type ☐ Bassinet ☐ Bed side sleeper ☐ Baby box	☐ Adult bed ☐ Waterbed ☐ Air mattress ☐ Futon ☐ Couch ☐ Chair ☐ Floor ☐ Car seat	☐ Rocking-inclined sleeper ☐ Stroller ☐ Swing ☐ Bouncy chair ☐ Other, specify: ☐ U/K		

b. Child put to sleep: ☐ On back ☐ On stomach ☐ On side ☐ U/K	c. Child found: ☐ On back ☐ On stomach ☐ On side ☐ U/K	e. Usual sleep position: ☐ On back ☐ On stomach ☐ On side ☐ U/K	f. Was there any type of crib, portable crib or bassinet in home for child? ☐ Yes ☐ No ☐ U/K																																																																																																																																																																																																																																																																																			
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g. Child in a new or different environment than usual? ☐ Yes ☐ No ☐ U/K If yes, describe why: 	h. Child last placed to sleep with a pacifier? ☐ Yes ☐ No ☐ U/K	i. Child wrapped or swaddled in blanket when last placed? ☐ Yes ☐ No ☐ U/K If yes, describe: 																																																																																																																																																																																																																																																																																				
j. Child overheated? ☐ Yes ☐ No ☐ U/K Check all that apply: ☐ Room too hot, temp degrees F ☐ Too much bedding ☐ Too much clothing		k. Child exposed to second hand smoke? ☐ Yes ☐ No ☐ U/K If yes, how often: ☐ Frequently ☐ Occasionally ☐ U/K																																																																																																																																																																																																																																																																																				
l. Child's face when found: ☐ Down ☐ Up ☐ To left or right side ☐ U/K	m. Child's neck when found: ☐ Hyperextended (head back) ☐ Hypoextended (chin to chest) ☐ Neutral ☐ Turned ☐ U/K	n. Child's airway when found (includes nose, mouth, neck and/or chest): ☐ Unobstructed by person or object ☐ Fully obstructed by person or object ☐ Partially obstructed by person or object ☐ U/K	If fully or partially obstructed, what was obstructed? ☐ Nose ☐ Chest compressed ☐ Mouth ☐ U/K ☐ Neck compressed If fully or partially obstructed, describe obstruction in detail: 																																																																																																																																																																																																																																																																																			
o. Objects in child's sleep environment and relation to airway obstruction: <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2">Objects:</th> <th colspan="3">Present?</th> <th colspan="5">If present, describe position of object:</th> <th colspan="3">If present, did object obstruct airway?</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>U/K</th> <th>On top of child</th> <th>Under child</th> <th>Next to child</th> <th>Tangled around child</th> <th>U/K</th> <th>Yes</th> <th>No</th> <th>U/K</th> </tr> </thead> <tbody> <tr><td>Adult(s)</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Other child</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Animal(s)</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Mattress</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Comforter, quilt, or blanket</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Fitted sheet</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Thin blanket/flat sheet</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Pillow(s)</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Cushion</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Nursing or U shaped pillow</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Sleep positioner (wedge)</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Bumper pads</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Clothing</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Bottle</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Wearable monitor</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Crib railing/side</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Wall</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Toy(s)</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td>Other(s), specify:</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td>☐</td><td></td><td></td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> <tr><td> </td><td>☐</td><td></td><td></td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td><td>☐</td></tr> </tbody> </table> If adult(s) obstructed airway, describe relationship of adult to child (for example, mother):				Objects:	Present?			If present, describe position of object:					If present, did object obstruct airway?			Yes	No	U/K	On top of child	Under child	Next to child	Tangled around child	U/K	Yes	No	U/K	Adult(s)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Other child	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Animal(s)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Mattress	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Comforter, quilt, or blanket	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Fitted sheet	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Thin blanket/flat sheet	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Pillow(s)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Cushion	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Nursing or U shaped pillow	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Sleep positioner (wedge)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Bumper pads	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Clothing	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Bottle	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Wearable monitor	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Crib railing/side	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Wall	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Toy(s)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Other(s), specify:													☐			☐	☐	☐	☐	☐	☐	☐	☐		☐			☐	☐	☐	☐	☐	☐	☐	☐
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p. Was there a reliable, non-conflicting witness account of how the child was found? ☐ Yes ☐ No ☐ U/K																																																																																																																																																																																																																																																																																						
q. Caregiver/supervisor fell asleep while feeding child? ☐ Yes ☐ No ☐ U/K If yes, type of feeding: ☐ Bottle ☐ Breast ☐ U/K		r. Child sleeping in the same room as caregiver/supervisor at time of death? ☐ Yes ☐ No ☐ U/K																																																																																																																																																																																																																																																																																				

