Keeping Kids Alive:

A Report on the Status of Child Death Review In the United States, 2011

The National Center for the
REVIEW & PREVENTION
OF CHILD DEATHS

Source of Information:

The National Center for the Review and Prevention of Child Deaths
State Profile Database:
Reports from State Child Death Review Program Coordinators

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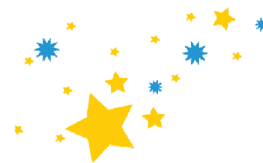
The NCRPCD is funded in part by Grant Number 2-U49MC00225-11-00 from the U.S. Department of Health and Human Services (HHS), Health Resources Services Administration (HRSA). The contents of this report are solely the responsibility of the authors and do not necessarily represent the official views of HHS or its components.

Introduction



Each year almost 54,000 children, ages 0-18, die in the United States. Child Death Review (CDR) is a process in which multidisciplinary teams of people meet to share and discuss case information on deaths in order to understand how and why children die so that they can take action to prevent other deaths. Every State and the District of Columbia has a CDR system. Throughout the United States, however, these systems differ in their scope at both the state and local level. States vary in their composition of state and local teams, level of state support, administrative leadership, supporting legislation, the types of deaths reviewed and reporting systems. Every state does have an agency and a person designated as that state's lead for the CDR program.

In February 2012, the National Center for the Review and Prevention of Child Deaths (NCRPCD) conducted the annual query of state CDR program leaders to assess the status of their programs. The following tables are a synopsis of the responses and represent the status of the programs in calendar year 2011. Four states did not reply to the query for a variety of reasons so the data presented for those states is based on the most recent year available (District of Columbia 2010, Montana 2010, Oregon 2008, and South Carolina 2009).

The information in the following tables is not static. States are often making improvements to their programs, adopting new legislation to support their programs and building new teams. But the following information does provide a comprehensive snapshot of the status of CDR in the U.S. More complete information and links to on individual state programs can be found on the NCRPCD website (www.childdeathreview.org).

Trends in Child Death Review

The most notable indicator of growth of the CDR system is that today there are more than 1,200 state and local teams, and, for the first time, there are teams in all 50 states and the District of Columbia. Idaho, the last state to establish a program, is working with a Governor's Executive Order to begin state reviews, and a local team began reviews there in 2011. This growth over so few years is remarkable, particularly given the small amount of resources available to CDR teams. State CDR budgets and staffing levels steadily increased between 2004 and 2008, and then decreased as state economies struggled. Both average staffing levels and funding have now nearly returned to 2008 levels but no state has lost its program to budget cuts.

One of the most striking trends since 2004 is that many states have strengthened their CDR statutes and regulations to increase protections and improve the quality of reviews. The

number of states with statutes or regulations that cover the following protocols has risen in each category: confidentiality of CDR meetings, access to records, privacy of review meetings, protection of reviews from subpoenas/discovery, designation of required state team members, CDR program reports; protection of reviews from FOIA, required case review reports, designation of required local team members and required review protocols. Each of these provisions is important to the integrity of the CDR process.

The scope of CDR varies from state to state. Throughout the country, more than ever before, state-level teams are now reviewing deaths from suicide, homicide and the deaths of children who have a history with child protective services. At the local level, more states now review abuse and neglect deaths of children who were wards of the state. There has also been an increase in the number of both state and local teams that review medical deaths (e.g. from infection, asthma, cancer, cardiac). When teams review medical deaths, they all too often uncover medical neglect, one strong argument for reviewing all child deaths. The average time between the death and the review has remained steady: the average for the local teams is 7 months; for state teams it is 12-13 months.

The movement of CDR toward a prevention model is reflected in the number of states moving their programs into public health. Since 2004, the number of CDR state teams affiliated with their state health departments has risen from 22 to 27. Ten of the remaining 24 state teams are administratively situated in the child welfare agency. Thirty-eight states have advisory boards whose primary purpose is to make recommendations to state officials and the public.

Another important aspect of CDR is the data obtained from reviews. Teams enter data about the circumstances of each death they review into reporting systems and use the data to develop and implement evidence-based initiatives to reduce child death. In 2005, NCRPCD initiated its web-based Case Reporting System (CRS) and made it available to all local and state teams. Thirty-six states and their local teams were using the CRS in 2011.

There has been a growth throughout the U.S. in other types of fatality review processes. For example, states reported a 25% increase in domestic violence fatality reviews (DVFR), 37% increase in maternal mortality reviews (MMR), 20% increase in fetal and infant mortality reviews (FIMR), 15% in citizens review panels for child maltreatment reviews (CRP); a doubling of SIDS and other infant death type reviews and a 75% increase in other types of reviews including elder abuse, work place, suicide and homicide reviews. NCRPCD encourages CDR programs to coordinate and collaborate with these other types of death reviews, and for the past two years has asked states about those efforts. Even in that short period, the number of states that coordinate with other review types has risen with respect to each type.

