

Keeping Kids Alive:

A Report on the Status of  
Child Death Review  
in the United States  
2015



Source of Information:

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



1-800-656-2434

Email: [info@ncfrp.org](mailto:info@ncfrp.org)

1115 Massachusetts Avenue, NW

Washington, DC

[www.ncfrp.org](http://www.ncfrp.org)

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# Introduction

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**E**ach 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 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 Fatality Review and Prevention (NCFRP) 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 2015. Six 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; those states are California (most recent year: 2013), Georgia (2013), District of Columbia (2013), Mississippi (2013), North Carolina (2013), and Rhode Island (2012).

The information in the following tables is not static as states often make improvements to their programs, adopt new legislation to support their programs, or build 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 NCFRP website ([www. childdeathreview.org](http://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 1,300 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. Over the last two years, however, funding for CDR has risen in seven states, and, despite reduced funding in three states, the median funding amount rose from \$109,886 to \$125,000.

The number of states with state statutes and regulations governing CDR has increased steadily to 45, and the number of states with statutes or regulations that cover protocols continues to stay steady or rise in each of the following categories: confidentiality of CDR meetings, access to records, privacy of review meetings, protection of reviews from subpoenas/discovery and FOIA, CDR program reports, designation of required state and 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., deaths from infection, asthma, cancer, cardiac), SIDS/SUID, unintentional injuries, homicides, suicides, and abuse and neglect. 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 dropped slightly for local teams at 6.4 months and increased slightly for state teams from 11 to 11.6 months. Five state teams reduced the average time between the death and the review by state teams, although no states reported a drop in the average time between the death and review by local teams.

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 30. Nine of the remaining state teams are administratively situated in the child welfare agency. Most teams have a strong focus on secondary prevention and systems improvements. Forty 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, NCFRP initiated its web-based National Child Death Review Case Reporting System (NCDR-CRS) and made it available at no cost to all local and state teams. By 2015, forty-five states and their local teams participated in the NCDR-CRS, and 43 states used their CDR data to produce their Annual Reports. There are now more than 167,000 cases entered into the system, 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, NCFRP 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. <sup>1</sup>

NCFRP 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. In 2015, the Center's funder, HRSA/MCHB determined it would fund a data Center for both CDR and FIMR. The National Center competed for and was awarded the contract for the merged center, and is working with the former FIMR Center situated at the American College of Obstetricians and Gynecologists. The new Center's name is the National Center for Fatality Review and Prevention.

## Looking Forward to 2016-2017

The primary change in the coming year is that NCFRP is now the data center for both CDR and FIMR. The Center is developing a FIMR database system for the approximately 160 FIMR teams in 35 states to enter data about their reviews. When this report is next published, it will report on both CDR and FIMR status. The new Center will also continue its prior focus on prevention activities. NCFRP is proud of and excited by the prevention activities taking place around the country as a result of CDR and FIMR activities and will take steps to support and enhance those activities and to the resulting outcomes. With funding support from the HHS, HRSA, Maternal and Child Health Bureau, the Center strives to help states improve their CDR and FIMR 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, NCFRP 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. The Center will also continue its work with Guam and other Pacific Island nations and with the Navajo Nation and other Indian tribes as they build their CDR programs.

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<sup>1</sup> 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*. Scheers NJ, et al. (2016). Crib bumpers continue to cause infant deaths: A need for a new preventive approach. *Pediatrics* 169: 93–97.e1. Triclylidas T, et al. (2016). Pediatric Suicide in the United States: Analysis of the National Child Death Case Reporting System. *Injury Prevention* 0:1–6; Tian N, et al. (2015). Cause-specific mortality among children and young adults with epilepsy: Results from the U.S. National Child Death Review Case Reporting System. *Epilepsy Behav.* 45:31-4; Vetter VL, et al. (2015) Development of a dataset of national cardiovascular deaths in the young. *American Heart Journal* 168: 568–576.e19; Shapiro-Mendoza C, et al. (2014). Classification system for the Sudden Unexpected Infant Death Case Registry and its application. *Pediatrics*. 134(1): e210-219.