s. Child sleeping on same surface with person(s) or animal(s)? ☐ Yes ☐ No ☐ U/K		If yes, reasons stated for sleeping on same surface, check all that apply: ☐ To feed ☐ To soothe ☐ Usual sleep pattern ☐ No infant bed available ☐ Home/living space overcrowded ☐ Other, specify: ☐ U/K		If yes, check all that apply: ☐ With adult(s): # ☐ U/K Adult obese: ☐ Yes ☐ No ☐ U/K ☐ With other children: # ☐ U/K Children's ages: ☐ With animals: # ☐ U/K Type(s) of animals:	
t. Is there a scene re-creation photo available for upload? ☐ Yes ☐ No If yes, upload here. Only one photo allowed. Select photo that demonstrates position and location of child's body and airway (nose, mouth, neck, and chest). Size must be less than 6 mb and in .jpg or .gif format.					
13. WAS DEATH RELATED TO A CONSUMER PRODUCT*? ☐ Yes ☐ No, go to I4 ☐ U/K, go to I4					
a. Describe product and circumstances:		b. Was product used properly? ☐ Yes ☐ No ☐ U/K			
c. Was a recall in place at the time of the incident? ☐ Yes ☐ No ☐ U/K	d. Did product have safety label? ☐ Yes ☐ No ☐ U/K	e. Were any of the following regulatory agencies notified of the incident? ☐ None ☐ Consumer Product Safety Commission ☐ Food and Drug Administration ☐ National Highway Transportation Safety Administration ☐ U/K			
14. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME*? ☐ Yes ☐ No, go to I5 ☐ U/K, go to I5					
a. Type of crime, check all that apply: ☐ Robbery/burglary ☐ Interpersonal violence ☐ Sexual assault ☐ Other assault ☐ Gang conflict ☐ Drug trade ☐ Arson ☐ Sex work ☐ Witness intimidation ☐ Illegal border crossing ☐ Auto theft ☐ Other, specify:					
15. CHILD ABUSE, NEGLECT, POOR SUPERVISION AND EXPOSURE TO HAZARDS					
a. Did child abuse, neglect, poor or absent supervision or exposure to hazards cause or contribute to the child's death? ☐ Yes/probable ☐ No, go to next section ☐ U/K, go to next section If yes/probable, choose primary reason: ☐ Child abuse, go to I5b ☐ Child neglect, go to I5f ☐ Poor/absent supervision, go to I5h ☐ Exposure to hazards, go to I5g		b. Type of child abuse, check all that apply: ☐ Physical abuse, select type below: ☐ Abusive head trauma/shaking, go to I5c ☐ Chronic Battered Child Syndrome, go to I5e ☐ Beating/kicking, go to I5e ☐ Scalding or burning, go to I5e ☐ Use of weapon, go to I5e ☐ Drowning, go to I5e ☐ Asphyxia/suffocation, go to I5e ☐ Sexual assault, go to I5h ☐ Emotional abuse, go to I5h ☐ Other, specify and go to I5h ☐ U/K, go to I5e			
e. Events(s) triggering child abuse, check all that apply: ☐ None ☐ Crying ☐ Toilet training ☐ Disobedience ☐ Feeding problems ☐ Domestic argument ☐ Other, specify: ☐ U/K		f. Child neglect, check all that apply: ☐ Failure to provide necessities ☐ Food ☐ Shelter ☐ Other, specify: ☐ Failure to provide supervision ☐ Emotional neglect, specify: ☐ Abandonment, specify: ☐ Failure to seek/follow treatment, specify: If yes, was this due to religious or cultural practices? ☐ Yes ☐ No ☐ U/K			
g. Exposure to hazards: Do not include child's own behavior. ☐ Hazard(s) in sleep environment (including sleep position and surface sharing) ☐ Fire hazard ☐ Unsecured medication/poison ☐ Firearm hazard ☐ Water hazard ☐ Motor vehicle hazard ☐ Mother substance use during pregnancy ☐ Other hazard, specify: 		h. Was poverty a factor? ☐ Yes ☐ No ☐ U/K If yes, explain in Narrative			

