



CDR Reporting in States

- 44 states have a CDR case report tool
15 are using the new multi-state reporting system.
- 18 states have legislation that requires an annual state report on CDR findings.
- 39 states publish an annual report with findings and recommendations



Purpose of CDR Case Reporting

To systematically collect, analyze and report on:

- ★ Child, family, supervisor and perpetrator information
- ★ Investigation actions
 -
- ★ Services needed, provided or referred
- ★ Risk factors by cause of death
- ★ Recommendations and actions taken to prevent deaths
- ★ Factors affecting the quality of your case review



Case Review



Case Report



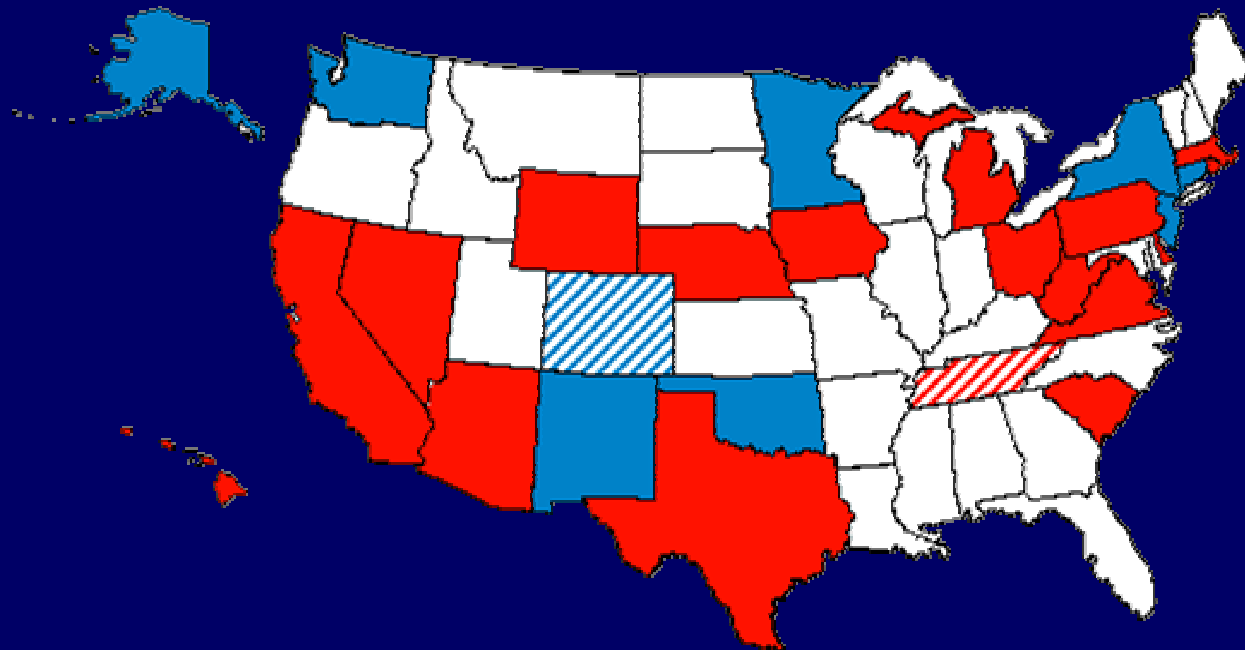
Team Aggregated Report






State Aggregated Report

From One Review to a State Report

Using the Multi-State System



-  Considering
-  Participating
-  In Process

The Child Death Review Case Reporting System

From Case Review to Data to Action

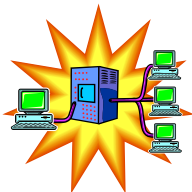
Step 1: Complete case review of child death.



Step 2: Complete CDR Case Report Online at www.cdrdata.org.



Step 4: Servers sort and store data and permit access according to state requirements.



Step 3: Send Report through Web, to servers at MPHI



Step 5: State and local teams and national CDR download standardized reports and/or download data to create custom reports.

