

Drowning of 1-4 Year Old Children in Swimming Pools and Spas

Surveillance Handbook

June 2010

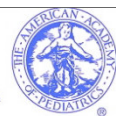
California Chapter 4, American Academy of Pediatrics
Injury and Violence Prevention Program

Funded by California Kids' Plates Grant Program



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



California Chapter 4

Copy downloadable at: <http://www.ockeepkidssafe.org/drowning.htm>



This Document was grant funded through the Kids Plates Program of the California Department of Public Health.

Table of Contents

Chapter 1. Introduction	6
Flowchart – Outcomes and Sources of Data for Drowning Incidents	10
Chapter 2. Child Drowning Surveillance Project Summary	11
Chapter 3. Existing Data Systems	
EpiCenter Fatal Data	15
EpiCenter Nonfatal Hospital Discharge Data	16
EpiCenter Emergency Department Data	17
California EMS Information System	18
Chapter 4. Child Death Review	
Overview	20
California CDRTs and Data Reporting	21
Child Death Review Team Guidelines for Drowning Surveillance	24
Swimming Pool and Spa Drowning Surveillance Supplement for Children less than Five Years of Age	28
Chapter 5. Scene Investigations	
Guidelines for Scene Investigators	30
Quick Reference Guide for Scene Investigators	33
Chapter 6. Stand-Alone Systems.....	34

Riverside County Submersion Incident Report Form (SIRF).....	35
San Bernardino County 911 Submersion Incident System	39
Child Drowning Surveillance in Central California	41
Orange County Fire Authority Child Immersion Incident System	43
Arizona – Water-Related Incidents in Maricopa County	48

Appendices

Issues and Questions to Consider for Child Drowning Case Review	52
National Guidelines for Records Needed for Child Death Review	53
National Child Death Review Case Reporting Form 2.1	54

Acknowledgements

We extend our appreciation to the many people who made significant contributions to this *Drowning of 1-4 Year Old Children in Swimming Pools and Spas Surveillance Handbook*. We believe that this Handbook will enhance the surveillance of toddler drownings in our communities and lead to new and innovative prevention strategies that will further reduce both fatal and nonfatal drownings.

Funding for the project was provided by a grant from the California Kids' Plates Program. Shanna Holland, M.S.W., M.P.H., our grant manager, provided invaluable support and suggestions throughout the project.

We convened a group of stakeholders on March 23, 2010, to review and make recommendations to the initial draft of the handbook. The expertise and knowledge of the group as well as the enthusiastic and lively discussion provided creative and useful feedback and recommendations. Those who were in attendance were: Steffanie Biegler, Child Abuse Prevention Council of Sacramento; Jeff Copeland, AMR Medical Transportation; Jane Elder, Orange County Emergency Medical Services; Mike Hallinan, Irvine Police Department; Shanna Holland, Center for Injury Prevention Policy and Practice; Travers Yoshio Ichinose, Orange County Health Care Agency; Marcia Kerr, US Consumer Product Safety Commission; Kim Patrick, Inland Empire Safe Kids; Cynthia Stoll, Riverside County EMS Agency; Roger Trent, Ph.D., California Department of Public Health; Maureen Williams, National Drowning Prevention Alliance; and Victoria Young, Riverside County Injury Prevention Services.

We want to thank the following individuals who did not attend the meeting but reviewed

the materials and provided feedback and comments: Tim Flood, M.D., Arizona Department of Health Services; Julie Gilchrist, M.D., Centers for Disease Control; Matt Payne, Rialto Fire Department; Jill White, Aquatic and Emergency Care Education, Human Kinetics; and Steve Wirtz, Ph.D., California Department of Public Health.

Several individuals also provided additional input on the content of the Handbook.

Special thanks go to Jacque Berndt, Orange County Coroner; Tim Flood, M.D., Arizona Department of Health Services; Mike Hallinan, Irvine Police Department; Marcia Kerr, US Consumer Product Safety Commission; Bob Leysack, Orange County Fire Authority; Kim Patrick, Inland Empire Safe Kids; Mary Jo Quintero, Children's Hospital Central California; Bonnie Sinz, California EMS Authority; Roger Trent, Ph.D., California Department of Public Health; Maureen Williams, National Drowning Prevention Alliance; and Victoria Young, Riverside County Injury Prevention Services. We are especially indebted to Steve Wirtz, Ph.D., California Department of Public Health, for his insights and contributions to the Child Death Review chapter.

In addition, we appreciate the California Chapter 4, American Academy of Pediatrics for their assistance throughout the project, especially Dian Milton, Executive Director, and Xochitl Cubero, our V.I.S.T.A. member who did an outstanding job of formatting the *Child Drowning Pool/Spa Supplement*.

The key input, useful feedback, and support of all of these individuals resulted in a significantly improved product and for this we are grateful.

Phyllis Agran, M.D., M.P.H. Craig Anderson, M.P.H., Ph.D.

Kristin Goffman, B.A. Jamie McDonald, M.P.H. Diane Winn, R.N., M.P.H.

Chapter 1 – Introduction

Overview of Project

The Foundations for Child Drowning Surveillance Project, funded by the California Kids' Plates Grant Program in 2008, was designed to improve the quality and consistency of multi-agency drowning surveillance in California. The project objectives were: 1) to develop and produce a comprehensive report on the state of drowning surveillance in pools/spas among young children in Southern California; 2) to create a "How To Handbook" illustrating the necessary components for building successful multi-agency drowning surveillance protocols at the local, county, and state level; and 3) to promote the adoption of standardized drowning surveillance state-wide.

Background

Over the past decade, 1,002 California children under the age of 15 years died from drowning. Toddlers and preschoolers are at highest risk - 660 of the deaths were children ages 1-4 years. Drowning accounted for 30 percent of the injury deaths of children in this age group.¹ Studies consistently show that these deaths primarily occur in swimming pools and spas. Over the past ten years, twice as many 1-4 year old children died in swimming pools than in motor vehicles.¹ Swimming pool drowning death rates for children ages 1-4 years have declined over the past decade in California², yet drowning continues to be the leading cause of injury-related death for children of this age. Drownings are second only to congenital anomalies as a leading

¹ EpiCenter California Injury Data Online , Fatal Injury, 1998 to 2007, California Residents. http://www.applications.dhs.ca.gov/epicdata/content/TB_fatal.htm

² <http://www.cdph.ca.gov/HealthInfo/injviosa/ Documents/DrowningToddlerPoolTrends.pdf>

cause of death to young children in California and exceed motor vehicles as a cause of injury death.^{1,3}

The statistics for the United States are only slightly different compared to California, with drowning being the second leading cause of injury death and third leading cause of all deaths to children 1-4 years of age.³ It has been estimated that for each childhood drowning fatality, about 4 children are hospitalized and 14 are seen in the emergency department and released.

Contrary to popular notion, young children do not thrash about or verbalize distress while drowning. Most drownings are silent and not observed. Hence, measures to prevent these incidents from occurring is key to decreasing morbidity and mortality from drowning. Numerous prevention programs have been undertaken to prevent toddlers dying in swimming pools and spas, and, indeed there have been reductions in drowning deaths. Yet, drowning remains the leading cause of injury-related death for young California children. A deeper understanding of factors underlying these events may lead to more specific and enhanced prevention efforts.

However, inconsistent and incomplete data on childhood drowning hamper monitoring of trends; ascertainment of risk factors; and the design and evaluation of prevention strategies. Public health surveillance (the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health) should be

³ <http://www.cdc.gov/injury/wisqars/fatal.html>

undertaken for childhood drowning. **An effective drowning surveillance system could be used to understand and monitor the epidemiology of drowning in order to set priorities and guide public health policy and strategies.** Data from a public health drowning surveillance system could be used to: measure the burden of drowning to young children; monitor trends in the burden of childhood drowning; identify risk and protective factors; guide the planning, implementation, and evaluation of programs to prevent and control drownings; and evaluate public policy. The data necessary to understand and address the issue of child pool and spa drownings relate to the child who drowned (demographics, social, behavioral, and medical history) and the environment where the incident occurred (supervision, body of water, barriers, circumstances, etc.) as well as temporal factors. A checklist of variables/information to consider in the review and analysis of childhood drowning cases is provided in Appendix 1.

Purpose of Handbook

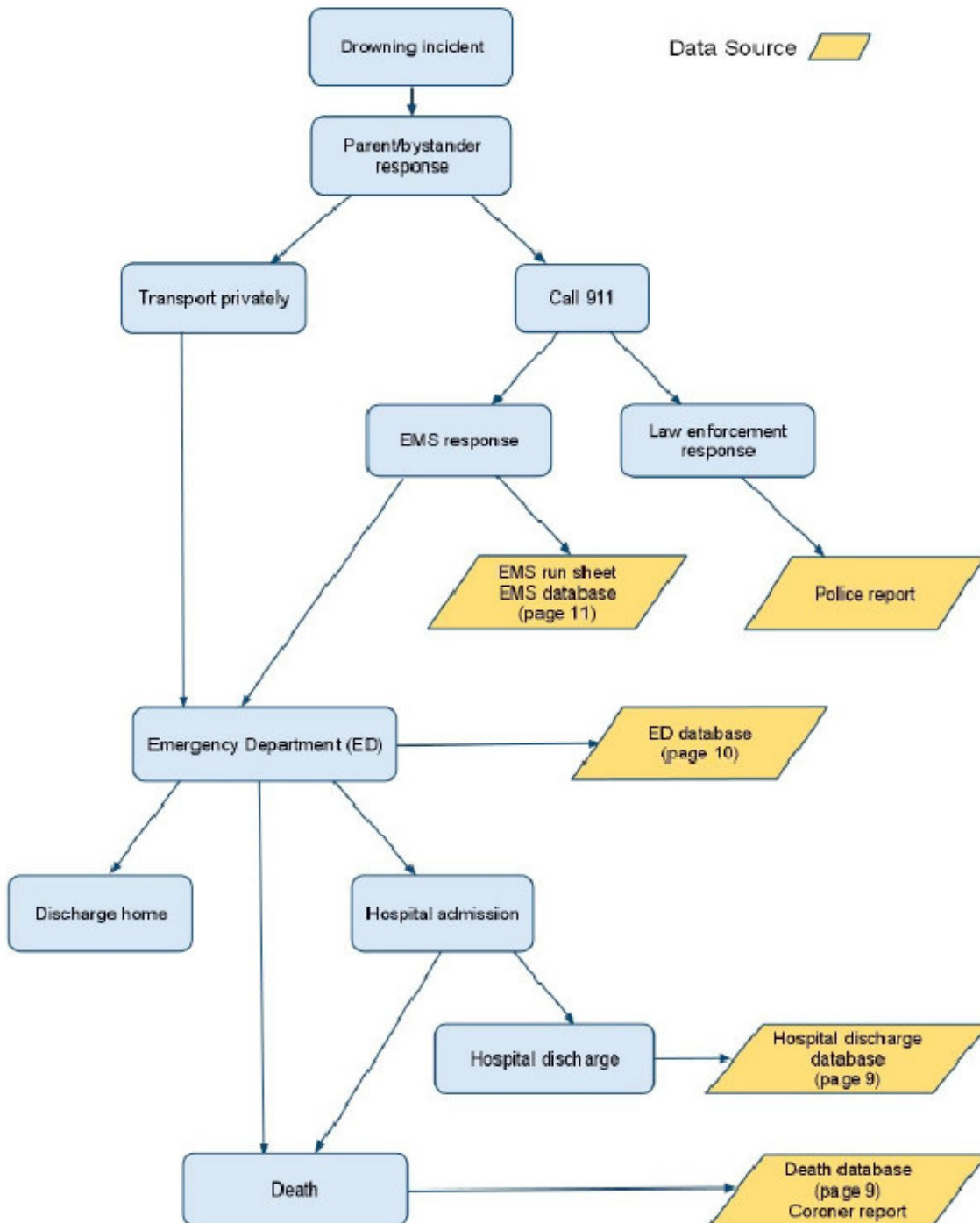
The *Drowning⁴ of 1-4 Year Old Children in Swimming Pools and Spas Surveillance Handbook* has been designed as a tool to help localities access drowning data, enhance drowning data collection, and initiate new drowning surveillance systems. This Handbook has been designed for Child Death Review Teams (CDRTs) and their members; coroners/medical examiners; first responders (police, fire, and Emergency Medical Services); public health agencies; medical providers; and injury prevention organizations and agencies. The extent and comprehensiveness of childhood drowning

⁴ The World Congress on Drowning and the World Health Organization define drowning to be “the process of experiencing respiratory impairment from submersion/immersion in liquid.” Drowning outcomes are classified as death, no morbidity, or morbidity. For the purposes of this document, drowning includes both fatal and nonfatal outcomes.

surveillance at the local and state level is dependent on available personnel; time and resources to commit to the project; the expertise and capabilities of agency personnel; and the level of commitment and willingness to champion the issue.

The flowchart on page 6 shows the various types of data sources and approaches that can be taken to obtain information about the extent of drowning in young children. At the very simplest level, data can inform on the extent of victims by age and gender, or incidents in a locale over a given period of time. Several existing systems can provide such information and are discussed in Chapter 3. The review process of CDRTs allows for more comprehensive surveillance on fatal drowning (Chapter 5). In addition, scene investigators (coroner/ medical examiner and law enforcement) can provide extensive details surrounding the circumstances of child drowning incidents (Chapter 4). Finally, some communities have established stand alone drowning incident data reporting systems that provide more information about all incidents, including nonfatal and fatal. Examples of these approaches to drowning surveillance are presented in Chapter 6 of this Handbook as models that have the potential for replication in other communities.

Flowchart - Outcomes and Sources of Data for Drowning Incidents



Chapter 2 - Child Drowning Surveillance Project Summary

Funded by the California Kids Plate Grant Program, the goal of the project was to improve the quality and consistency of multi-agency drowning surveillance in California.

The objectives of the project were:

- To develop and produce a comprehensive report on the state of drowning surveillance in pools/spas among young children in Southern California (Review existing surveillance instruments and procedures; develop a comprehensive data collection tool, conduct in-depth review and analysis of Orange County and Riverside County Coroner cases; prepare collaborative report summarizing data and identifying missing data elements necessary for advancing childhood drowning prevention).
- Create a “How To Handbook” illustrating the necessary components for building successful multi-agency drowning surveillance protocols at the local, county, and state level.
- Promote the adoption of standardized drowning surveillance state-wide.

Coroner Data Review Process

Coroner records are a comprehensive and accessible source for identifying cases of children who drown. The first objective of this project was to determine what level of detail is available in the coroner files related to child drowning; compare the data

available to a comprehensive child data collection tool; and determine what, if any, additional insights coroner reports may provide related to drowning risk and prevention.

This was carried out by conducting an in-depth review and analysis of Orange County and Riverside County Coroner cases of children 1-4 years of age who drowned. The Orange County Coroner's office identified 46 pool/spa related drowning deaths of children ages 1-4 years occurring in Orange County from 2000-07. There were 23 Riverside County residents 1-4 years of age who drowned in Riverside County between 2003-07. The files were reviewed and data were abstracted onto a comprehensive data collection tool. Coroner case files which sometimes included police reports and Child Protective Services (CPS) reports were reviewed for the Orange County cases. For Riverside County, computerized investigation report summaries were reviewed.

A total of 69 cases were reviewed and analyzed. Thirty-eight percent of the children were two years of age, 29 percent were 1 year, 20 percent were 3 years and 13 percent were 4 years. Sixty-two percent were male. In-ground pools accounted for 51 of the cases and spas/hot tubs for 14. Eighty-eight percent of the incidents occurred at single-family residences with two-thirds of these being at the child's own home. A detailed discussion of the findings can be found in the *Foundations for Childhood Drowning Surveillance Drowning Data Report*. A copy of the report is available at <http://www.ockeepkidssafe.org/drowning.htm>.

Conclusions

To assess the quantity of data available in the coroner files, frequencies of files containing documentation for the various variables were calculated. Quality of data was

determined by calculation of frequency breakdowns for the variable items, cross tabulations of select variables as well as in-depth reviews of the narratives.

We found that the coroner files contained an extensive amount of information related to the circumstances surrounding child drowning deaths. The files varied considerably in terms of the breadth and depth of information that was recorded. However, we were able to identify patterns and issues that should be considered for monitoring trends and informing prevention efforts.

In the absence of having hard copies of reports to review (coroner, police, CPS), it appears that a system like Riverside County's which uses computerized investigation report summaries does a fairly good job of documenting information related to child drowning. However, the review of the Orange County Coroner files indicated that there is more data and rich detail available when there is access to all files (coroner investigation notes and case summary notes, police reports, CPS records, medical records).

Police routinely responded to the incident site where the child drowned. Because police focus on investigating the circumstances that lead to an incident (in this case, the child drowning), the police reports usually contained detailed information about the incident. The coroner investigator, in turn, used the police reports and sometimes their own investigation to help them determine the nature, cause, and circumstances of death. This was usually well documented in the case summary notes in the coroner files. There was, however, considerable variability in the extent and quality of drowning related information documented in both the police reports and coroner case notes.

In summary, the coroner files appear to be a good source of readily accessible data on child drowning that could be used in a comprehensive fatal drowning surveillance system.

Chapter 3. Existing State Data Systems

EpiCenter California Injury Data

The Safe and Active Communities Branch (SACB) of the California Department of Public Health (CDPH) operates a web site where visitors can query California's major injury data bases. The EpiCenter site provides data on California residents who get treatment or die because of an injury. Non-residents of California who drown in California are not counted. Currently, data are available for all injury deaths and for all injury hospitalizations. Emergency department data will be available soon.

Drownings and "near drownings" are counted according to the worst outcome. Thus if a patient dies while being treated in an emergency department or as an inpatient, only the death is counted. If a patient is treated in an emergency department, and later as an inpatient, only the inpatient admission is counted. This ensures that one "drowning event" is only counted once, even if the patient showed up in more than one source of drowning data.

a. Fatal Data

Description:

SACB makes data available on its query web site, EpiCenter. EpiCenter identifies fatal cases by searching the electronic death certificate files of California residents for any record where the underlying cause of death was an injury (defined as cases where there was an external cause code as the underlying cause of death).

Drowning Relevant Data:

- Obtains information on age, gender, county of residence
- Drowning is listed as the underlying cause of injury
- Specific cause of injury codes related to pools and spas include
 - W67 Drowning and submersion while in swimming pool
 - W68 Drowning and submersion following fall into swimming pool

How to access data:

EpiCenter website - <http://www.applications.dhs.ca.gov/epicdata/>

b. Nonfatal Hospital Discharge Data

Description:

EpiCenter identifies nonfatal hospitalized injuries by searching hospital discharge data files (HDD files) for records where a California resident was hospitalized for an injury (an external cause of injury code was present in the record).

Drowning Relevant Data:

- Obtains information on age, gender, race/ethnicity, county of residence, expected source of payment, and length of hospital stay
- Near drowning is listed as the principal cause of injury
- Specific E code related to pools and spas is
 - E910.8 Other accidental drowning or submersion (Drowning in quenching tank or swimming pool)

How to access data:

EpiCenter website - <http://www.applications.dhs.ca.gov/epicdata/>

c. Emergency Department Data

Description:

EpiCenter identifies nonfatal emergency department (ED) treat and release injuries by searching ED discharge data files for records where a California resident was treated in an ED for an injury (an external cause of injury code was present in the record) but not subsequently hospitalized.

Drowning Relevant Data:

- Obtains information on age, gender, race/ethnicity, county of residence, expected source of payment, and length of hospital stay.
- Near drowning is listed as the principal cause of injury.
- Specific E code related to pools and spas is
 - E910.8 Other accidental drowning or submersion (Drowning in quenching tank or swimming pool).

How to access data:

EpiCenter website - <http://www.apps.cdph.ca.gov/epicdata/>

ED data is not available as of this writing.

CEMSIS – California EMS Information System

Description:

The California Emergency Medical Services Information System (CEMSIS) collects data from Local EMS Agencies (LEMSA) across the state.⁵ It is important to note that CEMSIS has two data reporting systems (CEMSIS-Trauma and CEMSIS-EMS). Currently CEMSIS-Trauma has extensive trauma data reported but it does not include drowning because drowning is not classified as a trauma in the California trauma system unless other associated injuries are found, e.g. spinal injury associated with diving and subsequent drowning. The CEMSIS-EMS began EMS911 data reporting with some counties in 2010 and will expand to others in the future. It should be noted that while the CEMSIS-EMS data standards reflect the data listed below, full compliance with local collection and subsequent transmission to the state of this data is inconsistent at this time.

Drowning Relevant Data in the CEMSIS-EMS:

- Collects data on age, gender, ethnicity, zip code, incident location type, scene GPS location, incident city and country, prior aid type and by whom, transport information, emergency department, and hospital disposition
- Data dictionary indicates some drowning specific data is also collected.⁶ These include:

⁵CEMSIS <http://www.emsa.ca.gov/systems/default.asp>

⁶ EMSA #164: CEMSIS Data System Standards with code values , Revised 3/29/10
http://www.emsa.ca.gov/systems/CEMSIS/EMS_Data.asp <http://www.emsa.ca.gov/pubs/pdf/emsa164.pdf>

- Complaint noted by dispatch – drowning
- Condition code number – near drowning
- Cause of injury – drowning
- Cardiac arrest etiology – drowning
- Safety factors that affected incident
 - Swimming pool – self-closing, self latching gate
 - Swimming pool – no self latching gate
 - Swimming pool – surrounded by barrier fence
 - Swimming pool – no fence

How to access data:

Contact your LEMSA to see what data they collect and what they can provide.

Chapter 4. Child Death Review

Overview

The most important reason to review child deaths is to improve the health and safety of children and prevent other children from dying. Child death review (CDR) brings together government and community agencies to systematically share information on child death events and identify risk factors in the deaths. The goal is to understand how and why children die in order to take **action to prevent other deaths**.

Throughout the U.S., CDR programs differ in the types of deaths reviewed, composition of state and local teams, level of state support and leadership, supporting legislation and reporting systems. The National Center for CDR Policy and Practice, funded by the Maternal and Child Health Bureau, was established in 2002 as a resource center for state and local CDR programs. The National Center helps to standardize practices and build state and local team capacity to prevent deaths. They have developed an outstanding program manual to assist CDRTs with their review processes and includes guidelines on who should be members of the team and on what records should be used.

In addition, the National Center for CDR Policy and Practice had established an on-line reporting system. A standardized case report tool was developed with the guidance of a workgroup who developed a set of standardized data elements and data definitions. The case report is part of the CDR Case Reporting System, a web-based application that allows local and state users to enter case data, access and analyze their data and

download standardized reports via the internet. Recognizing the importance of quality data, the National Center has developed a comprehensive data dictionary and conducts trainings to assist teams in completing the case reporting system form.⁷

California CDRTs and Data Reporting

Local CDRTs have been functioning in California since the early 1980s, with Los Angeles County starting in 1978. Since 1988, teams are formally authorized (not mandated) in statute (Penal Code §11174.32). Most California counties continue to maintain CDRTs, with 50-55 local CDRTs active at any time. Review selection criteria vary by team. Most CDRTs review all sudden, traumatic and/or unexpected child deaths (i.e., Coroner cases), including injury, natural, and undetermined deaths. Generally teams review cases of children that are less than 18 years old. Prevention is the overriding priority, but California's CDRTs have several objectives: 1) to assist in identifying and investigating potential child maltreatment cases; 2) to assist in protecting siblings and other children; 3) to identify and assist in improving agency and systems problems; and 4) to prevent future child deaths from all causes through identifying the circumstances surrounding child deaths and developing recommendations and effective action.

An informal network of regional CDRT coordinators exists in California to maintain communication among local CDRTs and state agencies. There is a mandate for the Attorney General's Office to support a state team but it is contingent upon funds being

⁷ A Program Manual for Child Death Review - Strategies to Better Understand Why Children Die & Taking Action to Prevent Child Deaths. Prepared by The National Center for Child Death Review, September 2005. <http://www.childdeathreview.org/Finalversionprotocolmanual.pdf>

available. The State CDR Council was established in 1997 and disbanded in 2008 when state funds were cut.

CDPH created the Fatal Child Abuse and Neglect Surveillance (FCANS) Program in 2000 to carry out its mandate to track data on fatal child abuse and neglect (Penal Code §11174.34). Although State funds for the FCANS Program were cut in 2008, funding is now provided through two federal grants: Centers for Disease Control and Prevention (CDC) Prevention Block Grant and the federal Maternal Child Adolescent Health Title V Block Grant. Contact information is

Fatal Child Abuse and Neglect Surveillance (FCANS) Program

Attn: Steve Wirtz, Ph.D.

