

Keeping Kids Alive:
A Report on the Status of
Child Death Review
in the United States
2017



Source of Information:

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



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Introduction

Each year almost 40,000 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 in order to understand how and why children die. The ultimate goal of a CDR team is to take action preventing future 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, placement of administrative leadership, supporting legislation, the types of deaths reviewed, and reporting systems. Every state has an agency and a person designated as the lead for its CDR program.

The National Center for Fatality Review and Prevention (National Center) 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 2017. Nine states did not reply to the query for a variety of reasons, so the data presented for those states are based on the most recent year they did respond; those states are Alabama (2016), California (2013), Indiana (2016), Maine (2016), Mississippi (2016), Rhode Island (2016), Utah (2015), Washington (2016), and Wyoming (2016).

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 United States. More complete information and links to individual state programs can be found on the National Center website (www.ncfrp.org).

Trends in Child Death Review

The most notable indicator of growth of the CDR system is that today there are more than 1,350 state and local teams in all 50 states and the District of Columbia, and teams in Guam and the Navajo Nation. Shoshone-Bannock Tribe is exploring building a team in 2018. State CDR budgets and staffing levels steadily increased between 2004 and 2008, and then decreased as state economies struggled.

The number of states with state statutes and regulations governing CDR rose to 45 in 2015. While there is no change this year, Vermont slightly modified their CDR legislation in 2017. The number of states with statutes or regulations that cover the following protocols for CDR review continues to stay steady: 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 sudden and unexplained infant deaths (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 issues), 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. Thirteen states report that they review all child deaths.

The average time between the death and the review increased slightly at the local and state level. Of the states that reported this figure this year, three reported a longer time for local teams; two reported a shorter time; the rest had no change. With respect to state teams, one dropped slightly in the time between death and review; six increased slightly, and the rest were unchanged.

The movement of CDR toward a prevention model was reflected for a number of years by the movement of state CDR programs from Social Services into public health. No matter where they are housed, most teams have a strong focus on secondary prevention and systems improvements. Forty-three states (up from forty-two last year) 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, the National Center initiated its web-based National Fatality Review Case Reporting System (NFR-CRS) and made it available at no cost to all local and state teams. Since 2017, 44 states and their local teams have participated in the NFR-CRS; each of the other six states uses a different system, usually state-specific. In 2017, 43 states reported that they used their CDR data to produce Annual Reports. There are now more than 200,000 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 data resource available for further analysis and study by child health and safety researchers, the National Center 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

The National Center encourages CDR programs to coordinate and collaborate with other types of death reviews and for the past three years has surveyed states about those efforts. The number of states that collaborate with other types of reviews (FIMR, domestic violence, maternal mortality, and others) increased slightly this year. Additionally, this year we asked a new question about whether child abuse and neglect deaths in the states are reviewed by other entities than the state or local CDR team (Table 37).

In 2015, the Center's funder, HRSA/MCHB, determined it would fund a single data center for both CDR and FIMR. The National Center competed for and was awarded the funding for the merged center. The merger has increased

¹ A sample of recent articles based on NFR-CRS data: Krugman, S. D., & Cumpsty-Fowler, C. J. (2018). A hospital-based initiative to reduce postdischarge sudden unexpected infant deaths. *Hospital Pediatrics*, 8(8), 443-449. doi:10.1542/hpeds.2017-0211. <http://hosppeds.aappublications.org/content/8/8/443>; Burns KM et al. (2017). The Sudden Death in the Young Case Registry: Collaborating to Understand and Reduce Mortality. Available first online: <http://pediatrics.aappublications.org/content/early/2017/02/20/peds.2016-2757>; Parrish J et al. (2017). Classification of Maltreatment-Related Mortality by Child Death Review Teams: How reliable are they? *Child Abuse & Neglect* Final version published online: 30-Mar-2017 DOI information: 10.1016/j.chiabu.2017.03.003. <http://www.sciencedirect.com/science/article/pii/S0145213417300959>; 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; <http://pediatrics.aappublications.org/content/early/2017/02/20/peds.2016-2757>; Erck AB et al. (2016). Death Scene Investigation and Autopsy Practices in Sudden Unexpected Infant Deaths. *J Pediatrics*; 174:84-90. https://www.researchgate.net/publication/301671583_Death_Scene_Investigation_and_Autopsy_Practices_in_Sudden_Unexpected_Infant_Deaths. Abstract only.

opportunities for collaboration among CDR and FIMR teams, and the Center has a staff person dedicated to helping improve CDR and FIMR collaboration in states. A separate report on the Status of FIMR teams is also available from the Center.

The Department of Defense (DOD) has an active child death review program for deaths of children of active service members. The Center has worked with DOD for a number of years to facilitate collaboration between military child death reviews and CDR reviews in the communities where the death occurred. There are 13 states where the military participates on local and/or state teams, and eight states where local and/or state CDR teams partner with the military teams on their reviews.

Looking Forward

DATA

In 2018, the National Fatality Review Case Reporting System (NFR-CRS) was updated to Version 5.0. With the merger of the centers, the National Center is serving as the national data resource center for both CDR and FIMR. Version 5.0 added a FIMR module so that any FIMR team will be able to enter and analyze data in the same way the CDR teams currently can.

Forty-four states and their local teams participate in the NFR-CRS. Considering that participation in the system is voluntary and states are not financially compensated for participating, the commitment by 44 states to submit their review data into a national database is nothing short of extraordinary and unprecedented.

The purpose of the NFR-CRS is to learn from the data to prevent further deaths. In the coming year, the National Center 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 implement a Sudden and Unexpected Infant Death (SUID) Case Registry in 18 states, and with the CDC and the National Institutes of Health on a Sudden Death in the Young (SDY) Case Registry in 10 states. The states (or their jurisdictions) use the NFR-CRS as the foundation for reporting 100% of their SUID and/or SDY deaths into these registries.

PREVENTION

In 2018, the Center will continue its focus on prevention activities. CDR teams are working hard to craft better recommendations and implement evidence-based and promising practices that can prevent child deaths. The National Center is proud of and excited by the prevention activities taking place around the country as a result of CDR activities and will continue to provide states with links to resources to support their prevention work and to showcase programs that have moved from reviews to effective child safety, health, or injury prevention outcomes.

THE REVIEW PROCESS

With funding support from HRSA's Maternal and Child Health Bureau, the National Center strives to help states improve their CDR systems. Part of this work is helping states standardize their fatality review practices while also valuing the state and local contexts in which the reviews function. In the next year, the Center will continue to support the states as they work to improve their capacity to review more types of deaths and grow their local teams and will continue its provision of on-site technical assistance and training to states. The Center will also

continue its work with Guam, other Pacific Island nations, Puerto Rico, and with the Navajo Nation and other Indian tribes as they build their CDR programs.

The National Center will continue its 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 through reviews. 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.

An additional system to support state CDR programs 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, 2015, and 2016. All five regions participated in a national meeting in Denver, Colorado in May, 2018. The regions will meet again separately in Spring 2019. These meetings allow states the opportunity to network and share strategies for improving the power of CDR to move from reviews to prevention.

NATIONAL PARTNERSHIPS

Increasingly, national organizations are connecting to CDR at a local, state and national level. A number of agencies are working to utilize CDR data to better understand SUID, drowning deaths, suicides, child maltreatment, deaths from consumer product failures, maternal mortality review, and motor vehicle deaths. The National 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, SUID and SIDS, child abuse, and disability advocacy.

The Center is also 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.

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 state and local review meetings. Their participation on more than 1,350 local teams and 43 state boards is a key reason that CDR has become a powerful system to help Keep Kids Alive.

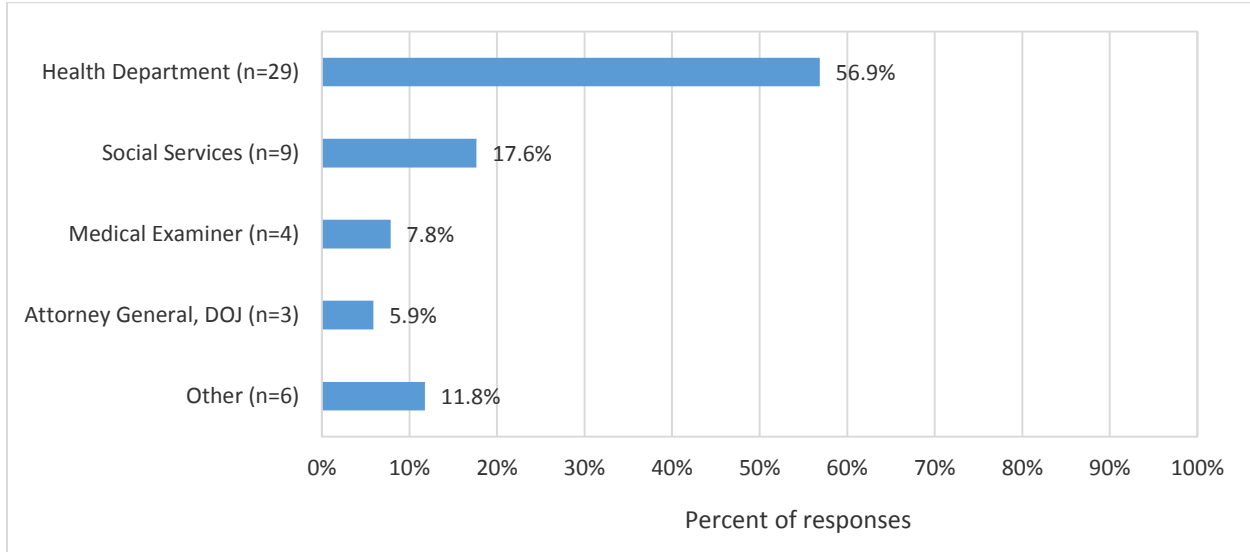
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SECTION A: CDR PROGRAM ADMINISTRATION

