



Keeping Kids Alive:

A Report on the Status of
Child Death Review
in the United States
2013

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



1-800-656-2434

Email: info@childdeathreview.org

1115 Massachusetts Avenue, NW

Washington, DC

www.childdeathreview.org

Teri Covington, MPH
Executive Director

Linda Potter, JD
Director of Policy

Heather Dykstra, MPA
Senior Data Analyst

Esther Shaw, MS
Senior Data Analyst

Anissa Damon
Training Coordinator

©Michigan Public Health Institute, October 2014

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 has an agency and a person designated as the state's lead for the CDR program.

The National Center for the Review and Prevention of Child Deaths (NCRPCD) conducts an 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 2013. Five 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 and includes Rhode Island (2012), Kentucky (2012), Louisiana (2012), Florida (2012), and South Carolina (2009).

The information in the following tables is not static as states are often making improvements to their programs, adopting new legislation to support their programs or building new teams; but the following information provides a comprehensive snapshot of the status of CDR in the U.S. More complete information and links to 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 in all 50 states and the District of Columbia, and emerging teams in Guam and the Navajo Nation. 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.

One of the most striking trends since 2004 is that many states have strengthened their CDR statutes and regulations to increase protections for the sharing of information and to improve the quality of reviews. The number of states with statutes or regulations that cover protocols continues to rise in each of the following categories: confidentiality of CDR meetings, access to records, privacy of review meetings, protection of reviews from subpoenas/discovery, 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 SIDS/SUID, unintentional injuries, suicide, homicide, abuse and neglect, and the deaths of children who were wards of the state or had a history with child protective services. There has also been an increase in the number of *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, a strong argument for reviewing all child deaths. The average time between the death and the review has remained steady for local teams at 7 months and dropped slightly for state teams from 12-13 months to 11 months. Four state teams reduced the average time between the death and the review by state teams; and five states reported that the average time between the death and review by their local teams had dropped.

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 29. Ten of the remaining state teams are administratively situated in the child welfare agency. Most of the teams include a strong focus on secondary prevention and systems improvements. Thirty-eight states have advisory boards that make prevention 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 National Child Death Review Case Reporting System (NCDR-CRS) and made it available to all local and state teams. Forty-three states and their local teams participated in the NCDR-CRS in 2013, and 42 states used their CDR data to produce their Annual Reports. There are now more than 142,000 cases already entered, and state and local teams use the data to identify risk and protective factors in child deaths.

To make this rich resource available for further analysis and study by child health and safety researchers, NCRPCD developed a Data Dissemination Policy and procedures through which researchers can apply to use the data and appointed an external committee of scientists, CDR coordinators, and our federal partners to review research applications. Articles by researchers who used the data in the case reporting system are now being published, contributing to knowledge about how and why children die.¹

There has been growth throughout the U.S. of other types of fatality review processes. For example, the number of teams that report they coordinate with Fetal and Infant Mortality Review (FIMR) rose since our last report from 23 to 27. The states reports also indicate an

¹ Vetter V, et al. (2014). Development of a data set of national cardiovascular deaths in the young. *American Heart Journal*. Published online July 2, 2014. <http://dx.doi.org/10.1016/j.ahj.2014.06.015>; Palusci V, Covington T. (2014). Child maltreatment deaths in the U.S. National Child Death Review Case Reporting System. *Child Abuse & Neglect*. 38: 25-36; Colvin JD, et al. (2014) Sleep environment risks for younger and older infants. *Pediatrics*. Published online www.pediatrics.org/cgi/doi/10.1542/peds.2014-040; Shapiro-Mendoza C., et al. (2014). Classification system for the Sudden Unexpected Infant Death Case Registry and its application. *Pediatrics*. 134(1): e210-219.

increase in their states of domestic violence fatality reviews (DVFR), maternal mortality reviews (MMR), citizens review panels for child maltreatment deaths reviews (CRP), SIDS/SUID and other infant death type reviews, and an increase in additional types of reviews such as elder abuse, work place, suicide and homicide reviews. NCRPCD encourages CDR programs to coordinate and collaborate with other types of death reviews and for the past two years has surveyed 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 to 2014-2015

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 the 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 will also continue its work with Guam and other Pacific Island nations and the Navajo Nation and other Indian tribes as they build their first teams.

The NCRPCD will also work with states to explore their innovations in the review process, including family involvement 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. Finally, the Center expects to produce materials to assist teams in the review of farm-related child deaths.