16. SUICIDE			
a. Child's history. Check all that have <u>ever</u> applied: ☐ None listed below ☐ Involved in sports ☐ Involved in activities (not sports) ☐ Viewed, posted or interacted on social media If yes, specify platforms: ☐ Interacted with potentially harmful artificial intelligence (AI). Describe interaction in narrative. ☐ History of running away ☐ History of fearfulness, withdrawal or anxiety ☐ History of explosive anger, yelling or disobeying ☐ History of head injury If yes, when was the last head injury: ☐ Death of a peer, friend or family member If yes, specify relationship to child: When did death occur: Was death a suicide? ☐ Yes ☐ No ☐ U/K	b. Was the child ever diagnosed with any of the following? Check all that apply. ☐ None listed below ☐ ADD/ADHD ☐ Anxiety spectrum disorder ☐ Autism spectrum disorder ☐ Depressive spectrum disorder ☐ Bipolar spectrum disorder ☐ Disruptive, impulse control or conduct disorder ☐ Eating disorder ☐ Substance-related or addictive disorders ☐ Other, specify: ☐ U/K	c. Did child have a suicide safety plan (a document that helps individuals when experiencing thoughts of suicide to help them avoid intense suicidal crisis)? ☐ Yes ☐ No ☐ U/K d. Check all suicidal behaviors/attempts that ever applied: ☐ None listed below ☐ Preparatory behavior # ☐ Aborted attempt # ☐ Interrupted attempt # ☐ Non-fatal attempt # ☐ U/K	
e. Did the child ever communicate any suicidal thoughts, actions or intent? ☐ Yes ☐ No ☐ U/K If yes, with whom? 	g. Did the death occur under circumstances where it would likely be observed and intervened by others? ☐ Yes ☐ No ☐ U/K h. Did the child ever have a history of non-suicidal self-harm, such as cutting or burning oneself? ☐ Yes ☐ No ☐ U/K If yes, ☐ Reported to others ☐ Noted on autopsy ☐ Other, specify: 		
f. Was there evidence the death was planned or premeditated? ☐ Yes ☐ No ☐ U/K	i. Warning signs (https://youthsuicidewarningsigns.org) within 30 days of death: Check all that apply: ☐ None listed below ☐ Talked about or made plans for suicide ☐ Expressed hopelessness about the future ☐ Displayed severe/overwhelming emotional pain or distress ☐ Expressed perceived burden on others ☐ Showed worrisome behavioral cues or marked changes in behavior ☐ U/K		
j. Child experienced a known crisis within 30 days of the death? ☐ Yes ☐ No ☐ U/K If yes, explain: 			
k. Suicide was part of: Check all that apply. ☐ None listed below ☐ A contagion, copy-cat, or imitation ☐ A murder-suicide ☐ A cluster ☐ A suicide pact			
17. LIFE STRESSORS Please indicate all stressors that were present for this child and family around the time of death.			
a. Life stressors - Social/economic ☐ None listed below ☐ Discrimination ☐ Poverty ☐ Neighborhood discord ☐ Job problems ☐ Money problems ☐ Food insecurity ☐ No phone ☐ Housing instability ☐ Witnessed violence ☐ Tobacco exposure ☐ Lack of transportation ☐ Cultural differences ☐ Language barriers ☐ Lack of child care ☐ Pregnancy ☐ Pregnancy scare			
b. Life stressors - Medical ☐ None listed below ☐ Lack of family or social support for care ☐ Caregiver distrust of health care system ☐ Caregiver unskilled in providing care ☐ Lack of money for care ☐ Services not available ☐ Multiple providers, not coordinated ☐ Limitations of health insurance ☐ Negative provider assumptions ☐ Felt dismissed by provider ☐ Lack of provider-family compatibility			
c. Life Stressors - Relationships ☐ None listed below ☐ Family discord ☐ Argument w/ parents/caregivers ☐ Parents' divorce/separation ☐ Parents' incarceration ☐ Breakup ☐ Argument with significant other ☐ Social discord ☐ Argument with friends ☐ Isolation ☐ Bullying as victim ☐ Bullying as perpetrator ☐ Cyberbullying as victim ☐ Cyberbullying as a perpetrator ☐ Peer violence as a victim ☐ Peer violence as a perpetrator			
d. Life stressors - School (age 5 and over) ☐ None listed below ☐ School failure ☐ Pressure to succeed ☐ Extracurricular activities ☐ New school ☐ Other school problems		e. Technology (age 5 and over) ☐ None listed below ☐ Electronic gaming ☐ Texting ☐ Restriction of technology ☐ Social media	
f. Life stressors - Transitions (age 5 and over) ☐ None listed below ☐ Release from hospital ☐ Transition from any level of mental health care to another (e.g. inpatient to outpatient, inpatient to residential, etc.) ☐ Release from juvenile justice facility ☐ End of school year/school break ☐ Transition to/from child welfare system ☐ Release from immigrant detention center		g. Life stressors - Trauma (age 5 and over) ☐ None listed below ☐ Rape/sexual assault ☐ Previous abuse (emotional/physical) ☐ Family/domestic violence	
h. Life stressors - Describe any other life stressors:			