1. State Agency That Leads Coordination of CDR Program



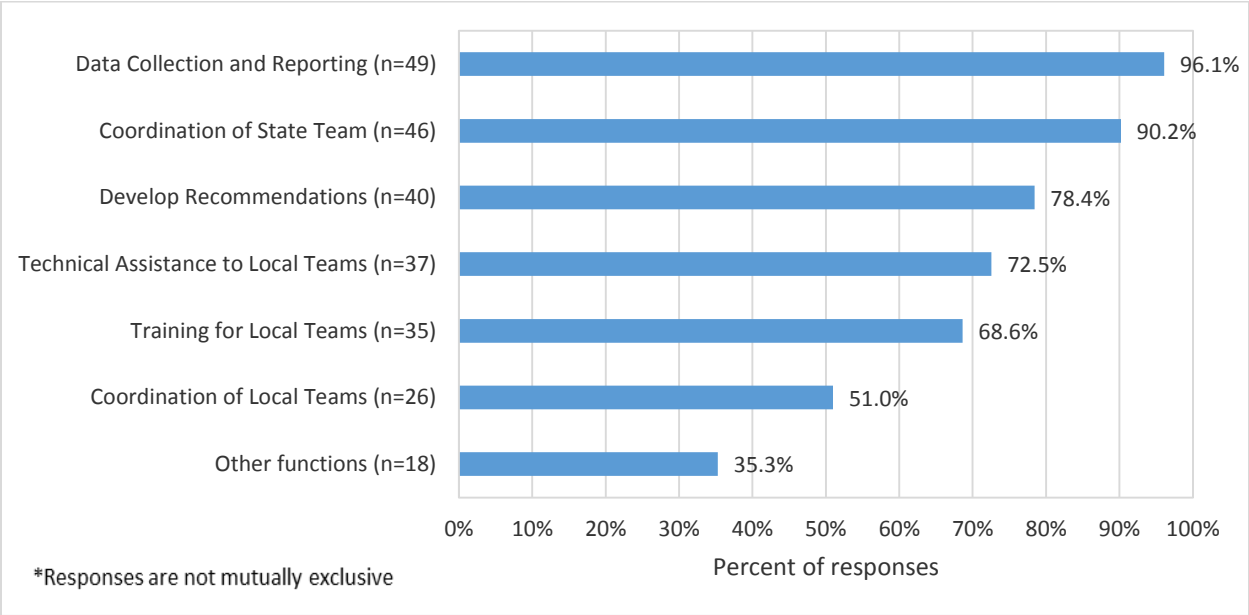
2. State Agency That Leads Coordination of CDR Program by State

State Name	
Alabama	Health Department, Alabama Department of Public Health, Bureau of Prevention, Promotion, and Support
Alaska	Health Department, Section of Women's, Children's, & Family Health, Division of Public Health
Arizona	Health Department, Prevention Health Services/Bureau of Women's and Children's Health/Office of Injury Prevention
Arkansas	Other, Arkansas Children's Hospital Injury Prevention Center
California	Health Department, Public Health Department, Safe and Active Communities (SAC) Branch
Colorado	Health Department, Prevention Services Division - Violence and Injury Prevention-Mental Health Promotion Branch
Connecticut	Other, Office of the Child Advocate
Delaware	Other, Administrative Offices of the Court
District of Columbia	Medical Examiner
Florida	Health Department, Division of Children's Medical Services
Georgia	Other, 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 Department, Health and Human Services Commission of the Indiana State Department of Health
Iowa	Health Department, Iowa Office of the State Medical Examiner

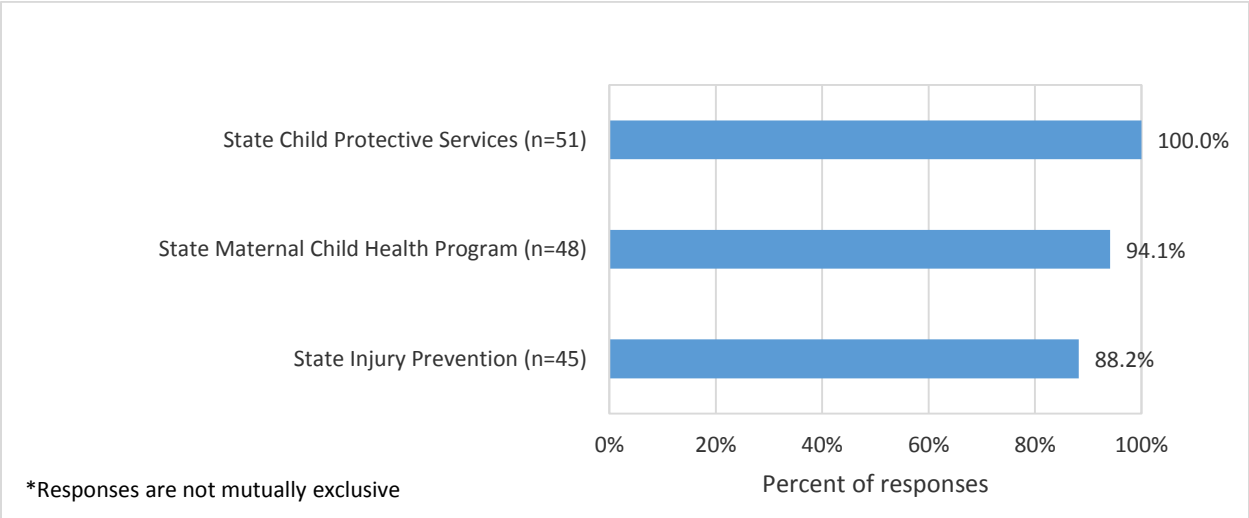
Kansas	Attorney General, DOJ
Kentucky	Health Department, Maternal and Child Health
Louisiana	Health Department, LDH-OPH-Bureau of Family Health
Maine	Health Department, Office of Child and Family Services, DHHS
Maryland	Health Department, Maternal and Child Health Bureau
Massachusetts	Medical Examiner
Michigan	Social Services
Minnesota	Social Services
Mississippi	Health Department, Health Services
Missouri	Social Services
Montana	Health Department, MT Dept of Public Health & Safety Division, Family and Community Health Bureau
Nebraska	Health Department, Nebraska Department of Health & Human Services Division of Public Health
Nevada	Social Services, Division of Child and Family Services: Child Welfare
New Hampshire	Attorney General, DOJ
New Jersey	Social Services
New Mexico	Health Department, Epidemiology and Response Division, Injury and Behavioral Epidemiology Bureau
New York	Social Services
North Carolina	Medical Examiner
North Dakota	Social Services
Ohio	Health Department, Maternal, Child and Family Health
Oklahoma	Other, The Oklahoma Commission on Children and Youth
Oregon	Health Department, state public health division
Pennsylvania	Health Department
Rhode Island	Health Department, Office of State Medical Examiner (within Health Department)
South Carolina	Health Department, Division of Injury and Violence Prevention
South Dakota	Health Department, Office of Child and Family Services
Tennessee	Health Department, Division of Family Health and Wellness
Texas	Health Department, Office of Injury Prevention in the Community Health Improvement Division
Utah	Health Department, Division of Disease Control and Prevention, Violence and Injury Prevention Program
Vermont	Other: In November, 2017, the CFRT approved a new set of operational guidelines (bylaws) which established the positions of Chair and Vice Chair and the Vermont Department of Health assumed a more prominent role in the coordination of Vermont's Child Fatality Review team.

Virginia	Health Department, Office of the Chief Medical Examiner
Washington	Health Department, Office of Healthy Communities
West Virginia	Medical Examiner
Wisconsin	Health Department, Maternal Child Health Division
Wyoming	Social Services

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

Median Funding Amount (37 states): \$119,814

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. States that reported zero dollars were not included in the calculation of the median funding amount.

State	Annual Budget
Alabama	\$300,000
Alaska	\$155,000
Arizona	\$322,700
Arkansas	\$182,900
California	\$150,000
Colorado	\$625,000
Connecticut	\$150,000
Delaware	\$445,500
District of Columbia	\$386,955
Florida	\$31,000
Georgia	\$0
Hawaii	\$0
Idaho	\$50,000
Illinois	\$107,500
Indiana	\$0
Iowa	\$0
Kansas	\$158,225
Kentucky	\$418,500
Louisiana	U/K
Maine	\$102,000
Maryland*	\$1,200,000
Massachusetts	\$0
Michigan	\$639,000
Minnesota	\$465,000
Mississippi	\$25,000

State	Annual Budget
Missouri	\$764,000
Montana	\$70,000
Nebraska	\$100,000
Nevada	\$119,814
New Hampshire	\$2,000
New Jersey	U/K
New Mexico	\$150,000
New York	\$829,100
North Carolina	\$200,000
North Dakota	\$1,000
Ohio	\$150,000
Oklahoma	\$176,975
Oregon	\$0
Pennsylvania	\$193,520
Rhode Island	U/K
South Carolina	\$100,000
South Dakota	\$42,000
Tennessee	\$225,000
Texas	\$140,000
Utah	\$30,000
Vermont	\$6,500
Virginia	\$75,000
Washington	\$35,912
West Virginia	U/K
Wisconsin	\$220,000
Wyoming	\$10,000

*Includes both CDR and FIMR, not used in determining the median funding

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; CDC SUID grant		
Arizona	MCH Block Grant; CDC SUID Case Registry Grant	General state funds	One dollar surcharge on death certificates
Arkansas		Contract with ADH Family Health Branch	
California	MCH Block Grant		
Colorado	CDC grant for SUID Case Registry	Colorado General Fund dollars	
Connecticut		State appropriations-General funds	
Delaware	SDY funds from CDC	State appropriations-General funds, grant monies, community partners	

State	Type of Federal Funds	Type of State Funds	Other Funds
District of Columbia		DC appropriations-General funds	
Florida		State appropriations-General funds	Local health and social services
Georgia	CDC SDY grant	State appropriations-General funds	
Hawaii		DOH	
Idaho	CAPTA and CJA		
Illinois		DCFS funds	
Indiana			
Iowa			
Kansas			
Kentucky	MCH Title V Block Grant	State appropriations-General funds	
Louisiana	Federal Title V MCH Block Grant		
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		
Nevada		Death certificate fees	
New Hampshire	Children's Justice Act	Administrative support	
New Jersey			Grants
New Mexico	MCH Block grant, federal prevention block grant, SUID grant	General funds	
New York		Office of Children and Family Services	
North Carolina		Yes, unknown type	
North Dakota	Yes, unknown type	Yes, unknown type	
Ohio	MCH Block Grant		
Oklahoma		Line item for Oklahoma Commission on Children and Youth's Annual Budget	
Oregon			
Pennsylvania	SUID Case Registry Grantee	Department of Health	
Rhode Island	Title V	Rhode Island Department of Health	
South Carolina		Department of Social Services	
South Dakota	MCH Block Grant		
Tennessee	MCH Block Grant and SDY Registry funds	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		

State	Type of Federal Funds	Type of State Funds	Other Funds
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 Registry	Title V funding	Children's Hospital of Wisconsin, Inc.
Wyoming	Children's Justice Act – says "CAPTA filters through the state to the WY CRP via contract"	Yes, unknown type	