A newly established system to support states by region was developed in 2011. The five regions (New England, Southeast, Midwest, West, and Mid-Atlantic) held meetings of state coordinators and other interested CDR leaders in 2012, 2013 and 2014 and will do so again in 2015. These meetings allow states the opportunity to network and share strategies for improving the power of CDR to move from reviews to prevention.

In 2013, the National Child Death Review Case Reporting System (NCDR-CRS) was updated to Version 3.0. Considering that participation in this system is voluntary and states are not financially compensated for participating, the commitment by 43 states to submit their review data into a national database is nothing short of extraordinary and unprecedented.

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 9 states. The states are using the NCDR-CRS as the foundation for reporting into the registry. The Center is also partnering on the new Sudden Death in the Young (SDY) Registry with the CDC and the National Institutes of Health. Selected States will be funded to begin the pilot SDY effort in 2014.

Increasingly, national organizations are connecting to CDR. 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. States also report important partnerships with a variety of partners, including those working in injury prevention, maternal and child health, SIDS and SUID, Cribs for Kids, child abuse, and disability advocacy. The Center is developing new partnerships with public health epidemiologists and statisticians; university researchers; elected officials; Medicaid officials; district attorneys; juvenile justice agencies; highway safety programs; emergency medical services; fire marshals; and mental health, suicide, and education agencies.

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) is being updated to include additional 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 reviews to effective child safety, health or injury prevention outcomes.

All 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 39 state boards is a key reason that CDR has become a powerful system to help Keep Kids Alive.

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
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	29
Social Services	10
Medical Examiner	3
Attorney General, DOJ	2
Other	6

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, Prevention 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	Health and Human Services Commission of the Indiana State Department of Health
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	Health Department; Office of Disease Prevention
Tennessee	Health Department, Maternal and Child Health
Texas	Health Department, Office of Title V & Family Health in the Division of Family & Community Health Services
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	48
Coordination of State Team	47
Technical Assistance to Local Teams	36
Training for Local Teams	37
Coordination of Local Teams	28
Develop Recommendations	34
Other functions	16

4. CDR Coordination with Other State Programs

Coordination	State Injury Prevention	State Maternal Child Health Program	State Child Protective Services
Yes	44	45	50
No	7	5	1

5. Annual Funds Allocated Specifically for CDR Programs by State

Median Funding Amount: \$ 109,886

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	\$147,000
California	\$150,000
Colorado	\$121,000
Connecticut	\$92,000
Delaware	\$380,000
DC	\$300,000
Florida	\$90,000
Georgia	\$303,511
Hawaii	\$0
Idaho	\$50,000
Illinois	\$107,500
Indiana	\$0
Iowa	\$0
Kansas	\$125,000
Kentucky	\$215,400
Louisiana	N/A
Maine	\$102,000
Maryland	\$76,808
Massachusetts	N/A
Michigan	\$500,000
Minnesota	\$88,000
Mississippi	\$25,000

State	Annual Budget
Missouri	\$742,000
Montana	\$70,000
Nebraska	\$70,000
Nevada	\$109,886
New 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	\$145,219
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	\$35,912
West Virginia	\$39,000
Wisconsin	\$400,000
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			Grants
California	MCH Block Grant		
Colorado	MCH Block Grant and CAPTA	Colorado General Fund dollars	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	CAPTA / Children's Justice Act	State appropriations-General funds	Grants
Hawaii	CAPTA	DOH	
Idaho	CAPTA and CJA		
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	General funds	
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	Title V	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	Occasional grant support; currently CJA	
Virginia	MCH Block Grant		
Washington	MCH Block Grant		
West Virginia		State appropriations-General funds	
Wisconsin	MCH Block Grant, Children's Justice Act	Title V funding	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	1.6	0
California	0	10
Colorado	2	.5
Connecticut	1	0
Delaware	6	0
DC	3	0
Florida	1	0
Georgia	3	0
Hawaii	0	0
Idaho	.5	0
Illinois	1.5	1
Indiana	1	0
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	0
Mississippi	0	0.3

State	State Staff (FTEs)	In Kind Staff (FTEs)
Missouri	14.5	0
Montana	1	2
Nebraska	1.35	0.15
Nevada	0	1.5
New Hampshire	0	0
New Jersey	0	3
New Mexico	2.25	0.25
New York	1	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	.1	0.1
Tennessee	1	0
Texas	1	0.15
Utah	0.75	2.5
Vermont	0	0
Virginia	1	0
Washington	0.2	0
West Virginia	1.0	0
Wisconsin	2.7	3
Wyoming	0	2

8. States with Legislation or Administrative Rules for State CDR

Statute/Rules Level	Number of States
Mandates State CDR	36
Permits State CDR	7
None	8

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	None
Illinois	Mandated
Indiana	Mandated
Iowa	Mandated
Kansas	Mandated
Kentucky	Mandated
Louisiana	Mandated
Maine	Permitted
Maryland	Mandated
Massachusetts	Mandated
Michigan	Mandated
Minnesota	Mandated
Mississippi	Mandated

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

* 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.