Looking Forward in 2012 and 2013

It is remarkable that the child death review movement in the U.S. has come so far with so few resources. NCRPCD is proud of and excited by the prevention activities taking place around the country as a result of CDR activities. It looks forward to additional growth and outcomes in the

years to come. With funding support from the HHS, HRSA, Maternal and Child Health Bureau, the Center strives to help states improve their CDR systems. Part of this work is helping states standardize their CDR practices while also valuing the state and local contexts in which CDR functions.

In the next year, the NCRPCD will focus on supporting states as they continue to improve their capacity to review more types of deaths, grow their local teams, and focus on prevention. The Center will continue its provision of on-site technical assistance and training to states. It will complete and make available an on-line training curriculum, designed by state and local CDR leaders, to orient new team members. The Center is also working to build CDR with Indian tribes and with islands in the U.S. Territories and Federated States.

The NCRPCD will work with states to explore their innovations in the review process, including parent involvement, trauma informed care, and support to team members experiencing secondary trauma. It will work to improve reviews of children with disabilities; and specialized medical reviews, including sudden cardiac death, epilepsy and other sudden and unexpected deaths in childhood. The Center also hopes to work with experts to develop a more formalized structure to review maltreatment deaths with a focus on improving agency systems.

A newly established system to support states by region was developed in 2011. The five regions (NE, SE, Midwest, West, and Mid-Atlantic) held meetings of state coordinators and other interested CDR leaders in 2012. These meetings allowed states the opportunity to network and share strategies for improving the power of CDR to move from reviews to prevention. They will continue again in 2013.

The National Child Death Review Case Reporting System (NCDR-CRS) is being updated to Version 3.0. By the end of 2012, it is expected that 45 states will be enrolled in the system. Considering that participation in this system is voluntary and states are not financially compensated for participating, the commitment by states to submit their review data into a national database is nothing short of extraordinary and unprecedented. The Center will work to build into this system a template to help local teams more easily generate high quality reports on their local review findings.

In 2012, the Center launched efforts to help government agencies, researchers and policy makers access the rich data available in the nationally aggregated database from the NCDR-CRS. With over 115,000 cases already entered by June, 2012, this database can help identify risk and protective factors in child deaths. A data dissemination committee and policy were created and NCRPCD is now positioned to accept requests from researchers and policy makers for de-identified datasets.

The Center is also working in partnership with the U.S. Centers for Disease Control and Prevention (CDC) to pilot a national case registry for sudden and unexplained infant deaths (SUID) in 10 states. These states are using the NCDR-CRS as the foundation for reporting into the registry. Efforts are underway to explore using CDR for other types of registries as well.

Many national organizations are getting connected to CDR programs. A number of agencies are working to utilize CDR to better understand SUID, drowning deaths, suicides, child

maltreatment, deaths from consumer product failures, and motor vehicle deaths. The center is a member of several national coalitions to help translate our work into prevention at the national policy level.

Last, and most importantly, CDR teams are working hard to craft better recommendations and implement evidence-based and promising practices that can prevent child deaths. The *Best Practices in Injury Prevention* website (a joint effort of NCRPCD and the Children's Safety Network) will be updated next year to include more types of injuries and new evidence on effective interventions. NCRPCD will continue providing states with links to resources to support their prevention work, and will begin showcasing CDR programs that have moved from review to an effective child safety, health or injury prevention outcome.

All of the efforts to improve CDR are possible because of the dedication of state CDR leaders and the thousands of professionals and child advocates attending review meetings. Their participation on more than 1,200 local teams and 36 state boards is a key reason that CDR has become a powerful system to help ***Keep Kids Alive***. For more information, please contact us:

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List of the Tables Describing the Status of CDR in the U.S.

A. CDR PROGRAM ADMINISTRATION

1. State Agency that Leads Coordination of CDR Program
2. State Agency that Leads Coordination of CDR Program by State
3. Type of State CDR Coordination and Program Support
4. CDR Coordination with Other State Programs
5. Annual Funds Allocated Specifically for CDR Programs by State
6. Type and Source of Funding Allocated for CDR Programs by State
7. Paid Staff Support for CDR Programs by Total FTE's
8. States with Legislation or Administrative Rules for State CDR
9. Level of Statute/Administrative Rules for State CDR Team by State
10. States with Legislation or Administrative Rules for Local CDR Teams
11. Level of Statute/Rules for Local CDR Teams by State
12. States with Selected Items Covered in State Statute/Administrative Rules
13. Selected Protocols In Place by State

B. THE REVIEW PROCESS

14. Level that In-Depth Case Review Occurs
15. Types of Deaths Reviewed in States
16. Maximum Age of Child Deaths Reviewed by State
17. Timing of Reviews
18. Average Time between Death and Review in Months
19. Number of States that Provide Annual CDR Training
20. Number of States with Process in Place to Identify Cases for Review

