

Data Quality Priority Variables Definitions and Guidance  
September 2016

## INTRODUCTION

In July 2015, the National Center for Review and Prevention of Child Deaths [Now, the National Center for Fatality Reviews and Prevention (NCFRP)] received funding (from the Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau) for several new initiatives. One of these initiatives was to improve data quality of the Child Death Review Case Reporting System (CRS). The goal of this data quality initiative is to improve the quality and consistency of the data entered into the CRS in an effort to improve usefulness of the data at the state and national level for identifying prevention strategies and monitoring the effectiveness of prevention measures that have been implemented.

To this end a workgroup consisting of representatives from 7 states and NCFRP staff (Data Analysts and an Epidemiologist) was convened for the purpose of identifying priority variables on which to focus the data quality efforts, design a data quality summary report that will be used to provide feedback to all states. The workgroup considered two criteria when reviewing CRS data fields for inclusion in a final list of priority variables for data quality. These criteria were:

- How important is variable (for prevention/service/systems)?
- How easy/possible is it to obtain?

There are several dimensions to data quality including completeness, consistency, accuracy, and timeliness. Because this data quality initiative is national in scope, the priority variables for data quality were selected with the goal of monitoring the national (aggregate) CRS data. Consequently, this initial data quality initiative focuses on two dimensions, completeness, and consistency. Accuracy typically requires another source of information for comparison. At the state level, the Narrative section is often used for this purpose and we encourage states to continue any ongoing data quality efforts. However, use of the Narrative to assess accuracy of data in the various sections of the CRS in the National data is time intensive and not possible at this time. We hope to develop and implement strategies for monitoring accuracy in the future. Timeliness is an important data quality dimension, but establishing a standard for timeliness (e.g., time elapsed from death to data entry) is challenging because each state's process for CDR is different. In an initial effort to monitor timeliness, we will calculate and report average time from the date of review to the date data entry complete.

This document lists the priority variables for monitoring data quality that were identified by the Data Quality Workgroup, along with definitions and guidance for completing each variable. Importantly, in most cases, ONLY the "gatekeeper" questions will be monitored. That is, if there is a follow-up question as in A23: Child had history of child maltreatment? If yes, specify....., we will only monitor completeness of the initial question, "Did child have a history of child maltreatment?" The goal of this document is to increase consistency within and across states in completing the information in the CRS by providing detail and examples, particularly for sections that have elicited requests for clarity in the past.

This document includes ONLY the priority variables identified by the Data Quality Workgroup. As such, does NOT replace the CRS data dictionary. Rather, it is intended as a streamlined reference for specific guidance on completing the priority variables for data quality. For questions about completing the follow-up questions for these priority variables and all other variables in the CRS, you must refer to the CRS data dictionary.

Acknowledging the list of priority variables is quite long and some states may not have the resources to monitor and address all the variables, a shorter list of CORE variables was agreed upon. These CORE priority variables are highlighted in yellow in this document. States are encouraged to develop or continue ongoing data quality efforts that meet the needs of their state programs. The NCFRP will be monitoring the priority variables identified in this guidance on an annual basis and providing a summary report to each state that shows a comparison of how they are doing in terms of completeness and consistency in documenting these variables. The asterisk identifies variables that are also included in the SUID or SDY case registry.

## **SECTION A: CHILD INFORMATION**

### **A3: Date of death**

Exact date of child's death as stated on death certificate. Exact date of death is sometimes unknown, as in an unwitnessed suicide or homicide. If this is the case, select unknown.

### **\*A4: Age**

Numerical age of child as stated on death certificate. In some cases, the child's exact age will not be known. If age is provided within a five-year age range or less, choose the midpoint of the range; round to the lower year if the midpoint calculation results in a half year. If an age range of greater than five years is provided, leave this field blank.

- *Years, Months, Days, Hours, Minutes, U/K*: Type of unit used to report child's numerical age as stated on death certificate.

### **\*A5: Race**

Race of child as stated on death certificate. These categories were issued by the Office of Management and Budget in order to promote comparability of data among federal data systems. The standards for 1997 have five racial groups: American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or other Pacific Islander and White. For the CDR Case Reporting System, American Indian, Alaskan Native, Native Hawaiian and Pacific Islander each have their own category. If child is Arab, select other, then specify white. Select more than one race category if the child is multi-racial.

### **\*A6: Hispanic or Latino origin?**

Specify whether the child is of Hispanic or Latino origin.

### **\*A7: Sex**

Sex of child as stated on death certificate.

### **\*A19: Child's health insurance**

Indicate type of health insurance child was covered under at time of incident.

- *None*: Family/child had no medical insurance at time of incident.
- *Private*: Private insurance is defined as family's medical care paid for by private third party payer, such as Blue Cross Blue Shield or under a private HMO or managed care program.
- *Medicaid*: Medicaid is defined as family's medical care paid for by Human Services or other government support, non-managed care or by a managed care program of Human Services or other government support.
- *State plan*: State plan is defined as family's medical care being paid for by any type of state-sponsored plan, except Medicaid.

- *Other, specify:* Family's medical care paid for by any other type of support, excluding self-support.
- *Unknown:* CDR team does not know if the child was insured.

\*A20: Child had disability or chronic illness?

Child had a disability or chronic illness prior to the time of incident. Chronic implies an impairment or illness that has a substantial long-term effect on the child's day-to-day function or health.

Examples of disabilities or chronic illnesses:

- *Physical/orthopedic:* Includes any anatomical loss, mobility loss, physiological disorders, cosmetic impairments and/or chronic illnesses or diseases. Examples may include paraplegia, cerebral palsy, cystic fibrosis, diabetes, cleft palate epilepsy/seizure disorder/convulsions or cancer.
- *Mental health/substance use disorders:* Any mental or psychological disorder, such as emotional or mental illness. Examples include major depression, bipolar disorder, anxiety disorders (which include panic disorder, obsessive compulsive disorder, post-traumatic stress disorder, schizophrenia, and personality disorders. A mental disorder is a disability only if it substantially limits one or more major life activities. A substance use (abuse or dependence) disorder is a maladaptive pattern of recurrent substance use leading to clinically significant impairment or distress.
- *Cognitive/intellectual:* Cognitive/intellectual impairment is when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life. Cognitive impairment ranges from mild to severe. Cognitive deficits may be congenital or caused by environmental factors. Examples may include deficits from brain injury, Down syndrome, or any of a number of congenital conditions that cause cognitive impairment. This definition includes cognitive/learning disabilities. Cognitive deficits may be congenital or caused by environmental factor or other diseases” (such as Alzheimer’s disease, etc.) *Sensory:* Sensory disorders refer to any disability or chronic disease that impairs the senses, including visual, auditory and olfactory. Examples include vision and hearing impairment.
- *Receiving Children's Special Health Care Needs Services:* Children's Special Health Care Needs Services are provided by states through their Federal Title V Block Grant, and may include medical care, family support services, counseling and special therapeutic services. Each state may name these types of services differently; however, if the child is receiving any services paid for through the Title V CSHCS, this question should be coded as yes.