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

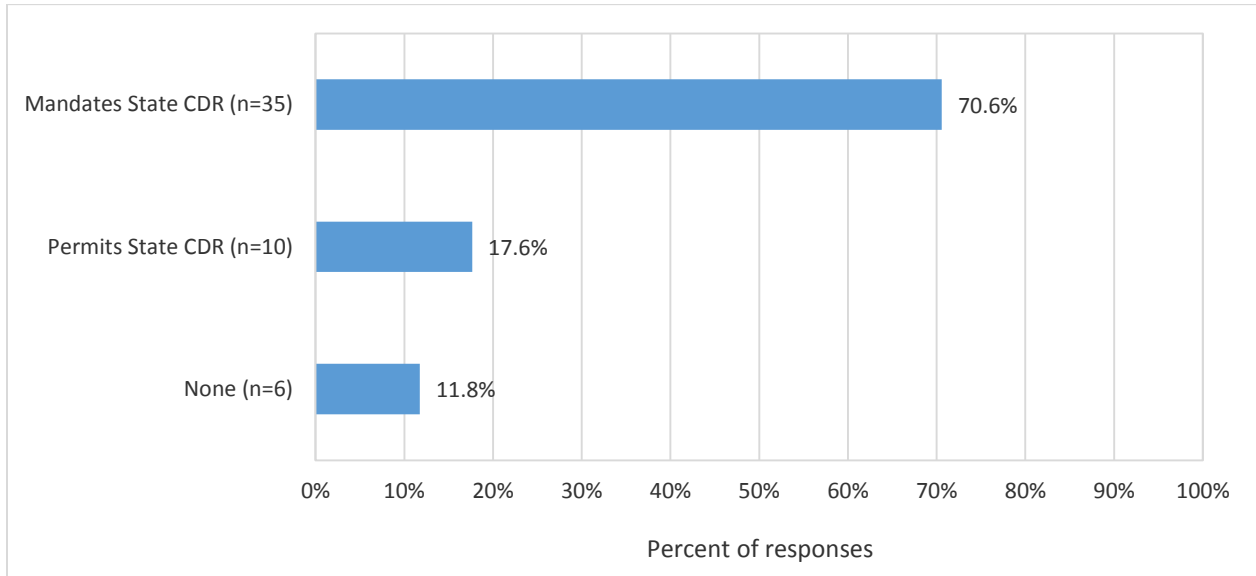
State median number FTE, including both paid and in-kind staff: 1.50 FTE

Note: Zero does not mean that no person is designated to coordinate the program. All states have a designated coordinator, but there may not be a designated and funded FTE for the CDR program.

State	State Staff (FTEs)	In Kind Staff (FTEs)
Alabama	3.0	0
Alaska	1.5	0
Arizona	1.5	0
Arkansas	1.4	0
California	0	10.0
Colorado	3.0	0.5
Connecticut	1.5	0.5
Delaware	5.0	0
DC	3.0	0
Florida	3.0	0
Georgia	4.0	2.0
Hawaii	1.0	4.0
Idaho	0.5	0
Illinois	1.5	1.0
Indiana	2.0	0
Iowa	0	0
Kansas	2.0	0
Kentucky	1.0	0.5
Louisiana	1.0	1.0
Maine	1.0	2.0
Maryland	1.5	0
Massachusetts	0.5	0.5
Michigan	4.9	0
Minnesota	4.5	0
Mississippi	0	0.3

State	State Staff (FTEs)	In Kind Staff (FTEs)
Missouri	14.5	0
Montana	1.0	0.25
Nebraska	1.35	0.15
Nevada	0	1.5
New Hampshire	0	0
New Jersey	0	4.0
New Mexico	1.0	0.75
New York	1.0	0
North Carolina	2.0	0
North Dakota	0	0.2
Ohio	1.25	0
Oklahoma	1.0	0
Oregon	0	1.0
Pennsylvania	1.75	0
Rhode Island	0.4	0
South Carolina	1.0	0
South Dakota	0.25	0.1
Tennessee	1.75	0.0
Texas	1.0	0.15
Utah	0.75	2.5
Vermont	0	0.05
Virginia	1.0	0
Washington	0.15	0
West Virginia	2.0	1.0
Wisconsin	2.7	3.0
Wyoming	0	1.5

8. States with Legislation or Administrative Rules for State CDR Program



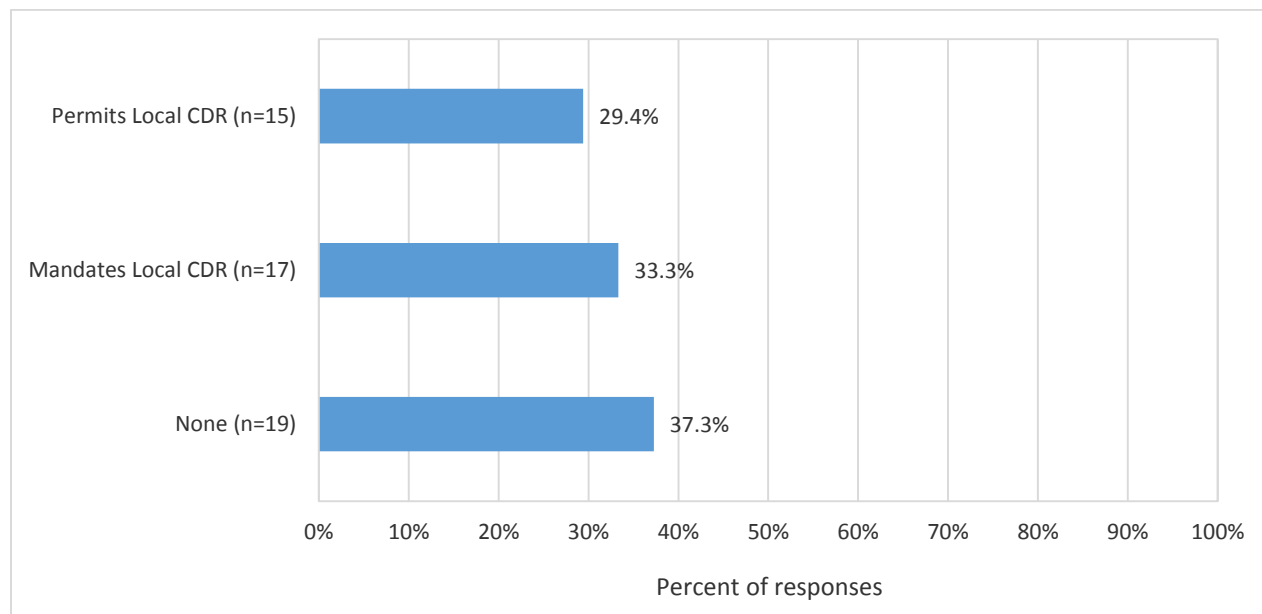
9. Level of Statute/Administrative Rules for State CDR Team by State

State	State CDR Team Statute/Rules
Alabama	Mandated
Alaska	None/Mandated*
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	Permitted
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 and reviews possible child maltreatment deaths. The other reviews preventable deaths and is not mandated; it is operated out of the Health Department.

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



11. Level of Statute or Administrative Rules for Local CDR Team by State

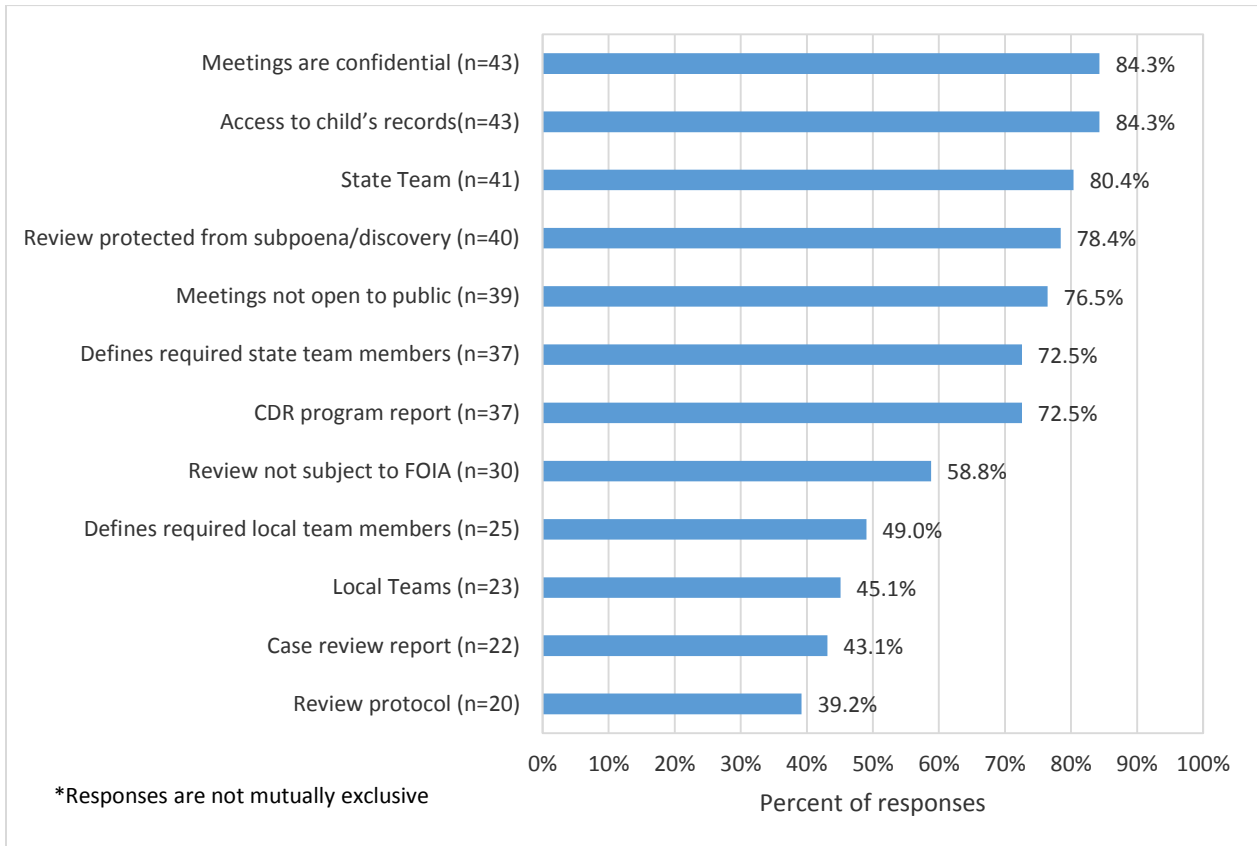
State	Local CDR Team Statute/Rules
Alabama	Mandated
Alaska	None
Arizona	Permitted
Arkansas	Permitted
California	Permitted
Colorado	Mandated
Connecticut	None
Delaware	Mandated
District of Columbia	None
Florida	Mandated
Georgia	Mandated
Hawaii	Permitted
Idaho	None
Illinois	Mandated
Indiana	Mandated
Iowa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

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

State	Local CDR Team Statute/Rules
Michigan	Permitted
Minnesota	Mandated
Mississippi	None