21. States with State Level Advisory Boards that Review Local Findings and Make State Level Recommendations
22. Functions of State Advisory Board
23. Entity to Whom State Advisory Board Makes Recommendations
24. Response Required when State Advisory Board Makes Recommendations
25. Types of Recommendations Made at the State Level
26. Number of States where a Team Member has ever been Subpoenaed for Review Information
27. Number of States where Deaths under Active Investigation by Law Enforcement are Reviewed by CDR
28. Number of States where Deaths under Civil Litigation are Reviewed by CDR

C. CDR REPORTING

29. Type of Reporting System Used
30. Type of Reporting System Used by State
31. Average Time Between Review and Data Entry, in Months
32. Number of States Producing Reports using their CDR Data
33. Of States Producing Annual Report, To Whom is Report Released
34. Of States Producing Annual Report, Is a Response Required

D. COORDINATION WITH OTHER REVIEWS

35. Number of States with Other Review Processes in Place by Type
36. Number of States with CDR Coordination with Other Reviews
37. Number of States with CDR Review of Serious Injuries or Near Fatalities
38. List of States where CDR serves as the CAPTA Citizen Review Panel
39. Number of States which Conduct Internal Agency Reviews of Child Deaths

SECTION A
CDR PROGRAM ADMINISTRATION

1. State Agency that Leads Coordination of CDR Program

Agency Lead	Number of States
Health Department	27
Social Services	11
Medical Examiner	4
Attorney General, DOJ	2
Other	7

2. State Agency that Leads Coordination of CDR Program by State

State	Agency
Alabama	Health Department, Bureau of Health Promotion and Chronic Disease
Alaska	Health Department, Section of Women's, Children's and Family Health
Arizona	Health Department, Department of Health Services
Arkansas	Commission on Child Abuse, Rape & Domestic Violence w/AR Children's Hospital
California	Health Department, Safe and Active Communities Branch, FACNS Program
Colorado	Health Department, Prevention Services Division
Connecticut	Office of Child Advocate
Delaware	Administrative Offices of the Court
District of Columbia	Medical Examiner
Florida	Health Department, Children's Medical Services
Georgia	Office of the Child Advocate
Hawaii	Health Department, Maternal and Child Health Branch
Idaho	Social Services
Illinois	Social Services
Indiana	Social Services
Iowa	Health Department, Office of the State Medical Examiner
Kansas	Attorney General, DOJ
Kentucky	Health Department, Department of Public Health, Maternal and Child Health
Louisiana	Health Department. Office of Public Health's Title V MCH Program
Maine	Health Department, Office of Child and Family Services, DHHS
Maryland	Health Department, The Center for Maternal and Child Health
Massachusetts	Medical Examiner, co-led by Massachusetts Department of Public Health
Michigan	Social Services w/ Michigan Public Health Institute
Minnesota	Social Services
Mississippi	Health Department, Health Services
Missouri	Social Services
Montana	Health Department, Family and Community Health Bureau
Nebraska	Health Department, Division of Public Health
Nevada	Social Services
New Hampshire	Attorney General, DOJ
New Jersey	Social Services
New Mexico	Health Department, Epidemiology and Response Division

2. Continued, State Agency that Leads Coordination of CDR Program by State

State	Agency
New York	Social Services
North Carolina	Health Department, OCME Children & Youth Branch
North Dakota	Social Services
Ohio	Health Department, Bureau of Child & Family Health Services
Oklahoma	Commission on Children and Youth
Oregon	Health Department, Public Health Division
Pennsylvania	Health Department w/PA Chapter American Academy of Pediatrics
Rhode Island	Health Department, Office of the State Medical Examiners
South Carolina	Health Department, Division of Injury and Violence Prevention
South Dakota	South Dakota State University
Tennessee	Health Department, Maternal and Child Health
Texas	Health Department, Office of Program Division Support
Utah	Health Department, Division of Disease Control and Prevention
Vermont	University of Vermont
Virginia	Medical Examiner
Washington	Health Department, Office of Healthy Communities
West Virginia	Medical Examiner
Wisconsin	Department of Health Services w/ Children's Alliance of Wisconsin
Wyoming	Social Services

3. Type of State CDR Coordination and Program Support

Function	Number of States
Data Collection and Reporting	46
Coordination of State Team	46
Technical Assistance to Local Teams	35
Training for Local Teams	34
Coordination of Local Teams	25
Develop Recommendations	25
Other functions	17

4. CDR Coordination with Other State Programs

Coordination	State Injury Prevention	State Maternal Child Health Program	State Child Protective Services
Yes	43	42	48
No	7	7	2

5. Annual Funds Allocated Specifically for CDR Programs by State

Median Funding Amount: $ 120,000

Note: some states list zero dollars. This reflects that no funds are directly allocated to the program although CDR is supported by a state agency through the funding of other programs.