18. DEATHS DURING THE COVID-19 PANDEMIC (complete for all ages if death occurred during federal emergency declaration (3/13/20-5/11/23))

a. For the 12 months before the child's death, did the family experience any disruptions or significant changes to the following? Check all that apply:

- | | | |
|--|---|------------------------------|
| ☐ None listed below | ☐ Mental health or substance use/abuse care | ☐ U/K |
| ☐ School | ☐ Home-based services (non-child welfare) | |
| ☐ Daycare | ☐ Child welfare services | |
| ☐ Employment | ☐ Legal proceedings within criminal, civil, or family courts | |
| ☐ Social services (like unemployment assistance, TANF, WIC) | ☐ Other, specify: | |
| ☐ Living environment | | |
| ☐ Medical care | | |

b. For the 12 months before the child's death, did the child's family live in an area with an official stay at home order? ☐ Yes ☐ No ☐ U/K

If yes, was the stay at home order in place at the time of the child's death? ☐ Yes ☐ No ☐ U/K

c. Was the child exposed to COVID-19 within 14 days of death? ☐ Yes ☐ No ☐ U/K

If yes, describe:

d. Did the child have medical evidence of a significant inflammatory syndrome (including for example, fever, laboratory evidence of inflammation, and involvement of two or more organs) requiring hospitalization in the week before death? ☐ Yes ☐ No ☐ U/K

If yes, was the child diagnosed with MIS-C? ☐ Yes ☐ No ☐ U/K

e. Was the child eligible to receive a COVID-19 vaccination? ☐ Yes ☐ No ☐ U/K

If eligible, did they receive their first dose? ☐ Yes ☐ No ☐ U/K

If yes, approximate number of weeks before death:

If eligible and received their first dose, which option best represents their vaccination status? ☐ Partially vaccinated ☐ Fully vaccinated ☐ U/K

f. For infants or fetal deaths only, did the mother receive her COVID-19 vaccination? ☐ Yes ☐ No ☐ U/K

If yes, when did she receive her first dose? ☐ Before pregnancy ☐ 3rd trimester

☐ 1st trimester ☐ After delivery

☐ 2nd trimester ☐ U/K

If yes, which option best represents her vaccination status? ☐ Partially vaccinated ☐ Fully vaccinated ☐ U/K

g. Select the one option that best describes the impact of COVID-19 on this child's death:

- ☐ COVID-19 was the immediate or underlying cause of death
- ☐ COVID-19 was diagnosed at autopsy or child was suspected to have COVID-19
- ☐ COVID-19 indirectly contributed to the death but was not the immediate or underlying cause of death
- ☐ The mother contracted COVID-19, specify:
- | | |
|--|--------------------------------------|
| ☐ Before pregnancy | ☐ 3rd trimester |
| ☐ 1st trimester | ☐ After delivery |
| ☐ 2nd trimester | ☐ U/K |

☐ Other, specify:

☐ COVID-19 had no impact on this child's death

☐ U/K

h. Did COVID-19 impact the team's ability to conduct this fatality review?