State	Local CDR Team Statute/Rules
Washington	Permitted
West Virginia	None
Wisconsin	None
Wyoming	None

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



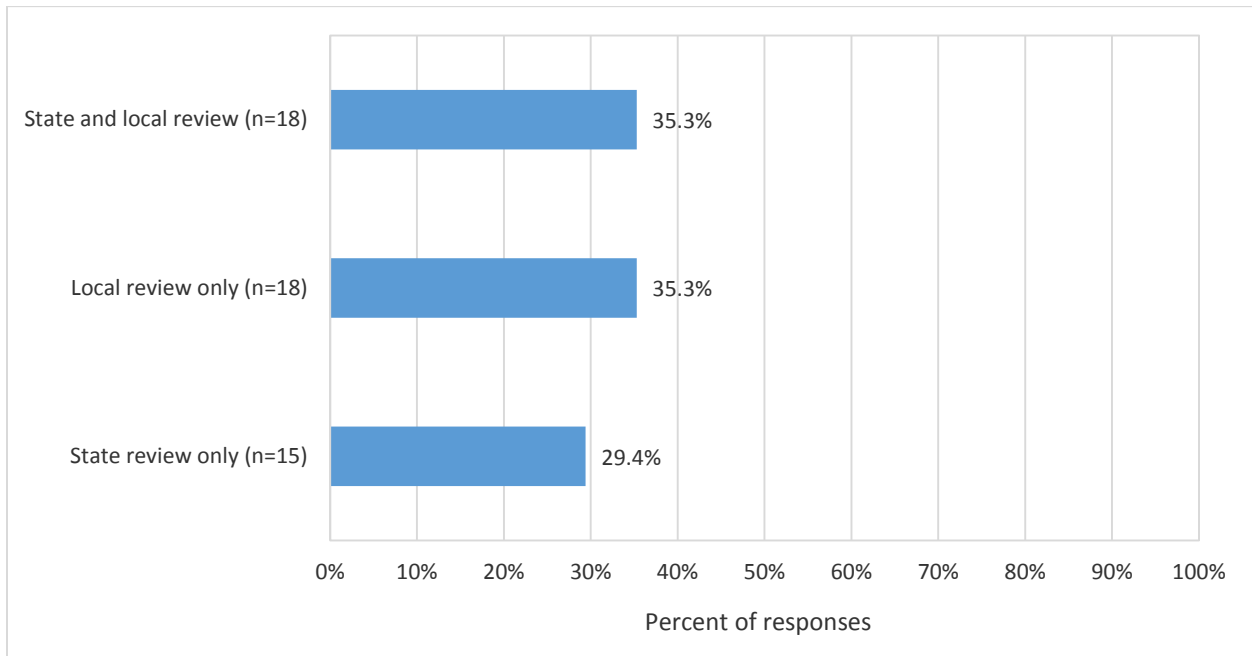
13. Selected Protocols in Place by State

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		X	
Connecticut	X	X	X	

State	CDR Meeting Protocol	Child/Infant Death Investigation Protocol	Confidentiality Protocol	Other Protocols
Delaware	X	X	X	
District of Columbia	X	X	X	X
Florida	X	X	X	
Georgia	X	X	X	
Hawaii	X	X	X	
Idaho			X	
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	
New York				
North Carolina	X	X	X	
North Dakota	X		X	
Ohio	X	X	X	
Oklahoma	X		X	
Oregon	X	X	X	
Pennsylvania			X	
Rhode Island	X	X	X	X
South Carolina	X	X	X	
South Dakota			X	
Tennessee	X	X	X	
Texas	X	X	X	
Utah	X	X	X	X
Vermont	X		X	
Virginia	X		X	
Washington			X	
West Virginia	X	X	X	
Wisconsin	X	X	X	
Wyoming	X	X	X	
Number of States	44	37	50	7

SECTION B: THE REVIEW PROCESS

14. Where In-Depth Case Review Occurs



15. Where In-Depth Case Review Occurs by State

State	Local Review	State Review
Alabama	X	X
Alaska		X
Arizona	X	
Arkansas	X	
California	X	
Colorado	X	X
Connecticut		X
Delaware	X	X
DC		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	X
Montana	X	
Nebraska	X	X
Nevada	X	
New Hampshire		X
New Jersey	X	X
New Mexico		X
New York	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

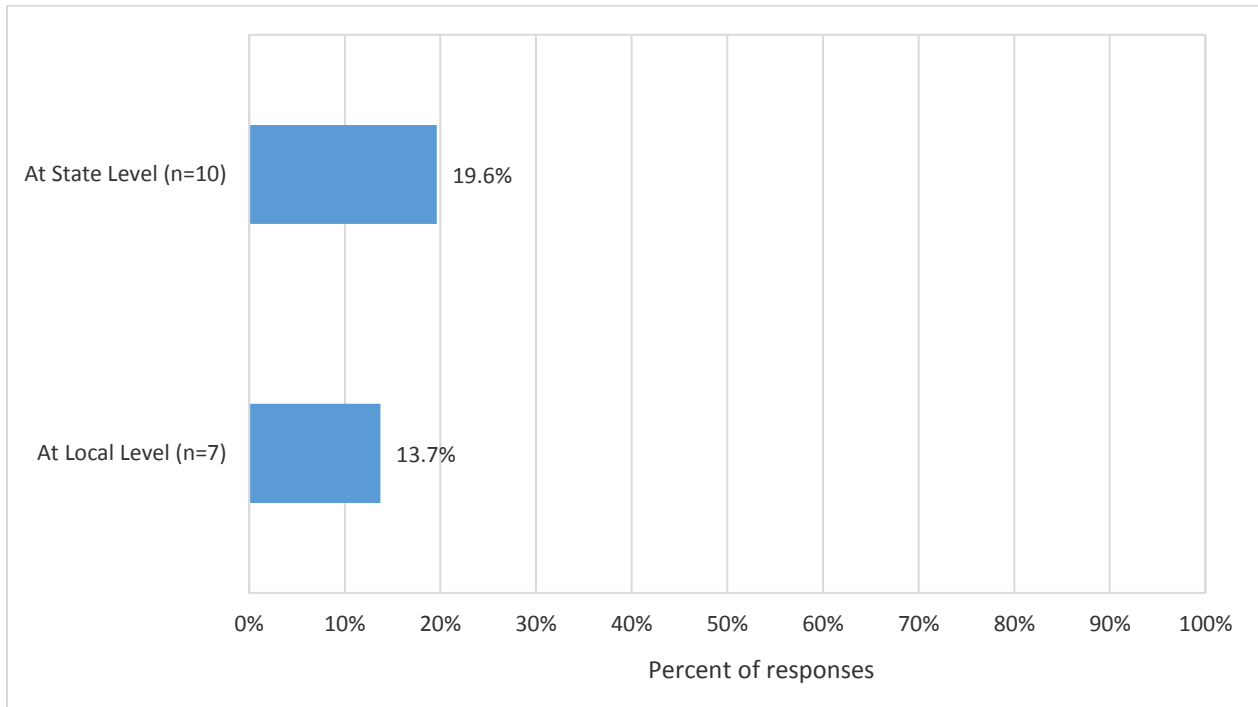
16. Types of Deaths Reviewed in States

Responses are not mutually exclusive for both Type of Death and Local/State level of Team.
Fifteen states review 100% of child deaths.

Type of Death	Local Review (n=36)	State Review (n = 33)
Medical Deaths (not SIDS but includes infections, asthma, cardiac, cancer, etc.)	25	16
SIDS	34	28
SUID (SIDS, suffocation and undetermined infant deaths)	34	30
Unintentional Injuries	33	28
Homicides	32	27
Suicides	31	28
Undetermined	33	27
Abuse and Neglect	33	32
Opioid	28	21
Current or History of contact with Social Services	29	28
Child was a ward of the state	27	28
Child was a resident of another state/jurisdiction and death occurred in this state/jurisdiction	23	21
Child's death occurred in a different state/jurisdiction and the child was a resident of this state/jurisdiction	17	12

17. States with CDR Review of Serious Injuries or Near Fatalities

Number of States with Local Teams=36
Number of States with State Teams=33



18. Maximum Age of Child Deaths Reviewed by State

Minimum age: 14; maximum age: 25

State	Age
Alabama	17
Alaska	17
Arizona	17
Arkansas	17
California	17
Colorado	17
Connecticut	17
Delaware	17
DC	23
Florida	17
Georgia	17
Hawaii	17
Idaho	17
Illinois	17
Indiana	17
Iowa	17
Kansas	17

State	Age
Kentucky	17
Louisiana	14
Maine	17
Maryland	17
Massachusetts	17
Michigan	18
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

19. Timing of Reviews

Responses are not mutually exclusive.

Timing of Review	Local Review	State Review
Retrospective/Periodic	33	33
Immediate Response (48 Hours)	4	0

20. Average Time Between Death and Review, in Months by State

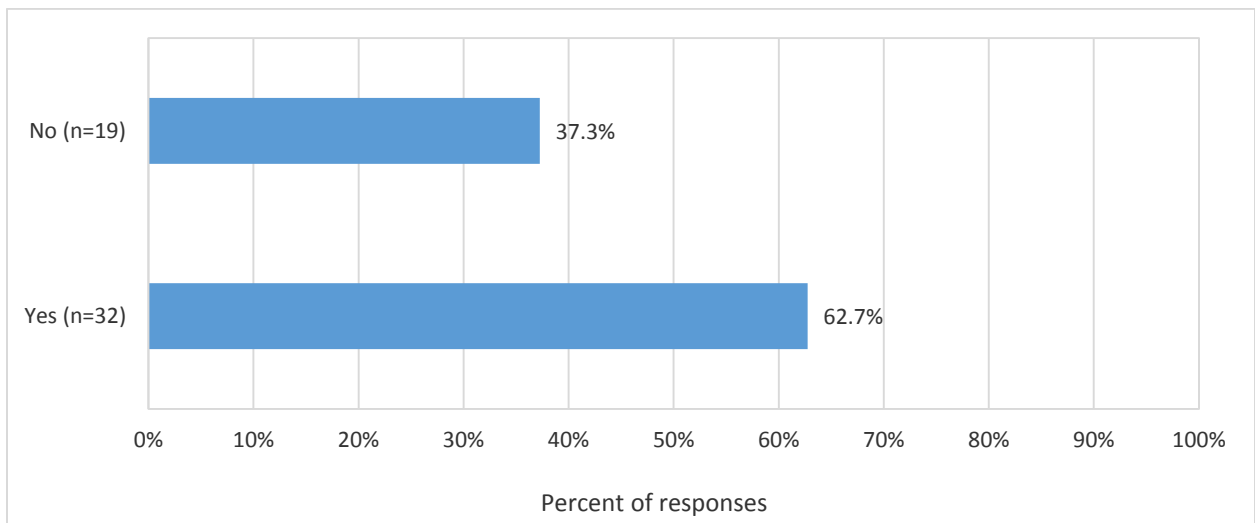
State	Local Review: Time, in Months	State Review: Time, in Months
Alabama	15	9
Alaska	N/A	8
Arizona	6	N/A
Arkansas	15	N/A
California	4	N/A
Colorado	5	18
Connecticut	N/A	2
Delaware	3	6
DC	N/A	8
Florida	12	12
Georgia	3	6
Hawaii	12	N/A
Idaho	N/A	18
Illinois	6	N/A
Indiana	3	9