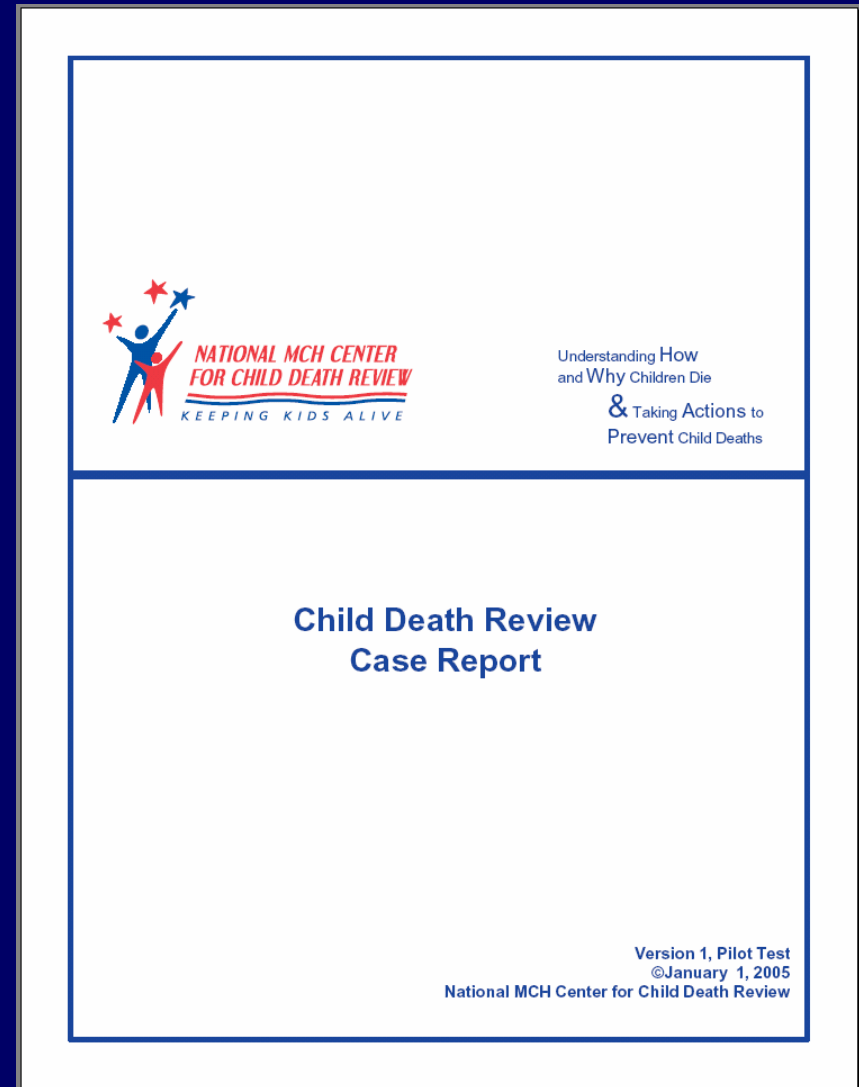


Step 6: Reports and data are used to advocate for actions to prevent child deaths and to keep children healthy, safe and protected.



The Paper Form

- ★ Appears lengthy at 13 pages
-
- ★ On average, you will not fill out 6 pages per case



The image shows the cover of a form titled "Child Death Review Case Report". The form is white with a blue border. At the top left, there is a logo for the National MCH Center for Child Death Review, featuring a stylized figure in blue and red reaching for three stars (two red, one blue). To the right of the logo, the text reads "NATIONAL MCH CENTER FOR CHILD DEATH REVIEW" in red and blue, with "KEEPING KIDS ALIVE" in blue below it. Further to the right, the text "Understanding HOW and Why Children Die" is in blue, followed by "& Taking Actions to Prevent Child Deaths" in blue. In the center of the form, the title "Child Death Review Case Report" is written in blue. At the bottom right, the text "Version 1, Pilot Test ©January 1, 2005 National MCH Center for Child Death Review" is written in blue.

Review Tips

- ★ Try not to let the form run the review
 - ★ Use the form as a guide for discussion
 - ★ Fill in questions as you can
 - ★ It will be helpful if you can fill out information that is known before the meeting, such as demographics

Review Tips

- ★ It is normal not to have information on new data elements at first
 - ★ It will take time to learn what the new data elements are and where to find the information
 - ★ Allow the form to prompt you on what is needed for next time

Why the Internet?