☐ Yes ☐ No ☐ U/K

If yes, check all that apply:

- ☐ Unable to obtain records
- ☐ Team members unable to attend review
- ☐ Remote reviews negatively impacted review process
- ☐ Team leaders redirected to COVID-19 response

J. PERSON RESPONSIBLE (OTHER THAN DECEDENT)

This section is skipped for fetal deaths*

1. Did a person or persons other than the child do something or fail to do something that caused or contributed to the death?

- ☐ Yes/probable
- ☐ No, go to K
- ☐ U/K, go to K

2. What act(s)? Enter information for the first person under "One" and if there is a second person, use column "Two." Describe acts in narrative.

<u>One</u>	<u>Two</u>	<u>One</u>	<u>Two</u>
☐	☐ Child abuse	☐	☐ Exposure to hazards
☐	☐ Child neglect	☐	☐ Assault, not child abuse
☐	☐ Poor/absent supervision	☐	☐ Other, specify:
		☐	☐ U/K

3. Did the team have information about the person(s)?

<u>One</u>	<u>Two</u>
☐	☐ Yes
☐	☐ No, go to K

4. Is person listed in a previous section?

- | <u>One</u> | <u>Two</u> |
|-----------------------|---|
| ☐ | ☐ Yes, mother, go to J17 |
| ☐ | ☐ Yes, father, go to J17 |
| ☐ | ☐ Yes, caregiver one, go to J17 |
| ☐ | ☐ Yes, caregiver two, go to J17 |
| ☐ | ☐ Yes, supervisor, go to J19 |
| ☐ | ☐ No |

5. Primary person(s) responsible for action(s): Select one for each person responsible.

<u>One</u>	<u>Two</u>	<u>One</u>	<u>Two</u>
☐	☐ Adoptive parent	☐	☐ Acquaintance
☐	☐ Stepparent	☐	☐ Child's boyfriend or girlfriend
☐	☐ Foster parent	☐	☐ Stranger
☐	☐ Parent's partner	☐	☐ Medical provider
☐	☐ Grandparent	☐	☐ Institutional staff
☐	☐ Sibling	☐	☐ Babysitter
☐	☐ Other relative	☐	☐ Licensed child care worker
☐	☐ Friend		

<u>One</u>	<u>Two</u>
☐	☐ Other, specify:

--	--

☐ ☐ U/K

6. Person's age in years: <u>One</u> ☐ <u>Two</u> ☐ # Years U/K	7. Person's sex: <u>One</u> ☐ <u>Two</u> ☐ ☐ Male ☐ Female ☐ U/K	8. Person speaks and understands English? <u>One</u> ☐ <u>Two</u> ☐ ☐ Yes ☐ No If no, language spoken: ☐ U/K	9. Person on active military duty? <u>One</u> ☐ <u>Two</u> ☐ ☐ Yes ☐ No ☐ U/K If yes, specify branch:
10. Person(s) have history of substance abuse? <u>One</u> ☐ <u>Two</u> ☐ ☐ Yes ☐ No ☐ U/K	11. Person(s) have history of child maltreatment as victim? <u>One</u> ☐ <u>Two</u> ☐ ☐ Yes ☐ No ☐ U/K	12. Person(s) have history of child maltreatment as a perpetrator? <u>One</u> ☐ <u>Two</u> ☐ ☐ Yes ☐ No ☐ U/K	13. Person(s) have disability or chronic illness? <u>One</u> ☐ <u>Two</u> ☐ ☐ Yes ☐ No ☐ U/K
14. Person(s) have prior child deaths? <u>One</u> ☐ <u>Two</u> ☐ ☐ Yes ☐ No ☐ U/K	15. Person(s) have history of intimate partner violence? Check all that apply: <u>One</u> ☐ <u>Two</u> ☐ ☐ Yes, as victim ☐ Yes, as perpetrator ☐ No ☐ U/K		
16. Person(s) have delinquent/criminal history? <u>One</u> ☐ <u>Two</u> ☐ ☐ Yes ☐ No ☐ U/K			
17. At the time of the incident, was the person asleep? <u>One</u> ☐ <u>Two</u> ☐ ☐ Yes ☐ No ☐ U/K If yes, select the most appropriate description of the person's sleeping period at incident: <u>One</u> ☐ <u>Two</u> ☐ ☐ Night time sleep ☐ Day time nap, describe: ☐ Day time sleep (for example, person is night shift worker), describe: ☐ Other, describe:			
18. At time of incident, was person distracted or impaired? <u>One</u> ☐ <u>Two</u> ☐ ☐ Yes ☐ No ☐ U/K ☐ Yes ☐ No ☐ U/K If yes, check all that apply: <u>One</u> <u>Two</u> ☐ ☐ Drug impaired, specify: ☐ ☐ Alcohol impaired <u>One</u> <u>Two</u> ☐ ☐ Distracted ☐ ☐ Absent <u>One</u> <u>Two</u> ☐ ☐ Impaired by illness, specify: ☐ ☐ Impaired by disability, specify: <u>One</u> <u>Two</u> ☐ ☐ Other, specify:			
19. Person(s) have, check all that apply: <u>One</u> ☐ <u>Two</u> ☐ ☐ Prior history of similar acts ☐ Prior arrests ☐ Prior convictions	20. Legal outcomes in this death, check all that apply: <u>One</u> ☐ <u>Two</u> ☐ ☐ No charges filed ☐ Charges pending ☐ Charges filed, specify: ☐ Charges dismissed ☐ Confession ☐ Plead, specify: <u>One</u> ☐ <u>Two</u> ☐ ☐ Not guilty verdict ☐ Guilty verdict, specify: ☐ Tort charges, specify: ☐ ☐ U/K		

K. SERVICES TO FAMILY AND COMMUNITY AS A RESULT OF THE DEATH1. Were new or revised services recommended or implemented as a result of the death? ☐ Yes ☐ No ☐ U/K

If yes, select one option per row:

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

L. FINDINGS IDENTIFIED DURING THE REVIEW☒ Mark this case to edit/add findings at a later date

1. Describe any significant challenges faced by the child, the family, the systems with which they interacted, or the response to the incident. These could be related to demographics, overt or inadvertent actions, the way systems functioned, or other environmental characteristics. (See Data Dictionary for examples.)

2. Describe any notable positive elements in this case. They could be demographic, behavioral, or environmental characteristics that may have promoted resiliency in the child or family, the systems with which they interacted or the response to the incident. (See Data Dictionary for examples).

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

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

If yes, select all that apply and describe:

☐ Child welfare	Describe:	☐ Education	Describe:
☐ Law enforcement	Describe:	☐ Mental health	Describe:
☐ Public health	Describe:	☐ EMS	Describe:
☐ Coroner/medical examiner	Describe:	☐ Substance abuse	Describe:
☐ Courts	Describe:	☐ Other, specify:	Describe:
☐ Health care systems	Describe:		

5. Could the death have been prevented? ☐ Yes, probably ☐ No, probably not ☐ Team could not determine/come to consensus ☐ Not enough information to determine