A21: Child's mental health

- *Child had received prior mental health services:* Indicate whether the child had ever received professional treatment for a mental health problem, either near the time of death or in the past.
- *Child was receiving mental health services:* Indicate whether the child was in current treatment (that is, had a current prescription for a psychiatric medication or saw a mental health professional within the past two months). Treatment includes seeing a psychiatrist, psychologist, medical doctor, therapist or other counselor for a mental health or substance abuse problem; receiving a prescription for an antidepressant or other psychiatric medication; or residing in an inpatient or halfway house facility for mental health problems. If the child died of an overdose, the existence of an antidepressant or other psychiatric medication in the child's bloodstream is not sufficient

evidence of mental health treatment because the medication may not have belonged to the child.

- *Child was on medications for mental illness:* Indicate whether the child had an active prescription for psychiatric medication at time of death. They need not have actually been taking the medication.
- *Issues prevented child from receiving mental health services:* Evidence exists in the records to indicate the child experienced barriers to accessing mental health care, applicable only to children noted as having a mental health problem and not being in treatment. Code "yes" if there were obstacles such as lack of insurance coverage, transportation problems or long waiting lists or if it is known that treatment was either recommended by a health professional and/or identified by the family and care was not received.

For infants, the response option N/A will automatically be selected for this question in the web based system.

*A23: Child had history of child maltreatment? (For data quality, we will only monitor child history of maltreatment as a victim)*

Indicate whether the child has history of being the victim of child maltreatment (child abuse or neglect). History means a referral or substantiation from Child Protective Services or documentation from autopsy, law enforcement report or medical records. If referrals were made but not substantiated, still select 'Yes' regarding history unless the referral was found to be completely falsified.

*\*A24: Was there an open CPS case with child at time of death?*

A Child Protective Services (CPS) case was currently open with the child that occurred prior to the incident causing the child's death. Code as 'yes' even if abuse or neglect was not substantiated. For example, services were in place such as family preservation/strengthening.

*\*A34: Gestational age*

If under one year, gestational age in weeks as stated on birth certificate.

*\*A35: Birth weight*

Indicate birth weight in grams OR pounds and ounces as stated on birth certificate.

*\*A36: Multiple birth?*

Pregnancy with more than one fetus at conception as stated on birth certificate.

*\*A40: Prenatal care*

Indicate whether the mother received any prenatal care during pregnancy of the deceased infant.

Prenatal visit (as stated on birth certificate) is defined as pregnancy-related medical care delivered by a doctor, nurse or other health professional with the goal of monitoring the pregnancy, providing education and increasing the likelihood of a positive maternal/fetal outcome. Document the number of prenatal visits child's mother made to doctor during pregnancy and month of first prenatal visit as stated on birth certificate.

*\*A44: Maternal smoking – any time during pregnancy*

Indicate whether the mother smoked at any time during the pregnancy.

- 1<sup>st</sup> Trimester

Found on the revised 2003 birth certificate, record the average number of cigarettes the mother smoked a day while she was in her first three months of her pregnancy. (20 cigarettes in a pack.) If quantity of cigarettes is unknown, select “unknown quantity.”

- 2<sup>nd</sup> Trimester

Found on the revised 2003 birth certificate, record the average number of cigarettes the mother smoked a day while she was in her second three months of her pregnancy. (20 cigarettes in a pack.) If quantity of cigarettes is unknown, select “unknown quantity.”

- 3<sup>rd</sup> Trimester

Found on the revised 2003 birth certificate, record the average number of cigarettes the mother smoked a day while she was in her last three months of her pregnancy. (20 cigarettes in a pack.) If quantity of cigarettes is unknown, select “unknown quantity.”

## **SECTION B: PRIMARY CAREGIVER INFORMATION**

### **B1: Primary caregiver**

Primary caregiver is defined as person or persons (up to two) who had responsibility for care, custody and control of child a majority of the time. If primary caregiver at time of death was different from primary caregiver at time of incident, answer regarding primary caregiver at time of incident. If the child was living with his/her biological or adoptive parents, assume that they were the primary caregivers and had legal custody of the child unless otherwise specified in the records. If the biological mother and father of the child have joint custody and the child spent equal time with each, code the mother as Primary Caregiver 1 and the father as Primary Caregiver 2. If a parent lives outside of the child’s home and does not provide the majority of care for the child, do not code that person as a primary caregiver.

If a newborn infant dies in a hospital shortly after birth, list at least the birth mother as the primary caregiver; institutional staff should NOT be listed as the primary caregiver.

### **B2: Age in years**

Age of caregiver at the time of child's death.

### **B3: Caregiver(s) sex**

Sex of caregiver.

## **SECTION C: SUPERVISOR INFORMATION**

Supervision is defined as the action or process of watching and directing what someone does. With respect to supervision of a child, supervision can be measured by the proximity of the supervisor to the child, and the attention (visual and auditory) to the child. That is, how close was the supervisor to the child. If not close (i.e., in separate rooms of a house), determine whether the supervisor could see and/or hear the child.

A supervisor is defined as a person who has responsibility for care and control of child at time of incident. If there were two supervisors at time of incident, but one clearly had primary responsibility, code person with primary responsibility. If responsibility of supervision was divided between two people, code person who was in closest proximity with the child prior to

incident as the primary supervisor.

**C1: Did child have supervision at time of incident leading to death?**

Indicate whether a person was responsible for supervising the child at the time of incident. Children less than 6 years of age require constant or close supervision most of the time. If the supervisor of a child less than age 6 was out of visual and auditory proximity, that is, they could neither see nor hear the child at the time of the incident, code supervision as “None, but needed.”

For children of any age, if the supervising adult is not within close enough proximity to see and/or hear the child, consider the child not supervised. There are 2 possible responses for not supervised: “No, but needed” and “No, not needed given developmental age or circumstances.” Infants should always be supervised.