State	Local Review: Time, in Months	State Review: Time, in Months
Missouri	3	36
Montana	7	N/A
Nebraska	4	36
Nevada	3	N/A
New Hampshire	N/A	4
New Jersey	11	11
New Mexico	N/A	12
New York	1	N/A
North Carolina	12	12
North Dakota	N/A	7
Ohio	6	N/A
Oklahoma	15	15
Oregon	8	12
Pennsylvania	6	N/A
Rhode Island	N/A	6

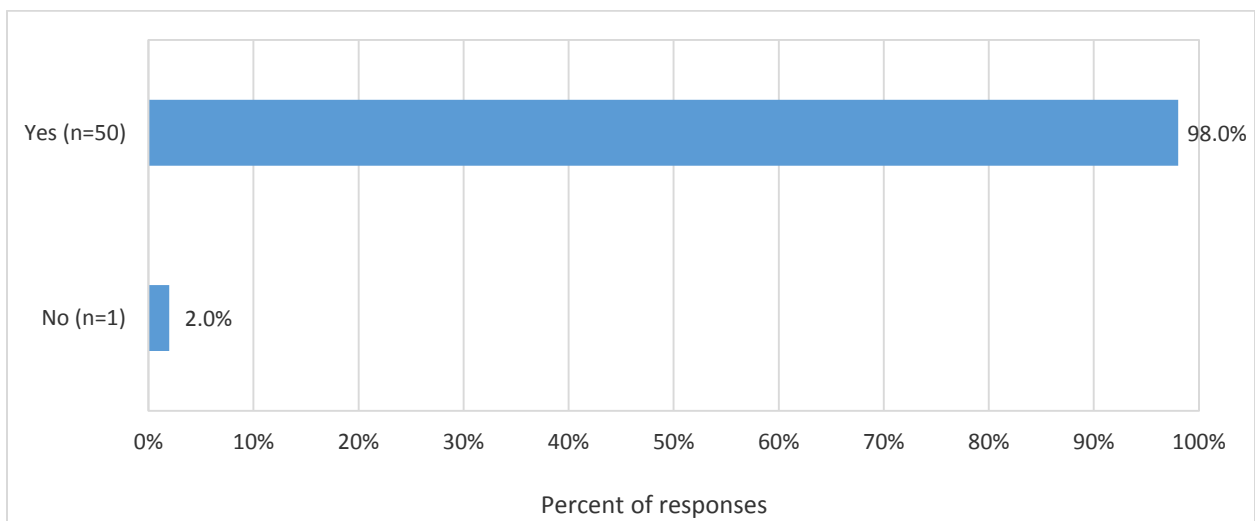
State	Local Review: Time, in Months	State Review: Time, in Months
Iowa	U/K	11
Kansas	N/A	1
Kentucky	3	6
Louisiana	3	4
Maine	N/A	3
Maryland	3	N/A
Massachusetts	U/K	N/A
Michigan	3	N/A
Minnesota	6	6
Mississippi	N/A	12

State	Local Review: Time, in Months	State Review: Time, in Months
South Carolina	6	12
South Dakota	4	N/A
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	24
Wisconsin	3	N/A
Wyoming	N/A	12

21. Percent of States that Provide Annual CDR Training



22. Percent of States with a Case Identification Process

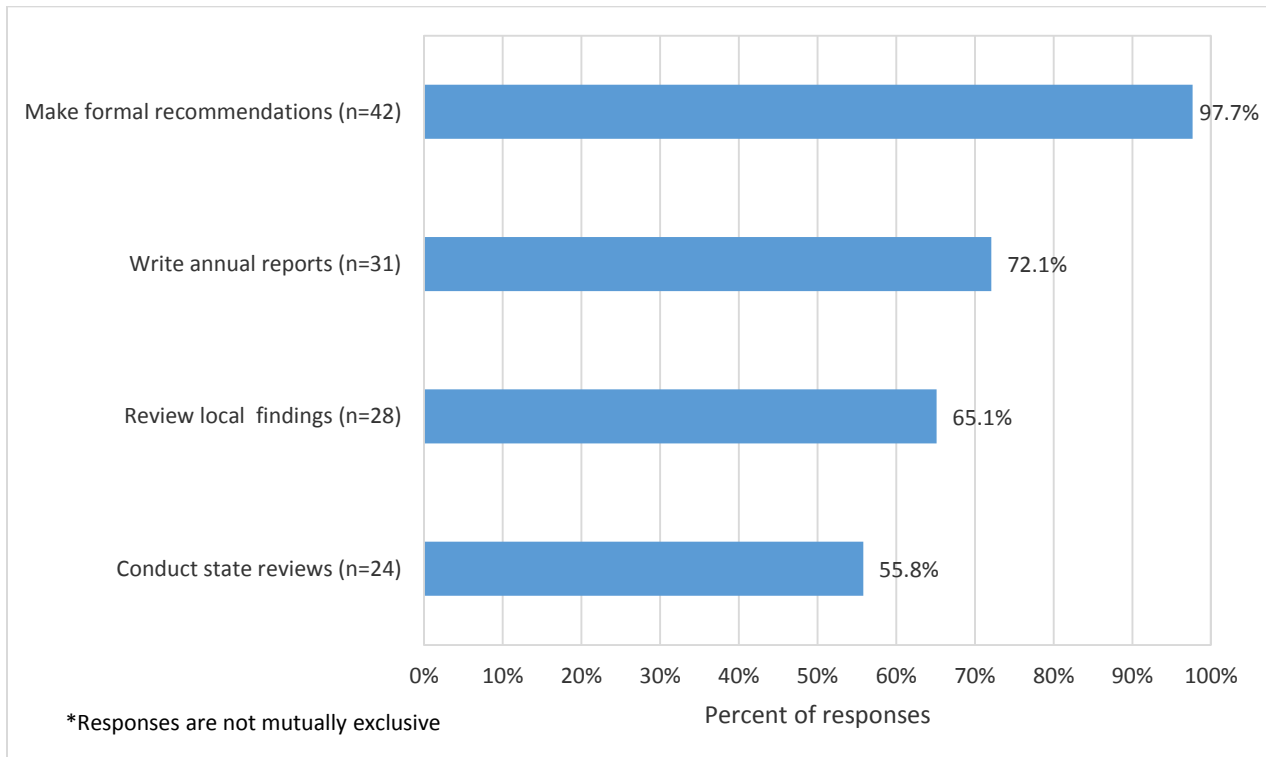


23. State Level Advisory Boards

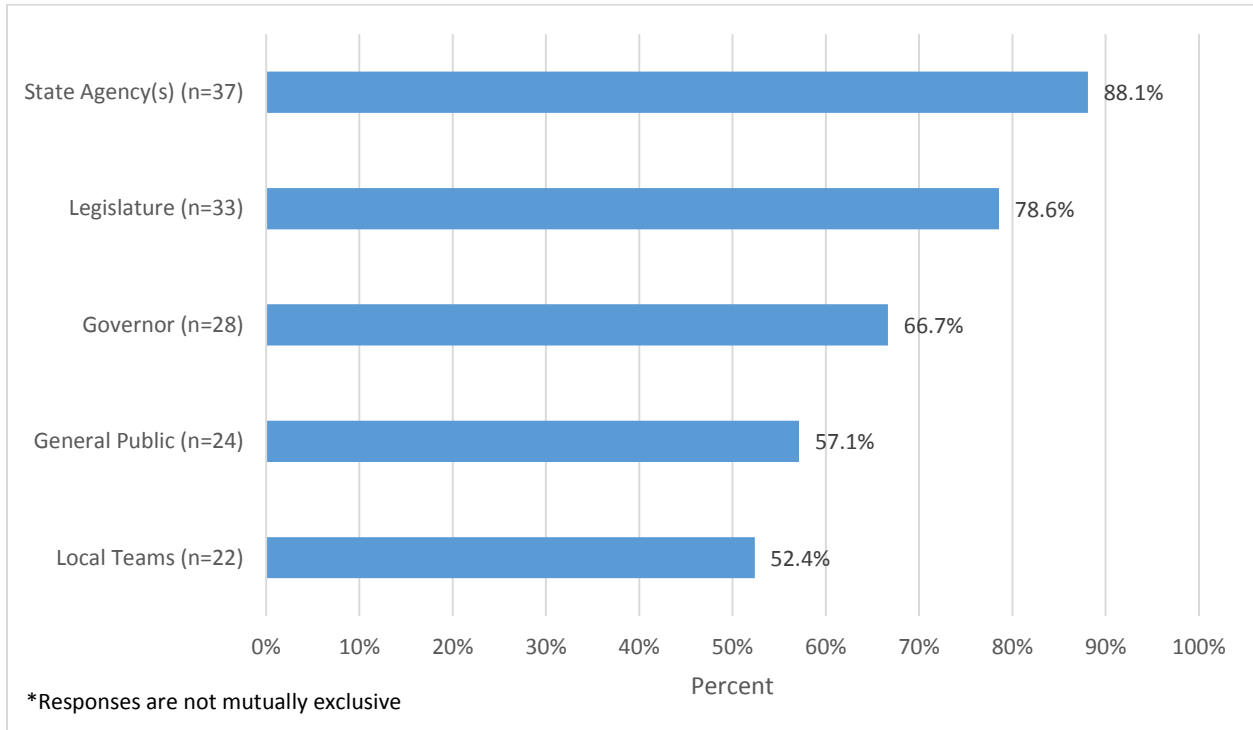
N = 43

State	Has Advisory Board	State	Has Advisory Board	State	Has Advisory Board
Alabama	X	Kentucky	X	North Dakota	
Alaska	X	Louisiana	X	Ohio	X
Arizona	X	Maine	X	Oklahoma	X
Arkansas	X	Maryland	X	Oregon	X
California		Massachusetts	X	Pennsylvania	X
Colorado	X	Michigan	X	Rhode Island	X
Connecticut	X	Minnesota	X	South Carolina	X
Delaware	X	Mississippi	X	South Dakota	X
DC	X	Missouri	X	Tennessee	X
Florida	X	Montana		Texas	X
Georgia	X	Nebraska	X	Utah	X
Hawaii	X	Nevada	X	Vermont	X
Idaho	X	New Hampshire		Virginia	X
Illinois	X	New Jersey	X	Washington	
Indiana	X	New Mexico		West Virginia	X
Iowa	X	New York		Wisconsin	X
Kansas		North Carolina	X	Wyoming	X