M. THE REVIEW MEETING PROCESS																																			
1. Date of first review meeting: / /	2. Number of review meetings for this case:	3. Is review complete? ☐ N/A ☐ Yes ☐ No																																	
4. Agencies and individuals at review meeting, check all that apply: <table style="width: 100%; border: none;"> <tr> <td>☐ Medical examiner/coroner/pathologist</td> <td>☐ HMO/managed care</td> <td>☐ Hospital</td> <td>☐ Substance abuse</td> <td>☐ Community representative</td> </tr> <tr> <td>☐ Death investigator</td> <td>☐ CPS</td> <td>☐ Other health care</td> <td>☐ Indian Health Services/ Tribal Health</td> <td>☐ Military</td> </tr> <tr> <td>☐ Law enforcement</td> <td>☐ Other social services</td> <td>☐ Fire</td> <td>☐ Home visiting</td> <td>☐ Domestic violence</td> </tr> <tr> <td>☐ Prosecutor/district attorney</td> <td>☐ Physician</td> <td>☐ EMS</td> <td>☐ Healthy Start</td> <td>☐ Others, list:</td> </tr> <tr> <td>☐ Public health</td> <td>☐ Nurse</td> <td>☐ Faith based organization</td> <td>☐ Court</td> <td rowspan="3" style="border: 1px solid black; height: 40px;"></td> </tr> <tr> <td>☐ WIC</td> <td>☐ Midwife</td> <td>☐ Education</td> <td>☐ Child advocate</td> </tr> <tr> <td>☐ Epidemiologist</td> <td>☐ Dietitian/nutritionist</td> <td>☐ Mental health</td> <td></td> </tr> </table>			☐ Medical examiner/coroner/pathologist	☐ HMO/managed care	☐ Hospital	☐ Substance abuse	☐ Community representative	☐ Death investigator	☐ CPS	☐ Other health care	☐ Indian Health Services/ Tribal Health	☐ Military	☐ Law enforcement	☐ Other social services	☐ Fire	☐ Home visiting	☐ Domestic violence	☐ Prosecutor/district attorney	☐ Physician	☐ EMS	☐ Healthy Start	☐ Others, list:	☐ Public health	☐ Nurse	☐ Faith based organization	☐ Court		☐ WIC	☐ Midwife	☐ Education	☐ Child advocate	☐ Epidemiologist	☐ Dietitian/nutritionist	☐ Mental health	
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☐ Public health	☐ Nurse	☐ Faith based organization	☐ Court																																
☐ WIC	☐ Midwife	☐ Education	☐ Child advocate																																
☐ Epidemiologist	☐ Dietitian/nutritionist	☐ Mental health																																	
5. Were the following data sources available at the review meeting? Check all that apply: Vital statistics ☐ Birth certificate - full form ☐ Death certificate Health records ☐ Child's medical records or clinical history ☐ Hospital records ☐ Mother's obstetric and prenatal information ☐ Newborn screening results ☐ Mental health records ☐ Substance abuse treatment records Investigation records ☐ Autopsy/pathology reports ☐ CDC's SUIDI Reporting Form ☐ Jurisdictional equivalent of the CDC SUIDI Reporting Form ☐ Water-related DSI protocol ☐ Law enforcement records ☐ Social service records ☐ Child protection agency records ☐ EMS run sheet Other ☐ Home visiting ☐ School records	6. Did any of the following factors reduce meeting effectiveness, check all that apply: ☐ None ☐ Confidentiality issues among members prevented full exchange of information ☐ HIPAA regulations prevented access to or exchange of information ☐ Inadequate investigation precluded having enough information for review ☐ Team members did not bring adequate information to the meeting ☐ Necessary team members were absent ☐ Meeting was held too soon after death ☐ Meeting was held too long after death ☐ Records or information were needed from another locality in-state ☐ Records or information were needed from another state ☐ Team disagreement on circumstances ☐ Other factors, specify: 																																		
7. Review meeting outcomes, check all that apply: ☐ Team disagreed with official manner of death. What did team believe manner should be? ☐ Team disagreed with official cause of death. What did team believe cause should be? ☐ Because of the review, the official cause or manner of death was changed																																			
N. SUID AND SDY CASE REGISTRY																																			
This section displays online based on your state's settings. Section N: OMB No. 0920-1092, Exp. Date: 11/30/2028 Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1092)																																			
1. Is this an SDY or SUID case? ☐ Yes ☐ No If no, go to Section O																																			
2. Did this case go to Advanced Review for the SUID and SDY Case Registry? ☐ N/A ☐ Yes ☐ No If yes, date of first Advanced Review meeting: / /	3. Notes from Advanced Review meeting (include case details that helped determine SDY categorization and any ways to improve the review) or reason why case did not go to Advanced Review: 																																		
4. Professionals at the Advanced Review meeting, check all that apply: <table style="width: 100%; border: none;"> <tr> <td>☐ Cardiologist</td> <td>☐ Death investigator</td> <td>☐ Geneticist or genetic counselor</td> <td>☐ Pediatrician</td> </tr> <tr> <td>☐ CDR representative</td> <td>☐ Epileptologist</td> <td>☐ Neurologist</td> <td>☐ Public health representative</td> </tr> <tr> <td>☐ Coroner</td> <td>☐ Forensic pathologist/medical examiner</td> <td>☐ Neonatologist</td> <td>☐ Others, specify:</td> </tr> <tr> <td colspan="4" style="border: 1px solid black; height: 20px; margin-top: 5px;"></td> </tr> </table>			☐ Cardiologist	☐ Death investigator	☐ Geneticist or genetic counselor	☐ Pediatrician	☐ CDR representative	☐ Epileptologist	☐ Neurologist	☐ Public health representative	☐ Coroner	☐ Forensic pathologist/medical examiner	☐ Neonatologist	☐ Others, specify:																					
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5. Did the Advanced Review team believe the autopsy was comprehensive? ☐ Yes ☐ No ☐ U/K	6. Was a specimen saved for the SUID and SDY Case Registry? ☐ N/A ☐ Yes ☐ No ☐ U/K	7. Was a specimen sent to the SUID and SDY Case Registry Biorepository? ☐ N/A ☐ Yes ☐ No ☐ U/K																																	