If the adult is within proximity that would permit them to see or hear the child, but was attending to other tasks (e.g., talking on the phone, making dinner, doing laundry, visiting neighbors) consider the child supervised, but document that the supervisor was impaired in C15 (check C15 = yes; and check “distracted”)

If the child was asleep at time of incident and the supervisor was also asleep, and if the incident occurred during the night (when you would expect families to be sleeping), the child would be considered “supervised.” However, if the supervisor is sleeping during the day or evening hours when they should be supervising the child, and the child is awake, document this in C15 by indicating that the supervisor was impaired (check C15 = yes; and check “asleep”)

**C3: Is person a primary caregiver as listed in previous section?**

Supervisor is listed as a caregiver in Section B. If yes, go to question 15.

**C4: Primary person responsible for supervision at time of incident?**

Relationship of supervisor to child. If a newborn infant dies in a hospital shortly after birth, in most circumstances, hospital staff should be listed as the supervisor. If hospital staff (or institutional staff) is selected, questions C4-C14 will be hidden.

**C5: Supervisor's age in years**

Age of the supervisor.

**C6: Supervisor's sex**

Sex of the supervisor.

**C15: At time of incident was supervisor impaired?**

For this question impairment is interpreted broadly and includes being distracted, asleep, or absent.

Indicate supervisor's status at time of incident.

- *Drug impaired:* Drug impaired refers to being under the influence of any intoxicating compound or combination of intoxicating compounds to a degree that impairs a person's ability to supervise a child.
- *Alcohol impaired:* Alcohol impaired refers to being under the influence of alcohol to a degree that impairs a person's ability to supervise a child.
- *Asleep:* Supervisor was sleeping at time of incident. This is only considered an impairment if the incident occurred at a time of day that is not typical for the supervisor to

be sleeping. For example, the supervisor of a young child is sleeping at 2pm, no alternative supervisor is assigned, and the child wanders off and is fatally injured.

- *Distracted*: Distracted refers to the supervisor's attention being diverted off the child and onto something else; talking on the telephone, watching TV, cooking, doing laundry, for example.
- *Absent*: Supervisor was not present at time of incident.
- *Impaired by illness, specify*: Impaired by illness refers to a physical illness that renders a person incapable of effectively supervising a child. This includes any acute or chronic medical condition that may limit the person's ability to care for a child. Impaired by mental illness may include conditions such as depression, PTSD, bi-polar disorder or other diagnosed mental health condition.
- *Impaired by disability, specify*: Impaired by disability refers to a condition that renders a person incapable of effectively supervising a child. Impaired by disability may include developmental delays. Blindness is an example of a disability that may limit a person's ability to care for a child.
- *Other*: Specify all other factors that contributed to poor quality of supervision.

## **SECTION D: INCIDENT INFORMATION**

Incident refers to the injury or illness that resulted in death. For injury deaths, incident refers to the injury event. For natural deaths, consider the incident as the acute event leading to the death.

### **\*D4: Place of incident**

Specify where incident leading to death occurred, e.g., where the child was first injured. If a child is injured outside a specific building (such as "child's home" or "school"), include both building itself and outside area, such as side walk. If a child was injured more than once (for example, a teen was shot and was pursued by the attacker into a store and shot a second time), code the location at which the child was first injured.

If a child dies of natural causes, with no acute event leading to the death, the incident place is usually the same as the place of death.

### **\*D13: At time of incident leading to death, had child used alcohol or drugs?**

There was documentation by toxicology or reports by witnesses or others, including statements that the child was using or had alcohol or other drugs in their system, in the events leading up to or at the time of death. This would not include appropriate levels of prescribed or over the counter levels of drugs the child was taking for known medical conditions.

## **SECTION E: INVESTIGATION INFORMATION**

### **\*E1: Death referred to**

Specify if the death was referred to the medical examiner or coroner. If medical examiner or coroner were not made aware of the death, select not referred.

\*E3: Autopsy performed?

Indicate whether an autopsy was performed on the child as stated on death certificate, or other source.

\*E10. Was a death scene investigation performed?

Indicate whether a formal death scene investigation was completed.

E12: Was a CPS record check conducted as a result of the death?

Indicate whether CPS records on child were checked by investigating agencies.

E14: CPS action taken because of death?

Indicate whether CPS action was taken as a result of death.

## **SECTION F: OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH**

F5: Official manner of death from the death certificate

Official manner of death as stated on death certificate or if unavailable, as stated in medical examiner/coroner report. If pending, update when official manner is available. If homicide, indicate whether there was child abuse and/or neglect. If suicide, be sure to complete Section I, Acts of Omission or Commission (I1, yes; I2, suicide; then complete I27 and I28).

F6: Primary cause of death: Choose only 1 of the 4 major categories, then a specific cause. For pending, choose the most likely.

Use this field is to identify whether the death resulted from an injury or illness (medical cause) for the purpose of completing the most appropriate risk factor details in Section G. This risk factor information is important for guiding possible prevention strategies. Consequently, the primary cause of death marked here may not be the same as the immediate cause of death listed on the death certificate.

From an injury (external cause).

If death was due to an injury, indicate primary injury category causing death. Injury refers to any unintentional or intentional damage to the body resulting from acute exposure to thermal, mechanical, electrical or chemical energy that exceeds a threshold of tolerance in the body or from the absence of such essentials as heat or oxygen. For example, if a person is involved in a motor vehicle crash and dies from head trauma received during the crash, the primary cause of death would be motor vehicle crash and the death should be coded as from an external cause, and "motor vehicle and other transport". If the external cause is undetermined or unknown, go to H1. If external cause is 'Other', go to G11.

From a medical cause

If death was due to a medical condition, indicate the medical cause category of primary cause of death and then select one of the specific medical causes from the list. SIDS is considered a medical condition according to the International Classification of Diseases (ICD). However, if the infant died during sleep or in the sleep environment, risk factors related to the infant sleep environment should be answered in Section H2.

Undetermined if injury or medical cause

Select this option if it is not possible to classify the death as due to an injury or medical cause, for example, sudden unexpected infant death. If the cause of death is undetermined, go to H1. If

the child was under age five and died during sleep or in the sleep environment, risk factors related to the infant sleep environment should be answered in Section H2.

#### Unknown

Team does not have information on primary cause of death. If unknown, go to H1. If the child was under age five and died during sleep or in the sleep environment, risk factors related to the infant sleep environment should be answered in Section H2.

## **SECTION G: DETAILED INFORMATION BY CAUSE OF DEATH**

### Section G1. Motor Vehicle and Other Transport

#### G1a: Vehicles involved in incident

Write in the total number of vehicles involved in the incident. Indicate the type of vehicle the child was in. If child was not in a vehicle check none. For example, if the child was crossing a street and hit by a car, check vehicle “none” for child’s vehicle and code G1b as “Pedestrian.”