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

Statute/Rules Level	Number of States
Mandates Local CDR	18
Permits Local CDR	15
None	18

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	Mandated
Connecticut	None
Delaware	Mandated
District of Columbia	None
Florida	Mandated
Georgia	Mandated
Hawaii	Permitted
Idaho	None
Illinois	Mandated
Indiana	Mandated
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	Mandated
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	None

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	41
Access to child's records	41
Meetings not open to public	39
Review protected from subpoena/discovery	39
Defines required state team members	37
CDR program report	34
Review not subject to FOIA	27
Case review report	25
Defines required local team members	25
Local Teams	24
Review protocol	20

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	
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	
Hawaii	X		X	
Idaho				
Illinois	X		X	
Indiana	X	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	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	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	46	33	48	6

SECTION B

THE REVIEW PROCESS



14. Level at Which In-Depth Case Review Occurs

Responses are not Mutually Exclusive

Local Review	State Review
38	34

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	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

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	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=34)
Medical Deaths (not SIDS but includes infections, asthma, cardiac, cancer, etc.)	19	17
SIDS	20	24
SUID (SIDS, suffocation and undetermined infant deaths)	19	25
Unintentional Injuries	18	22
Homicides	18	23
Suicides	20	25
Undetermined	18	23
Abuse and Neglect	20	27
Current or History of contact with Social Services	18	21
Child was a ward of the state	15	23
Child was a resident of another state/jurisdiction and death occurred in this state/jurisdiction	9	11
Child's death occurred in a different state/jurisdiction and the child was a resident of this state/jurisdiction	11	17

16. Maximum Age of Child Deaths Reviewed by State

Minimum Age: 14; Maximum Age: 25

State	Age	State	Age	State	Age
Alabama	17	Kentucky	17	North Dakota	17
Alaska*	14	Louisiana	14	Ohio	17
Arizona	17	Maine	17	Oklahoma	17
Arkansas	17	Maryland	17	Oregon	17
California	17	Massachusetts	17	Pennsylvania	21
Colorado	17	Michigan	21	Rhode Island	17
Connecticut	17	Minnesota	17	South Carolina	17
Delaware	17	Mississippi	17	South Dakota	17
Dist. of Columbia	25	Missouri	17	Tennessee	17
Florida	17	Montana	17	Texas	17
Georgia	17	Nebraska	17	Utah	18
Hawaii	17	Nevada	18	Vermont	18
Idaho	17	New Hampshire	18	Virginia	17
Illinois	17	New Jersey	17	Washington	17
Indiana	17	New Mexico	17	West Virginia	17
Iowa	17	New York	17	Wisconsin	25
Kansas	17	North Carolina	17	Wyoming	17

*Can review to age 18, but only reviews to age 14.

17. Timing of Reviews
Responses are not Mutually Exclusive

Timing of Review	Local Review	State Review
Retrospective / Periodic	35	34
Immediate Response (48 Hours)	6	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	21
Arizona	6	N/A
Arkansas	24	N/A
California	4	N/A
Colorado	5	18
Connecticut	N/A	1
Delaware	6	9
District of Columbia	N/A	6
Florida	12	12
Georgia	3	6
Hawaii	24	N/A
Idaho		24
Illinois	6	N/A
Indiana	3	9
Iowa		12
Kansas	N/A	21
Kentucky	6	0
Louisiana		4
Maine	N/A	3
Maryland	3	N/A
Massachusetts		N/A
Michigan	3	N/A
Minnesota	3	6
Mississippi	N/A	12
Missouri	0	N/A

State	Local Review: Time, in Months	State Review: Time, in Months
Montana	9	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	8	12
Pennsylvania	6	N/A
Rhode Island	N/A	6
South Carolina	12	
South Dakota	4	12
Tennessee	3	N/A
Texas	18	N/A
Utah	N/A	1
Vermont	N/A	12
Virginia	12	42
Washington	6	N/A
West Virginia	N/A	12
Wisconsin	3	N/A
Wyoming		12