8. Did the family consent to have DNA saved as part of the SUID and SDY Case Registry?

☐ N/A ☐ Yes ☐ No ☐ U/K

If no, why not? ☐ Consent was not attempted

☐ Consent was attempted but family declined

☐ Consent was attempted but follow up was unsuccessful

☐ Other, specify:

9. Select an SDY category per the SUID and SDY Case Registry SDY algorithm (choose only one):

☐ Excluded

☐ Explained - Neurological, specify:

☐ Explained - Other, specify:

☐ Unexplained - Sudden Unexpected Death in a Child with Epilepsy/Seizure Disorder

☐ Unexplained - Incomplete Case Information

☐ Explained - Cardiac, specify:

☐ Explained - Suffocation with Unsafe Sleep Factors (under age 1)

☐ Unexplained - Possible Cardiac

☐ Unexplained - Possible Cardiac and Sudden Unexpected Death in a Child with Epilepsy/Seizure Disorder

☐ Unexplained

10. Select a SUID category per the SUID and SDY Case Registry SUID algorithm (choose only one):

☐ Excluded

☐ Unexplained - No Autopsy or Death Investigation

☐ Unexplained - Incomplete Case Information

☐ Unexplained - No Unsafe Sleep Factors

☐ Unexplained - Unsafe Sleep Factors

☐ Unexplained - Possible Suffocation with Unsafe Sleep Factors

☐ Explained - Suffocation with Unsafe Sleep Factors

If Unexplained - Possible Suffocation or Explained - Suffocation, select the airway obstruction mechanism(s), check all that apply:

☐ Soft bedding

☐ Wedging

☐ Overlay

☐ Other, specify:

O. NARRATIVE

O1. NARRATIVE

Use this space to provide more detail on the circumstances of the death and to describe any other relevant information. DO NOT INCLUDE IDENTIFIERS IN THE NARRATIVE such as names, dates, addresses, and specific service providers. Consider the following questions: What was the child doing? Where did it happen? How did it happen? What went wrong? What was the quality of supervision? What was the injury cause of death? The Narrative is included in de-identified downloads, and per MPH/National Center's data use agreement with your state, HIPAA identifying information should not be recorded in this field.

P. FORM COMPLETED BY:

Person:

Email:

Title:

Date completed:

Agency:

Data entry completed for this case? ☐

Phone:

For State Program Use Only:

Data quality assurance completed by state? ☐



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Data Entry: <https://data.ncfrp.org>
www.ncfrp.org info@ncfrp.org 1-800-656-2434