Safe and Active Communities (SAC) Branch

California Department of Public Health

PO Box 997377, MS 7214

Sacramento, CA 95899-7377

(916) 552-9831 Fax (916) 552-9810

steve.wirtz@cdph.ca.gov

Functioning local CDRTs are required under Penal Code §11174.34 to submit data to this statewide monitoring system. The FCANS Program has adopted the National Center for CDR Case Reporting System for local teams to use to report to the state. To use the online system, local CDRT Coordinators and/or designated representatives must sign a confidentiality statement and be assigned a username and password to access the California page of the National CDR Case Reporting System. This secure Drowning Surveillance Handbook, California Chapter 4, American Academy of Pediatrics, June 2010 22

online system allows local teams to enter, edit, and delete cases, manage their data storage and access, generate ~25 standard reports on their own county data, and to download their data for further analyses. For most teams it has become their primary data collection and management system. The current data form can be viewed at www.childdeathreview.org under CDR Reporting Tools, specifically at: <http://www.childdeathreview.org/reports/CDRCaseReportForm2-1-11009.pdf>. Training on using the data collection form and online system is provided by FCANS Program staff either in person or by phone and email as needed. The standardized online or hardcopy data reporting forms are completed by the local CDRT for all mandated cases and for most other reviewed cases as well. If hardcopy forms are completed, they are sent to the FCANS Program and entered into the online system at the state level.

The FCANS Program has approximately \$150,000 of local assistance money to reimburse local teams for submission of data forms. Once service orders or contracts have been executed with a local team's fiscal agent, teams are reimbursed at a rate of \$150 per case up to the contract's allocated amount. Currently, 35 CDRTs in California are using the online National CDR System or submitting hardcopy forms, covering the vast majority of the state's population.

Child Death Review Team Guidelines for Drowning Surveillance

Given that there is a process in place that examines child deaths (i.e. CDRTs) and a mechanism for systematically reporting these deaths and the circumstances surrounding them (National Center for CDR Case Reporting System), there is an opportunity to utilize this system to conduct surveillance on child drowning deaths.

However, there are some limitations with the current level of detail related to childhood pool/spa drownings that is collected through that system. As part of this Kids Plates project, we developed the *CDR Case Reporting Form Pool/Spa Drowning Supplement* to the National Center for CDR Case Reporting Form. The additional information obtained in the supplement will enhance our understanding of risks related to child drowning and may be useful for designing more targeted and appropriate interventions.

Following are the recommended steps for CDRTs to follow for the review and surveillance of drowning deaths of children less than five years of age involving pools and spas.

Step 1. Conduct Reviews of All Fatal Child Drowning Cases

- Obtain records as recommended in the National CDR Program Manual (Appendix 2 contains a list of recommended records to review for drowning deaths).
- Include Police and Medical Examiners/Coroners who are core members of CDRTs in team meetings. It is especially important to review copies of their

reports, including pictures and diagrams, to better understand the circumstances surrounding the drowning incident.

- Invite the officer who was at the scene to participate in the case review. If this is not possible, a phone call and interview by a CDRT member in advance of the CDR meeting is recommended. Use the Scene Investigation Guidelines (page 18 of this document) when obtaining information about the drowning incident.
- Use the *Issues and Questions to Consider When Conducting Review of Child Drowning Case* (Appendix 1) checklist to assist in collecting information.
- In communities with a large number of child drownings, consider establishing a drowning review subcommittee or scheduling special review meetings to address groups of child drowning deaths.

Step 2. Complete and Submit the National CDR Case Reporting Form

- Print (<http://www.childdeathreview.org/reports/CDRCaseReportForm2-1-11009.pdf>) or photocopy the National CDR Case Reporting System Case Report 2.1 (Appendix 3 of this document).
- Complete the Case Report form following the guidelines outlined in the CDR Program Manual.⁸ (It is recommended that teams complete a hard copy of the form before submitting on-line because data will become available before, during and after the review meeting. Filling out a hard copy first will make it easier to submit a complete on-line record of the review.)
- Follow the California guidelines for submitting the data form.

⁸ A Program Manual for Child Death Review - Strategies to Better Understand Why Children Die & Taking Action to Prevent Child Deaths. Prepared by The National Center for Child Death Review, September 2005. <http://www.childdeathreview.org/Finalversionprotocolmanual.pdf>

- For those teams participating in the national on-line system, submit the data on-line.
- For all other teams⁹, submit a hard copy of Case Report 2.1 to the FCANS Program listed on page 13 of this document.

Step 3. Complete Child Drowning Pool/Spa Supplement

- The *Child Drowning Pool/Spa Supplement* should be used for all pool/spa drowning deaths of children less than five years of age.
- Photocopy the *Child Drowning Pool/Spa Supplement* on pages 16 and 17 or download a copy from <http://www.okeepkidssafe.org/drowning.htm>. Complete the *Supplement* as part of the child death review process.
- Currently there are no procedures in place for submitting the supplemental data to the state or national CDR system. (Negotiations are currently underway to incorporate the *Supplement* into the next version of the national on-line reporting system).
- However, it is recommended that local teams review the supplement data along with the National CDR Case Reporting System case and summary data reports for the drowning cases they have reviewed. The National System can provide teams with individual case reports as well as several standardized reports, including two drowning specific reports.¹⁰

⁹ Local California CDR Teams are required to submit data to the FCANS Program and are encouraged to participate in the national system. For further information, contact Steve Wirtz, PhD, FCANS Program, SAC Branch, CDPH, (916) 552-9831, steve.wirtz@cdph.ca.gov.

¹⁰ One of the standardized drowning reports provides demographic data by place of drowning. The other standardized report provides factors related to flotation device, child's swim ability, barriers, supervision and supervisor alcohol or drug impaired, also by place of drowning.

- To assist local teams with the process of compiling and summarizing the supplemental drowning data, we developed an easy to use data entry and analysis tool. This program as well as the standardized drowning reports and individual case summaries from the National System will assist local teams in better understanding issues related to young childhood pool and spa drowning in their communities. Information on how to obtain a copy of a CD with our program and instructions for use is available at <http://www.okeepkidssafe.org/drowning.htm>.

Step 4. Work with local law enforcement and medical examiner/coroner to improve data

- Encourage local law enforcement, medical examiners and coroners to improve and report on the data collected through scene investigations.
- Disseminate *Drowning Surveillance Guidelines for Scene Investigators* (pages 18 and 19) to local law enforcement and coroner/medical examiner agencies.

Swimming Pool and Spa Drowning Surveillance Supplement for Children Less than 5 Years of Age							
<small>(This is NOT a stand-alone document, it is to be used by Child Death Review Teams as a supplement to the National Child Death Review Case-Reporting System. Please complete the National Case Report 2.1 Data Form before completing this form.) (This form is NOT intended to be a complete assessment of risk but instead a determination of the circumstances that surrounded and led to the child's death.)</small>							
CASE NUMBER _____ / _____ / _____ (Assign the same number as on the National Case Report 2.1 Data Form)							
<small>State/County/Team Number/Year of Review/Sequence of Review</small>							
1. INCIDENT SITE INFORMATION							
<p>a. Where was pool/spa where incident occurred? (Select one)</p> <p><input type="radio"/> Single family residence</p> <p>If yes, was this a rental property?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unknown</p> <p><input type="radio"/> Apartment</p> <p><input type="radio"/> Condominium</p> <p><input type="radio"/> Duplex</p> <p><input type="radio"/> Neighborhood Association pool/spa</p> <p><input type="radio"/> Motel/hotel</p> <p><input type="radio"/> Private Club</p> <p><input type="radio"/> Public Pool/spa</p> <p><input type="radio"/> Other (specify) _____</p> <p><input type="radio"/> Unknown</p>	<p>b. Did incident occur at HUD (Housing and Urban Development) or subsidized housing property?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unknown</p> <p>c. Were there indications of alcohol or drug use at the incident site?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unknown</p>						
<p>d. Which of the following describes the situation at the time of the incident? (Select all that apply)</p> <p><input type="radio"/> Child was at own home</p> <p><input type="radio"/> Child was at secondary residence</p> <p><input type="radio"/> Child was at home of relative</p> <p><input type="radio"/> Child was at home of friend</p> <p><input type="radio"/> No other children were present</p> <p><input type="radio"/> 1-4 other children were present</p> <p><input type="radio"/> 5 or more children were present</p> <p><input type="radio"/> No adults were present</p> <p><input type="radio"/> One adult was present</p> <p><input type="radio"/> 2-4 adults were present</p> <p><input type="radio"/> 5 or more adults were present</p> <p><input type="radio"/> Child was with a babysitter</p> <p><input type="radio"/> Child was playing with other children</p> <p><input type="radio"/> Child was at a party/large gathering</p> <p><input type="radio"/> Child entered yard uninvited</p> <p><input type="radio"/> Other (specify) _____</p> <p><input type="radio"/> Unknown</p>	<p>e. What was the type of pool or spa where incident occurred?</p> <p><input type="radio"/> Swimming pool-in ground</p> <p><input type="radio"/> Swimming pool-above ground</p> <p><input type="radio"/> Permanent/semi-permanent</p> <p><input type="radio"/> Large inflatable ("big blue pool")</p> <p><input type="radio"/> Spa/Hot Tub</p> <p><input type="radio"/> Free-standing above ground</p> <p><input type="radio"/> Free-standing in ground</p> <p><input type="radio"/> Attached to pool</p> <p>f. Was pool/spa being used the day of the incident?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unknown</p> <p>g. Was there drain entrapment of the child?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Unknown</p>						
<p>h. Was pool/spa water? (Select all that apply)</p> <p><input type="radio"/> Clear</p> <p><input type="radio"/> Dirty</p> <p><input type="radio"/> Green</p> <p><input type="radio"/> Obscured by jet bubbles</p> <p><input type="radio"/> Other (specify) _____</p> <p><input type="radio"/> Unknown condition</p>	<p>i. What barriers/layers of protection existed to prevent access to the pool/spa? (Select all that apply)</p> <p><input type="radio"/> None</p> <p><input type="radio"/> Perimeter (property line) fence</p> <p><input type="radio"/> Fence separating house from pool/spa</p> <p><input type="radio"/> Power operated pool safety cover</p> <p><input type="radio"/> Manual or semi-automatic pool safety cover</p> <p><input type="radio"/> House door alarm(s)</p> <p><input type="radio"/> Pool gate alarm</p> <p><input type="radio"/> Other (specify) _____</p>						
<p>j. For residential pools/spas ONLY.</p> <p>Select the number of the diagram that best describes the pool, fencing and house where the incident occurred.</p> <p>1 2 3 4 5 6 7 Other (specify) _____</p>	<p>1. If Property Line Fence</p> <p>Fence type _____ Fence height _____</p> <p>Condition of Fence</p> <p><input type="radio"/> Good</p> <p><input type="radio"/> Damaged/deteriorating</p> <p>Were there openings (> 4 in) in fence large enough for child to pass through or under?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Was the fence climbable?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Had self closing, self-latching gate?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>2. If Pool Fence</p> <p>Fence type _____ Fence height _____</p> <p>Condition of Fence</p> <p><input type="radio"/> Good</p> <p><input type="radio"/> Damaged/deteriorating</p> <p>Were there openings (> 4 in) in fence large enough for child to pass through or under?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Was the fence climbable?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Had self closing, self-latching gate?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>						
<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;"> <p>1. No Property Line Fence</p> </td> <td style="width: 33%;"> <p>2. Property Line Fence</p> </td> <td style="width: 33%;"> <p>3. Property Line Fence</p> </td> </tr> <tr> <td> <p>4. Property Line Fence</p> </td> <td> <p>5. Property Line Fence</p> </td> <td> <p>6. Property Line Fence</p> </td> </tr> </table>	<p>1. No Property Line Fence</p>	<p>2. Property Line Fence</p>	<p>3. Property Line Fence</p>	<p>4. Property Line Fence</p>	<p>5. Property Line Fence</p>	<p>6. Property Line Fence</p>	
<p>1. No Property Line Fence</p>	<p>2. Property Line Fence</p>	<p>3. Property Line Fence</p>					
<p>4. Property Line Fence</p>	<p>5. Property Line Fence</p>	<p>6. Property Line Fence</p>					

2. CHILD INFORMATION		
<p>a. Where was child last seen before incident?</p> <ul style="list-style-type: none"> <input type="radio"/> Swimming/playing in pool/spa <input type="radio"/> Playing outside in vicinity of pool/spa <input type="radio"/> Playing outside in backyard, not near pool/spa <input type="radio"/> Playing outside in front yard <input type="radio"/> Playing inside <input type="radio"/> Watching TV/Video inside <input type="radio"/> Sleeping inside <input type="radio"/> Going in/out of house not in area of pool/spa <input type="radio"/> Going in/out of house to area with pool/spa <input type="radio"/> Other (specify) _____ <input type="radio"/> Unknown 	<p>b. How did child gain access to pool/spa? (May select more than one)</p> <ul style="list-style-type: none"> <input type="radio"/> Brought into water area by other person <input type="radio"/> Followed another person into pool/spa area <input type="radio"/> Sliding door was left open <input type="radio"/> Child opened/ unlocked sliding door from house <input type="radio"/> Hinged door was left open <input type="radio"/> Child opened/unlocked hinged door from house <input type="radio"/> Unknown if door left open or left unlocked <input type="radio"/> Child exited through open window <input type="radio"/> Door alarm did not sound/ was disarmed <input type="radio"/> Safety cover/ net was removed <input type="radio"/> Pool fence gate was propped/ left open <input type="radio"/> Child opened/unlocked pool fence gate <input type="radio"/> Child went through, under or over pool fence <input type="radio"/> Property line fence gate was propped/left open <input type="radio"/> Child opened/unlocked property line fence gate <input type="radio"/> Child went through, under or over property line fence <input type="radio"/> No mention of access but child was outside in area of pool <input type="radio"/> Other (specify) _____ <input type="radio"/> Unknown 	
<p>c. Had child had formal swim instruction?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown 	<p>d. What was child's attire?</p> <ul style="list-style-type: none"> <input type="radio"/> Swimwear <input type="radio"/> Other clothing <input type="radio"/> None <input type="radio"/> Unknown 	<p>e. Had any of these previously occurred with the child? (Select all that apply)</p> <ul style="list-style-type: none"> <input type="radio"/> Gotten out of house by self <input type="radio"/> Been found by the pool <input type="radio"/> Gone into the pool unattended <input type="radio"/> Jumped in the pool unexpectedly <input type="radio"/> Unlatched gates/doors <input type="radio"/> Fallen into the water <input type="radio"/> Opened doors leading to pool <input type="radio"/> Other (specify) _____
3. SUPERVISION/ SUPERVISOR INFORMATION		
<p>a. Select which of the following best describes the supervisory status of the child at the time of the incident.</p> <ul style="list-style-type: none"> <input type="radio"/> One adult clearly responsible for supervising the child <input type="radio"/> Two or more adults sharing responsibility for supervision <input type="radio"/> Multiple adults-no one clearly assigned supervision responsibility <input type="radio"/> Child thought to be okay because was with other children <input type="radio"/> Another child assigned to supervise child <input type="radio"/> Other (specify) _____ 	<p>b. Where was the supervisor at time of incident?</p> <ul style="list-style-type: none"> <input type="radio"/> In house <input type="radio"/> Outside- near or in pool/spa <input type="radio"/> Outside, not in vicinity of pool/spa <input type="radio"/> Not present on premises <input type="radio"/> Other (specify) _____ 	
<p>c. At time of incident was supervisor (Select all that apply)</p> <ul style="list-style-type: none"> <input type="radio"/> Drug impaired <input type="radio"/> Alcohol impaired <input type="radio"/> Asleep <input type="radio"/> Napping with children <input type="radio"/> Impaired by illness or disability (specify) _____ <input type="radio"/> Distracted- doing what <ul style="list-style-type: none"> <input type="radio"/> On phone <input type="radio"/> Preparing meal <input type="radio"/> Working around house <input type="radio"/> Watching TV <input type="radio"/> Attending to another child <input type="radio"/> Cleaning <input type="radio"/> Talking/visiting with another person/s <ul style="list-style-type: none"> <input type="radio"/> In bathroom <input type="radio"/> Other (specify) _____ <input type="radio"/> Supervisor absent from location of incident <input type="radio"/> Other (specify) _____ <input type="radio"/> Unknown 	<p>d. Had supervisor Been drinking?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <p>Been using drugs?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <p>e. Had supervisor taken CPR?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown 	
4. EMERGENCY RESPONSE INFORMATION		
<p>a. Who initiated CPR?</p> <ul style="list-style-type: none"> <input type="radio"/> Supervisor <input type="radio"/> Relative/ friend/ neighbor at incident location <input type="radio"/> Bystander at incident site <input type="radio"/> Neighbor, but not at incident location <input type="radio"/> Police <input type="radio"/> Paramedic <input type="radio"/> Other (specify) _____ <input type="radio"/> Unknown 	<p>b. Estimated time to initiate CPR:</p> <ul style="list-style-type: none"> <input type="radio"/> Immediately/ within minutes <input type="radio"/> Delayed <input type="radio"/> Not until emergency response got to scene <input type="radio"/> Unknown 	

Chapter 5. Guidelines for Scene Investigators (Police & Coroner/ME)

Law Enforcement and Coroners/Medical Examiners conduct scene investigations which contain key information for CDRTs. The scene investigation reports can provide essential insights and details into the circumstances surrounding the drowning death of a child when documented properly. This information is useful for public health professionals and others interested in preventing childhood drowning.

Descriptive documentation, photographs and sketches of the scene as well as information obtained from witness interviews can provide important insights into the circumstances and risk factors for child drowning. A detailed narrative description of the incident can provide a clear understanding of the sequences of events before, during and after the incident and the circumstances involved.

Specifically, the areas that are of interest that would advance knowledge of factors that contribute to child drowning and could guide interventions and measures to prevent child drownings are:

Circumstances leading up to and at the time of the drowning	
<p>Incident information</p> <ul style="list-style-type: none"> ▪ Type of dwelling or facility ▪ Site of incident (i.e. single family home, community pool, apartment pool) if home, whose; rental or HUD ▪ Number of people at scene, presence of other children ▪ Occasion (i.e. birthday party, neighborhood gathering, BBQ, etc.) ▪ Drug and alcohol use and by whom 	<p>Body of Water</p> <ul style="list-style-type: none"> ▪ Type (i.e. in-ground pool, spa, etc.) ▪ If pool/spa, when built ▪ Condition of water (i.e. murky, green) ▪ Objects/toys in water ▪ Take photos
<p>Barriers or other protective devices to prevent children from accessing water</p> <ul style="list-style-type: none"> ▪ Fences (both property line and those around pool) <ul style="list-style-type: none"> ▪ Description of each in terms of type, height, general condition, whether or not a child can go through, over or under ▪ For pool fence, does it completely surround pool ▪ Gates (self-closing/self latching, open or closed) ▪ Door alarms, locks, pool cover, other measures <ul style="list-style-type: none"> ▪ Type, general condition, functionality and use ▪ Take photos of the above. 	<p>Child</p> <ul style="list-style-type: none"> ▪ Specifics on how child gained access to water ▪ Where was and what was child doing prior to the incident ▪ How long was child missing ▪ Swim ability, history of swim lessons ▪ Prior risk behaviors ▪ Clothing ▪ Use of flotation device

Supervision	CPR
<ul style="list-style-type: none"> ▪ Degree and level of supervision ▪ Who was supervising, age and what were they doing ▪ Supervisor swim and CPR ability ▪ Drug and alcohol use - will they submit to Preliminary Alcohol Screening (PAS) 	<ul style="list-style-type: none"> ▪ By whom, how long, and their ability. ▪ Response times of police and fire. ▪ Delay time in calling 911 from time child was observed

Documenting presence or absence of relevant information is important. If there is no documentation related to a particular item, a determination on whether or not this is a problem or risk factor cannot be made. For example, if water clarity was not documented for all cases, we cannot make a determination if this is an issue in the drowning of young children.

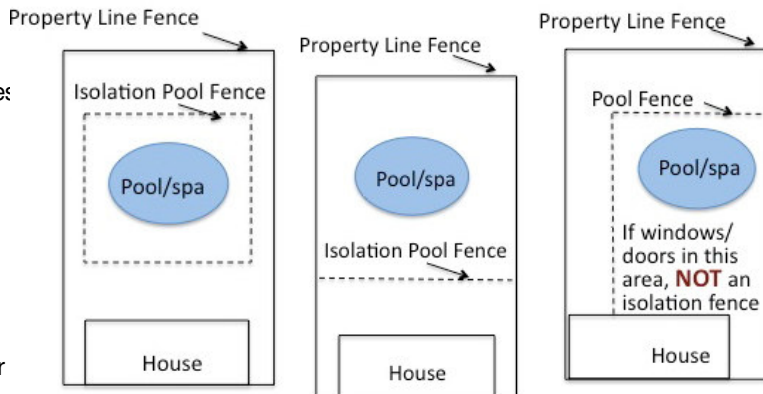
Two resources are available for observing and documenting drowning related information: *Quick Reference Guide for Scene Investigators* (next page) and Appendix 1. *Issues and Questions to Consider When Conducting Review of Child Drowning Case.*

Quick Reference Guide for Scene Investigators

To facilitate incident comparison and data collection, please refer to this guide before completing investigation report.

Property Line Fencing – In a home with a pool or spa, this type of fence is typically positioned along the property line in an effort to keep neighboring children and uninvited adults from accessing the pool/spa. Property line fencing is an important barrier, but it does *not* restrict access to the pool area from the home itself.

Isolation Fencing – This fencing is designed to restrict access from the house structure to the pool/spa area by completely separating the house from the pool/spa. Proper placement of Isolation Fencing allows access to the pool/spa **ONLY** through the gate(s) in that fence. There is no direct access from the house or garage to the pool through doors or windows.



Barrier Standards – Fences should be at least 4 feet high (CA code requires 60" for a new pool, but does allow for mesh fencing, which would probably be 48"), climb-resistant and well maintained. There should be **NO** openings in which a child can pass through or under the fence (4 inches or less between vertical members and/or at the base of the fence). Fences should have gates that are self-closing, self-latching and open out from the pool/spa. All gates and alarms should be functional and in good working order. (Note: you never want a self-locking gate on a residential pool, as the gate tends to be propped open during a pool party or activity, since not everyone has a key, and the self-locking gate may prevent quick rescue should it be necessary. Key-lockable is good, along with self-latching.)

Self-Closing / Self-Latching Gates – A properly installed gate will open outward from the pool/spa area. A self-closing gate will operate on hinges that allow the gate to completely close by itself. A self-latching gate means that the latch catches securely by itself. Latches should be child resistant, with the release knob mounted at least 54" from grade.

Pool and Spa Safety Covers – Not all covers are designed for safety (some are for heating purposes only). A safety cover meets American Society for Testing and Materials (ASTM) International voluntary standard F1346-9, which includes a requirement to hold a minimum of 485 pounds. They can be motor-driven (automatic) or manual.

Pool Safety Nets – These woven-rope type structures prevent full access to the water. When installed, they secure to permanent connectors installed directly into the concrete decking of the pool area, hold a minimum of 485 pounds and must have a maximum opening of 4" or less.

Door and Window Alarms – These are special alarms (battery or wired to home electrical system) on pool-access doors and windows that sound loudly throughout the house when a door or window is opened unexpectedly. They should have a temporary bypass switch located at least 54" from the ground, which allows an adult to pass through the door without activating the alarm. This switch should automatically reset after each use. An alarm connected to a home security system is **NOT** designed for drowning prevention.

Pool Alarms – Also known as water alarms, these either float in the water or are attached to the side of the pool, and sound when a child or other large object disturbs the water.

Floaties / Water Wings – Flotation devices such as inflatable arm bands, pool noodles, inflatable water rings and rafts are **NOT** US Coast Guard approved. These should not be used in place of US Coast Guard approved life jackets.

California Pool Safety Law - California's Swimming Pool Safety Act (Health and Safety Code Sections 115920-115929) requires at least one approved safety barrier be in place all pools and spas built after January 1, 1998 and for any pools being remodeled.