#### G1b: Position of child

Position of child in relation to motor vehicle at time of incident as recorded on motor vehicle crash report.

- *Driver*: Child was in actual physical control of a transport vehicle or, for an out-of-control vehicle, child was in control until control was lost.
- *Passenger*: Child was an occupant of a road vehicle, not the vehicle driver.
- *On bicycle*: Child was riding on a bicycle or other non-motorized wheeled vehicle with pedals.
- *Pedestrian*: Child was not an occupant of a transport vehicle. Specify pedestrian activity at time of incident. If child was playing in a driveway and run over by a car backing out, code this as “Pedestrian” and specify activity as “other, playing in driveway.”
- *Unknown*: CDR team does not know the position of the child involved in the motor vehicle/other transport incident.

#### G1c: Causes of incident

Causes of incident as determined by reporting law enforcement officer on motor vehicle crash report. CHECK ALL THAT APPLY

- *Recklessness*: Level of intent of driver to operate vehicle in an unsafe manner not conducive to road, weather and other traffic conditions.
- *Driver distraction*: When a driver engages in a secondary task that is not necessary to perform the primary driving task, i.e. talking to a passenger, eating. This includes distractions that occur outside of the vehicle as well. If a cell phone was the distraction, select ‘Cell phone in use while driving’.
- *Driver inexperience*: Use the information available to the team to make this decision. For example, if the crash occurred during winter conditions, was this the first time the child had driven on icy roads?
- *Drugs or alcohol use*: This includes use by the driver of any vehicle, pedestrian, bicyclist or passenger that contributed to the incident.
- *Back/Front over*: When a child is run over by the front or back of a vehicle in a roadway or driveway.
- *Flipover*: When a child is in a vehicle accident where the vehicle turns over on its side or roof.

G1g: Drivers involved in incident

Specify details relating to drivers involved in incident. If child was driving, fill out "child as driver" column.

G1i: Protective measures for child

Specify types of protective measures used by child. Protective measures are defined as steps taken by child or supervisor to ensure child's safety in the event of a crash. Use your own state laws to determine if the use was appropriate. Something should be checked FOR EACH PROTECTIVE MEASURE. If the measure is not applicable, check "not needed." For example, for a child pedestrian hit by a car when crossing a street, check "not needed" for all measures listed.

- *Airbag*: A passive (idle) restraint system that automatically deploys during a crash to act as a cushion for the occupant. It creates a broad surface on which to spread the forces of the crash, to reduce head and chest injury. It is considered "supplementary" to the lap/shoulder belts because it enhances the protection the belt system offers in frontal crashes.
- *Lap belt*: A safety belt anchored at two points, for use across the occupant's thighs/hips.
- *Shoulder belt*: A safety belt anchored at two points, for use across the occupant's shoulder.
- *Child seat*: A crash tested device that is specially designed to provide infant/child crash protection.
- *Belt positioning booster seat*: A platform that raises the child to provide a taller sitting height so that adult lap and shoulder fit better. Some have high backs as well.
- *Helmet*: Activity appropriate protective head gear designed to reduce or prevent injuries from occurring while bicycling, skateboarding, rollerblading, riding a motorcycle, snowmobile or ATV.
- *Other, specify*: Indicate if other protective measures were used.

Section G2. Fire, Burn, or Electrocutation

G2a: Ignition, heat or electrical source

Source from which fire or burn originated. Source is the direct cause or start of the fire.

G2b: Type of incident

Indicate type of incident child was involved in (e.g. fire, scald, other burn, electrocution, other or unknown).

G2p: Were smoke detectors present?

Indicate whether smoke detectors were present in building/structure at time of incident

G2s: For electrocution, cause

If incident was electrocution, specify cause of electrocution.

Section G3. Drowning

G3d: Drowning location

Type of location in which drowning occurred. Bath tub includes in home bath tubs with water jets.

G3e: For open water, place

For open water deaths, indicate type of place where incident occurred.

G3i: Type of pool

If pool death, specify type of pool. This includes hot tubs and spas.

G3m: Flotation device used?

Indicate whether child was wearing a personal flotation device at time of incident.

G3n: What barriers/layers of protection existed to prevent access to water?

Specify type of barrier(s) and layer(s) of protection that were in place to prevent access to water or alert persons that access to water had occurred. Check all that apply.

G3t: Local ordinance(s) regulating access to water?

Indicate if local ordinance(s) related to pools/hot tubs barriers was/were in place at time of incident.

G3v: Child able to swim?

For incidents occurring in pool, hot tub, spa or open body of water, indicate if child had ability to swim. This is subjective, based on investigative reports and relative to child's developmental ability.

G3x: Warning sign or label posted?

Warning signs or labels were posted at the place of incident or on the object that the child drowned in, indicating potentially hazardous conditions. Examples could include warning signs at rivers to indicate dangerous currents, warning signs at beaches, labels on five gallon buckets of water, or signs posted at swimming pools indicating that lifeguards were not present.

## Section G4. Asphyxia

G4a: Type of Event

Specify the type of asphyxiation. Suffocation is a broad term that refers to death or serious injury by deprivation of oxygen; can involve a variety of mechanisms. Strangulation is more narrowly defined as death by asphyxiation caused by some sort of compression of the neck, such as in hanging or manual strangulation using the hands. Choking refers to asphyxiation caused by an object becoming lodged in the airway.

G4b: If suffocation/asphyxia, action causing event:

For cases of suffocation, specify the circumstances that led to the asphyxia event. Overlay refers to death, usually of an infant, due to asphyxiation caused inadvertently by another person with whom they are sharing a sleep surface. This could be caused by the person or animal rolling over onto the infant, or if their body in any other way inhibits the infant's ability to breathe. Wedging is when a child, usually and infant, becomes trapped between objects, often a mattress and a wall, such that it limits their ability to breathe. Asphyxia by gas could include carbon monoxide poisoning, or death by "huffing" or inhalant abuse; be sure to also answer question G8h.

G4c: If strangulation, object causing event:

For cases of strangulation, indicate what object caused the compression of the child's neck. If manual strangulation by an assailant be sure to also answer question G5q and Section I.

G4d: If choking, object causing event:

For cases of choking, indicate what type of object blocked the child's airway.

G4f: Was child participating in 'choking game' or 'pass out game'?