	Annual Budget
Alabama	$300,000
Alaska	$170,000
Arizona	$350,000
Arkansas	$128,000
California	$150,000
Colorado	$121,000
Connecticut	$92,000
Delaware	$400,000
DC	$300,000
Florida	$90,000
Georgia	$303,511
Hawaii	$150,132
Idaho	$0
Illinois	$120,000
Indiana	$0
Iowa	$0
Kansas	$100,000
Kentucky	$215,400
Louisiana	N/A
Maine	$102,000
Maryland	$76,808
Massachusetts	N/A
Michigan	$500,000
Minnesota	$136,000
Mississippi	$25,000

State	Annual Budget
Missouri	$742,000
Montana	$60,000
Nebraska	$70,000
Nevada	$117,653
N. Hampshire	$2,000
New Jersey	U/K
New Mexico	$150,000
New York	$829,100
North Carolina	$213,000
North Dakota	$1,000
Ohio	$150,000
Oklahoma	$122,632
Oregon	$0
Pennsylvania	$130,000
Rhode Island	U/K
South Carolina	$46,000
South Dakota	$0
Tennessee	U/K
Texas	$140,000
Utah	$30,000
Vermont	$5,000
Virginia	$75,000
Washington	U/K
West Virginia	U/K
Wisconsin	$200,000
Wyoming	$20,000

6. Type and Source of Funding Allocated for CDR Programs by State

State	Type of Federal Funds	Type of State Funds	Other Funds
Alabama		Medicaid Reimbursement Agreement	Tobacco Settlement
Alaska	MCH Block Grant		
Arizona	MCH Block Grant	Emergency Medical Services and Behavioral Health Services	One dollar surcharge on death certificates
Arkansas	Injury Prevention		Grants
California	MCH Block Grant		
Colorado	MCH Block Grant and CAPTA		Grants
Connecticut		State appropriations-General funds	
Delaware		State appropriations-General funds	
DC		DC appropriations-General funds	
Florida		State appropriations-General funds	Local health and social services
Georgia	Children's Justice Act	State appropriations-General funds	Grants
Hawaii	CAPTA	DOH	
Idaho			
Illinois		DCFS funds	
Indiana			
Iowa			
Kansas	Children's Justice Act/CAPTA	State appropriations-General funds	
Kentucky	MCH Block Grant	State appropriations-General funds	
Louisiana		State appropriations-General funds	
Maine	Children's Justice Act		
Maryland	MCH Block Grant	MCH state match	
Massachusetts			
Michigan	CAPTA	State appropriations-General funds	
Minnesota	Title IVB.1		
Mississippi	MCH Block Grant		
Missouri		E&E budget, personal services and general funds	Grants
Montana	MCH Block Grant		
Nebraska	MCH Block Grant		

6. Continued: Type and Source of Funding Allocated for CDR Programs by State

State	Type of Federal Funds	Type of State Funds	Other Funds
Nevada		Death certificate fees	
New Hampshire	Children's Justice Act Grant		
New Jersey			
New Mexico	Yes: Unknown Type	Yes: Unknown Type	
New York		Office of Children and Family Services	
North Carolina		Yes: Unknown Type	
North Dakota	Yes: Unknown Type		
Ohio	MCH Block Grant		
Oklahoma		Line item for Oklahoma Commission on Children and Youth's Annual Budget	
Oregon			
Pennsylvania		Department of Health and Department of Public Welfare	
Rhode Island		Rhode Island Department of Health	
South Carolina		Department of Social Services	
South Dakota			
Tennessee	MCH Block Grant	Related MCH Block Grant Match	
Texas	MCH Block Grant	Texas Department of State Health Services	
Utah	MCH Block Grant and Department of Human Services, DCFS		
Vermont	Children’s Justice Act		
Virginia	MCH Block Grant		
Washington	MCH Block Grant		
West Virginia		State appropriations-General funds	
Wisconsin	MCH Block Grant, Children's Justice Act		University of Wisconsin School of Medicine and Public Health-Wisconsin Partnership program
Wyoming	Children's Justice Act		

7. Paid Staff Support for CDR Programs by Total Full Time Equivalent Staff Positions (FTEs)

State Median FTE, including both paid and in-kind staff: 0.5 FTE

Note: If state lists zero, this does not mean a person is not designated to coordinate the program. All states have a designated person, but there may not be a designated and funded fte to the program.

State	State Staff (FTEs)	In Kind Staff (FTEs)
Alabama	3	0
Alaska	1.5	0
Arizona	1.5	0
Arkansas	0	1
California	0.25	10
Colorado	1.5	1.0
Connecticut	1	0
Delaware	6	0
DC	3	0.4
Florida	1	0
Georgia	2	0
Hawaii	1	0
Idaho	0	0
Illinois	1.5	1
Indiana	0	0.5
Iowa	0	0
Kansas	2	0
Kentucky	2	0
Louisiana	1	1
Maine	1	2
Maryland	1	0.25
Massachusetts	0.5	0.5
Michigan	4.2	0
Minnesota	1.5	0
Mississippi	0.5	0.25