Chapter 6. Local Drowning Surveillance Systems

This chapter describes five successful, specially designed, stand-alone, local drowning surveillance systems. The lead agencies for these systems include a state health department, county health department, fire agency, emergency medical services agency, and Safe Kids drowning prevention coalition. The methods and approaches for collecting data vary greatly between the systems. However, they are similar in that none has dedicated funding for personnel and resources. Despite these challenges, each has been successful because a champion has been committed to maintaining data collection, thus ensuring the continuation and viability of their drowning surveillance efforts. These five drowning surveillance systems are used to guide drowning prevention efforts in their respective communities; they serve as exemplary models for other communities to emulate.

Riverside County Submersion Incident Report Form (SIRF)

The Riverside County Department of Public Health Injury Prevention Services developed an active surveillance system for drowning. Injury Prevention Services (IPS) of Riverside County Public Health Department developed the Submersion Incident Report Form (SIRF) Program in 2004 with funding from First 5 Riverside. A task force was created by IPS to look into the issue of drowning and strategies for decreasing the drowning rate. The IPS task force determined that the priority would be to create and implement a more functional drowning data collection program that would provide details into how children are gaining access to water.

First steps included meeting with law enforcement and first response agencies to discuss their involvement in collecting the data. With their input, and referencing the successful drowning incident surveillance program in Maricopa County, Arizona, a comprehensive data collection form was developed for the SIRF Program. The intention was for first responders, whether law enforcement, fire personnel or paramedic units to complete the form after responding to *any* drowning incident in Riverside County. The completed forms were sent back to IPS for data entry and analysis by Riverside County Department of Public Health/Epidemiology and Program Evaluation Branch.

Beginning in June 2004, emergency first responders filled out a paper form and submitted it to the department for computer entry. In 2007, an internet-based system using Survey Monkey was initiated, with minor revisions in the questions. Emergency first responders can log into the system and enter the data directly. Some paper forms

continue to be submitted and entered. Minor revisions to the questions were made again in 2008. Currently in Riverside County, data are submitted to IPS by fire, law and EMS personnel. Medical aid is provided by a coordinated effort from both fire and EMS responders. It is not uncommon to receive two or three SIRF forms per incident. The annual number of reports has increased since the inception of the project – 127 reports (representing 95 incidents) were submitted in 2009, up 76 percent from 2007.

IPS follows the cases and determines the disposition of hospitalized cases. Children are often transferred out of county making it difficult to obtain patient outcome information. In addition, issues with confidentiality, Health Insurance Portability and Accountability Act (HIPAA) and CPS referrals can be challenging. In the case of fatal child drownings, prior CPS investigations of the family and any prosecution are followed up in the Riverside CDRT.

The major challenge for IPS has been maintaining the SIRF project without dedicated funding for staff time and resources. The on-line form has not eliminated the need to follow up with first responders on incomplete information; hard to read faxed copies (older paper copies of SIRF continue to be used); and to clarify information between agencies when observations for the same scene vary from one report to another. Considerable staff time is also needed to maintain contact with correct agency personnel (nursing, law enforcement and fire move positions frequently) to obtain outcome information and to distribute new materials and information.

Contact:

Victoria Young, RN/BSN/PHN, Program Coordinator II, Injury Prevention Services

951-358-7171 vyoung@co.riverside.ca.us

Cindi Stoll, RN/BSN/PHN/CEN, Trauma System Manager

951-358-5029 cstoll@co.riverside.ca.us



SUBMERSION INCIDENT REPORT FORM (SIRF)

To be completed on all drowning occurring in Riverside County
= fatal & non-fatal, adults and children.

<div style="background-color: black; color: white; text-align: center; padding: 2px;">BASIC INCIDENT INFORMATION</div> <p>Date of Incident: _____ Time of Incident: _____ Your Agency's Incident Number: _____ Reporting Agency: _____ Street name: _____ Incident City: _____ Zip code: _____ Type of Dwelling: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____</p>	<div style="background-color: black; color: white; text-align: center; padding: 2px;">A: ADULT SUPERVISION</div> <p>Supervisor(s) at time of incident: <input type="checkbox"/> Unknown <input type="checkbox"/> NA = adult <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sibling <input type="checkbox"/> Babysitter/Childcare Provider <input type="checkbox"/> Pool party in progress at time of submersion <input type="checkbox"/> Other (specify): _____ Supervisor activity immediately prior to incident: _____ _____ <input type="checkbox"/> Unknown Alcohol and/or drug use evident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<div style="background-color: black; color: white; text-align: center; padding: 2px;">VICTIM INFORMATION</div> <p>Age of Victim: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Victim's Race/Ethnicity: <input type="checkbox"/> Unknown <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> PI <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Multi racial <input type="checkbox"/> Other _____ Victim Last Seen: <input type="checkbox"/> Unknown <input type="checkbox"/> Swimming <input type="checkbox"/> Playing Outside <input type="checkbox"/> Playing Inside <input type="checkbox"/> Sleeping <input type="checkbox"/> Other: _____ Est. length of time submersed: _____ <input type="checkbox"/> Unknown Type of Clothing Worn by Victim: <input type="checkbox"/> Unknown <input type="checkbox"/> Swim suit <input type="checkbox"/> Day clothing <input type="checkbox"/> Pajamas <input type="checkbox"/> None Alcohol and/or drug use evident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<div style="background-color: black; color: white; text-align: center; padding: 2px;">B: BARRIER INFORMATION</div> <p>Water Barriers Present Property barrier fence present: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> N/A 2nd fence around pool present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> N/A Self-closing/Self-latching gate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> N/A Other barriers/alarms present: <input type="checkbox"/> Unknown/unable to access <input type="checkbox"/> Sliding Door Alarm <input type="checkbox"/> Pool Cover/Alarm <input type="checkbox"/> Pool net Other Barrier _____ Access to Pool by Victim: <input type="checkbox"/> Unknown <input type="checkbox"/> Direct Access by Adult <input type="checkbox"/> Direct Access by Child/no barriers or supervision <input type="checkbox"/> Child brought in to water area by other person <input type="checkbox"/> Pet door Explain how victim got through barrier(s): _____</p>
<div style="background-color: black; color: white; text-align: center; padding: 2px;">WATER SOURCE INFORMATION</div> <p>Site of Incident: <input type="checkbox"/> Unknown <input type="checkbox"/> Victim Residence <input type="checkbox"/> Relative Residence <input type="checkbox"/> Neighbor Residence <input type="checkbox"/> Friend Residence <input type="checkbox"/> Sitters/Daycare Provider <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Public (community, county, city) <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ Water Clarity: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Muddy <input type="checkbox"/> Green <input type="checkbox"/> Unknown Water Depth: <input type="checkbox"/> Under 18" (approx. depth _____) <input type="checkbox"/> 18" – 48" <input type="checkbox"/> Over 4' <input type="checkbox"/> Unknown Water Type: <input type="checkbox"/> Unknown <input type="checkbox"/> Pool – in ground <input type="checkbox"/> Spa/Hot Tub <input type="checkbox"/> Bathtub <input type="checkbox"/> Pool – above ground <input type="checkbox"/> Toilet <input type="checkbox"/> Bucket <input type="checkbox"/> Child wading pool <input type="checkbox"/> Lake or pond <input type="checkbox"/> Stream/river <input type="checkbox"/> Canal/irrigation ditch <input type="checkbox"/> Other: _____ Toys or objects in water? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown If yes, describe: _____ Pool/spa built before 1998? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> N/A</p>	<div style="background-color: black; color: white; text-align: center; padding: 2px;">C: CLASSES/EMERGENCY PREPARATION</div> <p>Was rescue equipment near water? <input type="checkbox"/> NA <input type="checkbox"/> Shepherd's hook <input type="checkbox"/> life ring <input type="checkbox"/> other: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown/not assessed Who initially performed CPR? <input type="checkbox"/> supervisor <input type="checkbox"/> bystander <input type="checkbox"/> 9-1-1/ EMS personnel <input type="checkbox"/> NA/CPR not performed <input type="checkbox"/> Unknown <input type="checkbox"/> other: _____ Did victim ever take swim lessons or water safety classes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Victim Transported to: _____ <input type="checkbox"/> DOA on Scene Narrative: _____ _____ _____ CPS Referral made: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ Reason: _____</p>
<p>Completed by: _____ Email Address: _____ Contact Phone: _____</p>	

FAX Completed Form to: (951) 358-7175, Injury Prevention Services
 Questions? Call (951) 358 - 7171 ask for Vicki Young

San Bernardino County 911 Submersion Incident System

In response to the large number of drownings in San Bernardino County, California in the 1990's, the San Bernardino Drowning Prevention Network (DPN) was established with membership representing Safe Kids, law enforcement, fire, EMS, and public health agencies. Currently, there are about ten active members who meet monthly. They are involved in a number of prevention activities but have also developed a system to identify submersion incidents through the 911 system. A Response Team is made up of DPN members who volunteer days of the month to take "call." A monthly calendar with who is on call and their phone number as well as guidelines for reporting submersion incidents is sent to the major 911 Communications Center for the county. (There are two 911 Communications Centers in the county.)

The Communications Center notifies the person on call (duty person) who provides them with incident information (city, age, location of incident, type of body of water) and the phone numbers of the responding fire department Duty Chief and Public Information Officer. After 20-30 minutes, the DPN duty person follows up with a phone call to get an update on the status of the submersion incident. The DPN duty person coordinates with the fire department about contacting the media. In addition, they encourage the fire department to send a SIRF (same type of form as that used in Riverside County) to the Safe Kids Inland Empire Coordinator at the Loma Linda University Medical Center who is also a member of DPN.

The DPN duty person also notifies the Safe Kids Coordinator by email of the incident who in turn coordinates necessary follow up to make sure the story went out and a SIRF report was filed. In addition, notebooks with the procedures, the tracking sheet, a calendar, and local statistics are provided for each member of the DPN Response Team.

The strengths of the San Bernardino County 911 Submersion Incident System are: a) there are individuals in the county committed to the issue of drowning prevention; b) the surveillance is coordinated through an existing 911 system; c) the process provides timely notification of incidents; and, d) public awareness is integrated into the surveillance functions.

Some of the challenges encountered with the system include: a) individuals must volunteer to take call; b) someone from EMS is required to establish rapport and work with the dispatch centers (911 Communications Centers); c) responsibility and commitment of someone to oversee the effort; and d) HIPAA restrictions may prohibit the release of information.

Contact: Kim Patrick, Safe Kids Inland Empire Coordinator
Loma Linda University Children's Hospital
909-558-8118
"Patrick, Kim" KPatrick@llu.edu

Child Drowning Surveillance in Central California

Each year a significant number of water related injuries occur in the Central Valley. Many of these children are treated at Children's Hospital Central California, the primary pediatric referral center for California's Central Valley. Since 1990, Children's Hospital has been tracking these children both as inpatients and ED referrals. However, this system did not provide a reliable picture of the actual numbers of drowning events.

Therefore, in collaboration with the local EMS Agency (Central California EMS) the Pre-hospital Liaison Nurse at Children's Hospital Central California has been the champion of drowning surveillance. The Nurse is notified of all drownings that occur within the four county EMS region via the electronic documentation system. These counties are Fresno, Madera, Kings, and Tulare.

Children's Hospital participates as a member of multiple Pediatric Death Review committees. Details of any drowning incident involving a child who did not have an EMS ambulance response are captured in this forum.

Whenever a pediatric drowning is admitted to Children's Hospital, the Pre-hospital Liaison Nurse is paged. The nurse calls for information which allows for follow-up the next business day.

Volunteers routinely review newspapers and online news outlets for local drowning victims. Few cases are detected by this review alone.

Data on these events are placed into an Access database for event information, as well as for patient outcome.

Every month at Central California EMS meetings, the Pre-hospital Liaison Nurse shares statistics with all participants which include personnel from Base Hospital Emergency Departments, Ambulance Providers, Emergency Preparedness personnel, and county officials. Children's Hospital is also a member of the Water Safety Council of Fresno County and is the Lead Agency for the Central Valley Safe Kids Coalition. Up to date statistics are also shared at these meetings.

Limitations of current system: Underreporting. For the past five years Children's Hospital has partnered with Fresno Unified School District to provide a water safety curriculum for first graders. As part of this program the children and their families complete a questionnaire. One of the questions asked is "Have you ever had a "scary water experience"?" Over 50 percent of families report they have. Also in many of the hospital's injury prevention classes, similar experiences are related. None of these anecdotal family reports would be included in the data, although by definition they would be a drowning that was not fatal or did not necessarily require medical attention.

Contact: Mary Jo Quintero, R.N., P.L.N., Water Safety Program Coordinator
Children's Hospital Central California
mquintero@childrenscentralcal.org
559.353.8661

Orange County – OCFA Child Immersion Incident System

As a result of an Orange County Grand Jury Inquiry in 2000-01,¹¹ the Orange County Fire Authority (OCFA) established the OCFA Childhood Immersion Incident System. A special module (with variables similar to the Arizona and Riverside reporting forms) was developed for in-house use with the web-based National Fire Incident Reporting System (NFIRS). NFIRS is the standard national reporting system voluntarily used by U.S. fire departments to report fires and other incidents to which they respond and to maintain records of these incidents in a uniform manner.¹²

A special computer program was written for the Orange County Fire Incident Reporting System (OCFIRS) that was incorporated into NFIRS. A Child Immersion form is automatically generated from the EMS/Patients tab on the Cover Data Entry page when the Precipitating Event is entered as “Drowning/Near Drowning” AND the patient’s age is entered as 16 or under. Once the criteria has been entered a “small child” icon will be displayed indicating that a Child Immersion Form has been generated. The Captain of the first engine responding to the scene is responsible for completing the on-line OCFIRS Report.

On a daily basis, OCFA submits NFIRS required data electronically to the national data center and reports cases of drowning to the Orange County Health Care Agency.

¹¹ “Only a Few Seconds” Young Children Drown Without a Sound – 2002-2001 Orange County Grand Jury Report Summary (<http://www.ocgrandjury.org/pdfs/poolsafety.pdf>)

¹² US Fire Administration, FEMA, National Fire Incident Reporting System
<http://www.usfa.dhs.gov/fireservice/nfirs/about.shtm>

The strengths of the OC system are that it is timely because the data is entered daily; because it is computerized, it automatically identifies cases and branches to the appropriate data screens; and it is integrated into an existing system. The major limitation of the immersion system is that it only collects OCFA cases of child drownings and lacks data from city fire departments that do not contract with the OCFA (12 out of 34 cities in the county). In California, fewer than 1/3 of fire agencies report data to California Incident Reporting System (CAIRS) and NFIRS.

Contact: Lynnette Round
Community Relations/Education Supervisor
Orange County Fire Authority
(714) 573-6203
[Round, Lynnette <LynnetteRound@ocfa.org>](mailto:LynnetteRound@ocfa.org)

OCFA Childhood Immersion Incident

Incident
000001

Complete for immersion incident victims under 15 years of age.

Victim's Name	
Victim's Birthdate	mm/dd/yyyy
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Victim's Address	
Incident Address	
Race/Ethnicity	
Parent's Language	
Site	
Caretaker at Incident	
Caretaker Location	
Victim Last Seen	
Swim Lessons	Has the victim taken swimming lessons in the last year? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Missing	Estimated time victim was missing [] [] <input type="checkbox"/> Unknown
Disposition	
Pool/Spa Location	
Residence was	
Barriers Present	<input type="checkbox"/> Property line fence <input type="checkbox"/> 4-sided isolation fence <input type="checkbox"/> Automatic pool cover <input type="checkbox"/> Alarms on exit doors <input type="checkbox"/> Safety net <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Victim Access	<input type="checkbox"/> Sliding door was open <input type="checkbox"/> Sliding door was closed but unlatched or unlocked <input type="checkbox"/> Hinged door was open <input type="checkbox"/> Hinged door was closed but unlatched or unlocked <input type="checkbox"/> Door alarm did not sound/was disarmed <input type="checkbox"/> Isolation fence gate was propped open <input type="checkbox"/> Isolation fence gate was closed but unlatched or unlocked <input type="checkbox"/> Safety cover/net was off <input type="checkbox"/> Victim was already inside isolation fencing <input type="checkbox"/> Victim was already in water <input type="checkbox"/> Other contributing conditions
Floataction Device	Victim was wearing a floataction device. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes, describe	
Resuscitation Attempt	Before you arrived, did anyone attempt to resuscitate the victim? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
If yes,	Did the rescuer have formal CPR training? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

save delete

OCFA Childhood Immersion Incident

Incident
000001

Complete for immersion incident victims under 15 years of age.

Victim's Name: [Text Field]

Victim's Birthdate: [Text Field] /mm/dd/yyyy

Gender: Male Female

Victim's Address: [Text Field]

Incident Address: [Text Field]

Race/Ethnicity: [Dropdown]

Parent's Language: [Dropdown]

Site: [Dropdown]

Caretaker at Incident: [Dropdown]

Caretaker Location: [Dropdown]

Victim Last Seen: [Dropdown]

Swim Lessons: Has the victim taken swimming lessons in the last year? Yes No Unknown

Missing: Estimated time victim was missing [Text Field] [Dropdown] Unknown

Disposition: [Dropdown]

Pool/Spa Location: [Dropdown]

Residence was: [Dropdown]

Barriers Present

- Property line fence
- 4-sided isolation fence
- Automatic pool cover
- Alarms on exit doors
- Safety net
- Other
- Unknown

Victim Access

- Sliding door was open
- Sliding door was closed but unlatched or unlocked
- Hinged door was open
- Hinged door was closed but unlatched or unlocked
- Door alarm did not sound/was disarmed
- Isolation fence gate was propped open
- Isolation fence gate was closed but unlatched or unlocked
- Safety cover/net was off
- Victim was already inside isolation fencing
- Victim was already in water
- Other contributing conditions

Floitation Device: Victim was wearing a flotation device. Yes No Unknown

If yes, describe: [Text Field]

Resuscitation Attempt: Before you arrived, did anyone attempt to resuscitate the victim? Yes No Unknown

If yes, Did the rescuer have formal CPR training? Yes No Unknown

save delete

Arizona – Water-Related Incidents in Maricopa County

In response to the fact that in the mid-1980s, the drowning death rate in Arizona preschoolers ranked first in the nation, the Drowning Prevention Coalition of Central Arizona was founded.¹³ Since 1988, the Arizona Department of Health Services (ADHS) has monitored water-related incidents, analyzed the data and prepared an annual report on water-related incidents in Maricopa County. A standardized form, Report of Drowning and Near-Drowning in Arizona, was developed and is used by fire departments to report incidents to the State Health Department. The fire departments usually are first on the scene of 911 calls and are generally able to provide information about the event from information provided by witnesses. The fire departments submit incident reports on a standard form (see next page). The reported data items include the age and gender of the victim, the location of the incident, and the apparent circumstances surrounding the event. The ADHS Bureau of Public Health Statistics receives and analyzes these case forms. Starting with the 2008 data the ADHS staff who enter data has been reduced to one person who receives and codes the forms of each reported incident. The surveillance system relies upon fire departments to report all the cases occurring within their jurisdictions.

The Arizona system is well designed and established; and has served as a model for other programs. This system has permitted the identification of trends and patterns. For example, through this surveillance system, they have found that a lapse in supervision was more prevalent for nonfatal incidents while the absence or inadequacy of barriers and gates was more often noted with deaths.

¹³ Flood TJ. *Water-related incidents in Maricopa County, AZ, 2007*. Arizona Department of Health Services, Bureau of Public Health Statistics. Phoenix, AZ. August 2008.

In conjunction with the Coalition, the surveillance system searches the local newspaper (the Arizona Republic) daily for reports of water-related incidents. When found, articles are clipped and attached to the fire department reports. Rarely, there is no associated fire department report. If a report is missing, then ADHS contacts the fire department to request a submission. If the fire departments do not submit a case report, then ADHS uses the information from the newspaper clipping to create a case report.

To determine outcomes, data from fire departments is supplemented with data from death certificates and other sources. Hospitals' concerns about patient confidentiality make it difficult to document the outcome of cases that enter the medical care system. Confidential linkage to hospital discharge records allows assignment of an outcome status to many cases that the fire fighters are not able to follow up. This important step allows ADHS to determine the frequency of cases likely to have a serious impairment resulting from the incident.

Limitations of Incidence Data - Their surveillance system relies mainly upon voluntary reporting by fire departments and is subject to underreporting if they reduce their participation in submitting the report forms. The downturn in the economy and municipal revenues in 2008 and cutbacks in staff at fire departments clearly can affect the ability to report cases. The surveillance system assumes that few serious water-related incidents occur without the activation of the *911* system. In 2010, ADHS shifted the maintenance of the system to the fire departments.

Contact: Tim Flood, M.D.
Bureau Medical Director
Arizona Dept of Health Services

150 N 18th Ave, Ste 550

Phoenix, AZ 85007-3248

602-542-7331, floodt@azdhs.gov

REPORT OF DROWNING OR NEAR-DROWNING IN ARIZONA - 2009

DATE OF INCIDENT _____ (MM/DD/YR) HOUR _____ (24.00) AGE _____ (yrs) SEX _____ INCIDENT # _____ PLAT or ZIP CODE _____

FIRE DEPT. _____

(Reporting agency)

CITY OF INCIDENT:

- Chandler
- Gilbert
- Glendale
- Other: _____
- Mesa
- Peoria
- Phoenix
- Rural area
- Scottsdale
- Tempe

RACE/ETHNIC:

- Hispanic
- Black
- Other: _____
- White
- Asian/PI
- Amer. Indian
- Unknown

WATER TYPE:

- Pool-in ground
- Pool-above ground
- Canal or Irrigation Ditch
- Lake
- Other: _____
- Spa
- Bath tub
- Bucket

AT WHOSE HOME DID INCIDENT OCCUR:

- Victim's Home
- Relative's
- Not at a home
- Neighbor's
- Friend's

TYPE OF DWELLING OR FACILITY:

- Single Home
- Hotel/Motel
- Other: _____
- Apt/Condo

ATTIRE OF VICTIM:

- None
- Swimwear
- Other Clothes

PATIENT'S ACTIVITY AND LOCATION IMMEDIATELY PRIOR TO INCIDENT:

- Swimming
- Bathing
- Other: _____
- Playing inside
- Playing outside

CHILD SUPERVISION AT TIME OF INCIDENT:

- Mother
- Other (Specify) _____
- Father
- N/A

SUPERVISOR'S ACTIVITY PRIOR TO INCIDENT:

- Sleeping
- Yard work
- Other: _____
- Watching TV
- Housework

STATUS OF PATIENT WHEN FOUND IN WATER:

- Submerged
- Struggling
- Other: _____
- Floating
- Unknown

RESPIRATORY EFFORT WHEN PULLED FROM WATER:

- Present
- Absent

ESTIMATED DURATION OF ANOXIA:

RESCUER(S) ACTIONS PRIOR TO FD ARRIVAL:

- Chest compressions AND breaths (CPR)
- Chest compressions only
- Rescue breaths only
- None attempted
- Unknown

For pool incidents at dwellings AND patient < 6 yrs:

BARRIER IS IT PRESENT?

- Fence between house and pool Yes No
- Gates Self-Close with Latch Yes No
- Gates Work Properly Yes No
- House Doors Self-Close with Latch Yes No
- Doors Work Properly Yes No
- Pool Cover, Type: Yes No
- Door or Window Alarm Yes No

LIKELY METHOD OF ACCESS TO POOL OR SPA:

- Supervisor allowed child into pool or deck area
- No barrier -- child wandered in
- Climbed (specify): _____
- Child entered unsecured or propped gate
- Other: _____

DISPOSITION (if known):

- D.O.A.
- Transported to: _____
- Died in E.D. Admitted
- Treated as outpatient and released
- P.O.V. transport to: _____
- Evaluated and left on-scene

FOLLOW-UP & DATE PATIENT WAS LAST SEEN:

- Died
- No Impairment
- Impairment

DESCRIBE THE APPARENT CIRCUMSTANCES (how/why it happened; how child was found & revived): _____

(Initials)

(Today's Date)

Fax completed forms to ADHS (602)-364-0082. Additional forms available www.azdhs.gov/phs/phsstats/meddir/

Appendix 1.