Indicate whether asphyxia death was related to play known by many names, most commonly as 'choking game' or 'pass out game'. The goal of this game, most often played by younger adolescents (9-14 year-olds) is to achieve a brief high or euphoric state by stopping the flow of oxygen-containing blood to the brain. Sometimes children choke each other until the person being choked passes out. The pressure on the arteries is then released and blood flow to the brain resumes, causing a "rush" as consciousness returns. There are variations of this activity, which could involve purposefully induced hyper-ventilation or the use of ligatures. It may be most dangerous when played alone, as the child may lose consciousness before being able to release the mechanism of asphyxiation, thereby causing death. Select 'U/K' if the team could not determine if the child was participating in the 'choking game' or intentionally killed him/herself.

Section G5. Weapon, Including Person's Body Part

G5a: Type of weapon

Specify type of weapon used in incident to cause injury to the child.

- A firearm is a weapon consisting of a metal tube that fires a projectile at high velocity using an explosive charge as a propellant. This definition includes handguns, rifles, and shotguns.
- A sharp instrument refers not only to knives, but also to razors, machetes, or pointed instruments (e.g., chisel, broken glass).
- A person's body part includes any part of a person used as the primary instrument of the assault or injury. For example, fists for punching, feet for kicking. Body part should not be checked if the person was using hands to hold another weapon.
- Blunt instrument refers to clubs, bats, etc.
- Biological weapon is defined as any infectious agent such as a bacteria or virus used intentionally to inflict harm upon others. This definition is often expanded to include biologically derived toxins and poisons.

G5b: For firearms, type

If firearm was weapon, specify type.

G5o: Persons handling weapons at time of incident

Relationship of person/people handling weapon(s) at time of incident that killed child. Partner is defined as a person who lives with and is sexually involved with (but is not married to) the child's mother or father. Select 'other, specify' for person/people handling weapon(s) at time of incident only if those person(s) do not fit into any other category. Fatal weapon is the weapon that injured the child. For data quality purposes, only this fatal column will be monitored.

G5q: Use of weapon at time

Specify intended use of the fatal weapon at time of incident. CHECK ALL THAT APPLY.

Section G6. Animal Bite or Attack

G6a: Type of animal

Specify type of animal causing fatal injury even if child died from complications rather than actual injury.

Section G7. Fall or Crush

G7a: Type of incident

Indicate if incident was fall or crush.

Section G8. Poisoning, Overdose or Acute Intoxication

G8a: Type of substance involved:

Indicate type of substance involved in incident. List all types of substances contributing to the death, not just the substance causing death. Do not list substances unless they contributed to the death as documented on death certificate or autopsy report.

Prescription drugs should be listed in the prescription drug category even if the prescription drug was obtained “on the street” or was prescribed for another person. Pain killer (opiate) should be selected for all prescribed opiates except methadone. Cardiac medication should be selected for all drugs typically prescribed for heart disease, except for blood pressure medication. Check the class for which the drug is most typically used. In some instances this may not be the reason for which the drug is prescribed. For example, Codeine should be checked as pain killer (opiate) even if it was prescribed as a cough suppressant. Anti-anxiety drugs should be specified in other.

Street drugs, listed in the “Other Substances” column, include recreational drugs not generally available by prescription such as heroin, cocaine, LSD and methamphetamine. If the child died from a prescription drug that was obtained illicitly, please list the agent in the appropriate prescription drug category.

In order to obtain data on the exact agents involved in poisoning deaths among children and youth, please indicate the actual trade or generic name of each agent contributing to the death in the “other specify” field, for the corresponding category, as well as in the narrative. For example, if codeine was one of the contributors to the death, check pain killer (opiate) and write codeine in the other specify field.

G8f: Was the incident the result of?

- *Accidental overdose:* Unintentionally administering medication above recommended safe dosage levels. Also includes children ingesting/exposed to agents (including nonpharmaceutical agents) without knowledge of adverse consequences.
- *Medical treatment mishap:* Includes medication incorrectly prescribed or incorrectly administered by medical personnel.
- *Adverse effect but not overdose:* Includes prescribed or over-the-counter medication administered and prescribed correctly but child had adverse reaction.
- *Deliberate poisoning:* Refers to intentionally administering medication with the intent to harm the child. This includes both suicidal and homicidal poisonings.
- *Acute Intoxication:* Refers to agents taken as a result of recreational use or addiction. It excludes suicide.

## Section G9. Exposure

Exposure refers to death resulting from lack of protection over prolonged periods from weather or extreme temperatures.

### G9a: Circumstances

Specify circumstances involved in the incident.

## Section G10. Medical Condition

### G10b: Was death expected as a result of the medical condition?

Indicate whether childhood death was expected as a result of the medical condition.

### G10c: Was child receiving health care for the medical condition?

Indicate whether child was receiving health care for medical condition resulting in the death. Code as 'yes' even if the child was not diagnosed correctly.

## **SECTION H: OTHER CIRCUMSTANCES OF INCIDENT**

### Section H1. Sudden and Unexpected Death in the Young

#### \*H1a. Was this death a homicide, suicide, overdose, injury with the external cause as the only and obvious cause of death or a death which was expected within 6 months due to terminal illness?

If the manner was indicated on the official death certificate as:

- a) homicide, or
- b) suicide, or
- c) if the medical examiner / coroner indicated that an external injury was the only and obvious cause of the death, or
- d) if death was expected within 6 months due to a terminal illness, check yes.

### Section H2. Was Death Related to Sleeping or the Sleep Environment?

Answer this question for every death of a child who was less than 5 years old, regardless of the primary cause of death. Indicate yes, no, or unknown.

#### \*H2a: Incident sleep place

Type of place child was sleeping in or on.

- Select crib if an infant has been placed in a NICU or ICU bed.
- Select portable crib if the child has been placed in a Port-a-crib, Pack 'n Play, or a hotel crib.
- Select adult bed if the child has been placed in a twin bed.
- Select futon if the death occurred on a futon.
- A playpen is a small "pen" or enclosed structure with an open top, designed to keep babies and small children safe while playing. Playpens are not intended for sleep. Small, portable bassinets, such as a Pack 'n Play are not playpens.

- Select car seat if the child was placed in an infant or toddler car seat that was placed either in the car, stroller or in the home for the child to sleep.
- Select stroller if the stroller does not use the click-in car seat combination. Children are often placed in strollers lying flat.

H2b: Child put to sleep

Position child was put to sleep in.

\*H2c: Child found

Position child was found unresponsive.

H2d: Usual sleep place

Usual sleep place refers to the place the child slept a majority of the time. The sleep place selected should be the usual place for the time the incident occurred. For example, if the death occurred at a licensed child care home, where did the infant usually sleep while at child care? See 'Incident sleep place' for more information about response options.