State	State Staff (FTEs)	In Kind Staff (FTEs)
Missouri	14	0
Montana	0.5	0
Nebraska	1.35	0.15
Nevada	0	1.5
New Hampshire	0	0
New Jersey	0	3
New Mexico	1	0.25
New York	2	0
North Carolina	3	0
North Dakota	0	0.2
Ohio	1.5	0
Oklahoma	2.0	0
Oregon	0	0
Pennsylvania	1.75	1
Rhode Island	0.4	0
South Carolina	1	0
South Dakota	0	0.1
Tennessee	2	0
Texas	1	0.15
Utah	0.75	2.5
Vermont	0	0
Virginia	1	0
Washington	0.2	0
West Virginia	1.5	0
Wisconsin	2.7	3
Wyoming	1	5

8. States with Legislation or Administrative Rules for State CDR

Statute/Rules Level	Number of States
Mandates State CDR	37
Permits State CDR	7
None	7

9. Level of Statute/Administrative Rules for State CDR Team by State

State	State CDR Team Statute/Rules
Alabama	Mandated
Alaska	Mandated/None/*
Arizona	Mandated
Arkansas	Mandated
California	Permitted
Colorado	Mandated
Connecticut	Mandated
Delaware	Mandated
District of Columbia	Mandated
Florida	Mandated
Georgia	Mandated
Hawaii	Permitted
Idaho	Mandated
Illinois	Mandated
Indiana	Mandated
Iowa	Mandated
Kansas	Mandated
Kentucky	Mandated
Louisiana	Mandated
Maine	Permitted
Maryland	Mandated
Massachusetts	Mandated
Michigan	Mandated
Minnesota	Mandated
Mississippi	Mandated

* Alaska has two review processes. One is mandated at the Medical Examiner's Office, the other one is not and is at the Health Department.

State	State CDR Team Statute/Rules
Missouri	Mandated
Montana	None
Nebraska	Mandated
Nevada	Mandated
New Hampshire	Permitted
New Jersey	Mandated
New Mexico	Mandated
New York	None
North Carolina	Mandated
North Dakota	Mandated
Ohio	None
Oklahoma	Mandated
Oregon	Mandated
Pennsylvania	Mandated
Rhode Island	Permitted
South Carolina	Mandated
South Dakota	None
Tennessee	Mandated
Texas	Mandated
Utah	Permitted
Vermont	Permitted
Virginia	Mandated
Washington	None
West Virginia	Mandated
Wisconsin	None
Wyoming	Mandated

10. States with Legislation or Administrative Rules for Local CDR Teams

Statute/Rules Level	Number of States
Mandates Local CDR	16
Permits Local CDR	18
None	17

11. Level of Statute/Rules for Local CDR Teams by State

State	Local CDR Team Statute/Rules
Alabama	Mandated
Alaska	None
Arizona	Permitted
Arkansas	Permitted
California	Permitted
Colorado	Permitted
Connecticut	None
Delaware	Mandated
District of Columbia	None
Florida	Mandated
Georgia	Mandated
Hawaii	Permitted
Idaho	None
Illinois	Mandated
Indiana	Permitted
Iowa	None
Kansas	None
Kentucky	Permitted
Louisiana	Permitted
Maine	None
Maryland	Mandated
Massachusetts	Mandated
Michigan	Permitted
Minnesota	Mandated
Mississippi	None

State	Local CDR Team Statute/Rules
Missouri	Mandated
Montana	Permitted
Nebraska	None
Nevada	Permitted
New Hampshire	None
New Jersey	Permitted
New Mexico	None
New York	Permitted
North Carolina	Mandated
North Dakota	None
Ohio	Mandated
Oklahoma	Permitted
Oregon	Mandated
Pennsylvania	Mandated
Rhode Island	None
South Carolina	Permitted
South Dakota	None
Tennessee	Mandated
Texas	Permitted
Utah	None
Vermont	None
Virginia	Permitted
Washington	Permitted
West Virginia	Mandated
Wisconsin	None
Wyoming	Mandated

12. States with Selected Items Covered in State Statute/Administrative Rules

Covered in State Statute/Rule	Number of States
Meetings are confidential	44
State Team	42
Access to child's records	41
Meetings not open to public	38
Review protected from subpoena/discovery	38
Defines required state team members	37
CDR program report	32
Review not subject to FOIA	25
Local Teams	24
Case review report	24
Defines required local team members	21
Review protocol	18

13. Selected Protocols in Place by State

State	CDR Meeting Protocol	Child/Infant Death Investigation Protocol	Confidentiality Protocol	Other Protocols
Alabama	X	X	X	
Alaska	X		X	X
Arizona	X	X	X	X
Arkansas	X	X	X	
California	X	X	X	
Colorado			X	
Connecticut			X	
Delaware	X		X	
District of Columbia	X	X	X	X
Florida	X	X	X	
Georgia	X	X	X	X
Hawaii	X		X	
Idaho				
Illinois	X		X	
Indiana		X	X	
Iowa	X	X	X	
Kansas	X	X	X	
Kentucky	X	X	X	
Louisiana	X	X	X	
Maine	X	X	X	X
Maryland	X	X	X	
Massachusetts	X	X	X	X
Michigan	X	X	X	
Minnesota	X	X	X	
Mississippi			X	
Missouri	X	X	X	
Montana	X		X	
Nebraska	X	X	X	
Nevada	X		X	
New Hampshire	X		X	
New Jersey	X	X	X	
New Mexico	X	X	X	
New York	X		X	
North Carolina	X	X	X	
North Dakota	X			
Ohio	X		X	
Oklahoma	X		X	
Oregon	X	X	X	
Pennsylvania			X	