NCFRP has also begun initiatives to increase coordination between FIMR and CDR; to improve the quality of the data in the Case Reporting System, and to assist states to address health inequities.

The NCFRP will also continue its 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.

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 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 2015, the National Child Death Review Case Reporting System (NCDR-CRS) was updated to Version 4.0 and work is now underway on Version 5.0. Considering that participation in the system is voluntary and states are not financially compensated for participating, the commitment by 45 states to submit their review data into a national database is nothing short of extraordinary and unprecedented.

The purpose of the Case Reporting System is to learn from the data to prevent further deaths. In the coming year, NCFRP will begin publishing a series of reports summarizing and analyzing the data about specific types of death. The purposes of the reports are to broaden availability of summary data from child death reviews and to inform prevention policies and activities in the states and nationally.

The Center is also working in partnership with the U. S. Centers for Disease Control and Prevention (CDC) to pilot a Sudden and Unexplained Infant Death Case Registry in 12 states, and is partnering with CDC and the National Institutes of Health on a Sudden Death in the Young Registry in 10 states. The states are using the NCDR-CRS as the foundation for reporting into the registries.

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. NCFRP 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 who attend review meetings. Their participation on more than 1,300 local teams and 41 state boards is a key reason that CDR has become a powerful system to help Keep Kids Alive.

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**SECTION A**  
**CDR PROGRAM ADMINISTRATION**



## 1. State Agency that Leads Coordination of CDR Program

Agency Lead	Number of States
Health Department	31
Social Services	9
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	Georgia Bureau of Investigation
Hawaii	Health Department, Maternal and Child Health Branch
Idaho	Health Department, Bureau of Family and Community 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	Health Department, Office of the Chief 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

Responses are not Mutually Exclusive

Function	Number of States
Data Collection and Reporting	48
Coordination of State Team	46
Training for Local Teams	38
Technical Assistance to Local Teams	36
Develop Recommendations	35
Coordination of Local Teams	29
Other functions	17

## 4. CDR Coordination with Other State Programs

Coordination	State Injury Prevention	State Maternal Child Health Program	State Child Protective Services
Yes	44	48	50
No	7	3	1

## 5. Annual Funds Allocated Specifically for CDR Programs by State

Median Funding Amount: \$ 125,000

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.

State	Annual Budget
Alabama	\$300,000
Alaska	\$155,000
Arizona	\$322,700
Arkansas	\$147,000
California	\$150,000
Colorado	\$570,000
Connecticut	\$150,000
Delaware	\$377,000
DC	U/K
Florida	\$31,000
Georgia	U/K
Hawaii	\$0
Idaho	\$50,000
Illinois	\$107,500
Indiana	\$0
Iowa	\$0
Kansas	\$125,000
Kentucky	\$418,569
Louisiana	N/A
Maine	\$102,000
Maryland	\$76,808
Massachusetts	N/A
Michigan	\$500,000
Minnesota	\$92,800
Mississippi	\$25,000