Issues and Questions to Consider When Conducting Child Drowning Case Review

Data Sources

- Agencies that collected information at the scene
- Case notes, pictures and diagrams of scene

Child/Victim

- Age, Gender, Race/Ethnicity
- Home Address
- Date, time and place of death
- Medical History
- Activity and location of child when last seen
- Alone or playing with other children
- Length of time missing
- Type of clothing worn by victim when found
- Use of flotation device, type, Coast Guard approved?
- Specifics on how child gained access to pool/spa
- Previous risk behaviors (opening doors, etc)
- Swim ability, history of swim lessons

Supervisor/Supervision Information

- Intensity and level of supervision and by whom
- Primary person/s responsible for supervision of child
- Location of supervisor at time of incident
- Supervisor impaired, distracted and if so, how
- Supervisor drinking/using drugs
- Relationship to child, frequency of supervising child
- Language of supervisor/s
- Estimated time since child last seen by supervisor
- If child out of sight, where thought child was
- Issues related to multiple or child supervisors
- Supervisor knowledge of CPR
- Supervisor swim ability

Incident Information

- Date, Time and Address
- Site (i.e. child's home, child care, community pool, etc)
- Type of dwelling (i.e. single family, apt, condo)
- Rental or HUD housing
- Length of time owner/leasee lived at address
- If not at child's home, reason child at location
- # of adults/children at location when incident occurred
- Alcohol and/or drug use evident at time of event
- Unusual or special event or circumstances
- Antecedent activities relevant to incident

Water Source Information

- Type of pool /spa (in-ground, inflatable, attached)
- Water clarity, temperature
- If spa, water obscured by jet bubbles
- Drain entrapment
- Pool use day of incident, by whom
- How often did child use this pool/spa?
- Toys or other objects in water
- Other toys or objects near pool
- Year pool was built/remodeled
- History of code violations

Barrier / Access Information

- Property line fence, type, height, condition
- Direct access from house /garage to pool/spa?
- If fence between the house/garage and pool/spa, type, height, condition, partial or isolation
- Gates leading to pool/spa, type (self-closing, self-latching, open out.), position (open, closed), working condition
- If pool cover, type, in use
- Door/window alarms, type, functional, in use
- Other barriers/measures, condition and use
- Room from which child exited house
- Explain how victim got through barrier(s)/accessed pool

Family / Social History

- Household composition for child
- Language/s spoken
- Parents' marital status
- If divorced or separated, extent of parent contact with child
- History of maltreatment, prior or open CAR
- Parent/supervisor substance abuse/criminal history

Emergency Response, Treatment and Outcomes

- Rescue equipment/phone near pool/spa
- Who found child and where
- Delay in pulling child from pool or initiating CPR
- Estimated time of submersion
- 911 called
- CPR by whom, know CPR
- Transport by whom
- Course of treatment, where and outcome
- Child Abuse Referral to CPS for this incident
- Follow-up actions taken by public agency, parents or pool owners after event?

Appendix 2.

National Guidelines for Records Needed For Child Death Review¹⁴

Core Review for Every Death

- Death investigation reports, including scene reports, interviews, information on prior criminal activity.
- Autopsy reports.
- Medical and health information concerning the child, including birth records and health histories.
- Information on the social services provided to the family or child, including Women, Infants and Children (WIC), Family Planning and Child Protective Services.
- Information from court proceedings or other legal matters resulting from the death.
- Relevant family information, including siblings, biological and stepparents, extended family, living conditions, neighborhood, prior child deaths, etc.
- Information on the person(s) supervising the child at the time of death.
- Relevant information on the child's educational experiences.

Reports for Drowning Reviews

- Autopsy reports.
- Scene investigation reports.
- EMS run reports.
- Prior CPS history on child, caregivers and persons supervising child at time of death.
- Names, ages and genders of other children in home.

Information on zoning and code inspections and violations regarding pools or ponds.

¹⁴ A Program Manual for Child Death Review - Strategies to Better Understand Why Children Die & Taking Action to Prevent Child Deaths. Prepared by The National Center for Child Death Review, September 2005.
<http://www.childdeathreview.org/Finalversionprotocolmanual.pdf>

Child Death Review Case Reporting System

Case Report 2.1

Effective January 2010

Instructions:

This case report is a component of the web-based CDR Case Reporting System. It can be used alone as a paper instrument, but its full potential is reached when the data from this form is entered into the CDR Case Reporting System. This system is available to states from the National Center for Child Death Review and requires a data use agreement for state and local data entry. System functions include data entry, case report editing and printing, data download and standardized reports.

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

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

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

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

Most questions have a selection for unknown (UNK). A question should be marked 'unknown' if an attempt was made to find the answer, but no clear or satisfactory response was obtained; questions should be left blank (unanswered) if no attempt was made to find the answer.

'N/A' stands for 'Not Applicable' and should be used if the question is not applicable. For example, use N/A for 'level of education' if child is an infant.

This edition is Version 2.1, effective January 2010. Additional paper forms can be ordered from the National Center at no charge. Users interested in participating in the web-based case reporting system for data entry and reporting should contact the National Center for Child Death Review.

Phone: 1-800-656-2434 Email: info@childdeathreview.org Website: www.childdeathreview.org Data entry website: <https://cdrdata.org/>

This form was developed by a work group of over 25 persons, representing 18 states and the Maternal and Child Bureau of HRSA/HHS.

Copyright: National Center for Child Death Review Policy and Practice, January 2010

CASE NUMBER																										
_____ State / County / Team Number / Year of Review / Sequence of Review		Death Certificate Number: Birth Certificate Number: ME/Coroner Number:																								
		Case Type: <input type="radio"/> Death <input type="radio"/> Near death/serious injury <input type="radio"/> Not born alive																								
A. CHILD INFORMATION																										
1. Child's name: First: _____ Middle: _____ Last: _____ <input type="radio"/> UK																										
2. Date of birth: <input type="radio"/> UK _____ / _____ / _____ mm dd yyyy	3. Date of death: <input type="radio"/> UK _____ / _____ / _____ mm dd yyyy	4. Age: <input type="radio"/> Years <input type="radio"/> Months <input type="radio"/> Days <input type="radio"/> Hours <input type="radio"/> Minutes <input type="radio"/> UK																								
5. Race, check all that apply <input type="radio"/> UK <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian, specify: <input type="checkbox"/> American Indian, Tribe: <input type="checkbox"/> Alaskan Native, Tribe:		6. Hispanic or Latino origin? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK																								
7. Sex: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> UK																										
8. Residence address: <input type="radio"/> UK Street: _____ Apt. _____ City: _____ County: _____ State: _____ Zip: _____		9. Type of residence: <input type="radio"/> Parental home <input type="radio"/> Relative home <input type="radio"/> Jail/Detention <input type="radio"/> Licensed group home <input type="radio"/> Living on own <input type="radio"/> Other, specify: <input type="radio"/> Licensed foster home <input type="radio"/> Shelter <input type="radio"/> Relative foster home <input type="radio"/> Homeless <input type="radio"/> UK																								
10. New residence in past 30 days? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK																										
11. Residence overcrowded? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK	12. Child ever homeless? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK	13. Number of other children living with child: _____ <input type="radio"/> UK																								
14. Child's weight: <input type="radio"/> UK _____ pounds _____ ounces		15. Child's height: <input type="radio"/> UK _____ feet _____ inches																								
16. Highest education level: <input type="radio"/> N/A <input type="radio"/> Drop out <input type="radio"/> None <input type="radio"/> HS graduate <input type="radio"/> Preschool <input type="radio"/> College <input type="radio"/> Grade K-8 <input type="radio"/> Other, specify: <input type="radio"/> Grade 9-12 <input type="radio"/> UK <input type="radio"/> Home schooled, K-8 <input type="radio"/> Home schooled, 9-12		17. Child's work status: <input type="radio"/> N/A <input type="radio"/> Employed <input type="radio"/> Full time <input type="radio"/> Part time <input type="radio"/> UK <input type="radio"/> Not working <input type="radio"/> UK																								
18. Did child have problems in school? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK If yes, check all that apply: <input type="checkbox"/> Academic <input type="checkbox"/> Behavioral <input type="checkbox"/> Truancy <input type="checkbox"/> Expulsion <input type="checkbox"/> Suspensions <input type="checkbox"/> UK <input type="checkbox"/> Other, specify:		19. Child's health insurance, check all that apply: <input type="checkbox"/> None <input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> State plan <input type="checkbox"/> Other, specify: <input type="checkbox"/> UK																								
20. Child had disability or chronic illness? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK If yes, check all that apply: <input type="checkbox"/> Physical, specify: <input type="checkbox"/> Mental, specify: <input type="checkbox"/> Sensory, specify: <input type="checkbox"/> UK If yes, was child receiving Children's Special Health Care Needs services? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK		21. Child's mental health (MH): Child had received prior MH services? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK Child was receiving MH services? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK Child on medications for MH illness? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK Issues prevented child from receiving MH services? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK If yes, specify:																								
22. Child had history of substance abuse? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK If yes, check all that apply: <input type="checkbox"/> Alcohol <input type="checkbox"/> Other, specify: <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana <input type="checkbox"/> UK <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Opiates <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Over-the-counter drugs																										
23. Child had history of child maltreatment? If yes, check all that apply: <table border="0"> <tr> <td>As Victim</td> <td>As Perpetrator</td> <td>As Victim</td> <td>As Perpetrator</td> </tr> <tr> <td><input type="radio"/> N/A</td> <td><input type="radio"/> N/A</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Physical</td> </tr> <tr> <td><input type="radio"/> No</td> <td><input type="radio"/> No</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Neglect</td> </tr> <tr> <td><input type="radio"/> Yes</td> <td><input type="radio"/> Yes</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Sexual</td> </tr> <tr> <td><input type="radio"/> UK</td> <td><input type="radio"/> UK</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Emotional/psychological</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> UK</td> </tr> </table> If yes, how was history identified: <input type="radio"/> Through CPS <input type="radio"/> # CPS referrals <input type="radio"/> Other sources <input type="radio"/> # Substantiations		As Victim	As Perpetrator	As Victim	As Perpetrator	<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> Physical	<input type="radio"/> No	<input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/> Neglect	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Sexual	<input type="radio"/> UK	<input type="radio"/> UK	<input type="checkbox"/>	<input type="checkbox"/> Emotional/psychological			<input type="checkbox"/>	<input type="checkbox"/> UK	24. Was there an open CPS case with child at time of death? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK
As Victim	As Perpetrator	As Victim	As Perpetrator																							
<input type="radio"/> N/A	<input type="radio"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> Physical																							
<input type="radio"/> No	<input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/> Neglect																							
<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Sexual																							
<input type="radio"/> UK	<input type="radio"/> UK	<input type="checkbox"/>	<input type="checkbox"/> Emotional/psychological																							
		<input type="checkbox"/>	<input type="checkbox"/> UK																							
25. Was child ever placed outside of the home prior to the death? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK		26. Were any siblings placed outside of the home prior to this child's death? <input type="radio"/> No <input type="radio"/> Yes, # _____ <input type="radio"/> UK																								
27. Child had history of intimate partner violence? Check all that apply: <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, as victim <input type="checkbox"/> Yes, as perpetrator <input type="checkbox"/> UK																										
28. Child had delinquent or criminal history? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK If yes, check all that apply: <input type="checkbox"/> Assaults <input type="checkbox"/> Other, specify: <input type="checkbox"/> Robbery <input type="checkbox"/> UK <input type="checkbox"/> Drugs		29. Child spent time in juvenile detention? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK																								
30. Child acutely ill during the two weeks before death? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK		31. Are child's parents first generation immigrants? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK If yes, country of origin:																								
32. If child over age 12, what was child's gender identity? <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> UK		33. If child over age 12, what was child's sexual orientation? <input type="radio"/> Heterosexual <input type="radio"/> Bisexual <input type="radio"/> Gay <input type="radio"/> Questioning <input type="radio"/> Lesbian <input type="radio"/> UK																								

COMPLETE FOR ALL INFANTS UNDER ONE YEAR			
34. Gestational age: <input type="radio"/> UK _____ # weeks	35. Birth weight: <input type="radio"/> UK <input type="radio"/> Grams _____ <input type="radio"/> Pounds/ounces _____/	36. Multiple birth? <input type="radio"/> No <input type="radio"/> UK <input type="radio"/> Yes, # _____	37. Prenatal care provided during pregnancy of deceased infant? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK If yes, number of prenatal visits: # _____ If yes, month of 1st prenatal visit? Specify 1-9 _____ <input type="radio"/> UK
38. During pregnancy, did mother (check all that apply): <input type="checkbox"/> Have medical complications/infections? Check all that apply: <input type="checkbox"/> Acute/Chronic Lung Disease <input type="checkbox"/> Eclampsia <input type="checkbox"/> Low MSAFP <input type="checkbox"/> PROM <input type="checkbox"/> Anemia <input type="checkbox"/> Genital Herpes <input type="checkbox"/> Other infectious Disease <input type="checkbox"/> Renal Disease <input type="checkbox"/> Cardiac Disease <input type="checkbox"/> Hemoglobinopathy <input type="checkbox"/> Pregnancy-Related Hypertension <input type="checkbox"/> Rh Sensitization <input type="checkbox"/> Chorioamnionitis <input type="checkbox"/> High MSAFP <input type="checkbox"/> Preterm Labor <input type="checkbox"/> Uterine Bleeding <input type="checkbox"/> Chronic Hypertension <input type="checkbox"/> Hydramnios/Oligohydramnios <input type="checkbox"/> Previous Infant 4000+ Grams <input type="checkbox"/> Other, specify: <input type="checkbox"/> Diabetes <input type="checkbox"/> Incompetent Cervix <input type="checkbox"/> Previous Infant Preterm/Small for Gestation <input type="checkbox"/> Smoke tobacco? <input type="checkbox"/> Use illicit drugs? <input type="checkbox"/> Have heavy alcohol use? <input type="checkbox"/> Misuse over-the-counter or prescription drugs? <input type="checkbox"/> Experience intimate partner violence? <input type="checkbox"/> Infant born drug exposed? <input type="checkbox"/> Infant born with fetal alcohol effects or syndrome?			
39. Were there access or compliance issues related to prenatal care? <input type="radio"/> No <input type="checkbox"/> Lack of money for care <input type="checkbox"/> Religious objections to care <input type="checkbox"/> Lack of family/social support <input type="checkbox"/> UK <input type="radio"/> Yes <input type="checkbox"/> Limitations of health insurance coverage <input type="checkbox"/> Language barriers <input type="checkbox"/> Services not available <input type="radio"/> UK <input type="checkbox"/> Multiple health insurance, not coordinated <input type="checkbox"/> Referrals not made <input type="checkbox"/> Distrust of health care system If yes, check all that apply: <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Specialist needed, not available <input type="checkbox"/> Unwilling to obtain care <input type="checkbox"/> No phone <input type="checkbox"/> Multiple providers, not coordinated <input type="checkbox"/> Intimate partner would not allow care <input type="checkbox"/> Cultural differences <input type="checkbox"/> Lack of child care <input type="checkbox"/> Other, specify:			
B. PRIMARY CAREGIVER(S) INFORMATION			
1. Primary caregiver(s): Select only one per column. <u>One</u> <u>Two</u> <input type="radio"/> Self, go to Section C <input type="radio"/> Biological parent <input type="radio"/> Adoptive parent <input type="radio"/> Stepparent <input type="radio"/> Foster parent <input type="radio"/> Mother's partner <input type="radio"/> Father's partner <input type="radio"/> Grandparent <input type="radio"/> Sibling <input type="radio"/> Other relative <input type="radio"/> Friend <input type="radio"/> Institutional staff <input type="radio"/> Other, specify: <input type="radio"/> UK	2. Caregiver(s) age in years: <u>One</u> <u>Two</u> _____ # Years <input type="radio"/> <input type="radio"/> UK	4. Caregiver(s) employment status: <u>One</u> <u>Two</u> <input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> On disability <input type="radio"/> Stay-at-home <input type="radio"/> Retired <input type="radio"/> UK	5. Caregiver(s) income: <u>One</u> <u>Two</u> <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low <input type="radio"/> UK
	3. Caregiver(s) sex: <u>One</u> <u>Two</u> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> UK	6. Caregiver(s) education: <u>One</u> <u>Two</u> <input type="radio"/> < High school <input type="radio"/> High school <input type="radio"/> College <input type="radio"/> Post Graduate <input type="radio"/> UK	
	7. Does caregiver(s) speak English? <u>One</u> <u>Two</u> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK If no, language spoken:	8. Caregiver(s) on active military duty? <u>One</u> <u>Two</u> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK If yes, specify branch:	9. Caregiver(s) received social services in the past twelve months? <u>One</u> <u>Two</u> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK If yes, check all that apply: <input type="checkbox"/> WIC <input type="checkbox"/> TANF <input type="checkbox"/> Medicaid <input type="checkbox"/> Food stamps <input type="checkbox"/> Other, specify:
10. Caregiver(s) have substance abuse history? <u>One</u> <u>Two</u> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK If yes, check all that apply: <input type="checkbox"/> Alcohol <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Opiates <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Over-the-counter <input type="checkbox"/> Other, specify: <input type="checkbox"/> UK	11. Caregiver(s) have history of child maltreatment as victim? <u>One</u> <u>Two</u> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK If yes, check all that apply: <input type="checkbox"/> Physical <input type="checkbox"/> Neglect <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional/psychological <input type="checkbox"/> UK _____ # CPS referrals _____ # Substantiations <input type="checkbox"/> Ever in foster care or adopted?	12. Caregiver(s) have history of child maltreatment as a perpetrator? <u>One</u> <u>Two</u> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK If yes, check all that apply: <input type="checkbox"/> Physical <input type="checkbox"/> Neglect <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional/psychological <input type="checkbox"/> UK _____ # CPS referrals _____ # Substantiations <input type="checkbox"/> CPS prevention services? <input type="checkbox"/> Family Preservation services? <input type="checkbox"/> Children ever removed?	13. Caregiver(s) have disability or chronic illness? <u>One</u> <u>Two</u> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK If yes, check all that apply: <input type="checkbox"/> Physical, specify: <input type="checkbox"/> Mental, specify: <input type="checkbox"/> Sensory, specify: <input type="checkbox"/> UK If mental, was caregiver receiving services? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK

<p>14. Caregiver(s) have prior child deaths?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p><input type="radio"/> UK</p>	<p>If yes, cause(s): Check all that apply:</p> <p><u>One</u> <u>Two</u></p> <p><input type="checkbox"/> Child abuse # _____</p> <p><input type="checkbox"/> Child neglect # _____</p> <p><input type="checkbox"/> Accident # _____</p> <p><input type="checkbox"/> Suicide # _____</p> <p><input type="checkbox"/> SIDS # _____</p> <p><input type="checkbox"/> Other # _____</p> <p>Other, specify: _____</p> <p><input type="checkbox"/> UK</p>	<p>15. Caregiver(s) have history of intimate partner violence?</p> <p><u>One</u> <u>Two</u></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, as victim</p> <p><input type="checkbox"/> Yes, as perpetrator</p> <p><input type="checkbox"/> UK</p>	<p>16. Caregiver(s) have delinquent/criminal history?</p> <p><u>One</u> <u>Two</u></p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> UK</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Assaults</p> <p><input type="checkbox"/> Robbery</p> <p><input type="checkbox"/> Drugs</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> UK</p>
---	--	---	---

C. SUPERVISOR INFORMATION

<p>1. Did child have supervision at time of incident leading to death?</p> <p><input type="radio"/> No, not needed given developmental age or circumstances, go to Sect. D</p> <p><input type="radio"/> No, but needed, answer 3-15</p> <p><input type="radio"/> Yes, answer 2-15</p> <p><input type="radio"/> Unable to determine, try to answer 3-15</p>	<p>2. How long before incident did supervisor last see child? Select one:</p> <p><input type="radio"/> Child in sight of supervisor</p> <p><input type="radio"/> Minutes _____</p> <p><input type="radio"/> Hours _____</p> <p><input type="radio"/> Days _____ <input type="radio"/> UK</p>	<p>3. Is person a primary caregiver as listed in previous section?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes, caregiver one, go to 15</p> <p><input type="radio"/> Yes, caregiver two, go to 15</p>	
<p>4. Primary person responsible for supervision? Select only one:</p> <p><input type="radio"/> Biological parent <input type="radio"/> Friend</p> <p><input type="radio"/> Adoptive parent <input type="radio"/> Acquaintance</p> <p><input type="radio"/> Stepparent <input type="radio"/> Hospital staff, go to C15</p> <p><input type="radio"/> Foster parent <input type="radio"/> Institutional staff, go to C15</p> <p><input type="radio"/> Mother's partner <input type="radio"/> Babysitter</p> <p><input type="radio"/> Father's partner <input type="radio"/> Licensed child care worker</p> <p><input type="radio"/> Grandparent <input type="radio"/> Other, specify: _____</p> <p><input type="radio"/> Sibling <input type="radio"/> UK</p> <p><input type="radio"/> Other relative</p>	<p>5. Supervisor's age in years:</p> <p>_____ <input type="radio"/> UK</p>	<p>6. Supervisor's sex:</p> <p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p> <p><input type="radio"/> UK</p>	
<p>9. Supervisor has substance abuse history?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Cocaine</p> <p><input type="checkbox"/> Marijuana</p> <p><input type="checkbox"/> Methamphetamine</p> <p><input type="checkbox"/> Opiates</p> <p><input type="checkbox"/> Prescription drugs</p> <p><input type="checkbox"/> Over-the-counter</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> UK</p>	<p>10. Supervisor has history of child maltreatment?</p> <p><u>As Victim</u> <u>As Perpetrator</u></p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p><input type="radio"/> UK</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> Neglect</p> <p><input type="checkbox"/> Sexual</p> <p><input type="checkbox"/> Emotional/psychological</p> <p><input type="checkbox"/> UK</p> <p>_____ # CPS referrals</p> <p>_____ # Substantiations</p> <p><input type="checkbox"/> Ever in foster care/adopted?</p> <p><input type="checkbox"/> CPS prevention services?</p> <p><input type="checkbox"/> Family Preservation services?</p> <p><input type="checkbox"/> Children ever removed?</p>	<p>11. Supervisor has disability or chronic illness?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Physical, specify: _____</p> <p><input type="checkbox"/> Mental, specify: _____</p> <p><input type="checkbox"/> Sensory, specify: _____</p> <p><input type="checkbox"/> UK</p> <p>If mental illness, was supervisor receiving MH services?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> UK</p>	<p>12. Supervisor has prior child deaths?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Child abuse # _____</p> <p><input type="checkbox"/> Child neglect # _____</p> <p><input type="checkbox"/> Accident # _____</p> <p><input type="checkbox"/> Suicide # _____</p> <p><input type="checkbox"/> SIDS # _____</p> <p><input type="checkbox"/> Other # _____</p> <p>Other, specify: _____</p> <p><input type="checkbox"/> UK</p>
<p>13. Supervisor has history of intimate partner violence?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, as victim</p> <p><input type="checkbox"/> Yes, as perpetrator</p> <p><input type="checkbox"/> UK</p>	<p>14. Supervisor has delinquent or criminal history?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> UK</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Assaults <input type="checkbox"/> UK</p> <p><input type="checkbox"/> Robbery</p> <p><input type="checkbox"/> Drugs</p> <p><input type="checkbox"/> Other, specify: _____</p>	<p>15. At time of incident was supervisor impaired? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> Drug Impaired <input type="checkbox"/> Absent</p> <p><input type="checkbox"/> Alcohol Impaired <input type="checkbox"/> Impaired by illness, Specify: _____</p> <p><input type="checkbox"/> Asleep <input type="checkbox"/> Impaired by disability, Specify: _____</p> <p><input type="checkbox"/> Distracted <input type="checkbox"/> Other, Specify: _____</p>	

D. INCIDENT INFORMATION

<p>1. Date of incident event:</p> <p><input type="radio"/> Same as date of death</p> <p><input type="radio"/> If different than date of death: _____ / _____ / _____</p> <p>(mm/dd/yyyy)</p> <p><input type="radio"/> UK</p>	<p>2. Approximate time of day that incident occurred?</p> <p><input type="radio"/> AM</p> <p><input type="radio"/> PM</p> <p><input type="radio"/> UK</p> <p>Hour, specify 1-12 _____</p>	<p>3. Interval between incident and death: <input type="radio"/> UK</p> <p><input type="checkbox"/> Minutes _____ <input type="checkbox"/> Weeks _____</p> <p><input type="checkbox"/> Hours _____ <input type="checkbox"/> Months _____</p> <p><input type="checkbox"/> Days _____ <input type="checkbox"/> Years _____</p>
--	---	---