13. Continued: Selected Protocols in Place by State

State	CDR Meeting Protocol	Child/Infant Death Investigation Protocol	Confidentiality Protocol	Other Protocols
Rhode Island	X	X	X	X
South Carolina	X	X	X	
South Dakota	X	X	X	
Tennessee	X	X	X	
Texas	X		X	
Utah	X	X	X	X
Vermont	X			
Virginia	X		X	
Washington	X	X	X	
West Virginia	X	X	X	
Wisconsin	X		X	
Wyoming	X	X	X	
Number of States	**45**	**31**	**48**	**8**

SECTION B
THE REVIEW PROCESS

14. Level at Which In-Depth Case Review Occurs

Responses are not Mutually Exclusive

Local Review	State Review
39	32

State	Local Review	State Review
Alabama	X	X
Alaska		X
Arizona	X	
Arkansas	X	
California	X	
Colorado	X	X
Connecticut		X
Delaware	X	X
District of Columbia		X
Florida	X	X
Georgia	X	X
Hawaii	X	
Idaho	X	
Illinois	X	
Indiana	X	X
Iowa	X	X
Kansas		X
Kentucky	X	X
Louisiana	X	X
Maine		X
Maryland	X	
Massachusetts	X	
Michigan	X	
Minnesota	X	X
Mississippi	X	X

State	Local Review	State Review
Missouri	X	
Montana	X	
Nebraska	X	X
Nevada	X	
New Hampshire		X
New Jersey	X	X
New Mexico		X
New York	X	X
North Carolina	X	X
North Dakota		X
Ohio	X	
Oklahoma	X	X
Oregon	X	X
Pennsylvania	X	
Rhode Island		X
South Carolina	X	X
South Dakota	X	
Tennessee	X	
Texas	X	
Utah		X
Vermont		X
Virginia	X	X
Washington	X	
West Virginia		X
Wisconsin	X	
Wyoming	X	X

15. Types of Deaths Reviewed in States

Responses are not Mutually Exclusive by both Type of Death and by Type of Team

Type of Death	Local Review (n=38)	State Review (n=32)
Medical Deaths (not SIDS but includes infections, asthma, cardiac, cancer, etc.)	17	17
SIDS	23	22
SUID (SIDS, suffocation and undetermined infant deaths)	24	22
Unintentional Injuries	22	20
Homicides	22	21
Suicides	24	21
Undetermined	21	19
Abuse and Neglect	25	23
Current or History of contact with Social Services	19	18
Child was a ward of the state	23	19
Child was a resident of another state/jurisdiction and death occurred in this state/jurisdiction	16	14
Child's death occurred in a different state/jurisdiction and the child was a resident of this state/jurisdiction	12	10

16. Maximum Age of Child Deaths Reviewed by State

Minimum Age: 14; Maximum Age: 25

State	Age
Alabama	17
Alaska	14
Arizona	17
Arkansas	17
California	17
Colorado	17
Connecticut	17
Delaware	17
Dist. of Columbia	25
Florida	17
Georgia	17
Hawaii	17
Idaho	18
Illinois	17
Indiana	17
Iowa	17
Kansas	17

State	Age
Kentucky	17
Louisiana	14
Maine	17
Maryland	17
Massachusetts	17
Michigan	21
Minnesota	17
Mississippi	17
Missouri	17
Montana	17
Nebraska	17
Nevada	18
New Hampshire	18
New Jersey	17
New Mexico	17
New York	17
North Carolina	17

State	Age
North Dakota	17
Ohio	17
Oklahoma	17
Oregon	17
Pennsylvania	21
Rhode Island	17
South Carolina	17
South Dakota	17
Tennessee	17
Texas	17
Utah	18
Vermont	18
Virginia	17
Washington	17
West Virginia	17
Wisconsin	25
Wyoming	17

17. Timing of Reviews

Responses are not Mutually Exclusive

Timing of Review	Local Review	State Review
Retrospective / Periodic	35	33
Immediate Response (48 Hours)	5	1

18. Average Time between Death and Review, in Months

State	Local Review: Time, in Months	State Review: Time, in Months
Alabama	15	9
Alaska	N/A	24
Arizona	6	N/A
Arkansas	24	N/A
California	4	N/A
Colorado	5	21
Connecticut	N/A	1
Delaware	6	9
District of Columbia	N/A	6
Florida	12	12
Georgia	3	6
Hawaii	24	N/A
Idaho		N/A
Illinois	7	N/A
Indiana	6	9
Iowa	0	12
Kansas	N/A	24
Kentucky	6	0
Louisiana		4
Maine	N/A	3
Maryland	4	N/A
Massachusetts		N/A
Michigan	3	N/A
Minnesota	3	6
Mississippi	3	12
Missouri	0	N/A