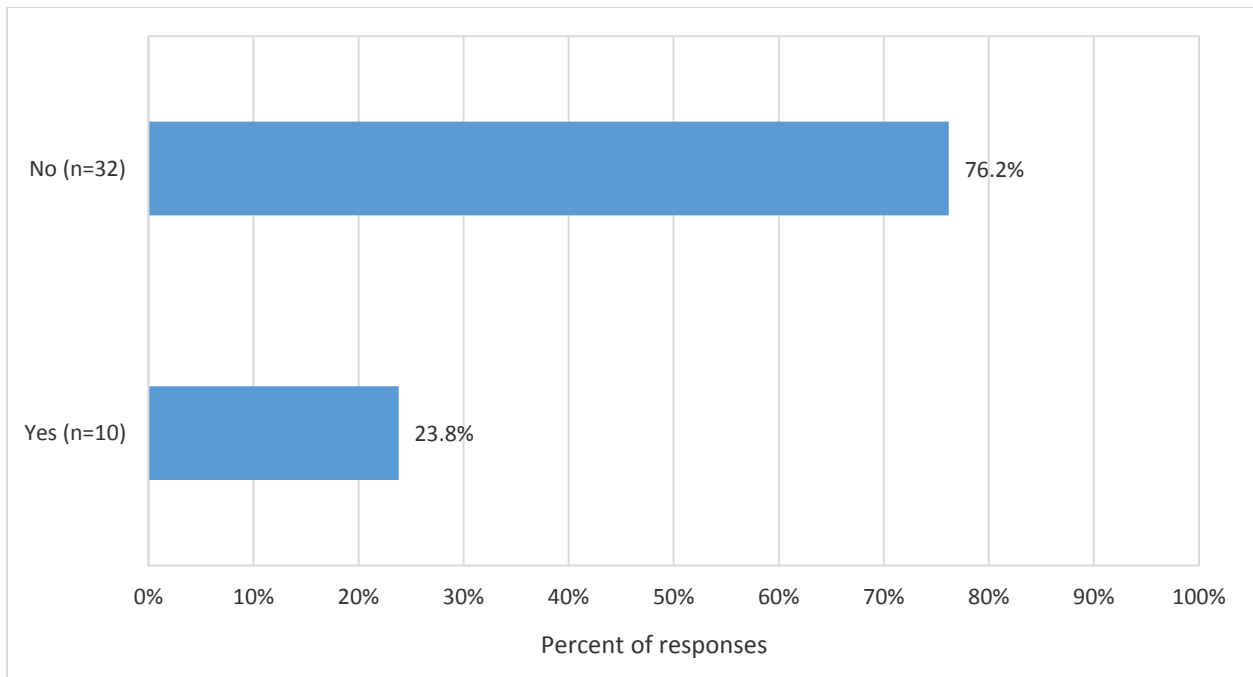
24. Functions of State Advisory Board (by percent of 43 States)



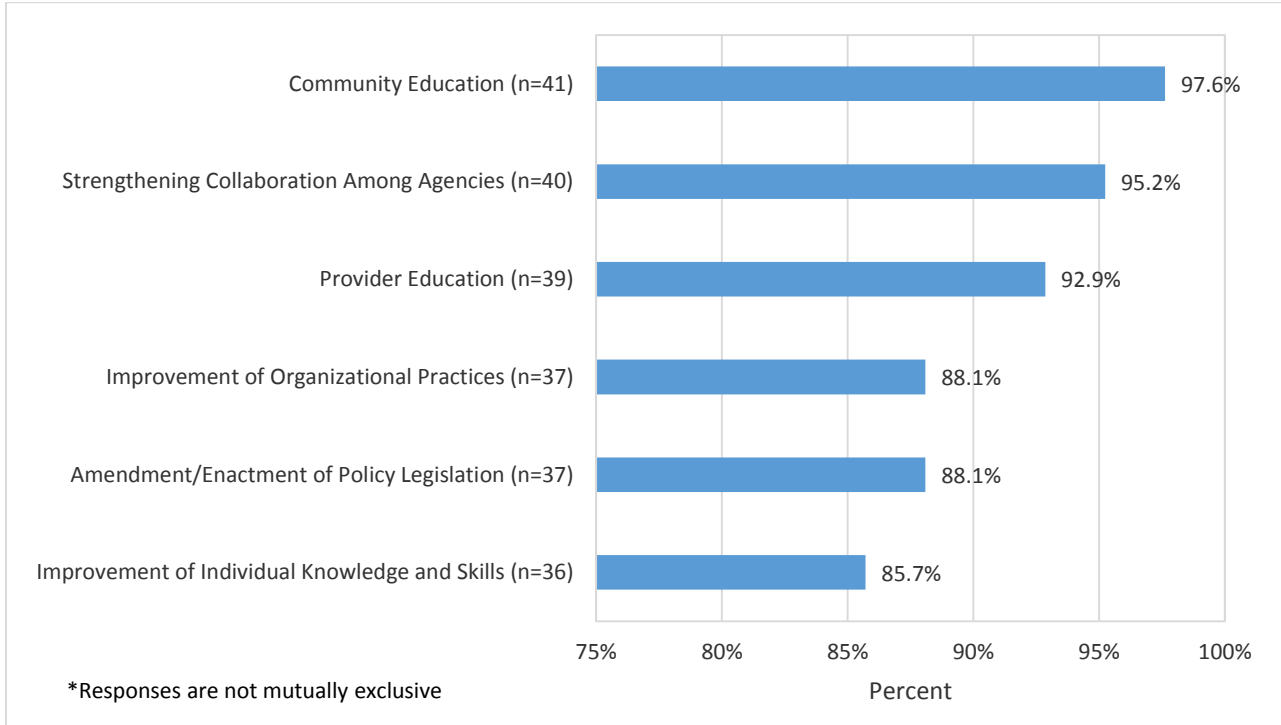
25. Entity to Whom State Advisory Board Makes Recommendations
(by percent of 42 states that make formal recommendations)



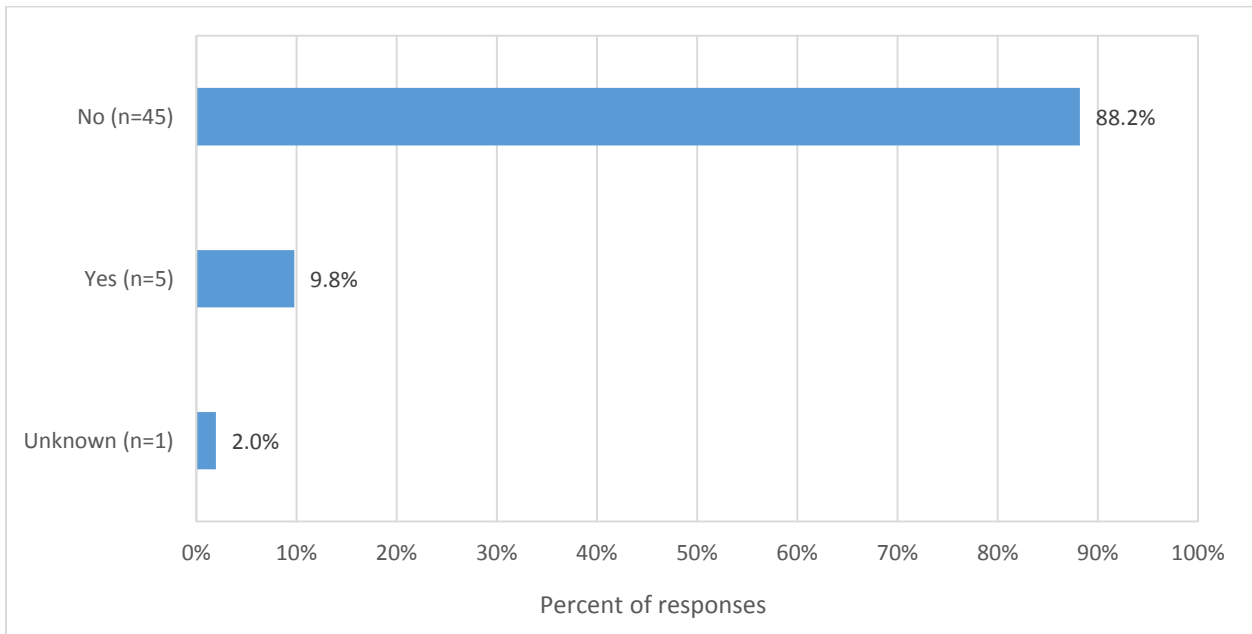
26. Percent of States that Require a Response to CDR Advisory Board's Recommendations
(of 42 States who make formal recommendations)



27. Types of State Advisory Board Recommendations Made at the State Level
 (by percent of 42 states that reported they make formal recommendations)