4. Place of incident, check all that apply: <input type="checkbox"/> Child's home <input type="checkbox"/> Licensed group home <input type="checkbox"/> School <input type="checkbox"/> Sidewalk <input type="checkbox"/> Sports area <input type="checkbox"/> Relative's home <input type="checkbox"/> Licensed child care center <input type="checkbox"/> Place of work <input type="checkbox"/> Roadway <input type="checkbox"/> Other recreation area <input type="checkbox"/> Friend's home <input type="checkbox"/> Licensed child care home <input type="checkbox"/> Indian Reservation <input type="checkbox"/> Driveway <input type="checkbox"/> Hospital <input type="checkbox"/> Licensed foster care home <input type="checkbox"/> Unlicensed child care home <input type="checkbox"/> Military installation <input type="checkbox"/> Other parking area <input type="checkbox"/> Other, specify: <input type="checkbox"/> Relative foster care home <input type="checkbox"/> Farm <input type="checkbox"/> Jail/detention facility <input type="checkbox"/> State or county park <input type="checkbox"/> UK						5. Type of area: <input type="radio"/> Urban <input type="radio"/> Suburban <input type="radio"/> Rural <input type="radio"/> Frontier <input type="radio"/> UK
6. Incident state: _____	8. Was 911 or local emergency number called? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK	9. CPR performed before EMS arrived? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK	10. At time of incident leading to the death, had child used alcohol or drugs? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> UK	11. EMS to scene? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK	12. Child's activity at time of incident, check all that apply: <input type="checkbox"/> Sleeping <input type="checkbox"/> Other, specify: <input type="checkbox"/> Playing <input type="checkbox"/> Working <input type="checkbox"/> UK <input type="checkbox"/> Eating <input type="checkbox"/> Driving/vehicle occupant	13. Total number of deaths at incident event: Children, ages 0-18 _____ Adults _____ <input type="radio"/> UK
E. INVESTIGATION INFORMATION						
1. Death referred to: <input type="radio"/> Medical examiner <input type="radio"/> Coroner <input type="radio"/> Not referred <input type="radio"/> UK	2. Person declaring official cause and manner of death: <input type="radio"/> Medical examiner <input type="radio"/> Coroner <input type="radio"/> Hospital physician <input type="radio"/> Other physician <input type="radio"/> Mortician <input type="radio"/> Other, specify: <input type="radio"/> UK	3. Autopsy performed? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK if yes, conducted by: <input type="radio"/> Forensic pathologist <input type="radio"/> Pediatric pathologist <input type="radio"/> General pathologist <input type="radio"/> Unknown pathologist <input type="radio"/> Other physician <input type="radio"/> Other, specify: <input type="radio"/> UK	4. Agencies that conducted a scene investigation, check all that apply: <input type="checkbox"/> Not conducted <input type="checkbox"/> Fire Investigator <input type="checkbox"/> Medical examiner <input type="checkbox"/> EMS <input type="checkbox"/> Coroner <input type="checkbox"/> Child Protective Services <input type="checkbox"/> ME Investigator <input type="checkbox"/> Other, specify: <input type="checkbox"/> Coroner Investigator <input type="checkbox"/> UK <input type="checkbox"/> Law enforcement			
5. Toxicology screen? <input type="radio"/> No <input type="radio"/> Yes if yes, check all that apply: <input type="radio"/> UK	<input type="checkbox"/> Negative <input type="checkbox"/> Marijuana <input type="checkbox"/> Too high prescription drug, specify: <input type="checkbox"/> Alcohol <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Too high over-the-counter drug, specify: <input type="checkbox"/> Cocaine <input type="checkbox"/> Opiates <input type="checkbox"/> Other, specify: <input type="checkbox"/> UK	6. X-rays taken? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK	7. Was a CPS record check conducted as a result of death? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK			
8. Did investigation find evidence of prior abuse? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK If yes, from what source? Check all that apply: <input type="checkbox"/> From x-rays <input type="checkbox"/> UK <input type="checkbox"/> From autopsy <input type="checkbox"/> From CPS review <input type="checkbox"/> From law enforcement	9. CPS action taken because of death? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK if yes, highest level of action taken because of death: <input type="radio"/> Report screened out and not investigated <input type="radio"/> Unsubstantiated <input type="radio"/> Inconclusive <input type="radio"/> Substantiated	if yes, services or actions resulting, check all that apply: <input type="checkbox"/> Voluntary services offered <input type="checkbox"/> Court ordered out-of-home placement <input type="checkbox"/> Voluntary services provided <input type="checkbox"/> Children removed <input type="checkbox"/> Court ordered services provided <input type="checkbox"/> Parental rights terminated <input type="checkbox"/> Voluntary out of home placement <input type="checkbox"/> UK	10. If death occurred in licensed setting, indicate action taken: <input type="radio"/> N/A <input type="radio"/> No action <input type="radio"/> License suspended <input type="radio"/> License revoked <input type="radio"/> Investigation ongoing <input type="radio"/> UK			
F. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH						
1. Official manner of death from the death certificate: <input type="radio"/> Natural <input type="radio"/> Accident <input type="radio"/> Suicide <input type="radio"/> Homicide <input type="radio"/> Undetermined <input type="radio"/> Pending <input type="radio"/> UK	2. Primary cause of death: Choose only 1 of the 4 major categories, then a specific cause. For pending, choose most likely cause. <input type="radio"/> From an injury (external cause), select one: <input type="radio"/> Motor vehicle and other transport, go to G1 <input type="radio"/> Fire, burn, or electrocution, go to G2 <input type="radio"/> Drowning, go to G3 <input type="radio"/> Asphyxia, go to G4 <input type="radio"/> Weapon, including body part, go to G5 <input type="radio"/> Animal bite or attack, go to G7 <input type="radio"/> Fall or crush, go to G8 <input type="radio"/> Poisoning, overdose or acute intoxication, go to G9 <input type="radio"/> Exposure, go to G10 <input type="radio"/> Undetermined. If under age one, go to G5 & G12. If over age one, go to G12. <input type="radio"/> Other cause, go to G12 <input type="radio"/> UK, go to G12 <input type="radio"/> From a medical cause, select one: <input type="radio"/> Asthma, go to G11 <input type="radio"/> Cancer, specify and go to G11 <input type="radio"/> Cardiovascular, specify and go to G11 <input type="radio"/> Congenital anomaly, specify and go to G11 <input type="radio"/> HIV/AIDS, go to G11 <input type="radio"/> Influenza, go to G11 <input type="radio"/> Low birth weight, go to G11 <input type="radio"/> Malnutrition/dehydration, go to G11 <input type="radio"/> Neurological/seizure disorder, go to G11 <input type="radio"/> Pneumonia, specify and go to G11 <input type="radio"/> Prematurity, go to G11 <input type="radio"/> SIDS, go to G5 <input type="radio"/> Other infection, specify and go to G11 <input type="radio"/> Other perinatal condition, specify and go to G11 <input type="radio"/> Other medical condition, specify and go to G11 <input type="radio"/> Undetermined. If under age one, go to G5 and G11. If over age one, go to G11. <input type="radio"/> UK. If under age one, go to G5 and G11. If over age one, go to G11. <input type="radio"/> Undetermined if injury or medical cause, go to G12. If under age one, go to G5 & G12.					

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

1. MOTOR VEHICLE AND OTHER TRANSPORT

<p>a. Vehicles involved in incident:</p> <p>Total number of vehicles: _____</p> <table border="0"> <tr> <td><u>Child's</u></td> <td><u>Other primary vehicle</u></td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>None</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Car</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Van</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Sport utility vehicle</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Truck</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Semi/tractor trailer</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>RV</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>School bus</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Other bus</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Motorcycle</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Tractor</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Other farm vehicle</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>All terrain vehicle</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Snowmobile</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Bicycle</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Train</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Subway</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Trolley</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Other, specify: _____</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>UIK</td> </tr> </table>		<u>Child's</u>	<u>Other primary vehicle</u>		<input type="radio"/>	<input type="radio"/>	None	<input type="radio"/>	<input type="radio"/>	Car	<input type="radio"/>	<input type="radio"/>	Van	<input type="radio"/>	<input type="radio"/>	Sport utility vehicle	<input type="radio"/>	<input type="radio"/>	Truck	<input type="radio"/>	<input type="radio"/>	Semi/tractor trailer	<input type="radio"/>	<input type="radio"/>	RV	<input type="radio"/>	<input type="radio"/>	School bus	<input type="radio"/>	<input type="radio"/>	Other bus	<input type="radio"/>	<input type="radio"/>	Motorcycle	<input type="radio"/>	<input type="radio"/>	Tractor	<input type="radio"/>	<input type="radio"/>	Other farm vehicle	<input type="radio"/>	<input type="radio"/>	All terrain vehicle	<input type="radio"/>	<input type="radio"/>	Snowmobile	<input type="radio"/>	<input type="radio"/>	Bicycle	<input type="radio"/>	<input type="radio"/>	Train	<input type="radio"/>	<input type="radio"/>	Subway	<input type="radio"/>	<input type="radio"/>	Trolley	<input type="radio"/>	<input type="radio"/>	Other, specify: _____	<input type="radio"/>	<input type="radio"/>	UIK	<p>b. Position of child:</p> <p><input type="radio"/> Driver</p> <p><input type="radio"/> Passenger</p> <p><input type="radio"/> Front seat</p> <p><input type="radio"/> Back seat</p> <p><input type="radio"/> Truck bed</p> <p><input type="radio"/> Other, specify: _____</p> <p><input type="radio"/> UIK</p> <p><input type="radio"/> On bicycle</p> <p><input type="radio"/> Pedestrian</p> <p><input type="radio"/> Walking</p> <p><input type="radio"/> Boarding/blading</p> <p><input type="radio"/> Other, specify: _____</p> <p><input type="radio"/> UIK</p> <p><input type="radio"/> UIK</p>		<p>c. Causes of incident, check all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Speeding over limit</td> <td><input type="checkbox"/> Back over</td> </tr> <tr> <td><input type="checkbox"/> Unsafe speed for conditions</td> <td><input type="checkbox"/> Rollover</td> </tr> <tr> <td><input type="checkbox"/> Recklessness</td> <td><input type="checkbox"/> Poor sight line</td> </tr> <tr> <td><input type="checkbox"/> Ran stop sign or red light</td> <td><input type="checkbox"/> Car changing lanes</td> </tr> <tr> <td><input type="checkbox"/> Driver distraction</td> <td><input type="checkbox"/> Road hazard</td> </tr> <tr> <td><input type="checkbox"/> Driver inexperience</td> <td><input type="checkbox"/> Animal in road</td> </tr> <tr> <td><input type="checkbox"/> Mechanical failure</td> <td><input type="checkbox"/> Cell phone use while driving</td> </tr> <tr> <td><input type="checkbox"/> Poor tires</td> <td><input type="checkbox"/> Racing, not authorized</td> </tr> <tr> <td><input type="checkbox"/> Poor weather</td> <td><input type="checkbox"/> Other driver error, specify: _____</td> </tr> <tr> <td><input type="checkbox"/> Poor visibility</td> <td><input type="checkbox"/> Other, specify: _____</td> </tr> <tr> <td><input type="checkbox"/> Drugs or alcohol use</td> <td><input type="checkbox"/> UIK</td> </tr> <tr> <td><input type="checkbox"/> Fatigue/sleeping</td> <td><input type="checkbox"/> UIK</td> </tr> <tr> <td><input type="checkbox"/> Medical event, specify: _____</td> <td><input type="checkbox"/> UIK</td> </tr> </table>		<input type="checkbox"/> Speeding over limit	<input type="checkbox"/> Back over	<input type="checkbox"/> Unsafe speed for conditions	<input type="checkbox"/> Rollover	<input type="checkbox"/> Recklessness	<input type="checkbox"/> Poor sight line	<input type="checkbox"/> Ran stop sign or red light	<input type="checkbox"/> Car changing lanes	<input type="checkbox"/> Driver distraction	<input type="checkbox"/> Road hazard	<input type="checkbox"/> Driver inexperience	<input type="checkbox"/> Animal in road	<input type="checkbox"/> Mechanical failure	<input type="checkbox"/> Cell phone use while driving	<input type="checkbox"/> Poor tires	<input type="checkbox"/> Racing, not authorized	<input type="checkbox"/> Poor weather	<input type="checkbox"/> Other driver error, specify: _____	<input type="checkbox"/> Poor visibility	<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Drugs or alcohol use	<input type="checkbox"/> UIK	<input type="checkbox"/> Fatigue/sleeping	<input type="checkbox"/> UIK	<input type="checkbox"/> Medical event, specify: _____	<input type="checkbox"/> UIK	<p>d. Collision type:</p> <p><input type="radio"/> Child not in/on a vehicle, but struck by vehicle</p> <p><input type="radio"/> Child in/on a vehicle, struck by other vehicle</p> <p><input type="radio"/> Child in/on a vehicle that struck other vehicle</p> <p><input type="radio"/> Child in/on a vehicle that struck person/object</p> <p><input type="radio"/> Other event, specify: _____</p> <p><input type="radio"/> UIK</p>	
<u>Child's</u>	<u>Other primary vehicle</u>																																																																																															
<input type="radio"/>	<input type="radio"/>	None																																																																																														
<input type="radio"/>	<input type="radio"/>	Car																																																																																														
<input type="radio"/>	<input type="radio"/>	Van																																																																																														
<input type="radio"/>	<input type="radio"/>	Sport utility vehicle																																																																																														
<input type="radio"/>	<input type="radio"/>	Truck																																																																																														
<input type="radio"/>	<input type="radio"/>	Semi/tractor trailer																																																																																														
<input type="radio"/>	<input type="radio"/>	RV																																																																																														
<input type="radio"/>	<input type="radio"/>	School bus																																																																																														
<input type="radio"/>	<input type="radio"/>	Other bus																																																																																														
<input type="radio"/>	<input type="radio"/>	Motorcycle																																																																																														
<input type="radio"/>	<input type="radio"/>	Tractor																																																																																														
<input type="radio"/>	<input type="radio"/>	Other farm vehicle																																																																																														
<input type="radio"/>	<input type="radio"/>	All terrain vehicle																																																																																														
<input type="radio"/>	<input type="radio"/>	Snowmobile																																																																																														
<input type="radio"/>	<input type="radio"/>	Bicycle																																																																																														
<input type="radio"/>	<input type="radio"/>	Train																																																																																														
<input type="radio"/>	<input type="radio"/>	Subway																																																																																														
<input type="radio"/>	<input type="radio"/>	Trolley																																																																																														
<input type="radio"/>	<input type="radio"/>	Other, specify: _____																																																																																														
<input type="radio"/>	<input type="radio"/>	UIK																																																																																														
<input type="checkbox"/> Speeding over limit	<input type="checkbox"/> Back over																																																																																															
<input type="checkbox"/> Unsafe speed for conditions	<input type="checkbox"/> Rollover																																																																																															
<input type="checkbox"/> Recklessness	<input type="checkbox"/> Poor sight line																																																																																															
<input type="checkbox"/> Ran stop sign or red light	<input type="checkbox"/> Car changing lanes																																																																																															
<input type="checkbox"/> Driver distraction	<input type="checkbox"/> Road hazard																																																																																															
<input type="checkbox"/> Driver inexperience	<input type="checkbox"/> Animal in road																																																																																															
<input type="checkbox"/> Mechanical failure	<input type="checkbox"/> Cell phone use while driving																																																																																															
<input type="checkbox"/> Poor tires	<input type="checkbox"/> Racing, not authorized																																																																																															
<input type="checkbox"/> Poor weather	<input type="checkbox"/> Other driver error, specify: _____																																																																																															
<input type="checkbox"/> Poor visibility	<input type="checkbox"/> Other, specify: _____																																																																																															
<input type="checkbox"/> Drugs or alcohol use	<input type="checkbox"/> UIK																																																																																															
<input type="checkbox"/> Fatigue/sleeping	<input type="checkbox"/> UIK																																																																																															
<input type="checkbox"/> Medical event, specify: _____	<input type="checkbox"/> UIK																																																																																															
<p>e. Driving conditions, check all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Normal</td> <td><input type="checkbox"/> Other, specify: _____</td> </tr> <tr> <td><input type="checkbox"/> Loose gravel</td> <td><input type="checkbox"/> UIK</td> </tr> <tr> <td><input type="checkbox"/> Muddy</td> <td><input type="checkbox"/> UIK</td> </tr> <tr> <td><input type="checkbox"/> Ice/Snow</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Fog</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Wet</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Construction zone</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Inadequate lighting</td> <td></td> </tr> </table>		<input type="checkbox"/> Normal	<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Loose gravel	<input type="checkbox"/> UIK	<input type="checkbox"/> Muddy	<input type="checkbox"/> UIK	<input type="checkbox"/> Ice/Snow		<input type="checkbox"/> Fog		<input type="checkbox"/> Wet		<input type="checkbox"/> Construction zone		<input type="checkbox"/> Inadequate lighting		<p>f. Location of incident, check all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> City street</td> <td><input type="checkbox"/> Driveway</td> </tr> <tr> <td><input type="checkbox"/> Residential street</td> <td><input type="checkbox"/> Parking area</td> </tr> <tr> <td><input type="checkbox"/> Rural road</td> <td><input type="checkbox"/> Off road</td> </tr> <tr> <td><input type="checkbox"/> Highway</td> <td><input type="checkbox"/> Railroad crossing/tracks</td> </tr> <tr> <td><input type="checkbox"/> Intersection</td> <td><input type="checkbox"/> Other, specify: _____</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Sidewalk</td> <td><input type="checkbox"/> UIK</td> </tr> </table>				<input type="checkbox"/> City street	<input type="checkbox"/> Driveway	<input type="checkbox"/> Residential street	<input type="checkbox"/> Parking area	<input type="checkbox"/> Rural road	<input type="checkbox"/> Off road	<input type="checkbox"/> Highway	<input type="checkbox"/> Railroad crossing/tracks	<input type="checkbox"/> Intersection	<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Shoulder		<input type="checkbox"/> Sidewalk	<input type="checkbox"/> UIK																																																													
<input type="checkbox"/> Normal	<input type="checkbox"/> Other, specify: _____																																																																																															
<input type="checkbox"/> Loose gravel	<input type="checkbox"/> UIK																																																																																															
<input type="checkbox"/> Muddy	<input type="checkbox"/> UIK																																																																																															
<input type="checkbox"/> Ice/Snow																																																																																																
<input type="checkbox"/> Fog																																																																																																
<input type="checkbox"/> Wet																																																																																																
<input type="checkbox"/> Construction zone																																																																																																
<input type="checkbox"/> Inadequate lighting																																																																																																
<input type="checkbox"/> City street	<input type="checkbox"/> Driveway																																																																																															
<input type="checkbox"/> Residential street	<input type="checkbox"/> Parking area																																																																																															
<input type="checkbox"/> Rural road	<input type="checkbox"/> Off road																																																																																															
<input type="checkbox"/> Highway	<input type="checkbox"/> Railroad crossing/tracks																																																																																															
<input type="checkbox"/> Intersection	<input type="checkbox"/> Other, specify: _____																																																																																															
<input type="checkbox"/> Shoulder																																																																																																
<input type="checkbox"/> Sidewalk	<input type="checkbox"/> UIK																																																																																															
<p>g. Drivers involved in incident, check all that apply:</p> <table border="0"> <tr> <td><u>Child as driver</u></td> <td><u>Child's driver</u></td> <td><u>Driver of other primary vehicle</u></td> <td>Age of Driver</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Responsible for causing incident</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Was alcohol/drug impaired</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Has no license</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Has a learner's permit</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Has a graduated license</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Has a full license</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Has a full license that has been restricted</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Has a suspended license</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>If recreational vehicle, has driver safety certificate</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other, specify: _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Was violating graduated licensing rules:</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Nighttime driving curfew</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Passenger restrictions</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Driving without required supervision</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other violations, specify: _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>UIK</td> </tr> </table>		<u>Child as driver</u>	<u>Child's driver</u>	<u>Driver of other primary vehicle</u>	Age of Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsible for causing incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was alcohol/drug impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has no license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a learner's permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a graduated license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a full license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a full license that has been restricted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a suspended license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If recreational vehicle, has driver safety certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was violating graduated licensing rules:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nighttime driving curfew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Passenger restrictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving without required supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other violations, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UIK	<p>h. Total number of occupants in vehicles:</p> <p>In child's vehicle, including child:</p> <p><input type="checkbox"/> NIA, child was not in a vehicle.</p> <p>Total number occupants: _____ <input type="radio"/> UIK</p> <p>Number teens, ages 14-21: _____ <input type="radio"/> UIK</p> <p>Total number of deaths: _____ <input type="radio"/> UIK</p> <p>Total number teen deaths: _____ <input type="radio"/> UIK</p> <p>In other primary vehicle involved in incident:</p> <p><input type="checkbox"/> NIA, incident was a single vehicle crash.</p> <p>Total number occupants: _____ <input type="radio"/> UIK</p> <p>Number teens, ages 14-21: _____ <input type="radio"/> UIK</p> <p>Total number of deaths: _____ <input type="radio"/> UIK</p> <p>Total number teen deaths: _____ <input type="radio"/> UIK</p>																										
<u>Child as driver</u>	<u>Child's driver</u>	<u>Driver of other primary vehicle</u>	Age of Driver																																																																																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsible for causing incident																																																																																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was alcohol/drug impaired																																																																																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has no license																																																																																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a learner's permit																																																																																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a graduated license																																																																																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a full license																																																																																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a full license that has been restricted																																																																																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a suspended license																																																																																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If recreational vehicle, has driver safety certificate																																																																																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify: _____																																																																																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was violating graduated licensing rules:																																																																																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nighttime driving curfew																																																																																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Passenger restrictions																																																																																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving without required supervision																																																																																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other violations, specify: _____																																																																																													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UIK																																																																																													
<p>i. Protective measures for child.</p> <p>Select one option per row:</p> <table border="0"> <tr> <td>Airbag</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Lap belt</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Shoulder belt</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Child seat*</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Belt positioning booster seat</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Helmet</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Other, specify: _____</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>		Airbag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lap belt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Shoulder belt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child seat*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Belt positioning booster seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Helmet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>Not Needed</p> <p>Needed, none present</p> <p>Present, used correctly</p> <p>Present, used incorrectly</p> <p>Present not used</p> <p>Unknown</p>		<p>*If child seat, type:</p> <p><input type="radio"/> Rear facing</p> <p><input type="radio"/> Front facing</p> <p><input type="radio"/> UIK</p>																																											
Airbag	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																										
Lap belt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																										
Shoulder belt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																										
Child seat*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																										
Belt positioning booster seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																										
Helmet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																										
Other, specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																										