State	Local Review: Time, in Months	State Review: Time, in Months
Montana	8	N/A
Nebraska	4	36
Nevada	3	N/A
New Hampshire	N/A	4
New Jersey	5	5
New Mexico	N/A	6
New York		6
North Carolina	12	12
North Dakota	N/A	8
Ohio	12	N/A
Oklahoma	9	9
Oregon	12	
Pennsylvania	6	N/A
Rhode Island	N/A	6
South Carolina	12	
South Dakota	4	N/A
Tennessee	3	N/A
Texas	24	N/A
Utah	N/A	1
Vermont	N/A	12
Virginia	6	42
Washington	6	N/A
West Virginia	N/A	36
Wisconsin	3	N/A
Wyoming	8	12

19. Number of States that Provide Annual CDR Training

Annual Training	Number of States
Yes	20
No	28

20. Number of States with Process in Place to Identify Cases for Review

Process in place to Identify Cases	Number of States
Yes	40
No	4

21. States with State Level Advisory Boards that Review Local Findings and Make State Level Recommendations

Total Number of States: 38
Note: A total of 47 states have state advisory boards and/or teams that review cases at the state level (see Table 20).

State	Advisory Board
Alabama	X
Alaska	X
Arizona	X
Arkansas	X
California	
Colorado	X
Connecticut	
Delaware	X
District of Columbia	X
Florida	X
Georgia	X
Hawaii	X
Idaho	
Illinois	X
Indiana	
Iowa	
Kansas	
Kentucky	X
Louisiana	X
Maine	X
Maryland	X
Massachusetts	X
Michigan	X
Minnesota	X
Mississippi	X

State	Advisory Board
Missouri	X
Montana	X
Nebraska	X
Nevada	X
New Hampshire	
New Jersey	X
New Mexico	X
New York	
North Carolina	X
North Dakota	
Ohio	X
Oklahoma	X
Oregon	X
Pennsylvania	X
Rhode Island	X
South Carolina	X
South Dakota	
Tennessee	X
Texas	X
Utah	X
Vermont	
Virginia	
Washington	
West Virginia	X
Wisconsin	X
Wyoming	X

22. Functions of State Advisory Board (of 38 States)

Responses are not Mutually Exclusive.

Function	Number of States
Make formal recommendations	34
Write annual reports	24
Review local findings	21
Conduct state reviews	20

23. Entity to Whom State Advisory Board Makes Recommendations (of 38 States)

Responses are not Mutually Exclusive.

State-Level Advisory Board Makes Recommendations To	Number of States
Legislature	30
State Agency(s)	27
Governor	26
General Public	21
Local Teams	14

24. Response Required when State Advisory Board Makes Recommendations (of 38 States)

Response Required?	Number of States
Yes	7
No	30

25. Types of Recommendations Made at the State Level (of 38 States)

Responses are not Mutually Exclusive.

State-Level Advisory Board Recommendation Types	Number of States
Amendment/Enactment of Policy Legislation	36
Provider Education	35
Community Education	34
Strengthening Collaboration Among Agencies	34
Improvement of Organizational Practices	33
Improvement of Individual Knowledge and Skills	32

26. Number of States where a Team Member has Ever Been Subpoenaed for Review Information

Panel Member Subpoenaed for Review Information	Number of States
Yes	5
No	45

27. Number of States where Deaths under Active Investigation by Law Enforcement are Reviewed by CDR

Deaths Under Active Investigation by Law Enforcement are Reviewed by CDR Teams	Number of States
At Local Level	21
At State Level	17

28. Number of States where Deaths under Civil Litigation are Reviewed by CDR

Deaths Under Active Investigation by Law Enforcement are Reviewed by CDR Teams	Number of States
At Local Level	21
At State Level	19

SECTION C
CDR REPORTING

29. Type of Reporting System Used

System Type	Number of States
National Child Death Review-Case Reporting System (NCDR-CRS)	36
State database	11
Paper Forms	2
None	2

30. Type of Reporting System Used by State

State	System Type
Alabama	NCDR-CRS
Alaska	State Database+
Arizona	NCDR-CRS
Arkansas	Paper Forms+
California	NCDR-CRS
Colorado	NCDR-CRS
Connecticut	NCDR-CRS*
Delaware	NCDR-CRS
District of Columbia	State Database
Florida	State Database+
Georgia	NCDR-CRS
Hawaii	NCDR-CRS
Idaho	N/A
Illinois	State Database
Indiana	NCDR-CRS
Iowa	NCDR-CRS
Kansas	State Database
Kentucky	State Database
Louisiana	NCDR-CRS
Maine	NCDR-CRS
Maryland	NCDR-CRS
Massachusetts	NCDR-CRS
Michigan	NCDR-CRS
Minnesota	NCDR-CRS
Mississippi	NCDR-CRS
Missouri	NCDR-CRS