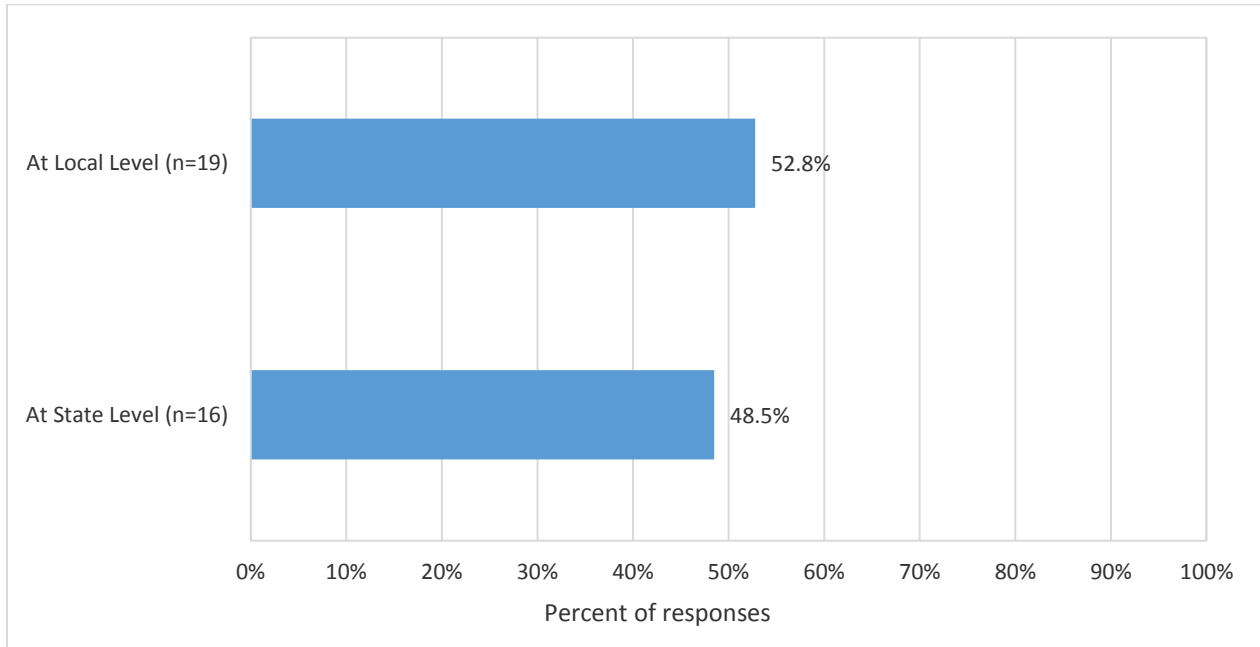


28. Percent of States Where a Team Member has Ever Been Subpoenaed for Case Review Information



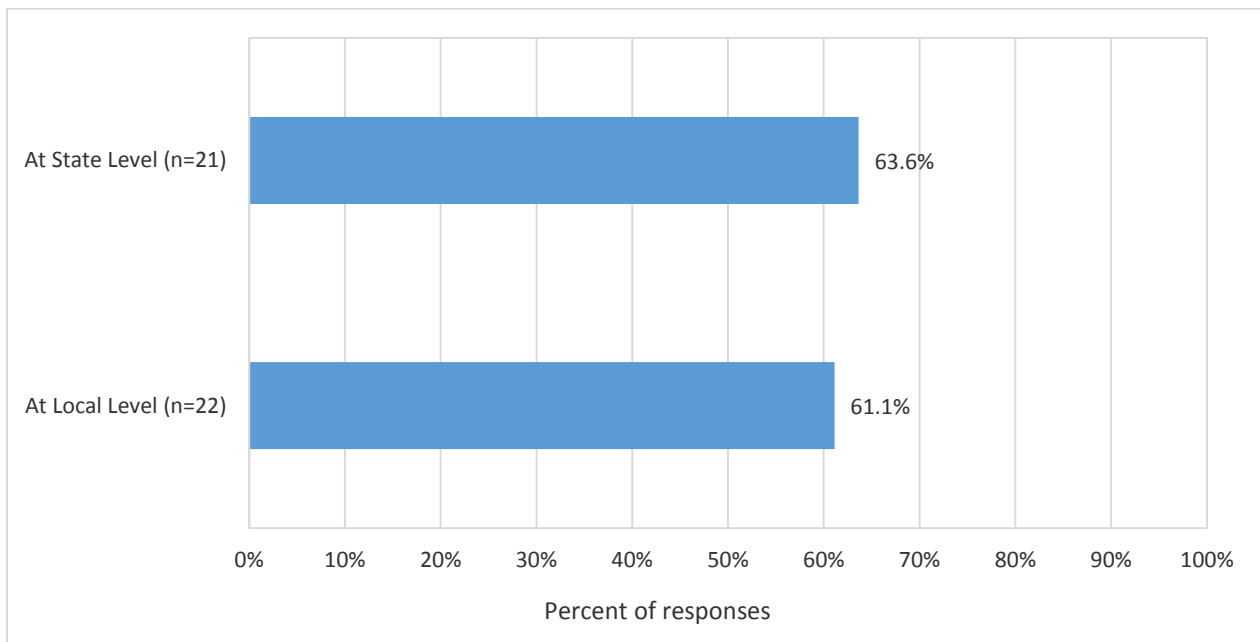
29. Percent of States Where Deaths under Active Investigation by Law Enforcement Are Reviewed by CDR

Number of States with Local Teams=36
Number of States with State Teams=33



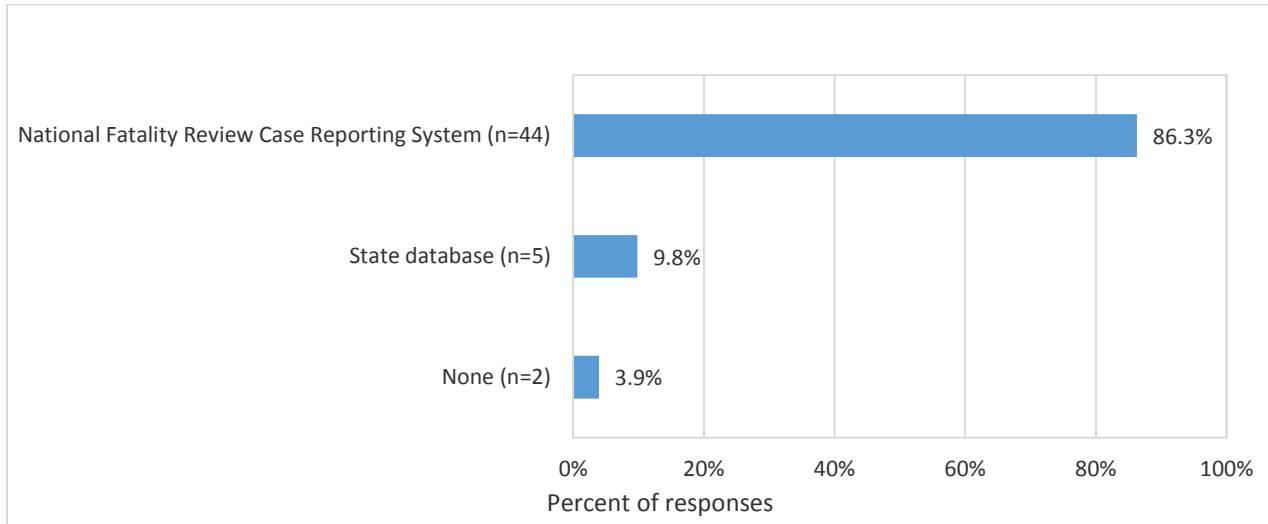
30. Percent of States Where Deaths under Civil Litigation are Reviewed by CDR

Number of States with Local Teams=36
Number of States with State Teams=33



SECTION C: CDR REPORTING

31. Types of Reporting Systems Used by States

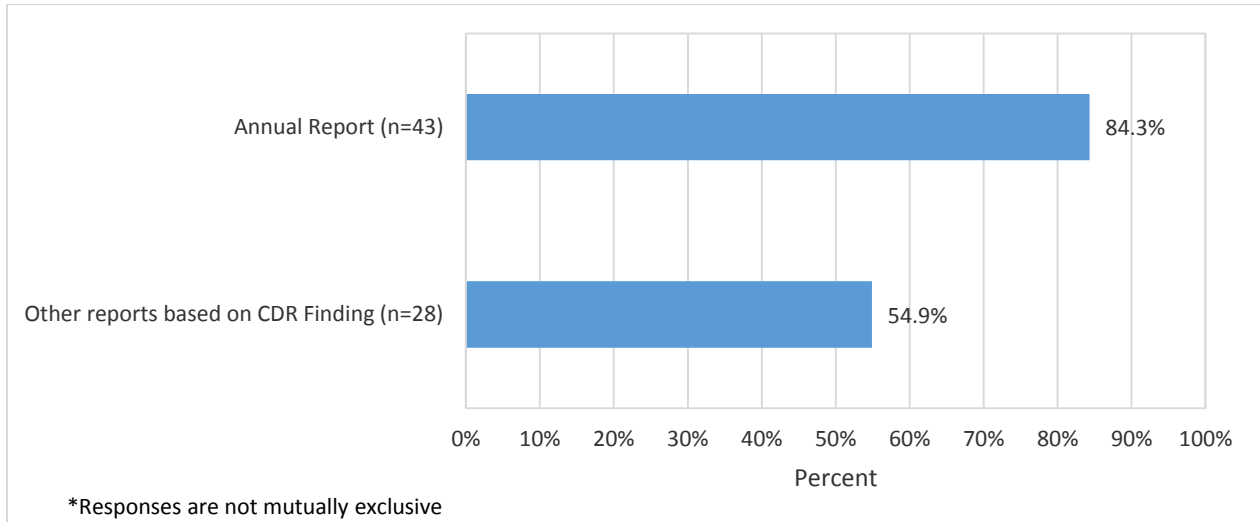


32. Average Time Between Review and Data Entry in Months by State

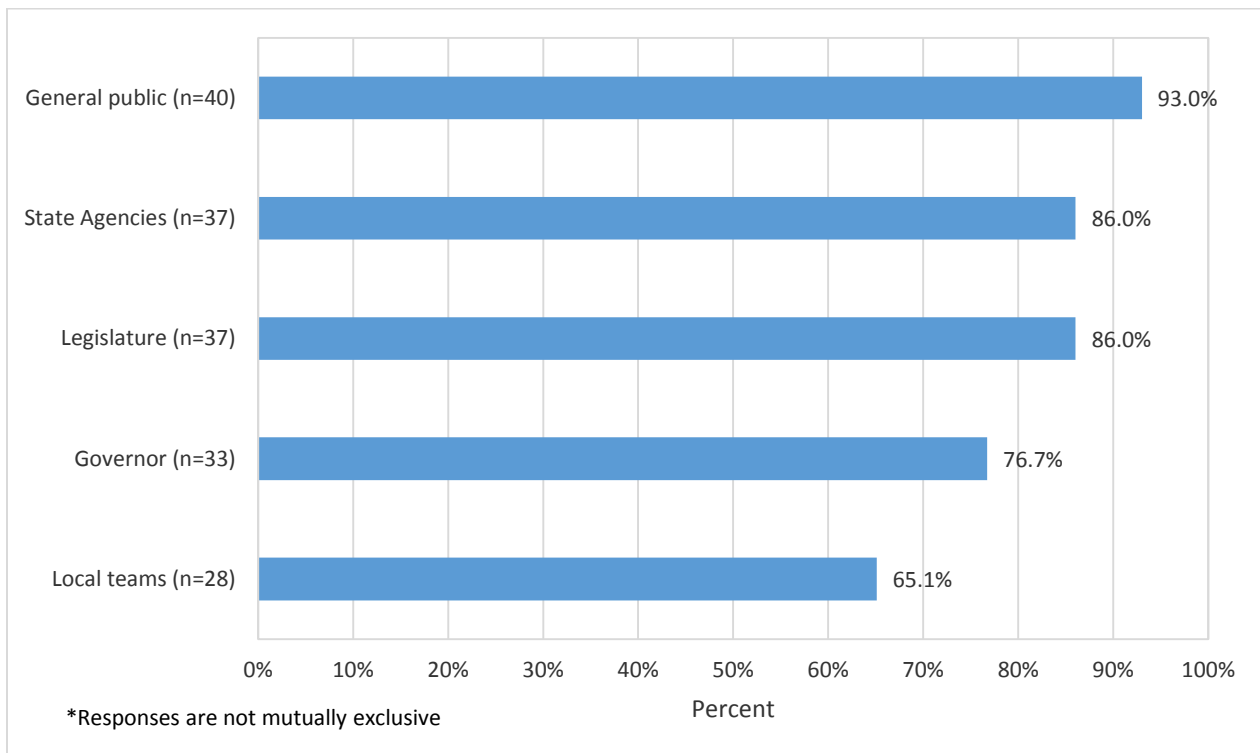
State	Local Review: Time, in Months	State Review: Time, in Months
Alabama	15	9
Alaska	N/A	1
Arizona	1	N/A
Arkansas	1	N/A
California	12	N/A
Colorado	6	1
Connecticut	N/A	6
Delaware	4.5	4.5
DC	N/A	8
Florida	1	U/K
Georgia	3	U/K
Hawaii	2	N/A
Idaho	N/A	1
Illinois	1	N/A
Indiana	1	U/K
Iowa	U/K	1
Kansas	N/A	0
Kentucky	3	3
Louisiana	1	U/K
Maine	N/A	0
Maryland	3	N/A
Massachusetts	19	N/A
Michigan	6	N/A
Minnesota	U/K	6
Mississippi	N/A	15