2. FIRE, BURN, or ELECTROCUTION			
a. Ignition, heat or electrocution source: <input type="radio"/> Matches <input type="radio"/> Heating stove <input type="radio"/> Lightning <input type="radio"/> Other explosives <input type="radio"/> Cigarette lighter <input type="radio"/> Space heater <input type="radio"/> Oxygen tank <input type="radio"/> Appliance in water <input type="radio"/> Utility lighter <input type="radio"/> Furnace <input type="radio"/> Hot cooking water <input type="radio"/> Other, specify: <input type="radio"/> Cigarette or cigar <input type="radio"/> Power line <input type="radio"/> Hot bath water <input type="radio"/> U/K <input type="radio"/> Candles <input type="radio"/> Electrical outlet <input type="radio"/> Other hot liquid, specify: <input type="radio"/> Cooking stove <input type="radio"/> Electrical wiring <input type="radio"/> Fireworks		b. Type of incident: <input type="radio"/> Fire, go to c: <input type="radio"/> Scald, go to r <input type="radio"/> Other burn, go to t <input type="radio"/> Electrocution, go to s <input type="radio"/> Other, specify and go to t <input type="radio"/> U/K, go to t	
		c. For fire, child died from: <input type="radio"/> Burns <input type="radio"/> Smoke inhalation <input type="radio"/> Other, specify: <input type="radio"/> U/K	
d. Material first ignited: <input type="radio"/> Upholstery <input type="radio"/> Mattress <input type="radio"/> Christmas tree <input type="radio"/> Clothing <input type="radio"/> Curtain <input type="radio"/> Other, specify: <input type="radio"/> U/K	e. Type of building on fire: <input type="radio"/> N/A <input type="radio"/> Single home <input type="radio"/> Duplex <input type="radio"/> Apartment <input type="radio"/> Trailer/mobile home <input type="radio"/> Other, specify: <input type="radio"/> U/K	f. Building's primary construction material: <input type="radio"/> Wood <input type="radio"/> Steel <input type="radio"/> Brick/stone <input type="radio"/> Aluminum <input type="radio"/> Other, specify: <input type="radio"/> U/K	g. Fire started by a person? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, person's age _____ Does person have a history of setting fires? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K
		n. Did anyone attempt to put out fire? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	
		i. Did escape or rescue efforts worsen fire? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	
		j. Did any factors delay fire department arrival? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, specify:	
k. Were barriers preventing safe exit? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, check all that apply: <input type="checkbox"/> Locked door <input type="checkbox"/> Window grate <input type="checkbox"/> Locked window <input type="checkbox"/> Blocked stairway <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K	l. Was building a rental property? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	m. Were building/rental codes violated? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, describe in narrative.	n. Were proper working fire extinguishers present? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K
		o. Was sprinkler system present? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, was it working? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	
		p. Were smoke detectors present? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, what type? If yes, functioning properly? If not functioning properly, reason: <input type="checkbox"/> Removable batteries <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K Missing batteries Other U/K <input type="checkbox"/> Non-removable batteries <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hardwired <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> U/K <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other, specify: _____ If yes, was there an adequate number present? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	
q. Suspected arson? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	r. For scald, was hot water heater set too high? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes, temp. setting: _____ <input type="radio"/> U/K	s. For electrocution, what cause: <input type="radio"/> Electrical storm <input type="radio"/> Faulty wiring <input type="radio"/> Wire/product in water <input type="radio"/> Child playing with outlet <input type="radio"/> Other, specify: <input type="radio"/> U/K	t. Other, describe in detail:
3. DROWNING			
a. Where was child last seen before drowning? Check all that apply: <input type="checkbox"/> In water <input type="checkbox"/> In yard <input type="checkbox"/> On shore <input type="checkbox"/> In bathroom <input type="checkbox"/> On dock <input type="checkbox"/> In house <input type="checkbox"/> Poolside <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K	b. What was child last seen doing before drowning? <input type="radio"/> Playing <input type="radio"/> Tubing <input type="radio"/> Boating <input type="radio"/> Water-skiing <input type="radio"/> Swimming <input type="radio"/> Sleeping <input type="radio"/> Bathing <input type="radio"/> Other, specify: <input type="radio"/> Fishing <input type="radio"/> Surfing <input type="radio"/> U/K	c. Was child forcibly submerged? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	d. Drowning location: <input type="radio"/> Open water, go to e <input type="radio"/> U/K, go to n <input type="radio"/> Pool, hot tub, spa, go to i <input type="radio"/> Bathtub, go to w <input type="radio"/> Bucket, go to x <input type="radio"/> Well/cistern/septic, go to n <input type="radio"/> Toilet, go to z <input type="radio"/> Other, specify and go to n
e. For open water, place: <input type="radio"/> Lake <input type="radio"/> Quarry <input type="radio"/> River <input type="radio"/> Gravel pit <input type="radio"/> Pond <input type="radio"/> Canal <input type="radio"/> Creek <input type="radio"/> U/K <input type="radio"/> Ocean	f. For open water, contributing environmental factors: <input type="radio"/> Weather <input type="radio"/> Drop off <input type="radio"/> Temperature <input type="radio"/> Rough waves <input type="radio"/> Current <input type="radio"/> Other, specify: <input type="radio"/> Ripide/undertow <input type="radio"/> U/K	g. If boating, type of boat: <input type="radio"/> Sailboat <input type="radio"/> Commercial <input type="radio"/> Jet ski <input type="radio"/> Other, specify: <input type="radio"/> Motorboat <input type="radio"/> Canoe <input type="radio"/> Kayak <input type="radio"/> U/K <input type="radio"/> Raft	h. For boating, was the child piloting boat? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K
i. For pool, type of pool: <input type="radio"/> Above ground <input type="radio"/> In-ground <input type="radio"/> Hot tub, spa <input type="radio"/> Wading <input type="radio"/> U/K	j. For pool, child found: <input type="radio"/> In the pool/hot tub/spa <input type="radio"/> On or under the cover <input type="radio"/> U/K	k. For pool, ownership is: <input type="radio"/> Private <input type="radio"/> Public <input type="radio"/> U/K	l. Length of time owners had pool/hot tub/spa: <input type="radio"/> N/A <input type="radio"/> >1yr <input type="radio"/> <6 months <input type="radio"/> U/K <input type="radio"/> 6m-1 yr

<p>m. Flotation device used?</p> <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K		<p>If yes, check all that apply:</p> <input type="checkbox"/> Coast Guard approved. If yes: <input type="checkbox"/> Jacket <input type="checkbox"/> Cushion <input type="checkbox"/> Lifesaving ring if jacket: Correct size? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K Worn correctly? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K		<p>Not Coast Guard approved, type: <input type="checkbox"/> U/K</p> <input type="checkbox"/> Swim rings <input type="checkbox"/> Inner tube <input type="checkbox"/> Air mattress <input type="checkbox"/> Other, specify: _____	
<p>n. What barriers/layers of protection existed to prevent access to water? Check all that apply: <input type="checkbox"/> None <input type="checkbox"/> Alarm, go to r <input type="checkbox"/> Fence, go to o <input type="checkbox"/> Cover, go to s <input type="checkbox"/> Gate, go to p <input type="checkbox"/> U/K <input type="checkbox"/> Door, go to q</p>		<p>o. Fence: Describe type: Fence height in ft. _____ Fence surrounds water on: <input type="radio"/> Four sides <input type="radio"/> Two or less sides <input type="radio"/> U/K</p>		<p>p. Gate, check all that apply: <input type="checkbox"/> Has self closing latch <input type="checkbox"/> Has lock <input type="checkbox"/> Is a double gate <input type="checkbox"/> Opens to water <input type="checkbox"/> U/K</p>	
<p>q. Door, check all that apply: <input type="checkbox"/> Patio door <input type="checkbox"/> Opens to water <input type="checkbox"/> Screen door <input type="checkbox"/> Barrier between door and water <input type="checkbox"/> Steel door <input type="checkbox"/> Self closing <input type="checkbox"/> U/K <input type="checkbox"/> Has lock</p>		<p>r. Alarm, check all that apply: <input type="checkbox"/> Door <input type="checkbox"/> Window <input type="checkbox"/> Pool <input type="checkbox"/> Laser <input type="checkbox"/> U/K</p>		<p>s. Type of cover: <input type="radio"/> Hard <input type="radio"/> Soft <input type="radio"/> U/K</p>	
<p>t. Local ordinance(s) regulating access to water? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, rules violated? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>		<p>u. How were layers of protection breached, check all that apply: <input type="checkbox"/> No layers breached <input type="checkbox"/> Gap in fence <input type="checkbox"/> Door screen torn <input type="checkbox"/> Cover left off <input type="checkbox"/> Gate left open <input type="checkbox"/> Damaged fence <input type="checkbox"/> Door self-closer failed <input type="checkbox"/> Cover not locked <input type="checkbox"/> Gate unlocked <input type="checkbox"/> Fence too short <input type="checkbox"/> Window left open <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Gate latch failed <input type="checkbox"/> Door left open <input type="checkbox"/> Window screen torn <input type="checkbox"/> Gap in gate <input type="checkbox"/> Door unlocked <input type="checkbox"/> Alarm not working <input type="checkbox"/> Climbed fence <input type="checkbox"/> Door broken <input type="checkbox"/> Alarm not answered <input type="checkbox"/> U/K</p>			
<p>v. Child able to swim? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>		<p>w. For bathtub, child in a bathing aid? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, specify type: _____</p>		<p>x. Warning sign or label posted? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>	
<p>y. Lifeguard present? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>		<p>z. Rescue attempt made? <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, who? Check all that apply: <input type="checkbox"/> Parent <input type="checkbox"/> Bystander <input type="checkbox"/> Other child <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Lifeguard <input type="checkbox"/> U/K</p>		<p>aa. Did rescuer(s) also drown? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, number of rescuers: _____</p>	
<p>bb. Appropriate rescue equipment present? <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K</p>		<p>4. ASPHYXIA</p>			
<p>a. Type of event: <input type="radio"/> Suffocation, go to b <input type="radio"/> Strangulation, go to c <input type="radio"/> Choking, go to d <input type="radio"/> Other, specify and go to e <input type="radio"/> U/K, go to e</p>		<p>b. If suffocation/aphyxia, action causing event: <input type="radio"/> Sleep-related (e.g. bedding, overlay, wedged) <input type="radio"/> Confined in tight space <input type="radio"/> Swaddled in tight blanket, but not sleep-related <input type="radio"/> Covered in or fell into object, but not sleep-related <input type="radio"/> Refrigerator/freezer <input type="radio"/> Wedged into tight space, but not sleep-related <input type="radio"/> Plastic bag <input type="radio"/> Toy chest <input type="radio"/> Asphyxia by gas, go to G5a <input type="radio"/> Dirt/Sand <input type="radio"/> Automobile <input type="radio"/> Other, specify: _____ <input type="radio"/> Other, specify: _____ <input type="radio"/> Trunk <input type="radio"/> U/K <input type="radio"/> U/K <input type="radio"/> Other, specify: _____ <input type="radio"/> U/K</p>			
<p>c. If strangulation, object causing event: <input type="radio"/> Clothing <input type="radio"/> Leash <input type="radio"/> Blind cord <input type="radio"/> Electrical cord <input type="radio"/> Car seat <input type="radio"/> Person, go to question G6q <input type="radio"/> Stroller <input type="radio"/> Automobile power window <input type="radio"/> High chair or sunroof <input type="radio"/> Belt <input type="radio"/> Other, specify: _____ <input type="radio"/> Rope/string <input type="radio"/> U/K</p>		<p>d. If choking, object causing choking: <input type="radio"/> Food, specify: _____ <input type="radio"/> Toy, specify: _____ <input type="radio"/> Balloon <input type="radio"/> Other, specify: _____ <input type="radio"/> U/K</p>		<p>e. Was asphyxia an autoerotic event? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	
<p>f. Was child participating in 'choking game' or 'pass out game'? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>		<p>g. History of seizures? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, # _____ If yes, witnessed? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>		<p>h. History of apnea? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, # _____ If yes, witnessed? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	
<p>i. Was Heimlich Maneuver attempted? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>		<p>5. SIDS AND UNDETERMINED CAUSE UNDER ONE YEAR OF AGE</p>			
<p>a. Child exposed to 2nd-hand smoke? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, how often? <input type="radio"/> Frequently <input type="radio"/> Occasionally <input type="radio"/> U/K</p>		<p>b. Child overheated? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, Outside temp. _____ deg. F Check all that apply: <input type="checkbox"/> Room too hot, temp. _____ deg. F <input type="checkbox"/> Too much bedding <input type="checkbox"/> Too much clothing</p>		<p>c. History of seizures? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, # _____ If yes, witnessed? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>	
<p>d. History of apnea? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, # _____ If yes, witnessed? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K</p>		<p>e. For SIDS, go to Section H, page 11. For undetermined injury cause to infants also complete G12, page 11, then go to Section H. For undetermined or unknown medical cause to infants also complete G11, page 10, then go to Section H.</p>			

6. WEAPON, INCLUDING PERSON'S BODY PART																																																							
a. Type of weapon: <input type="radio"/> Firearm, go to b <input type="radio"/> Sharp instrument, go to j <input type="radio"/> Blunt instrument, go to k <input type="radio"/> Person's body part, go to l <input type="radio"/> Explosive, go to m <input type="radio"/> Rope, go to n <input type="radio"/> Pipe, go to m <input type="radio"/> Biological, go to m <input type="radio"/> Other, specify and go to m <input type="radio"/> UK, go to m		b. For firearms, type: <input type="radio"/> Handgun <input type="radio"/> Shotgun <input type="radio"/> BB gun <input type="radio"/> Hunting rifle <input type="radio"/> Assault rifle <input type="radio"/> Air rifle <input type="radio"/> Sawn off shotgun <input type="radio"/> Other, specify: <input type="radio"/> UK		c. Firearm licensed? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK		d. Firearm safety features, check all that apply: <input type="checkbox"/> Trigger lock <input type="checkbox"/> Magazine disconnect <input type="checkbox"/> Personalization device <input type="checkbox"/> Minimum trigger pull <input type="checkbox"/> External safety/drop safety <input type="checkbox"/> Other, specify: <input type="checkbox"/> Loaded chamber indicator <input type="checkbox"/> UK																																																	
e. Where was firearm stored? <input type="radio"/> Not stored <input type="radio"/> Under mattress/pillow <input type="radio"/> Locked cabinet <input type="radio"/> Other, specify: <input type="radio"/> Unlocked cabinet <input type="radio"/> Glove compartment <input type="radio"/> UK				f. Firearm stored with ammunition? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK																																																			
g. Firearm stored loaded? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK																																																							
n. Owner of fatal firearm: <input type="radio"/> UK, weapon stolen <input type="radio"/> Grandparent <input type="radio"/> Co-worker <input type="radio"/> UK, weapon found <input type="radio"/> Sibling <input type="radio"/> Institutional staff <input type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Neighbor <input type="radio"/> Male <input type="radio"/> Biological parent <input type="radio"/> Other relative <input type="radio"/> Rival gang member <input type="radio"/> Female <input type="radio"/> Adoptive parent <input type="radio"/> Friend <input type="radio"/> Stranger <input type="radio"/> UK <input type="radio"/> Stepparent <input type="radio"/> Acquaintance <input type="radio"/> Law enforcement <input type="radio"/> Foster parent <input type="radio"/> Child's boyfriend or girlfriend <input type="radio"/> Other, specify: <input type="radio"/> Mother's partner <input type="radio"/> Classmate <input type="radio"/> UK <input type="radio"/> Father's partner			l. Sex of fatal firearm owner: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> UK																																																				
			j. Type of sharp object: <input type="radio"/> Kitchen knife <input type="radio"/> Switchblade <input type="radio"/> Pocketknife <input type="radio"/> Razor <input type="radio"/> Hunting knife <input type="radio"/> Scissors <input type="radio"/> Other, specify: <input type="radio"/> UK		k. Type of blunt object: <input type="radio"/> Bat <input type="radio"/> Club <input type="radio"/> Stick <input type="radio"/> Hammer <input type="radio"/> Rock <input type="radio"/> Household item <input type="radio"/> Other, specify: <input type="radio"/> UK																																																		
l. What did person's body part do? Check all that apply: <input type="checkbox"/> Beat, kick or punch <input type="checkbox"/> Drop <input type="checkbox"/> Push <input type="checkbox"/> Bite <input type="checkbox"/> Shake <input type="checkbox"/> Strangle <input type="checkbox"/> Throw <input type="checkbox"/> Drown <input type="checkbox"/> Burn <input type="checkbox"/> Other, specify: <input type="checkbox"/> UK		m. Did person using weapon have history of weapon-related offenses? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK n. Does anyone in child's family have a history of weapon offenses or die of weapons-related causes? <input type="radio"/> No <input type="radio"/> Yes, describe circumstances: <input type="radio"/> UK		o. Persons handling weapons at time of incident, check all that apply: <table border="0"> <tr> <td>Fatal and/or</td> <td>Other weapon</td> <td>Fatal and/or</td> <td>Other weapon</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Self</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Friend</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Biological parent</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Acquaintance</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Adoptive parent</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Child's boyfriend or girlfriend</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Stepparent</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Classmate</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Foster parent</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Co-worker</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Mother's partner</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Institutional staff</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Father's partner</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Neighbor</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Grandparent</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Rival gang member</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Sibling</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Stranger</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Spouse</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Law enforcement officer</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Other relative</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Other, specify: <input type="checkbox"/> UK</td> </tr> </table>		Fatal and/or	Other weapon	Fatal and/or	Other weapon	<input type="checkbox"/>	<input type="checkbox"/> Self	<input type="checkbox"/>	<input type="checkbox"/> Friend	<input type="checkbox"/>	<input type="checkbox"/> Biological parent	<input type="checkbox"/>	<input type="checkbox"/> Acquaintance	<input type="checkbox"/>	<input type="checkbox"/> Adoptive parent	<input type="checkbox"/>	<input type="checkbox"/> Child's boyfriend or girlfriend	<input type="checkbox"/>	<input type="checkbox"/> Stepparent	<input type="checkbox"/>	<input type="checkbox"/> Classmate	<input type="checkbox"/>	<input type="checkbox"/> Foster parent	<input type="checkbox"/>	<input type="checkbox"/> Co-worker	<input type="checkbox"/>	<input type="checkbox"/> Mother's partner	<input type="checkbox"/>	<input type="checkbox"/> Institutional staff	<input type="checkbox"/>	<input type="checkbox"/> Father's partner	<input type="checkbox"/>	<input type="checkbox"/> Neighbor	<input type="checkbox"/>	<input type="checkbox"/> Grandparent	<input type="checkbox"/>	<input type="checkbox"/> Rival gang member	<input type="checkbox"/>	<input type="checkbox"/> Sibling	<input type="checkbox"/>	<input type="checkbox"/> Stranger	<input type="checkbox"/>	<input type="checkbox"/> Spouse	<input type="checkbox"/>	<input type="checkbox"/> Law enforcement officer	<input type="checkbox"/>	<input type="checkbox"/> Other relative	<input type="checkbox"/>	<input type="checkbox"/> Other, specify: <input type="checkbox"/> UK	p. Sex of person(s) handling weapon: Fatal weapon: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> UK Other weapon: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> UK	
Fatal and/or	Other weapon	Fatal and/or	Other weapon																																																				
<input type="checkbox"/>	<input type="checkbox"/> Self	<input type="checkbox"/>	<input type="checkbox"/> Friend																																																				
<input type="checkbox"/>	<input type="checkbox"/> Biological parent	<input type="checkbox"/>	<input type="checkbox"/> Acquaintance																																																				
<input type="checkbox"/>	<input type="checkbox"/> Adoptive parent	<input type="checkbox"/>	<input type="checkbox"/> Child's boyfriend or girlfriend																																																				
<input type="checkbox"/>	<input type="checkbox"/> Stepparent	<input type="checkbox"/>	<input type="checkbox"/> Classmate																																																				
<input type="checkbox"/>	<input type="checkbox"/> Foster parent	<input type="checkbox"/>	<input type="checkbox"/> Co-worker																																																				
<input type="checkbox"/>	<input type="checkbox"/> Mother's partner	<input type="checkbox"/>	<input type="checkbox"/> Institutional staff																																																				
<input type="checkbox"/>	<input type="checkbox"/> Father's partner	<input type="checkbox"/>	<input type="checkbox"/> Neighbor																																																				
<input type="checkbox"/>	<input type="checkbox"/> Grandparent	<input type="checkbox"/>	<input type="checkbox"/> Rival gang member																																																				
<input type="checkbox"/>	<input type="checkbox"/> Sibling	<input type="checkbox"/>	<input type="checkbox"/> Stranger																																																				
<input type="checkbox"/>	<input type="checkbox"/> Spouse	<input type="checkbox"/>	<input type="checkbox"/> Law enforcement officer																																																				
<input type="checkbox"/>	<input type="checkbox"/> Other relative	<input type="checkbox"/>	<input type="checkbox"/> Other, specify: <input type="checkbox"/> UK																																																				
q. Use of weapon at time, check all that apply: <input type="checkbox"/> Self-injury <input type="checkbox"/> Argument <input type="checkbox"/> Hunting <input type="checkbox"/> Russian Roulette <input type="checkbox"/> Intervener assisting crime victim (Good Samaritan) <input type="checkbox"/> Commission of crime <input type="checkbox"/> Jealousy <input type="checkbox"/> Target shooting <input type="checkbox"/> Gang-related activity <input type="checkbox"/> Other, specify: <input type="checkbox"/> Drive-by shooting <input type="checkbox"/> Intimate partner violence <input type="checkbox"/> Playing with weapon <input type="checkbox"/> Self-defense <input type="checkbox"/> Other, specify: <input type="checkbox"/> Random violence <input type="checkbox"/> Hate crime <input type="checkbox"/> Weapon mistaken for toy <input type="checkbox"/> Cleaning weapon <input type="checkbox"/> UK <input type="checkbox"/> Child was a bystander <input type="checkbox"/> Bullying <input type="checkbox"/> Showing gun to others <input type="checkbox"/> Loading weapon																																																							
7. ANIMAL BITE OR ATTACK																																																							
a. Type of animal: <input type="radio"/> Domesticated dog <input type="radio"/> Insect <input type="radio"/> Domesticated cat <input type="radio"/> Other, specify: <input type="radio"/> Snake <input type="radio"/> UK <input type="radio"/> Wild mammal, specify:		b. Animal access to child, check all that apply: <input type="checkbox"/> Animal on leash <input type="checkbox"/> Animal escaped from cage or leash <input type="checkbox"/> Animal caged or inside fence <input type="checkbox"/> Animal not caged or leashed <input type="radio"/> Child reached in <input type="checkbox"/> UK <input type="radio"/> Child entered animal area <input type="radio"/> UK		c. Did child provoke animal? If yes, how? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK																																																			
				d. Animal has history of biting or attacking? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK																																																			
8. FALL OR CRUSH																																																							
a. Type: <input type="radio"/> Fall, go to b <input type="radio"/> Crush, go to h		b. Height of fall: _____ feet _____ inches <input type="radio"/> UK		c. Child fell from: <input type="radio"/> Open window <input type="radio"/> Natural elevation <input type="radio"/> Stairs/steps <input type="radio"/> Moving object, specify: <input type="radio"/> Screen <input type="radio"/> Man-made elevation <input type="radio"/> Furniture <input type="radio"/> Bridge <input type="radio"/> No screen <input type="radio"/> Playground equipment <input type="radio"/> Bed <input type="radio"/> Overpass <input type="radio"/> UK if screen <input type="radio"/> Tree <input type="radio"/> Roof <input type="radio"/> Balcony																																																			
				<input type="radio"/> Animal, specify: <input type="radio"/> Other, specify: <input type="radio"/> UK																																																			