H2e: Usual sleep position

Position child slept most times.

H2f: Was there a crib/bassinette/port-a-crib in the home for the child?

Indicate if there was a crib/bassinette or port-a-crib in the home and/or location where the incident occurred. Pack 'n Plays are considered cribs (portable cribs).

H2h: Pacifier use

A pacifier is sometimes called a 'dummy' or a brand name, such as 'Binky'. It does not matter if the pacifier fell out during sleep, record if the child was placed to sleep with a pacifier in his/her mouth.

H2i: Child swaddled?

Answer yes if the child was intentionally wrapped or swaddled in a blanket prior to putting him/her to sleep. You should not answer yes if the child became tangled or wrapped in the blanket while he/she slept.

H2k: Child exposed to second-hand smoke?

Child was exposed to second hand smoke regularly during lifetime. Second hand smoke is defined as smoke which is exhaled by a smoker, or originates from a tobacco product which he/she is using, to which a child is exposed. It includes smoke from a smoldering cigarette, cigar, pipe or other tobacco material.

H2l: Child's face when found

Child's face when found should identify the child's face position relative to the surface the child was sleeping on. For example, select "Down" if the child was found face straight down on a pillow; select "Up" if the child was lying on a pillow with only the back of the neck touching the pillow; select "To the left or right side" if the child's face was turned to the left or right side so that only one side of the child's face was touching the pillow.

H2o: Objects in sleep environment in relation to airway obstruction

This question presents a list of potential objects in the child's sleep environment. For purposes of data quality, we will focus on only the first column, "Present" Present – Inventory of objects

present in the child's sleep environment. This should include an inventory of the child's sleep surface (crib, adult bed, couch, etc). Please answer yes, no, or unknown for each object listed.

For example: Child was in crib, found under a thick blanket with nose and mouth obstructed by blanket. Teddy bear in crib, at base of crib. Child dressed in onesie.

**Object Present (Yes)**

- Mattress
- Comforter
- Crib railing
- Clothing
- Toy

*H2p: Caregiver/supervisor fell asleep while feeding child?*

Indicate whether caregiver/supervisor fell asleep while feeding child.

*\*H2q: Room sharing*

Room sharing is defined as a child and caregiver(s) sleeping in the same room. The child may or may not be on the same sleep surface as caregiver(s).

*\*H2r: Child sleeping on same surface with person(s) or animal(s)?*

Indicate whether child was sleeping with a person or animal.

**SECTION I: ACTS OF OMISSION OR COMMISSION INCLUDING POOR SUPERVISION, CHILD ABUSE & NEGLECT, ASSAULTS, AND SUICIDE**

Completion of this Section is especially important because it provides information about child maltreatment (abuse, neglect, poor supervision), as well as other human behaviors that may be involved in a child's death (e.g., suicide, non-child abuse homicide, medical misadventures/errors). **Section I should be considered for all deaths.**

**Most natural deaths will not be related to acts of omission or commission, but the potential for failure to seek or provide medical care, or religious practices to contribute to a death should be considered and documented when appropriate.**

**Injury deaths are most likely to be related to acts of omission or commission; the circumstances of all injury deaths, both intentional (homicide, suicide) and unintentional (accidental) should be reviewed and any identified acts of omission or commission should be documented when appropriate.**

**Even with the specific cause of a child's deaths is undetermined or unknown, acts of omission or commission that directly cause or indirectly contribute to the death might be identified and when they are, should be documented.**

*\*I1: Did any act(s) of omission or commission cause and/or contribute to the death?*

Acts of omission or commission are defined as any act or failure to act which directly causes or indirectly contributes to the death of the child. Please consider act(s) of commission and omission broadly. The purpose of this question is to identify whether there were specific human

behaviors that caused or contributed to the child's death. It is NOT intended to determine blame or legal culpability.

An act of commission or omission that directly causes death is defined as an act that in and of itself led to the child's death. Generally, the act in question was both *necessary and sufficient* to kill the child.

Examples include (but are not limited to):

- 1) someone shooting the child with a gun and the bullet wound causing the death;
- 2) a teen driver falling asleep and crashing his car into a tree causing death due to blunt force trauma;
- 3) a caregiver shaking an infant so hard to cause severe head trauma and death;
- 4) a young girl taking an overdose of prescription medicines causing her death.

An act of omission or commission that contributes to death is defined an act that plays a role in the child's death; a *necessary but not sufficient* act that contributed to the death.

Examples include (but are not limited to):

- 1) an unsupervised toddler falling into an open residential pool and drowning;
- 2) a child left in a closed car on a hot day who dies from hyperthermia;
- 3) a caregiver failing to get necessary medical attention for an ill child who died of the untreated illness;
- 4) a caregiver who unintentionally rolls onto an infant in an adult bed and the infant suffocates.
- 5) a pregnant woman who abuses drugs or alcohol, with deleterious consequences to the infant.

Check "Yes" if the team determines that any act(s) of omission or commission directly caused or indirectly contributed to the child's death.

Check "No" if the team determines that no act(s) of omission or commission directly caused or indirectly contributed to the child's death.

Check "Probable" if there is not sufficient evidence for the team to be certain that any act(s) of omission or commission directly caused or indirectly contributed to the child's death, but there is evidence indicating such a link. Use of this "Probable" category is particularly relevant to deaths due to unknown or undetermined causes such as sudden unexpected infant deaths in the sleep environment, particularly if hazards in the sleep environment are noted (e.g., bed-sharing, soft bedding, sleeping on surface not intended for infant sleep).

### **I2: What act(s) caused or contributed to the death?**

Indicate which acts of omission or commission directly caused or indirectly contributed to the child's death. Only one act can be selected for caused and one for contributed, if applicable. This field should be used to identify deaths in which child maltreatment directly caused or indirectly contributed to the death.

Descriptions of each category are included below. The purpose of this section and of CDR more generally is to document circumstances and identify risk factors for use in developing prevention strategies, NOT to determine legal culpability or substantiate child maltreatment. Consequently, although legal definitions for some of these categories (e.g., child abuse, neglect, negligence) may be available, they should not be used as criteria for completing this section.

- *Poor/absent supervision*: Caregiver's failure to supervise, provide alternative appropriate supervision, or engage in other behavior that causes or contributes to the child's death. This category is typically used when lack of supervision causes or contributes to injury

death in a young child and the team does not feel that the lapse of supervision meets criteria to be classified as child neglect.