State	Local Review: Time, in Months	State Review: Time, in Months
Missouri	N/A	U/K
Montana	3	N/A
Nebraska	U/K	24
Nevada	6	N/A
New Hampshire	N/A	2
New Jersey	1	1
New Mexico	N/A	8.5
New York	1	N/A
North Carolina	12	12
North Dakota	N/A	7
Ohio	1	N/A
Oklahoma	9	9
Oregon	8	U/K
Pennsylvania	6	N/A
Rhode Island	N/A	U/K
South Carolina	U/K	12
South Dakota	1.5	N/A
Tennessee	0	N/A
Texas	11	N/A
Utah	N/A	1
Vermont	N/A	U/K
Virginia	3	6
Washington	12	N/A
West Virginia	N/A	2
Wisconsin	1	N/A
Wyoming	N/A	12

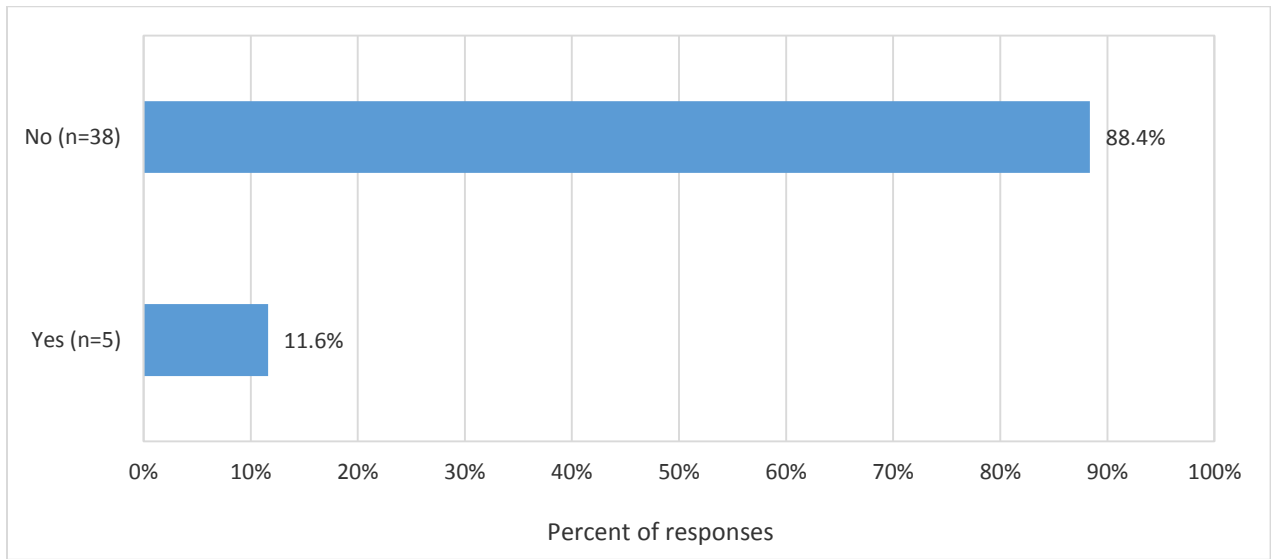
33. Percent of States Producing Reports Using Their CDR Data



34. Percent of States Producing Annual Report Releasing Report to Specific Entities (n=43)



35. Percent of States Producing Annual Report Where an Official Response Is Required
(n=43)



SECTION D: COORDINATION WITH OTHER REVIEWS

36. Number of States with Other Review Processes

Responses are not mutually exclusive.

Type of Review	Other Review Process in Place	CDR Coordinates with Other Review Processes
Citizen Review Panels	43	24
FIMR	31	26
Domestic Violence	33	20
Maternal Mortality	34	25
Other SIDS Reviews	18	12
Specialized Review System for CPS	38	27
Suicide	6	6
Homicide	5	3
Other	14	9

37. Where CDR Serves as the CAPTA Citizen Review Panel (CRP) by State

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	

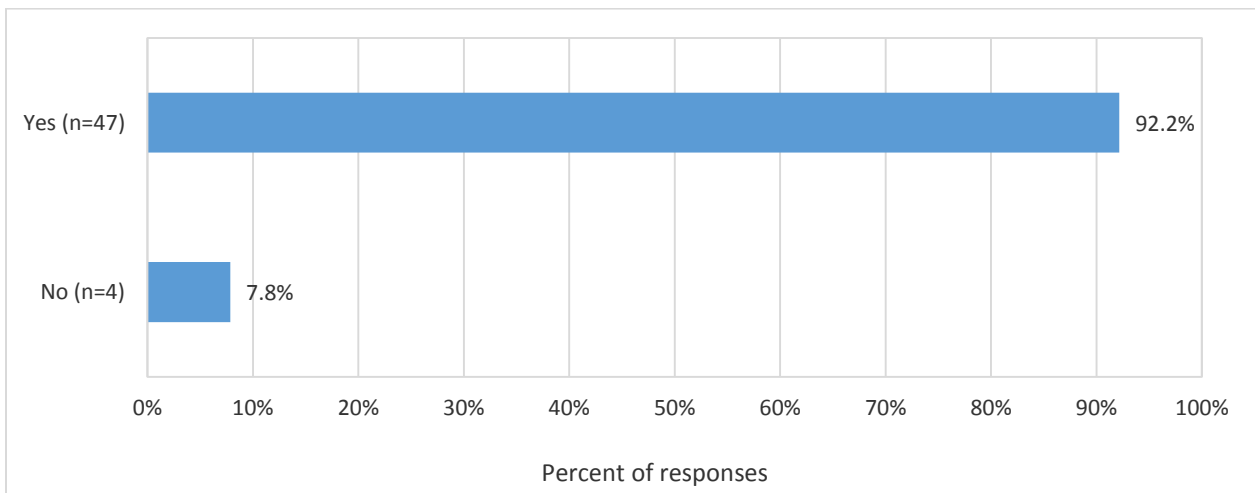
State	Serves as CRP
Missouri	X
Montana	
Nebraska	
Nevada	
New Hampshire	
New Jersey	X
New Mexico	
New York	
North Carolina	
North Dakota	X
Ohio	
Oklahoma	X
Oregon	
Pennsylvania	
Rhode Island	
South Carolina	X
South Dakota	
Tennessee	
Texas	X
Utah	
Vermont	
Virginia	X
Washington	
West Virginia	
Wisconsin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

38. Number of States that Have Another Child Abuse and Neglect Death Review System

N = 35

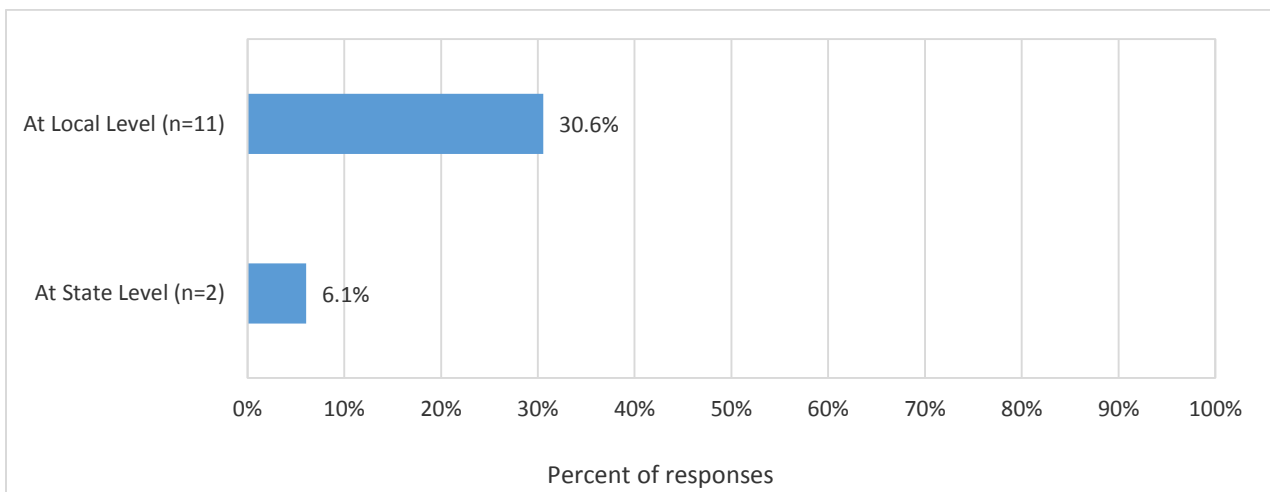
Types of Secondary CAN review	Number of States
Local child welfare agency conducts internal review of child abuse and neglect deaths	26
Separate multidisciplinary state team which reviews only child abuse and neglect deaths	15
State child welfare agency conducts internal review of child abuse and neglect deaths	9
Separate multidisciplinary local teams which review only child abuse and neglect deaths	8
Subcommittee of the state CDR team conducts specialized reviews of child abuse and neglect deaths	7
Other	5

39. Percent of States That Conduct Internal Agency Reviews of Child Deaths



40. Percent of States with Military Participation on CDR Teams

Number of States with Local Teams=36
 Number of States with State Teams=33



41. Percent of States with CDR Participation on Military CDR Teams

Number of States with Local Teams=36

Number of States with State Teams=33