<p>d. Surface child fell onto:</p> <input type="radio"/> Cement/concrete <input type="radio"/> Grass <input type="radio"/> Gravel <input type="radio"/> Wood floor <input type="radio"/> Carpeted floor <input type="radio"/> Linoleum/vinyl <input type="radio"/> Marble/tile <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>e. Barrier in place:</p> <p>Check all that apply:</p> <input type="checkbox"/> None <input type="checkbox"/> Screen <input type="checkbox"/> Other window guard <input type="checkbox"/> Fence <input type="checkbox"/> Railing <input type="checkbox"/> Stairway <input type="checkbox"/> Gate <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K	<p>f. Child in a baby walker?</p> <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <p>g. Was child pushed, dropped or thrown?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <p>If yes, go to G6q</p>	<p>h. For crush, did child:</p> <input type="radio"/> Climb up on object <input type="radio"/> Pull object down <input type="radio"/> Hide behind object <input type="radio"/> Go behind object <input type="radio"/> Fall out of object <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>i. For crush, object causing crush:</p> <input type="radio"/> Appliance <input type="radio"/> Dirt/sand <input type="radio"/> Television <input type="radio"/> Person, answer G6q <input type="radio"/> Furniture <input type="radio"/> Commercial equipment <input type="radio"/> Walls <input type="radio"/> Farm equipment <input type="radio"/> Playground equipment <input type="radio"/> Other, specify: <input type="radio"/> Animal <input type="radio"/> U/K <input type="radio"/> Tree branch <input type="radio"/> Boulders/rocks										
<p>9. POISONING, OVERDOSE OR ACUTE INTOXICATION</p>														
<p>a. Type of substance involved, check all that apply:</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <p><u>Prescription drugs</u></p> <input type="checkbox"/> Antidepressant <input type="checkbox"/> Blood pressure medication <input type="checkbox"/> Pain killer (opiate) <input type="checkbox"/> Pain killer (non-opiate) <input type="checkbox"/> Methadone <input type="checkbox"/> Cardiac medication <input type="checkbox"/> Other, specify: </td> <td style="vertical-align: top;"> <p><u>Over the counter drugs</u></p> <input type="checkbox"/> Diet pills <input type="checkbox"/> Stimulants <input type="checkbox"/> Cough medicine <input type="checkbox"/> Pain medication <input type="checkbox"/> Children's vitamins <input type="checkbox"/> Iron supplement <input type="checkbox"/> Other vitamins <input type="checkbox"/> Other, specify: </td> <td style="vertical-align: top;"> <p><u>Cosmetics/personal care products</u></p> <input type="checkbox"/> Cosmetics/personal care products</td> <td style="vertical-align: top;"> <p><u>Other substances</u></p> <input type="checkbox"/> Plants <input type="checkbox"/> Alcohol <input type="checkbox"/> Street drugs <input type="checkbox"/> Pesticide <input type="checkbox"/> Antifreeze <input type="checkbox"/> Other chemical <input type="checkbox"/> Herbal remedy <input type="checkbox"/> Carbon monoxide, go to f <input type="checkbox"/> Other fume/gas/vapor <input type="checkbox"/> Other, specify: </td> <td style="vertical-align: top; text-align: right;"> <input type="radio"/> U/K </td> </tr> <tr> <td colspan="5" style="padding-top: 10px;"> <p><u>Cleaning substances</u></p> <input type="checkbox"/> Bleach <input type="checkbox"/> Drain cleaner <input type="checkbox"/> Alkaline-based cleaner <input type="checkbox"/> Solvent <input type="checkbox"/> Other, specify: </td> </tr> </table>					<p><u>Prescription drugs</u></p> <input type="checkbox"/> Antidepressant <input type="checkbox"/> Blood pressure medication <input type="checkbox"/> Pain killer (opiate) <input type="checkbox"/> Pain killer (non-opiate) <input type="checkbox"/> Methadone <input type="checkbox"/> Cardiac medication <input type="checkbox"/> Other, specify:	<p><u>Over the counter drugs</u></p> <input type="checkbox"/> Diet pills <input type="checkbox"/> Stimulants <input type="checkbox"/> Cough medicine <input type="checkbox"/> Pain medication <input type="checkbox"/> Children's vitamins <input type="checkbox"/> Iron supplement <input type="checkbox"/> Other vitamins <input type="checkbox"/> Other, specify:	<p><u>Cosmetics/personal care products</u></p> <input type="checkbox"/> Cosmetics/personal care products	<p><u>Other substances</u></p> <input type="checkbox"/> Plants <input type="checkbox"/> Alcohol <input type="checkbox"/> Street drugs <input type="checkbox"/> Pesticide <input type="checkbox"/> Antifreeze <input type="checkbox"/> Other chemical <input type="checkbox"/> Herbal remedy <input type="checkbox"/> Carbon monoxide, go to f <input type="checkbox"/> Other fume/gas/vapor <input type="checkbox"/> Other, specify:	<input type="radio"/> U/K	<p><u>Cleaning substances</u></p> <input type="checkbox"/> Bleach <input type="checkbox"/> Drain cleaner <input type="checkbox"/> Alkaline-based cleaner <input type="checkbox"/> Solvent <input type="checkbox"/> Other, specify:				
<p><u>Prescription drugs</u></p> <input type="checkbox"/> Antidepressant <input type="checkbox"/> Blood pressure medication <input type="checkbox"/> Pain killer (opiate) <input type="checkbox"/> Pain killer (non-opiate) <input type="checkbox"/> Methadone <input type="checkbox"/> Cardiac medication <input type="checkbox"/> Other, specify:	<p><u>Over the counter drugs</u></p> <input type="checkbox"/> Diet pills <input type="checkbox"/> Stimulants <input type="checkbox"/> Cough medicine <input type="checkbox"/> Pain medication <input type="checkbox"/> Children's vitamins <input type="checkbox"/> Iron supplement <input type="checkbox"/> Other vitamins <input type="checkbox"/> Other, specify:	<p><u>Cosmetics/personal care products</u></p> <input type="checkbox"/> Cosmetics/personal care products	<p><u>Other substances</u></p> <input type="checkbox"/> Plants <input type="checkbox"/> Alcohol <input type="checkbox"/> Street drugs <input type="checkbox"/> Pesticide <input type="checkbox"/> Antifreeze <input type="checkbox"/> Other chemical <input type="checkbox"/> Herbal remedy <input type="checkbox"/> Carbon monoxide, go to f <input type="checkbox"/> Other fume/gas/vapor <input type="checkbox"/> Other, specify:	<input type="radio"/> U/K										
<p><u>Cleaning substances</u></p> <input type="checkbox"/> Bleach <input type="checkbox"/> Drain cleaner <input type="checkbox"/> Alkaline-based cleaner <input type="checkbox"/> Solvent <input type="checkbox"/> Other, specify:														
<p>b. Where was the substance stored?</p> <input type="radio"/> Open area <input type="radio"/> Open cabinet <input type="radio"/> Closed cabinet, unlocked <input type="radio"/> Closed cabinet, locked <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>c. Was the product in its original container?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>d. Did container have a child safety cap?</p> <input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K <p>e. If prescription, was it child's?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<p>f. Was the incident the result of?</p> <input type="radio"/> Accidental overdose <input type="radio"/> Medical treatment mishap <input type="radio"/> Adverse effect, but not overdose <input type="radio"/> Deliberate poisoning <input type="radio"/> Acute intoxication <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>g. Was Poison Control called?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <p>If yes, who called:</p> <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Other caregiver <input type="radio"/> First responder <input type="radio"/> Medical person <input type="radio"/> Other, specify: <input type="radio"/> U/K	<p>h. For CO poisoning, was a CO detector present?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <p>If yes, how many? _____</p> <p>Functioning properly?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K										
<p>10. EXPOSURE</p>														
<p>a. Circumstances, check all that apply:</p> <input type="checkbox"/> Abandonment <input type="checkbox"/> Left in car <input type="checkbox"/> Left in room <input type="checkbox"/> Submerged in water <input type="checkbox"/> Injured outdoors <input type="checkbox"/> Lost outdoors <input type="checkbox"/> Illegal border crossing <input type="checkbox"/> Other, specify: <input type="checkbox"/> U/K	<p>b. Condition of exposure:</p> <input type="radio"/> Hyperthermia <input type="radio"/> Hypothermia <input type="radio"/> U/K <p>_____ Ambient temp, degrees F</p>	<p>c. Number of hours exposed:</p> <p>_____</p> <input type="radio"/> U/K	<p>d. Was child wearing appropriate clothing?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K											
<p>11. MEDICAL CONDITION</p>														
<p>a. How long did the child have the medical condition?</p> <input type="radio"/> In utero <input type="radio"/> Weeks <input type="radio"/> Since birth <input type="radio"/> Months <input type="radio"/> Hours <input type="radio"/> Years <input type="radio"/> Days <input type="radio"/> U/K	<p>b. Was death expected as a result of medical condition?</p> <input type="radio"/> N/A not previously diagnosed <input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> But at a later time <input type="radio"/> U/K	<p>c. Was child receiving health care for the medical condition?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <p>If yes, within 48 hours of the death?</p> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	<p>d. Were the prescribed care plans appropriate for the medical condition?</p> <input type="radio"/> N/A <input type="radio"/> No, specify: <input type="radio"/> Yes <input type="radio"/> U/K											
<p>e. Was child/family compliant with the prescribed care plans?</p> <input type="radio"/> N/A <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K <p>If no, what wasn't compliant? Check all that apply.</p>		<p>f. Was child up to date with American Academy of Pediatrics immunization schedule?</p> <input type="radio"/> N/A <input type="radio"/> No, specify: <input type="radio"/> Yes <input type="radio"/> U/K		<p>g. Was medical condition associated with an outbreak?</p> <input type="radio"/> No <input type="radio"/> Yes, specify: <input type="radio"/> U/K										

<p>n. Was environmental tobacco exposure a contributing factor in death?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> UIK</p>	<p>l. Were there access or compliance issues related to the death? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UIK. If yes, check all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> Lack of money for care</td> <td><input type="checkbox"/> Language barriers</td> <td><input type="checkbox"/> Caregiver distrust of health care system</td> </tr> <tr> <td><input type="checkbox"/> Limitations of health insurance coverage</td> <td><input type="checkbox"/> Referrals not made</td> <td><input type="checkbox"/> Caregiver unskilled in providing care</td> </tr> <tr> <td><input type="checkbox"/> Multiple health insurance, not coordinated</td> <td><input type="checkbox"/> Specialist needed, not available</td> <td><input type="checkbox"/> Caregiver unwilling to provide care</td> </tr> <tr> <td><input type="checkbox"/> Lack of transportation</td> <td><input type="checkbox"/> Multiple providers, not coordinated</td> <td><input type="checkbox"/> Caregiver's partner would not allow care</td> </tr> <tr> <td><input type="checkbox"/> No phone</td> <td><input type="checkbox"/> Lack of child care</td> <td><input type="checkbox"/> Other, specify: _____</td> </tr> <tr> <td><input type="checkbox"/> Cultural differences</td> <td><input type="checkbox"/> Lack of family or social support</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Religious objections to care</td> <td><input type="checkbox"/> Services not available</td> <td><input type="checkbox"/> UIK</td> </tr> </table>	<input type="checkbox"/> Lack of money for care	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Caregiver distrust of health care system	<input type="checkbox"/> Limitations of health insurance coverage	<input type="checkbox"/> Referrals not made	<input type="checkbox"/> Caregiver unskilled in providing care	<input type="checkbox"/> Multiple health insurance, not coordinated	<input type="checkbox"/> Specialist needed, not available	<input type="checkbox"/> Caregiver unwilling to provide care	<input type="checkbox"/> Lack of transportation	<input type="checkbox"/> Multiple providers, not coordinated	<input type="checkbox"/> Caregiver's partner would not allow care	<input type="checkbox"/> No phone	<input type="checkbox"/> Lack of child care	<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Cultural differences	<input type="checkbox"/> Lack of family or social support		<input type="checkbox"/> Religious objections to care	<input type="checkbox"/> Services not available	<input type="checkbox"/> UIK
<input type="checkbox"/> Lack of money for care	<input type="checkbox"/> Language barriers	<input type="checkbox"/> Caregiver distrust of health care system																				
<input type="checkbox"/> Limitations of health insurance coverage	<input type="checkbox"/> Referrals not made	<input type="checkbox"/> Caregiver unskilled in providing care																				
<input type="checkbox"/> Multiple health insurance, not coordinated	<input type="checkbox"/> Specialist needed, not available	<input type="checkbox"/> Caregiver unwilling to provide care																				
<input type="checkbox"/> Lack of transportation	<input type="checkbox"/> Multiple providers, not coordinated	<input type="checkbox"/> Caregiver's partner would not allow care																				
<input type="checkbox"/> No phone	<input type="checkbox"/> Lack of child care	<input type="checkbox"/> Other, specify: _____																				
<input type="checkbox"/> Cultural differences	<input type="checkbox"/> Lack of family or social support																					
<input type="checkbox"/> Religious objections to care	<input type="checkbox"/> Services not available	<input type="checkbox"/> UIK																				
<p>12. OTHER CAUSE, UNDETERMINED CAUSE OR UNKNOWN CAUSE</p>																						
<p>Specify cause, describe in detail here or in narrative:</p>																						
<p>H. OTHER CIRCUMSTANCES OF INCIDENT- ANSWER RELEVANT SECTIONS</p>																						
<p>1. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE: WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT? <input type="radio"/> No, go to H2 <input type="radio"/> Yes <input type="radio"/> UIK, go to H2</p>																						
<p>a. Incident sleep place:</p> <p><input type="radio"/> Crib</p> <p>If crib, type:</p> <p><input type="radio"/> Not portable</p> <p><input type="radio"/> Portable, e.g. pack-n-play</p> <p><input type="radio"/> Unknown crib type</p> <p><input type="radio"/> Bassinette</p> <p><input type="radio"/> Adult bed</p> <p><input type="radio"/> Waterbed</p> <p><input type="radio"/> Playpen/other play structure but not portable crib</p> <p><input type="radio"/> Couch</p> <p><input type="radio"/> Chair</p> <p><input type="radio"/> Floor</p> <p><input type="radio"/> Car seat</p> <p><input type="radio"/> Stroller</p> <p><input type="radio"/> Other, specify: _____</p> <p><input type="radio"/> UIK</p>	<p>b. Child put to sleep:</p> <p><input type="radio"/> On back</p> <p><input type="radio"/> On stomach</p> <p><input type="radio"/> On side</p> <p><input type="radio"/> UIK</p> <p>c. Child found:</p> <p><input type="radio"/> On back</p> <p><input type="radio"/> On stomach</p> <p><input type="radio"/> On side</p> <p><input type="radio"/> UIK</p>																					
<p>d. Usual sleep place:</p> <p><input type="radio"/> Crib</p> <p>If crib, type:</p> <p><input type="radio"/> Not portable</p> <p><input type="radio"/> Portable, e.g. pack-n-play</p> <p><input type="radio"/> Unknown crib type</p> <p><input type="radio"/> Bassinette</p> <p><input type="radio"/> Adult bed</p> <p><input type="radio"/> Waterbed</p> <p><input type="radio"/> Playpen/other play structure but not portable crib</p> <p><input type="radio"/> Couch</p> <p><input type="radio"/> Chair</p> <p><input type="radio"/> Floor</p> <p><input type="radio"/> Car seat</p> <p><input type="radio"/> Stroller</p> <p><input type="radio"/> Other, specify: _____</p> <p><input type="radio"/> UIK</p>	<p>e. Usual sleep position:</p> <p><input type="radio"/> On back</p> <p><input type="radio"/> On stomach</p> <p><input type="radio"/> On side</p> <p><input type="radio"/> UIK</p> <p>f. Was there a crib, bassinette or port-a-crib in home for child?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> UIK</p>																					
<p>g. Child in a new or different environment than usual?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UIK. If yes, specify: _____</p>	<p>h. Child last placed to sleep with a pacifier?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UIK</p>	<p>i. Was a fan being used in the room at the time of death?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UIK. If yes, type: _____</p>																				
<p>j. Circumstances when child found:</p> <table border="0"> <tr> <td><u>Child's slings was:</u></td> <td><u>Child's position most relevant to death:</u></td> <td><u>With what objects or persons, check all that apply:</u></td> </tr> <tr> <td> <input type="radio"/> Unobstructed by person or object <input type="radio"/> Fully obstructed by person or object <input type="radio"/> Partially obstructed by person or object <input type="radio"/> UIK </td> <td> <input type="radio"/> On top of <input type="radio"/> Under <input type="radio"/> Between <input type="radio"/> Wedged into <input type="radio"/> Pressed into <input type="radio"/> Fell or rolled onto <input type="radio"/> Tangled in <input type="radio"/> Other, specify: _____ <input type="radio"/> UIK </td> <td> <input type="checkbox"/> Adult(s) <input type="checkbox"/> Child(ren) <input type="checkbox"/> Animal(s) <input type="checkbox"/> Blanket <input type="checkbox"/> Pillow <input type="checkbox"/> Comforter <input type="checkbox"/> Mattress <input type="checkbox"/> Pillow-top mattress <input type="checkbox"/> Water bed mattress <input type="checkbox"/> Air mattress <input type="checkbox"/> Bumper pads <input type="checkbox"/> Crib rail <input type="checkbox"/> Couch <input type="checkbox"/> Chair, type: _____ <input type="checkbox"/> Car seat/stroller <input type="checkbox"/> Stuffed toy <input type="checkbox"/> Clothing <input type="checkbox"/> Cord <input type="checkbox"/> Plastic bag <input type="checkbox"/> Wall <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> UIK </td> </tr> </table>			<u>Child's slings was:</u>	<u>Child's position most relevant to death:</u>	<u>With what objects or persons, check all that apply:</u>	<input type="radio"/> Unobstructed by person or object <input type="radio"/> Fully obstructed by person or object <input type="radio"/> Partially obstructed by person or object <input type="radio"/> UIK	<input type="radio"/> On top of <input type="radio"/> Under <input type="radio"/> Between <input type="radio"/> Wedged into <input type="radio"/> Pressed into <input type="radio"/> Fell or rolled onto <input type="radio"/> Tangled in <input type="radio"/> Other, specify: _____ <input type="radio"/> UIK	<input type="checkbox"/> Adult(s) <input type="checkbox"/> Child(ren) <input type="checkbox"/> Animal(s) <input type="checkbox"/> Blanket <input type="checkbox"/> Pillow <input type="checkbox"/> Comforter <input type="checkbox"/> Mattress <input type="checkbox"/> Pillow-top mattress <input type="checkbox"/> Water bed mattress <input type="checkbox"/> Air mattress <input type="checkbox"/> Bumper pads <input type="checkbox"/> Crib rail <input type="checkbox"/> Couch <input type="checkbox"/> Chair, type: _____ <input type="checkbox"/> Car seat/stroller <input type="checkbox"/> Stuffed toy <input type="checkbox"/> Clothing <input type="checkbox"/> Cord <input type="checkbox"/> Plastic bag <input type="checkbox"/> Wall <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> UIK														
<u>Child's slings was:</u>	<u>Child's position most relevant to death:</u>	<u>With what objects or persons, check all that apply:</u>																				
<input type="radio"/> Unobstructed by person or object <input type="radio"/> Fully obstructed by person or object <input type="radio"/> Partially obstructed by person or object <input type="radio"/> UIK	<input type="radio"/> On top of <input type="radio"/> Under <input type="radio"/> Between <input type="radio"/> Wedged into <input type="radio"/> Pressed into <input type="radio"/> Fell or rolled onto <input type="radio"/> Tangled in <input type="radio"/> Other, specify: _____ <input type="radio"/> UIK	<input type="checkbox"/> Adult(s) <input type="checkbox"/> Child(ren) <input type="checkbox"/> Animal(s) <input type="checkbox"/> Blanket <input type="checkbox"/> Pillow <input type="checkbox"/> Comforter <input type="checkbox"/> Mattress <input type="checkbox"/> Pillow-top mattress <input type="checkbox"/> Water bed mattress <input type="checkbox"/> Air mattress <input type="checkbox"/> Bumper pads <input type="checkbox"/> Crib rail <input type="checkbox"/> Couch <input type="checkbox"/> Chair, type: _____ <input type="checkbox"/> Car seat/stroller <input type="checkbox"/> Stuffed toy <input type="checkbox"/> Clothing <input type="checkbox"/> Cord <input type="checkbox"/> Plastic bag <input type="checkbox"/> Wall <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> UIK																				
<p>k. Caregiver/supervisor fell asleep while feeding child? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UIK</p> <p>If yes, type of feeding:</p> <p><input type="radio"/> Bottle</p> <p><input type="radio"/> Breast</p> <p><input type="radio"/> UIK</p>	<p>l. Child sleeping in the same room as caregiver/supervisor at time of death?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UIK</p>	<p>m. Child sleeping on same surface with person(s) or animal(s)? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UIK</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> With adult(s): # _____ <input type="checkbox"/> #UIK Adult obese: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UIK</p> <p><input type="checkbox"/> With other children: # _____ <input type="checkbox"/> #UIK Children's ages: _____</p> <p><input type="checkbox"/> With animal(s): # _____ <input type="checkbox"/> #UIK Type(s) of animal: _____</p> <p><input type="checkbox"/> UIK</p>																				
<p>2. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT? <input type="radio"/> No, go to H3 <input type="radio"/> Yes <input type="radio"/> UIK, go to H3</p>																						
<p>a. Describe product and circumstances:</p>	<p>b. Was product used properly?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UIK</p>	<p>c. Is a recall in place?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UIK</p>	<p>d. Did product have safety label?</p> <p><input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UIK</p>	<p>e. Was Consumer Product Safety Commission (CPSC) notified?</p> <p><input type="radio"/> No, call 1-800-638-2772 to file report</p> <p><input type="radio"/> Yes <input type="radio"/> UIK</p>																		

3. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK																																																													
a. Type of crime, check all that apply: <input type="checkbox"/> Robbery/burglary <input type="checkbox"/> Other assault <input type="checkbox"/> Arson <input type="checkbox"/> Illegal border crossing <input type="checkbox"/> UK <input type="checkbox"/> Interpersonal violence <input type="checkbox"/> Gang conflict <input type="checkbox"/> Prostitution <input type="checkbox"/> Auto theft <input type="checkbox"/> Sexual assault <input type="checkbox"/> Drug trade <input type="checkbox"/> Witness intimidation <input type="checkbox"/> Other, specify:																																																													
I. ACTS OF OMISSION OR COMMISSION INCLUDING POOR SUPERVISION, CHILD ABUSE & NEGLECT, ASSAULTS, AND SUICIDE																																																													
Type of Act																																																													
1. Did any act(s) of omission or commission cause and/or contribute to the death? <input type="radio"/> No, go to Section J <input type="radio"/> Yes <input type="radio"/> Probable <input type="radio"/> UK, go to Section J If yes/probable, were the act(s) either or both? Check all that apply: <input type="checkbox"/> The direct cause of death <input type="checkbox"/> The contributing cause of death	2. Was the act(s): Check only one per column. <table border="0"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Unintentional</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Intentional</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Undetermined intent</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> UK</td> </tr> </table>	<u>Caused</u>	<u>Contributed</u>	<input type="radio"/>	<input type="radio"/> Unintentional	<input type="radio"/>	<input type="radio"/> Intentional	<input type="radio"/>	<input type="radio"/> Undetermined intent	<input type="radio"/>	<input type="radio"/> UK	3. What acts caused or contributed to the death? Check only one per column and describe in narrative. <table border="0"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Poor/absent supervision, go to 11</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Child abuse, go to 4</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Child neglect, go to 9</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Other negligence, go to 10</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Assault, not child abuse, go to 11</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Religious/cultural practices, go to 11</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Suicide, go to 28</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Medical misadventure, specify and go to 12</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Other, specify and go to 11</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> UK, go to 11</td> </tr> </table>		<u>Caused</u>	<u>Contributed</u>	<input type="radio"/>	<input type="radio"/> Poor/absent supervision, go to 11	<input type="radio"/>	<input type="radio"/> Child abuse, go to 4	<input type="radio"/>	<input type="radio"/> Child neglect, go to 9	<input type="radio"/>	<input type="radio"/> Other negligence, go to 10	<input type="radio"/>	<input type="radio"/> Assault, not child abuse, go to 11	<input type="radio"/>	<input type="radio"/> Religious/cultural practices, go to 11	<input type="radio"/>	<input type="radio"/> Suicide, go to 28	<input type="radio"/>	<input type="radio"/> Medical misadventure, specify and go to 12	<input type="radio"/>	<input type="radio"/> Other, specify and go to 11	<input type="radio"/>	<input type="radio"/> UK, go to 11																										
<u>Caused</u>	<u>Contributed</u>																																																												
<input type="radio"/>	<input type="radio"/> Unintentional																																																												
<input type="radio"/>	<input type="radio"/> Intentional																																																												
<input type="radio"/>	<input type="radio"/> Undetermined intent																																																												
<input type="radio"/>	<input type="radio"/> UK																																																												
<u>Caused</u>	<u>Contributed</u>																																																												
<input type="radio"/>	<input type="radio"/> Poor/absent supervision, go to 11																																																												
<input type="radio"/>	<input type="radio"/> Child abuse, go to 4																																																												
<input type="radio"/>	<input type="radio"/> Child neglect, go to 9																																																												
<input type="radio"/>	<input type="radio"/> Other negligence, go to 10																																																												
<input type="radio"/>	<input type="radio"/> Assault, not child abuse, go to 11																																																												
<input type="radio"/>	<input type="radio"/> Religious/cultural practices, go to 11																																																												
<input type="radio"/>	<input type="radio"/> Suicide, go to 28																																																												
<input type="radio"/>	<input type="radio"/> Medical misadventure, specify and go to 12																																																												
<input type="radio"/>	<input type="radio"/> Other, specify and go to 11																																																												
<input type="radio"/>	<input type="radio"/> UK, go to 11																																																												
4. Child abuse, type. Check all that apply and describe in narrative. <input type="checkbox"/> Physical, go to 5 <input type="checkbox"/> Emotional, specify and go to 11 <input type="checkbox"/> Sexual, specify and go to 11 <input type="checkbox"/> UK, go to 11	5. Type of physical abuse, check all that apply: <input type="checkbox"/> Abusive head trauma, go to 6 <input type="checkbox"/> Chronic Blatant Child Syndrome, go to 8 <input type="checkbox"/> Beating/kicking, go to 8 <input type="checkbox"/> Scalding or burning, go to 8 <input type="checkbox"/> Munchausen Syndrome by Proxy, go to 8 <input type="checkbox"/> Other, specify and go to 8 <input type="checkbox"/> UK, go to 8	6. For abusive head trauma, were there retinal hemorrhages? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK 7. For abusive head trauma, was the child shaken? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK If yes, was there impact? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> UK	8. Event(s) triggering physical abuse, check all that apply: <input type="checkbox"/> None <input type="checkbox"/> Crying <input type="checkbox"/> Toilet training <input type="checkbox"/> Disobedience <input type="checkbox"/> Feeding problems <input type="checkbox"/> Domestic argument <input type="checkbox"/> Other, specify: <input type="checkbox"/> UK																																																										
9. Child neglect, check all that apply: <input type="checkbox"/> Failure to protect from hazards, specify: <input type="checkbox"/> Failure to provide necessities <input type="checkbox"/> Shelter <input type="checkbox"/> Other, specify: <input type="checkbox"/> Failure to seek/follow treatment, specify: <input type="checkbox"/> Emotional neglect, specify: <input type="checkbox"/> Abandonment, specify: <input type="checkbox"/> UK	10. Other negligence: <input type="radio"/> Vehicular <input type="radio"/> Other, specify: <input type="radio"/> UK	11. Was act(s) of omission/commission: <table border="0"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Chronic with child</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Pattern in family or with perpetrator</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Isolated incident</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> UK</td> </tr> </table>		<u>Caused</u>	<u>Contributed</u>	<input type="radio"/>	<input type="radio"/> Chronic with child	<input type="radio"/>	<input type="radio"/> Pattern in family or with perpetrator	<input type="radio"/>	<input type="radio"/> Isolated incident	<input type="radio"/>	<input type="radio"/> UK																																																
<u>Caused</u>	<u>Contributed</u>																																																												
<input type="radio"/>	<input type="radio"/> Chronic with child																																																												
<input type="radio"/>	<input type="radio"/> Pattern in family or with perpetrator																																																												
<input type="radio"/>	<input type="radio"/> Isolated incident																																																												
<input type="radio"/>	<input type="radio"/> UK																																																												
Person(s) Responsible																																																													
12. Is person the caregiver or supervisor in previous section? <table border="0"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Yes, caregiver one, go to 25</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Yes, caregiver two, go to 25</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Yes, supervisor, go to 26</td> </tr> </table>	<u>Caused</u>	<u>Contributed</u>	<input type="radio"/>	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/> Yes, caregiver one, go to 25	<input type="radio"/>	<input type="radio"/> Yes, caregiver two, go to 25	<input type="radio"/>	<input type="radio"/> Yes, supervisor, go to 26	13. Primary person responsible for action(s) that caused and/or contributed to death: Select no more than one person for caused and one person for contributed. <table border="0"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Self, go to 25</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Grandparent</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Medical provider</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Biological parent</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Sibling</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Institutional staff</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Adoptive parent</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Other relative</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Babysitter</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Stepparent</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Friend</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Licensed child care worker</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Foster parent</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Acquaintance</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Other, specify:</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Mother's partner</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Child's boyfriend or girlfriend</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> UK</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Father's partner</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Stranger</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>			<u>Caused</u>	<u>Contributed</u>	<u>Caused</u>	<u>Contributed</u>	<u>Caused</u>	<u>Contributed</u>	<input type="radio"/>	<input type="radio"/> Self, go to 25	<input type="radio"/>	<input type="radio"/> Grandparent	<input type="radio"/>	<input type="radio"/> Medical provider	<input type="radio"/>	<input type="radio"/> Biological parent	<input type="radio"/>	<input type="radio"/> Sibling	<input type="radio"/>	<input type="radio"/> Institutional staff	<input type="radio"/>	<input type="radio"/> Adoptive parent	<input type="radio"/>	<input type="radio"/> Other relative	<input type="radio"/>	<input type="radio"/> Babysitter	<input type="radio"/>	<input type="radio"/> Stepparent	<input type="radio"/>	<input type="radio"/> Friend	<input type="radio"/>	<input type="radio"/> Licensed child care worker	<input type="radio"/>	<input type="radio"/> Foster parent	<input type="radio"/>	<input type="radio"/> Acquaintance	<input type="radio"/>	<input type="radio"/> Other, specify:	<input type="radio"/>	<input type="radio"/> Mother's partner	<input type="radio"/>	<input type="radio"/> Child's boyfriend or girlfriend	<input type="radio"/>	<input type="radio"/> UK	<input type="radio"/>	<input type="radio"/> Father's partner	<input type="radio"/>	<input type="radio"/> Stranger	<input type="radio"/>	<input type="radio"/>
<u>Caused</u>	<u>Contributed</u>																																																												
<input type="radio"/>	<input type="radio"/> No																																																												
<input type="radio"/>	<input type="radio"/> Yes, caregiver one, go to 25																																																												
<input type="radio"/>	<input type="radio"/> Yes, caregiver two, go to 25																																																												
<input type="radio"/>	<input type="radio"/> Yes, supervisor, go to 26																																																												
<u>Caused</u>	<u>Contributed</u>	<u>Caused</u>	<u>Contributed</u>	<u>Caused</u>	<u>Contributed</u>																																																								
<input type="radio"/>	<input type="radio"/> Self, go to 25	<input type="radio"/>	<input type="radio"/> Grandparent	<input type="radio"/>	<input type="radio"/> Medical provider																																																								
<input type="radio"/>	<input type="radio"/> Biological parent	<input type="radio"/>	<input type="radio"/> Sibling	<input type="radio"/>	<input type="radio"/> Institutional staff																																																								
<input type="radio"/>	<input type="radio"/> Adoptive parent	<input type="radio"/>	<input type="radio"/> Other relative	<input type="radio"/>	<input type="radio"/> Babysitter																																																								
<input type="radio"/>	<input type="radio"/> Stepparent	<input type="radio"/>	<input type="radio"/> Friend	<input type="radio"/>	<input type="radio"/> Licensed child care worker																																																								
<input type="radio"/>	<input type="radio"/> Foster parent	<input type="radio"/>	<input type="radio"/> Acquaintance	<input type="radio"/>	<input type="radio"/> Other, specify:																																																								
<input type="radio"/>	<input type="radio"/> Mother's partner	<input type="radio"/>	<input type="radio"/> Child's boyfriend or girlfriend	<input type="radio"/>	<input type="radio"/> UK																																																								
<input type="radio"/>	<input type="radio"/> Father's partner	<input type="radio"/>	<input type="radio"/> Stranger	<input type="radio"/>	<input type="radio"/>																																																								
14. Person's age in years: <table border="0"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____ # Years</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> UK</td> </tr> </table>	<u>Caused</u>	<u>Contributed</u>	_____	_____ # Years	<input type="radio"/>	<input type="radio"/> UK	15. Person's sex: <table border="0"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Male</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Female</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> UK</td> </tr> </table>	<u>Caused</u>	<u>Contributed</u>	<input type="radio"/>	<input type="radio"/> Male	<input type="radio"/>	<input type="radio"/> Female	<input type="radio"/>	<input type="radio"/> UK	16. Does person speak English? <table border="0"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Yes</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> UK</td> </tr> </table> If no, language spoken:	<u>Caused</u>	<u>Contributed</u>	<input type="radio"/>	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/> Yes	<input type="radio"/>	<input type="radio"/> UK	17. Person on active military duty? <table border="0"> <tr> <td style="text-align: center;"><u>Caused</u></td> <td style="text-align: center;"><u>Contributed</u></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> No</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> Yes</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/> UK</td> </tr> </table> If yes, specify branch:	<u>Caused</u>	<u>Contributed</u>	<input type="radio"/>	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/> Yes	<input type="radio"/>	<input type="radio"/> UK																												
<u>Caused</u>	<u>Contributed</u>																																																												
_____	_____ # Years																																																												
<input type="radio"/>	<input type="radio"/> UK																																																												
<u>Caused</u>	<u>Contributed</u>																																																												
<input type="radio"/>	<input type="radio"/> Male																																																												
<input type="radio"/>	<input type="radio"/> Female																																																												
<input type="radio"/>	<input type="radio"/> UK																																																												
<u>Caused</u>	<u>Contributed</u>																																																												
<input type="radio"/>	<input type="radio"/> No																																																												
<input type="radio"/>	<input type="radio"/> Yes																																																												
<input type="radio"/>	<input type="radio"/> UK																																																												
<u>Caused</u>	<u>Contributed</u>																																																												
<input type="radio"/>	<input type="radio"/> No																																																												
<input type="radio"/>	<input type="radio"/> Yes																																																												
<input type="radio"/>	<input type="radio"/> UK																																																												

<p>18. Person have history of substance abuse?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> UK</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Alcohol <input type="checkbox"/> <input type="checkbox"/> Cocaine <input type="checkbox"/> <input type="checkbox"/> Marijuana <input type="checkbox"/> <input type="checkbox"/> Methamphetamine <input type="checkbox"/> <input type="checkbox"/> Opiates <input type="checkbox"/> <input type="checkbox"/> Prescription drugs <input type="checkbox"/> <input type="checkbox"/> Over-the-counter <input type="checkbox"/> <input type="checkbox"/> Other, specify: <input type="checkbox"/> <input type="checkbox"/> UK</p>	<p>19. Person have history of child maltreatment as victim?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> UK</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical <input type="checkbox"/> <input type="checkbox"/> Neglect <input type="checkbox"/> <input type="checkbox"/> Sexual <input type="checkbox"/> <input type="checkbox"/> Emotional/psychological <input type="checkbox"/> <input type="checkbox"/> UK</p> <p>_____ # CPS referrals _____ # Substantiations <input type="checkbox"/> <input type="checkbox"/> Ever in foster care or adopted?</p>	<p>20. Person have history of child maltreatment as a perpetrator?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> UK</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical <input type="checkbox"/> <input type="checkbox"/> Neglect <input type="checkbox"/> <input type="checkbox"/> Sexual <input type="checkbox"/> <input type="checkbox"/> Emotional/psychological <input type="checkbox"/> <input type="checkbox"/> UK</p> <p>_____ # CPS referrals _____ # Substantiations <input type="checkbox"/> <input type="checkbox"/> CPS prevention services? <input type="checkbox"/> <input type="checkbox"/> Family Preservation svcs? <input type="checkbox"/> <input type="checkbox"/> Children ever removed?</p>	<p>21. Person have disability or chronic illness?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> UK</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Physical, specify: <input type="checkbox"/> <input type="checkbox"/> Mental, specify: <input type="checkbox"/> <input type="checkbox"/> Sensory, specify: <input type="checkbox"/> <input type="checkbox"/> UK</p> <p>If mental, was caregiver receiving services?</p> <p><input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> UK</p>																																																																																
<p>22. Person have prior child deaths?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> UK</p>	<p>If yes, check all that apply:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Child abuse # _____ <input type="checkbox"/> <input type="checkbox"/> Child neglect # _____ <input type="checkbox"/> <input type="checkbox"/> Accident # _____ <input type="checkbox"/> <input type="checkbox"/> Suicide # _____ <input type="checkbox"/> <input type="checkbox"/> SIDS # _____ <input type="checkbox"/> <input type="checkbox"/> Other # _____ Other, specify: <input type="checkbox"/> <input type="checkbox"/> UK</p>	<p>23. Person have history of intimate partner violence?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Yes, as victim <input type="checkbox"/> <input type="checkbox"/> Yes, as perpetrator <input type="checkbox"/> <input type="checkbox"/> UK</p>	<p>24. Person have delinquent/criminal history?</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="radio"/> <input type="radio"/> No <input type="radio"/> <input type="radio"/> Yes <input type="radio"/> <input type="radio"/> UK</p> <p>If yes, check all that apply:</p> <p><input type="checkbox"/> <input type="checkbox"/> Assaults <input type="checkbox"/> <input type="checkbox"/> Robbery <input type="checkbox"/> <input type="checkbox"/> Drugs <input type="checkbox"/> <input type="checkbox"/> Other, specify: <input type="checkbox"/> <input type="checkbox"/> UK</p>																																																																																
<p>25. At time of incident was person, check all that apply:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Drug impaired? <input type="checkbox"/> <input type="checkbox"/> Alcohol impaired? <input type="checkbox"/> <input type="checkbox"/> Asleep? <input type="checkbox"/> <input type="checkbox"/> Distracted? <input type="checkbox"/> <input type="checkbox"/> Absent? <input type="checkbox"/> <input type="checkbox"/> Impaired by illness? Specify: <input type="checkbox"/> <input type="checkbox"/> Impaired by disability? Specify: <input type="checkbox"/> <input type="checkbox"/> Other? Specify:</p>	<p>26. Does person have, check all that apply:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> Prior history of similar acts? <input type="checkbox"/> <input type="checkbox"/> Prior arrests? <input type="checkbox"/> <input type="checkbox"/> Prior convictions?</p>	<p>27. Legal outcomes in this death, check all that apply:</p> <p><u>Caused</u> <u>Contributed</u></p> <p><input type="checkbox"/> <input type="checkbox"/> No charges filed <input type="checkbox"/> <input type="checkbox"/> Charges pending <input type="checkbox"/> <input type="checkbox"/> Charges filed, specify: <input type="checkbox"/> <input type="checkbox"/> Confession <input type="checkbox"/> <input type="checkbox"/> Plead, specify: <input type="checkbox"/> <input type="checkbox"/> Not guilty verdict <input type="checkbox"/> <input type="checkbox"/> Guilty verdict, specify: <input type="checkbox"/> <input type="checkbox"/> Tort charges, specify: <input type="checkbox"/> <input type="checkbox"/> UK</p>																																																																																	
For Suicide																																																																																			
<p>28. For suicide, select yes, no or uk for each question. Describe answers in narrative.</p> <table border="0"> <tr> <td><u>Yes</u></td> <td><u>No</u></td> <td><u>UK</u></td> <td></td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>A note was left?</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Child talked about suicide?</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Prior suicide threats were made?</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Prior attempts were made?</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Suicide was completely unexpected?</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Child had a history of running away?</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Child had a history of self mutilation?</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>There is a family history of suicide?</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Suicide was part of a murder-suicide?</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Suicide was part of a suicide pact?</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>Suicide was part of a suicide cluster?</td> </tr> </table>		<u>Yes</u>	<u>No</u>	<u>UK</u>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A note was left?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child talked about suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Prior suicide threats were made?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Prior attempts were made?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suicide was completely unexpected?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child had a history of running away?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child had a history of self mutilation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	There is a family history of suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suicide was part of a murder-suicide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suicide was part of a suicide pact?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suicide was part of a suicide cluster?	<p>29. For suicide, was there a history of acute or cumulative personal crisis that may have contributed to the child's despondency? Check all that apply:</p> <table border="0"> <tr> <td><input type="checkbox"/> None known</td> <td><input type="checkbox"/> Physical abuse/assault</td> </tr> <tr> <td><input type="checkbox"/> Family discord</td> <td><input type="checkbox"/> Rape/sexual abuse</td> </tr> <tr> <td><input type="checkbox"/> Parents' divorce/separation</td> <td><input type="checkbox"/> Problems with the law</td> </tr> <tr> <td><input type="checkbox"/> Argument with parents/caregivers</td> <td><input type="checkbox"/> Drugs/alcohol</td> </tr> <tr> <td><input type="checkbox"/> Argument with boyfriend/girlfriend</td> <td><input type="checkbox"/> Sexual orientation</td> </tr> <tr> <td><input type="checkbox"/> Breakup with boyfriend/girlfriend</td> <td><input type="checkbox"/> Religious/cultural issues</td> </tr> <tr> <td><input type="checkbox"/> Argument with other friends</td> <td><input type="checkbox"/> Job problems</td> </tr> <tr> <td><input type="checkbox"/> Rumor mongering</td> <td><input type="checkbox"/> Money problems</td> </tr> <tr> <td><input type="checkbox"/> Suicide by friend or relative</td> <td><input type="checkbox"/> Gambling problems</td> </tr> <tr> <td><input type="checkbox"/> Other death of friend or relative</td> <td><input type="checkbox"/> Involvement in cult activities</td> </tr> <tr> <td><input type="checkbox"/> Bullying as victim</td> <td><input type="checkbox"/> Involvement in computer or video games</td> </tr> <tr> <td><input type="checkbox"/> Bullying as perpetrator</td> <td><input type="checkbox"/> Involvement with the internet, specify:</td> </tr> <tr> <td><input type="checkbox"/> School failure</td> <td><input type="checkbox"/> Other, specify:</td> </tr> <tr> <td><input type="checkbox"/> Moved/new school</td> <td><input type="checkbox"/> UK</td> </tr> <tr> <td><input type="checkbox"/> Other serious school problems</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Pregnancy</td> <td></td> </tr> </table>		<input type="checkbox"/> None known	<input type="checkbox"/> Physical abuse/assault	<input type="checkbox"/> Family discord	<input type="checkbox"/> Rape/sexual abuse	<input type="checkbox"/> Parents' divorce/separation	<input type="checkbox"/> Problems with the law	<input type="checkbox"/> Argument with parents/caregivers	<input type="checkbox"/> Drugs/alcohol	<input type="checkbox"/> Argument with boyfriend/girlfriend	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Breakup with boyfriend/girlfriend	<input type="checkbox"/> Religious/cultural issues	<input type="checkbox"/> Argument with other friends	<input type="checkbox"/> Job problems	<input type="checkbox"/> Rumor mongering	<input type="checkbox"/> Money problems	<input type="checkbox"/> Suicide by friend or relative	<input type="checkbox"/> Gambling problems	<input type="checkbox"/> Other death of friend or relative	<input type="checkbox"/> Involvement in cult activities	<input type="checkbox"/> Bullying as victim	<input type="checkbox"/> Involvement in computer or video games	<input type="checkbox"/> Bullying as perpetrator	<input type="checkbox"/> Involvement with the internet, specify:	<input type="checkbox"/> School failure	<input type="checkbox"/> Other, specify:	<input type="checkbox"/> Moved/new school	<input type="checkbox"/> UK	<input type="checkbox"/> Other serious school problems		<input type="checkbox"/> Pregnancy	
<u>Yes</u>	<u>No</u>	<u>UK</u>																																																																																	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	A note was left?																																																																																
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child talked about suicide?																																																																																
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Prior suicide threats were made?																																																																																
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Prior attempts were made?																																																																																
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suicide was completely unexpected?																																																																																
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child had a history of running away?																																																																																
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Child had a history of self mutilation?																																																																																
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	There is a family history of suicide?																																																																																
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suicide was part of a murder-suicide?																																																																																
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suicide was part of a suicide pact?																																																																																
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suicide was part of a suicide cluster?																																																																																
<input type="checkbox"/> None known	<input type="checkbox"/> Physical abuse/assault																																																																																		
<input type="checkbox"/> Family discord	<input type="checkbox"/> Rape/sexual abuse																																																																																		
<input type="checkbox"/> Parents' divorce/separation	<input type="checkbox"/> Problems with the law																																																																																		
<input type="checkbox"/> Argument with parents/caregivers	<input type="checkbox"/> Drugs/alcohol																																																																																		
<input type="checkbox"/> Argument with boyfriend/girlfriend	<input type="checkbox"/> Sexual orientation																																																																																		
<input type="checkbox"/> Breakup with boyfriend/girlfriend	<input type="checkbox"/> Religious/cultural issues																																																																																		
<input type="checkbox"/> Argument with other friends	<input type="checkbox"/> Job problems																																																																																		
<input type="checkbox"/> Rumor mongering	<input type="checkbox"/> Money problems																																																																																		
<input type="checkbox"/> Suicide by friend or relative	<input type="checkbox"/> Gambling problems																																																																																		
<input type="checkbox"/> Other death of friend or relative	<input type="checkbox"/> Involvement in cult activities																																																																																		
<input type="checkbox"/> Bullying as victim	<input type="checkbox"/> Involvement in computer or video games																																																																																		
<input type="checkbox"/> Bullying as perpetrator	<input type="checkbox"/> Involvement with the internet, specify:																																																																																		
<input type="checkbox"/> School failure	<input type="checkbox"/> Other, specify:																																																																																		
<input type="checkbox"/> Moved/new school	<input type="checkbox"/> UK																																																																																		
<input type="checkbox"/> Other serious school problems																																																																																			
<input type="checkbox"/> Pregnancy																																																																																			

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

1. Services:	Provided after death	Offered but refused	Offered but UIC if used	Should be offered	Needed but not available	Unknown	CDR review led to referral
Bereavement counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Economic support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Funeral arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Emergency shelter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Foster care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Legal services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Family planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
Other, specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

K. PREVENTION INITIATIVES RESULTING FROM THE REVIEW Mark this case to edit/add prevention actions at a later date

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

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

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

Briefly describe the initiatives:

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

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> N/A, no strategies | <input type="checkbox"/> Mental health | <input type="checkbox"/> Law enforcement | <input type="checkbox"/> Advocacy organization | <input type="checkbox"/> Other, specify: |
| <input type="checkbox"/> No one | <input type="checkbox"/> Schools | <input type="checkbox"/> Medical examiner | <input type="checkbox"/> Local community group | |
| <input type="checkbox"/> Health department | <input type="checkbox"/> Hospital | <input type="checkbox"/> Coroner | <input type="checkbox"/> New coalition/task force | |
| <input type="checkbox"/> Social services | <input type="checkbox"/> Other health care providers | <input type="checkbox"/> Elected official | <input type="checkbox"/> Youth group | <input type="checkbox"/> UIC |

L. THE REVIEW MEETING PROCESS		
1. Date of first review meeting: _____	2. Number of review meetings for this case: _____	3. Is review complete? <input type="radio"/> No <input type="radio"/> Yes
4. Agencies at review, check all that apply:		
<input type="checkbox"/> Medical examiner/coroner	<input type="checkbox"/> CPS	<input type="checkbox"/> Other health care
<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Other social services	<input type="checkbox"/> Fire
<input type="checkbox"/> Prosecutor/district attorney	<input type="checkbox"/> Physician	<input type="checkbox"/> EMS
<input type="checkbox"/> Public health	<input type="checkbox"/> Hospital	<input type="checkbox"/> Education
		<input type="checkbox"/> Mental health
		<input type="checkbox"/> Substance abuse
		<input type="checkbox"/> Court
		<input type="checkbox"/> Child advocate
		<input type="checkbox"/> Others, list: _____
5. Factors that prevented an effective review, check all that apply:		6. Review meeting outcomes, check all that apply:
<input type="checkbox"/> Confidentiality issues among members prevented full exchange of information.		<input type="checkbox"/> Review led to additional investigation.
<input type="checkbox"/> HIPAA regulations prevented access to or exchange of information.		<input type="checkbox"/> Team disagreed with official manner of death.
<input type="checkbox"/> Inadequate investigation precluded having enough information for review.		What did team believe manner should be? _____
<input type="checkbox"/> Team members did not bring adequate information to the meeting.		<input type="checkbox"/> Team disagreed with official cause of death.
<input type="checkbox"/> Necessary team members were absent.		What did team believe cause should be? _____
<input type="checkbox"/> Meeting was held too soon after death.		<input type="checkbox"/> Because of the review, the official cause or manner of death was changed.
<input type="checkbox"/> Meeting was held too long after death.		<input type="checkbox"/> Review led to the delivery of services.
<input type="checkbox"/> Records or information were needed from another locality in-state.		<input type="checkbox"/> Review led to changes in agency policies or practices.
<input type="checkbox"/> Records or information were needed from another state.		<input type="checkbox"/> Review led to prevention initiatives being implemented.
<input type="checkbox"/> Team disagreement on circumstances.		<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> National
<input type="checkbox"/> Other factors, specify: _____		
M. NARRATIVE		
Use this space to provide more detail on the circumstances of the death, and to describe any other relevant information. Try not to include identifiers in the narrative.		
Continue narrative if necessary on back page		
N. FORM COMPLETED BY:		
PERSON: _____	EMAIL: _____	
TITLE: _____	DATE COMPLETED: _____	
AGENCY: _____	DATA ENTRY COMPLETED FOR THIS CASE? <input type="checkbox"/>	
PHONE: _____		

NOTES

**NATIONAL CENTER FOR
CHILD DEATH REVIEW**
KEEPING KIDS ALIVE

The development of this report tool was supported, in part, by Grant No. U49MC00225
from the Maternal and Child Health Bureau (Title V, Social Security Act),
Health Resources and Services Administration, Department of Health and Human Services

Data Entry: <https://odrddata.org>
www.childdeathreview.org
For help email: info@childdeathreview.org
1-800-656-2434