- *Child abuse*: An act (usually commission) on the part of a parent or caregiver that results in, or presents imminent risk of harm to a child.
- *Child neglect*: A failure to act (omission) on the part of a parent or caregiver that results in or presents imminent risk of harm to a child. This might be a failure to provide for a child's basic physical, medical, or emotional needs.
- *Other negligence*: Refers to acts or failures to act on the part of a parent or caregiver that are neglectful but do not raise to a standard of child neglect. This category should be used for sudden unexpected infant deaths when hazards are documented in the sleep environment but the team does not feel that the circumstances meet the criteria to be classified as child neglect. In addition to soft bedding, pillows, sleep environment hazards include, but are not limited to: Infant placed on a surface not intended for infant sleep (e.g., adult bed, sofa, car seat), sharing a sleep surface (with adult, children, animals), and hazardous sleep position -- placing infant to sleep on stomach.
- *Assault, not child abuse*: Refers to acts of commission where the alleged perpetrator is not a parent or in an explicit or implicit caregiver role.
- *Religious or cultural practices*: Religious or cultural practices that result in a child's death should usually be classified as child abuse or neglect. Use this category if the CDRT considers the particular circumstances of the death as an exception. Primary consideration should be given to the best interests of the child and the level of risk of harm to the child.
- *Suicide*: Please select "Caused" and "Suicide" in I2 for any cases where manner of death has been marked "Suicide" in Section F1. Once "Caused" and "Suicide" have been selected in I, the more detailed suicide risk factor questions in I27 and I28 will be available in the Case Reporting System.
- *Medical misadventure*: A broad term that encompasses unintentional events or errors may occur in medical institutions or by medical practitioners. This does not refer to individual's intentional or unintentional misuse of medicines or medical procedures carried out without medical supervision.
- *Other*: Use this category when an act of omission or commission directly caused or indirectly contributed to the death (I1 checked "Yes" or "Probable"), but the circumstances of the death do not meet the criteria for any of the above categories. This category is most appropriate for deaths of adolescents where high risk behaviors (e.g. ingesting drugs or alcohol, reckless driving) cause or contribute to the death. In this age group parental supervision is often not required or expected for daily activities, so the supervision category is not relevant. If there is no evidence that abuse or neglect by the parent or caregiver directly caused or indirectly contributed to the death, this category can be used to note the circumstances.

### I3: Child abuse, type

If death occurred as a result of child abuse, specify type of abuse as documented by law enforcement, CPS or other evidence reviewed by the team. Physical abuse is any non-accidental act that results in physical injury or the imminent risk of harm, regardless of whether the parent/caregiver planned the act or inflicted the harm spontaneously. Emotional abuse refers to such acts as verbal assault, belittling, threats and blaming. Sexual abuse is a single or series of sexual assault(s) or sexual exploitation(s).

### I4: Type of physical abuse

Check category(ies) and provide brief details. Abusive head trauma is a broader term for any

child abuse case involving head injury, including shaken baby syndrome. Chronic battered child syndrome refers to children who have undergone physical abuse multiple times that has left them with both physical and psychological trauma. Munchausen's Syndrome by Proxy (MSP) is a parenting disorder where parents fabricate symptoms in their children, thus subjecting the child to unnecessary medical tests and/or surgical procedures, or inflict injury of children in the process.

I6: For abusive head trauma, was the child shaken?

If abusive head trauma, indicate if child was shaken based on formal medical, forensic pathology, or law enforcement documentation. If child was shaken, indicate if there was or was not impact of the child's head on a surface. Impact should be documented by investigators and/or medical records.

I8: Child neglect

If death occurred as a result of neglect or neglect contributed to the death based on evidence available to the team, specify type of neglect. Check all that apply.

I11: Is person the caregiver/supervisor listed in previous section?

Indicate if person causing act is same person specified as caretaker or supervisor in Section 2 and/or 3.

I12: Primary person responsible for action(s) that caused or contributed to the death

Relationship of person causing act on child.

I13: Person's age in years

Age of person causing act.

I14: Person's sex

Sex of person causing act.

I27: For suicide, check all that apply and describe answers in narrative

- *A note was left:* The child left a note, email, audio tape, video or other communication that they intended to kill him/herself. The existence of a will or folder of financial papers near the child's body does not constitute a suicide note.
- *Child talked about suicide:* Child had expressed that he or she thought about suicide, but child made no mention of or described a plan for suicide. Expressions such as "I think everyone would be better off without me" or "I hate my life and want to end it" would be considered suicide expressions to friends, teachers, parents, etc.
- *Prior suicide threats were made:* The child had previously expressed their intent to kill themselves, "I'm going to kill myself, or "I have made a plan to die" are examples of verbal expressions of intent.
- *Prior attempts were made:* There were reports or documentation that the child had made previous suicide attempts, regardless of the severity of those attempts.
- *Suicide was completely unexpected:* Check this option "yes" only if there was no indication from any source, at any time that the child was considering suicide. Specifically, if child had talked about suicide, made prior threats or attempts, do not check this "yes".
- *Child had a history of running away:* The child had a documented history of running away from primary residence.

- *Child had a history of self-mutilation:* The child had a documented history of self-infliction of wounds such as cuts, scratches or bruises, or evidence of self-mutilation was found at time of autopsy.
- *There is a family history of suicide:* A member of the child's family (either immediate family or extended family) had completed suicide prior to the child's death.
- *The suicide was part of a murder-suicide:* The child committed a murder(s), as part of a series of actions that also led to his or her suicide. Do not answer "yes" if the child committed suicide at a time much later than the murder event, for example, while incarcerated for the murder.
- *The suicide was part of a suicide pact:* The child victim killed him/herself as part of a mutual agreement(s) to die by suicide made among people the victim knew. The other suicides did not need to be completed as part of the pact for this response to be coded as "yes". There should be documentation or reports of the pact, not rumors of a pact.
- *The suicide was part of a suicide cluster:* A suicide cluster is a group of three or more suicides that occur closer together in time and space than would be expected in a given community, with suicides occurring later in the cluster being motivated by earlier suicides or having a common exposure that may be associated with increased risk of suicides. A community can consist of a geographic area or a social network such as a youth group. The perception of the child fatality review team that a cluster exists is sufficient to endorse this variable.

*I28: For suicide, was there a history of acute or cumulative personal crisis or events that may have contributed to the child's despondency?*

Victim experienced a personal crisis leading up to the suicide, in which it is believed the crisis was significant enough to the child to have contributed to their despondency and suicide.