19. Number of States that Provide Annual CDR Training

Annual Training	Number of States
Yes	15
No	34

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

Process in place to Identify Cases	Number of States
Yes	45
No	2

21. States with State Level Advisory Boards

State	Advisory Board Rvws Local Findings
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	X
Illinois	X
Indiana	
Iowa	X
Kansas	
Kentucky	X
Louisiana	X
Maine	X
Maryland	X
Massachusetts	X
Michigan	X
Minnesota	X
Mississippi	X

State	Advisory Board Rvws Local Findings
Missouri	X
Montana	
Nebraska	X
Nevada	X
New Hampshire	
New Jersey	X
New Mexico	
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	X
Virginia	
Washington	
West Virginia	X
Wisconsin	X
Wyoming	X

22. Functions of State Advisory Board (of 39 States)

Responses are not Mutually Exclusive.

Function	Number of States
Make formal recommendations	38
Write annual reports	30
Review local findings	26
Conduct state reviews	22

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	31
State Agency(s)	29
Governor	28
General Public	23
Local Teams	16

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

Response Required?	Number of States
Yes	9
No	29

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

Responses are not Mutually Exclusive.

State-Level Advisory Board Recommendation Types	Number of States
Community Education	36
Amendment/Enactment of Policy Legislation	35
Strengthening Collaboration Among Agencies	35
Provider Education	33
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	20
At State Level	20

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	22
At State Level	21

SECTION C

CDR REPORTING



29. Type of Reporting System Used

System Type	Number of States
National Child Death Review-Case Reporting System (NCDR-CRS)	43
State database	7
None	1

30. Type of Reporting System Used by State

State	System Type
Alabama	NCDR-CRS
Alaska	NCDR-CRS *
Arizona	NCDR-CRS
Arkansas	NCDR-CRS
California	NCDR-CRS
Colorado	NCDR-CRS
Connecticut	NCDR-CRS*
Delaware	NCDR-CRS
District of Columbia	State Database
Florida	NCDR-CRS
Georgia	NCDR-CRS
Hawaii	NCDR-CRS
Idaho	NCDR-CRS
Illinois	State Database
Indiana	NCDR-CRS
Iowa	NCDR-CRS
Kansas	State Database
Kentucky	NCDR-CRS
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	NCDR-CRS
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	NCDR-CRS
Pennsylvania	NCDR-CRS
Rhode Island	NCDR-CRS
South Carolina	State Database
South Dakota	NCDR-CRS*
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.

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	21
Arizona	6	N/A
Arkansas	24	N/A
California	4	N/A
Colorado	5	18
Connecticut	N/A	1
Delaware	6	9
District of Columbia	N/A	6
Florida	12	12
Georgia	3	6
Hawaii	24	N/A
Idaho		24
Illinois	6	N/A
Indiana	3	9
Iowa		12
Kansas	N/A	21
Kentucky	6	0
Louisiana		4
Maine	N/A	3
Maryland	1	N/A
Massachusetts		N/A
Michigan	3	N/A
Minnesota	3	6
Mississippi	N/A	12
Missouri	0	N/A

State	Local Review: Time, in Months	State Review: Time, in Months
Montana	9	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	8	12
Pennsylvania	6	N/A
Rhode Island	N/A	6
South Carolina	12	
South Dakota	4	12
Tennessee	3	N/A
Texas	18	N/A
Utah	N/A	1
Vermont	N/A	12
Virginia	12	42
Washington	6	N/A
West Virginia	N/A	12
Wisconsin	3	N/A
Wyoming		12

32. Number of States Producing Reports using their CDR Data

Type of Report	Number of States
Annual Report	42
Other reports based on CDR Finding	26

33. Of States Producing Annual Report (n=42), To Whom is Report Released

Released to	Number of States
General public	37
Legislature	37
State Agencies	34
Governor	34
Local teams	26

**34. Of States Producing Annual Report (n=42),
an Official Response is Required**

Official Response Required to Annual Report	Number of States
Yes	6
No	35

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	Specialized Review System for CPS	Other
41	33	35	33	12	28	14

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

Citizen Review Panels	FIMR	Domestic Violence	Maternal Mortality	Other SIDS Reviews	Specialized Review System for CPS	Other
21	27	18	19	9	21	9

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	12
At Local Level	8

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

Number of States: 17

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	
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