State	System Type
Montana	State Database+
Nebraska	NCDR-CRS
Nevada	NCDR-CRS*
New Hampshire	NCDR-CRS*
New Jersey	NCDR-CRS
New Mexico	NCDR-CRS
New York	NCDR-CRS*
North Carolina	State Database
North Dakota	State Database
Ohio	NCDR-CRS
Oklahoma	NCDR-CRS
Oregon	Paper Forms
Pennsylvania	NCDR-CRS
Rhode Island	NCDR-CRS
South Carolina	NCDR-CRS
South Dakota	State Database
Tennessee	NCDR-CRS
Texas	NCDR-CRS
Utah	State Database
Vermont	None
Virginia	NCDR-CRS
Washington	NCDR-CRS
West Virginia	NCDR-CRS
Wisconsin	NCDR-CRS
Wyoming	NCDR-CRS*

*These states use the NCDR-CRS Database in conjunction with a custom database.
+These states are in the process of enrolling in the NCDR-CRS for 2012.

31. Average Time between Review and Data Entry in Months

State	Local Review: Time, in Months	State Review: Time, in Months
Alabama	15	9
Alaska	N/A	1
Arizona	1	N/A
Arkansas		N/A
California	12	N/A
Colorado	6	1
Connecticut	N/A	3
Delaware	3	3
District of Columbia	N/A	6
Florida	0	1
Georgia	3	
Hawaii	6	N/A
Idaho		N/A
Illinois	0	N/A
Indiana		
Iowa	0	6
Kansas	N/A	0
Kentucky		2
Louisiana		
Maine	N/A	
Maryland	1	N/A
Massachusetts	1	N/A
Michigan	6	N/A
Minnesota		6
Mississippi		6
Missouri	0	N/A

State	Local Review: Time, in Months	State Review: Time, in Months
Montana		N/A
Nebraska		12
Nevada	6	N/A
New Hampshire	N/A	2
New Jersey	1	1
New Mexico	N/A	1
New York	1	2
North Carolina		0
North Dakota	N/A	8
Ohio	1	N/A
Oklahoma	0	0
Oregon	12	24
Pennsylvania	6	N/A
Rhode Island	N/A	
South Carolina		
South Dakota		N/A
Tennessee	0	N/A
Texas	11	N/A
Utah	N/A	1
Vermont	N/A	
Virginia	3	6
Washington		N/A
West Virginia	N/A	
Wisconsin	0	N/A
Wyoming	1	1

32. Number of States Producing Reports using their CDR Data

Type of Report	Number of States
Annual Report	43
Other reports based on CDR Finding	24

33. Of States Producing Annual Report (n=43), To Whom is Report Released

Released to	Number of States
General public	35
Legislature	36
State Agencies	32
Governor	33
Local teams	24

34. Of States Producing Annual Report (n=43), an Official Response is Required

Official Response Required to Annual Report	Number of States
Yes	6
No	36

SECTION D

COORDINATION WITH OTHER REVIEWS

35. Number of States with Other Review Processes in Place by Type

Citizen Review Panels	FIMR	Domestic Violence	Maternal Mortality	Other SIDS Reviews	Other
40	30	34	29	11	12

36. Number of States in which CDR Coordinates with Other Review Processes

Citizen Review Panels	FIMR	Domestic Violence	Maternal Mortality	Other SIDS Reviews	Other
19	23	18	15	6	8

37. Number of States with CDR Review of Serious Injuries or Near Fatalities

Serious Injury or Near Fatality Reviewed by CDR	Number of States
At State Level	10
At Local Level	11

38. List of States where CDR serves as the CAPTA Citizen Review Panel (CRP)

Number of States: 18

State	Serves as CRP
Alabama	
Alaska	
Arizona	
Arkansas	
California	
Colorado	
Connecticut	
Delaware	
District of Columbia	
Florida	X
Georgia	X
Hawaii	
Idaho	
Illinois	X
Indiana	X
Iowa	X
Kansas	X
Kentucky	
Louisiana	
Maine	
Maryland	X
Massachusetts	
Michigan	X
Minnesota	
Mississippi	

State	Serves as CRP
Missouri	X
Montana	
Nebraska	
Nevada	
New Hampshire	X
New Jersey	X
New Mexico	
New York	
North Carolina	
North Dakota	X
Ohio	
Oklahoma	X
Oregon	
Pennsylvania	
Rhode Island	
South Carolina	X
South Dakota	
Tennessee	
Texas	X
Utah	
Vermont	
Virginia	X
Washington	
West Virginia	
Wisconsin	X
Wyoming	X

39. Number of States which Conduct Internal Agency Reviews of Child Deaths

Conduct Internal Reviews	Number of States
Yes	44
No	7