State	Annual Budget
Missouri	\$764,000
Montana	\$70,000
Nebraska	\$70,000
Nevada	\$119,814
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	\$176,975
Oregon	\$0
Pennsylvania	\$130,000
Rhode Island	U/K
South Carolina	\$50,000
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	General state funds	One dollar surcharge on death certificates
Arkansas			Grant
California	MCH Block Grant		
Colorado	MCH Block Grant and CAPTA, CDC grant for SUID Case Registry	Colorado General Fund dollars	
Connecticut		State appropriations-General funds	
Delaware		State appropriations-General funds, grant monies, community partners	
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	
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 and CDC SUID Case Registry	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	State appropriations – General funds	
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	Administrative support	
New Jersey			Grants
New Mexico	Yes: Unknown Type	General funds, OMI SUID funds	
New York		Office of Children and Family Services	
North Carolina			
North Dakota			
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		Local CDR Coordinators are funded by a variety of funds. There is not a CDR specific funding source in WA
West Virginia		State appropriations-General funds	
Wisconsin	Children's Justice Act, CDC Case Registries	Title V funding	Children's Hospital of Wisconsin, Inc.
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: 1.5 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	3	.5
Connecticut	1.5	.5
Delaware	6	0
DC	3	0
Florida	1	0
Georgia	3	0
Hawaii	0	0
Idaho	.5	0
Illinois	1.5	1
Indiana	2	0
Iowa	0	0
Kansas	2	0
Kentucky	1.5	1
Louisiana	1.5	1
Maine	1	2
Maryland	1	0.25
Massachusetts	0.5	0.5
Michigan	4.2	0
Minnesota	4.5	0
Mississippi	0	0.3

State	State Staff (FTEs)	In Kind Staff (FTEs)
Missouri	14.5	0
Montana	1	1
Nebraska	1.35	0.15
Nevada	0	1.5
New Hampshire	0	0
New Jersey	0	4
New Mexico	1.5	0.25
New York	1	0
North Carolina	3	0
North Dakota	0	0.2
Ohio	1.5	0
Oklahoma	1	0
Oregon	0	1
Pennsylvania	1.75	1
Rhode Island	0.4	0
South Carolina	.5	0
South Dakota	.25	0.1
Tennessee	2	.25
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	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	8
None	6

**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	Permitted
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	17
Permits Local CDR	15
None	19

## 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	None
Wisconsin	None
Wyoming	None

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

Responses are not Mutually Exclusive

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	40
Review protected from subpoena/discovery	40
Defines required state team members	37
CDR program report	36
Review not subject to FOIA	30
Defines required local team members	27
Local Teams	25
Case review report	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		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	X
Nebraska	X	X	X	
Nevada	X		X	
New Hampshire	X	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**

<b>State</b>	<b>CDR Meeting Protocol</b>	<b>Child/Infant Death Investigation Protocol</b>	<b>Confidentiality Protocol</b>	<b>Other Protocols</b>
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	
West Virginia	X	X	X	
Wisconsin	X	X	X	
Wyoming	X	X	X	
<b>Number of States</b>	<b>46</b>	<b>34</b>	<b>48</b>	<b>7</b>

**SECTION B**  
**THE REVIEW PROCESS**

## 14. Level at Which In-Depth Case Review Occurs

Responses are not Mutually Exclusive

Local Review	State Review
37	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
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  
 Twelve states review 100% of child deaths

Type of Death	Local Review (n=37)	State Review (n=34)
Medical Deaths (not SIDS but includes infections, asthma, cardiac, cancer, etc.)	23	16
SIDS	29	25
SUID (SIDS, suffocation and undetermined infant deaths)	31	30
Unintentional Injuries	30	29
Homicides	29	28
Suicides	29	29
Undetermined	30	26
Abuse and Neglect	31	31
Current or History of contact with Social Services	26	27
Child was a ward of the state	24	28
Child was a resident of another state/jurisdiction and death occurred in this state/jurisdiction	20	18
Child's death occurred in a different state/jurisdiction and the child was a resident of this state/jurisdiction	13	12

### 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	18	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	34	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	15	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	N/A	N/A
Idaho	N/A	24
Illinois	6	N/A
Indiana	3	9
Iowa		12
Kansas	N/A	21
Kentucky	3	
Louisiana	3	4
Maine	N/A	3
Maryland	3	N/A
Massachusetts		N/A
Michigan	3	N/A
Minnesota	4	6
Mississippi	N/A	12
Missouri	2	N/A

State	Local Review: Time, in Months	State Review: Time, in Months
Montana	4	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	10
Ohio	6	N/A
Oklahoma	9	9
Oregon	8	12
Pennsylvania	6	N/A
Rhode Island	N/A	6
South Carolina	6	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	9	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	22
No	29

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

Process in place to Identify Cases	Number of States
Yes	50
No	1

**21. States with State Level Advisory Boards**

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

State	Advisory Board Reviews 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	X
Tennessee	X
Texas	X
Utah	X
Vermont	X
Virginia	
Washington	
West Virginia	X
Wisconsin	X
Wyoming	X

**22. Functions of State Advisory Board (of 42 States)**

Responses are not Mutually Exclusive.