- *None known:* No known personal crisis at time of incident.
- *Family discord:* Problems with a family member, friend or associate (other than an intimate partner).
- *Parent's divorce/separation:* Parents were recently separated or divorced, or the victim was still experiencing the divorce or separation as an on-going problem, as documented in records.
- *Argument with parents/caregivers:* The child had had a major argument with his/her parents/caregivers.
- *Argument with boyfriend/girlfriend:* The child had had a major argument with his/her girlfriend/boyfriend.
- *Breakup with boyfriend/girlfriend:* The child had broken up with his/her girlfriend/boyfriend.
- *Argument with other friends:* The child had a major argument with other friend(s).
- *Rumor mongering:* The child was the victim or perpetrator of rumors that created a personal or social crisis for the child or for others.
- *Suicide by friend or relative:* The child was distraught over, or reacting to, a suicide of a friend or family member.
- *Other death of friend or relative:* The child was distraught over, or reacting to, a death (other than suicide) of a friend or family member.
- *Bullying as victim:* The child had been experiencing bullying as a victim. Bullying among children and adolescents is aggressive behavior that is intentional and usually persistent. It involves an imbalance of power or strength. Bullying can take many forms, including physical violence, teasing and name calling, intimidation and social exclusion. Bullying can be related to other forms of harassment and social isolation and/or intimidation, including hostile acts perpetrated against racial and ethnic minorities and gay and lesbian youth. Bullying also includes hazing.

- *Bullying as perpetrator:* The child had been perpetrating bullying. Bullying among children and adolescents is aggressive behavior that is intentional and usually persistent. It involves an imbalance of power or strength. Bullying can take many forms, including physical violence, teasing and name calling, intimidation and social exclusion. Bullying can be related to other forms of harassment and social isolation and/or intimidation, including hostile acts perpetrated against racial and ethnic minorities and gay and lesbian youth. Bullying also includes hazing.
- *School failure:* The child had experienced a failure at school. Examples include receiving a failing or low grade (as perceived by the child, parent or teacher), not making a sports team, not winning an election or failing an important test.
- *Move/new school:* Child moved or transferred to a new school within the past year.
- *Other serious school problems:* The child had experienced other major problems in school. This includes suspension or expulsion.
- *Pregnancy:* If female, child was pregnant at the time of death or had been pregnant within the past year. If male, child's girlfriend was pregnant at the time of death or had been pregnant within the past year.
- *Physical abuse/assault:* Child was the victim or perpetrator of any physical abuse or assault at any time prior to the death. Assault refers to an unlawful fatal or nonfatal attack by one person upon another.
- *Rape/sexual abuse:* Child was the victim or perpetrator of any rape, sexual assault or sexual abuse at any time prior to the death. This refers to sexual contact without consent. Includes sex with a minor with or without consent. Ranges from the non-consensual touching of an intimate part of the body to forced, manipulated, or coerced penetration. It can involve verbal coercion and threats, physical restraint, intimidation, and/or violence.
- *Problems with the law:* Child was arrested for or charged with a misdemeanor or felony crime.
- *Drugs/alcohol:* There was documented use of drugs or alcohol.
- *Sexual orientation:* Sexual orientation is the pattern of a person's emotional, physical, sexual attraction and psychological attraction to someone of a particular sex.
- *Religious/cultural crisis:* Child was experiencing a personal conflict with their religion or culture, for example child was not allowed to date person or engage in certain activities due to religions prohibitions; child was questioning personal belief system as it related to family's cultural practices or religion.
- *Job problems:* Child had experienced problems with his or her or family's employment, including firing, disciplinary action, difficulty obtaining work, or other stresses related to employment.
- *Money problems:* Child had experienced problems with his or her or family's money, including debts, stolen money and lack of money for activities.
- *Gambling problems:* Child was involved in gambling, to the extent that the child had debts, was suspected of illegal gambling, was betting for sports while participating on a team, or had a gambling addiction.
- *Involvement in cult activities:* A cult is a religion regarded as unorthodox or spurious. Members of a cult feel a great devotion to a person, idea, object or movement.
- *Involvement in computer and video games:* There was evidence of the child's involvement with video or computer games that the team has evidence of contributing to child's mental health status and/or suicide ideation.
- *Involvement with the internet:* There was evidence that the child routinely accessed internet chat rooms or sites that were either age inappropriate (e.g., sites with

- pornographic or excessively violent material) or that may have contributed to the child's suicidal ideations.
- *Other, specify:* Specify other events or personal crisis that may have contributed to the victim's suicide.

## SECTION K: PREVENTION

### ***K1: Could the death have been prevented?***

Team's conclusions regarding the preventability of the death. A child's death is considered to be preventable if an individual or the community could reasonably have done something that would have changed the circumstances that led to the child's death. Consider preventability broadly and that most injury deaths are preventable.

Examples of preventable deaths. This list is not to be considered exhaustive.

- **Unintentional injury deaths** of young children that occur under absent or poor adult supervision
- **Motor vehicle and other transport deaths** when fatal injuries are sustained due to failure to use appropriate restraints (child seat, seatbelt) in a motor vehicle, or failure to wear a helmet while riding a bicycle, motorcycle or ATV.
- **Deaths due to fire or burns** when fire caused by heating residence with a stove or children playing with matches.
- **Drowning deaths** when infant or toddler left unattended in a bathtub, lack of barriers around swimming pools or other bodies of water, failure to use mandated floatation devices.
- **Sleep-related deaths** when asphyxia results from bed-sharing or other unsafe infant sleep environment (e.g., place on couch, on pillow)
- **Weapon-related deaths** when firearm left loaded and/or unsecured.
- **Fall deaths** from balconies/windows.
- **Poisoning, Overdose, Acute Intoxication** unsecured prescription drugs or poisons.
- **Suicide** If parent or caregiver did not seek care for child when child had history of previous suicide attempts, mental illness, or indicated intent to commit suicide.
- **Medical Condition** if caregiver does not seek care or delays seeking care for a known medical condition, or fails to follow prescribed care/treatment plan.

Examples of deaths that are not often typically preventable, if none of the above conditions are met and death is the expected outcome:

- Cardiovascular disease
- Congenital anomalies (birth defects)
- Prematurity and other perinatal conditions
- Other chronic medical conditions

## SECTION O: FORM COMPLETED BY:

### ***Data entry finished for this case:***

Select the check box once data entry is finished for this case.

### ***For State Program Use Only: DATA QUALITY ASSURANCE COMPLETED BY STATE***

This checkbox is used by State program staff in charge of cleaning and completing cases. It will be used to identify cases which are finished for data entry and quality assurance.