<b>Function</b>	<b>Number of States</b>
Make formal recommendations	40
Write annual reports	31
Review local findings	26
Conduct state reviews	25

**23. Entity to Whom State Advisory Board Makes Recommendations (of 40 States)**

Responses are not Mutually Exclusive.

<b>State-Level Advisory Board Makes Recommendations To</b>	<b>Number of States</b>
State Agency(s)	35
Legislature	33
Governor	30
General Public	26
Local Teams	19

**24. Response Required when State Advisory Board Makes Recommendations (of 40 States)**

<b>Response Required?</b>	<b>Number of States</b>
Yes	10
No	30



**25. Types of State Advisory Board Recommendations Made at the State Level  
(of 40 States)**

Responses are not Mutually Exclusive.

<b>State-Level Advisory Board Recommendation Types</b>	<b>Number of States</b>
Community Education	40
Strengthening Collaboration Among Agencies	38
Amendment/Enactment of Policy Legislation	37
Provider Education	37
Improvement of Organizational Practices	36
Improvement of Individual Knowledge and Skills	34

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

<b>Panel Member Subpoenaed for Review Information</b>	<b>Number of States</b>
Yes	5
No	45

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

<b>Deaths Under Active Investigation by Law Enforcement are Reviewed by CDR Teams</b>	<b>Number of States</b>
At Local Level	20
At State Level	17

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

<b>Deaths Under Active Investigation by Law Enforcement are Reviewed by CDR Teams</b>	<b>Number of States</b>
At Local Level	23
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)	44
State database	6
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	NCDR-CRS
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.

\*\* Transitioned to the NCDR-CRS in December 2015

### 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	1	N/A
California	12	N/A
Colorado	6	1
Connecticut	N/A	9
Delaware	3	3
District of Columbia	N/A	6
Florida	1	
Georgia	3	
Hawaii	N/A	N/A
Idaho	N/A	1
Illinois	1	N/A
Indiana	1	
Iowa		8
Kansas	N/A	0
Kentucky		10
Louisiana	1	
Maine	N/A	0
Maryland	1	N/A
Massachusetts	1	N/A
Michigan	6	N/A
Minnesota		6
Mississippi	N/A	15
Missouri	4	N/A

State	Local Review: Time, in Months	State Review: Time, in Months
Montana	5	N/A
Nebraska		18
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	10
Ohio	1	N/A
Oklahoma	12	12
Oregon	8	
Pennsylvania	6	N/A
Rhode Island	N/A	
South Carolina	N/A	12
South Dakota	4	6
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	9
Wisconsin	1	N/A
Wyoming		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	26

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

Released to	Number of States
General public	38
Legislature	37
State Agencies	36
Governor	34
Local teams	29

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

Official Response Required to Annual Report	Number of States
Yes	5
No	38

SECTION D  
COORDINATION WITH OTHER  
REVIEWS

### 35. Number of States with Other Review Processes

Responses are not Mutually Exclusive

Type of Review	Other Review Processes in Place	CDR Coordinates with Other Review Processes
Citizen Review Panels	42	22
FIMR	33	25
Domestic Violence	34	18
Maternal Mortality	32	21
Other SIDS Reviews	13	9
Specialized Review System for CPS	31	20
Suicide	6	3
Homicide	4	2
Other	13	9

### 36. 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	6

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

Number of States: 16

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	
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

**38. Number of States which Conduct Internal Agency Reviews of Child Deaths**

Conduct Internal Reviews	Number of States
Yes	45
No	6