- ★ You do not need specialized software
- ★ If you have access to the Internet and Microsoft Internet Explorer 6.0 or higher, you can use this system
- ★ System updates are centralized and taken care of routinely for all users at once
- ★ Michigan Public Health Institute designed the software for the web-based application

Security

- ★ Secured login to website
 - ★ Everyone has individual accounts approved by their state administrator
- ★ Data transmission is protected by 128-bit secured sockets layer (SSL)
 - ★ Strongest commercially available
- ★ Firewalls protect the servers where the data is stored

Permissions

- ★ Local-level users can only enter and view case report forms for their team
- ★ State-level users can enter and view case report forms for all teams in that state
- ★ National Center staff can view only de-identified data across all states

Confidentiality

- ★ Data is owned by the state
- ★ All data entered should be in compliance with your state laws ■
- ★ All users sign a confidentiality agreement
- ★ The Receiver of the data, the Michigan Public Health Institute, is not subject to the Freedom of Information Act (FOIA)

Confidentiality

- ★ No data will be released for national-level reports without state approval
 - ★ When released this data will be de-identified
- ★ National Center staff will not be able to view identifiable data ever
 - ★ Data are de-identified by HIPAA standards

HIPAA De-Identified

- ★ Case number
 - ★ State of review and year of review are kept
- ★ Birth certificate and death certificate numbers
- ★ Child's name
-
- ★ Date of birth
- ★ Date of death (year of death is kept)
- ★ Residential address (resident state is kept)
- ★ Date of incident
- ★ Incident county
- ★ Narrative
- ★ Form completed by – name and contact information



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Understanding How
and Why Children Die
& Taking Actions to
Prevent Child Deaths



Welcome Adams County, Pennsylvania

Why do children die in Pennsylvania? Which deaths might have been prevented?

These questions are the motivating force behind the PA Child Death Review Program. A child death review is a multi-agency, multi-disciplinary process that routinely and systematically examines the circumstances surrounding child deaths in a given geographical area and a given age group.

The PA Child Death Review Team is comprised of pediatricians, forensic pathologists, coroners/medical examiners, representatives from PA Depts. of Health, Public Welfare, Community Affairs, the Attorney Generals office, social services and law enforcement. The aggregate information will be shared with legislators and state policy makers in order to concentrate funding and program priorities on appropriate prevention strategies.

The Pennsylvania Child Death Review Program has 44 local teams representing 48 counties reviewing over 90% of child deaths in Pennsylvania (Feb 2002).

For more information contact:
[Vick Zittle](#), Program Director
[Yvonne McCalla](#), Program Assistant

[PA Chapter, American Academy of Pediatrics](#)
919 Conestoga Road, Bldg 2, Suite 307
Rosemont, PA 19010

Phone: 800-916-9776
Fax: 610-520-9177

Enter Cases



Case Definition

- A. **Child Information**
- B. Primary Caregiver(s) Information
- C. Supervisor Information
- D. Incident Information
- E. Investigation Information
- F. Official Manner and Primary Cause of Death
- G. Detailed Information by Cause of Death
- H. Other Circumstances of Incident
- I. Acts of Omission or Commission
- J. Services to Family and Community as a Result of Death
- K. Prevention Initiatives Resulting from the Review
- L. The Review Meeting
- M. Narrative
- N. Form Completed by:

Save and Exit



[Click here for section A help](#)

A. Child Information

1. Child's Name:

First:

Unknown

Middle:

Last:

2. Date of Birth:

(i.e. MM/DD/YYYY)

Unknown

3. Date of Death:

(i.e. MM/DD/YYYY)

Unknown



- [Search for Last Name](#)
- [Search for Case Number](#)
- [Search for Date of Death](#)
- [Search for Manner of Death](#)
- [Search for Cause of Death](#)
- [Search for Date of Entry](#)
- [Search for Entry Incomplete](#)
- [View All Cases](#)
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View All Cases

23 cases returned.

[Print This List](#)

Case Number ▲	Last Name	Date of Death			
23-01-2004-0001	Williams	10/20/2004	Edit	Print	Delete
23-01-2006-0001	Jones	12/12/2006	Edit	Print	Delete
23-01-2006-0002	Allen	5/6/2004	Edit	Print	Delete
23-01-2007-0001	Smith	8/16/2006	Edit	Print	Delete
23-01-2007-0002	Swanson	9/15/2006	Edit	Print	Delete
23-01-2007-0003	Adams	7/20/2005	Edit	Print	Delete
23-01-2007-0004	Andrews	6/10/2004	Edit	Print	Delete
23-01-2007-0005	Doe	1/5/2007	Edit	Print	Delete
23-01-2007-0006	Roberts	11/9/2006	Edit	Print	Delete
23-01-2007-0007	Sanders	2/12/2006	Edit	Print	Delete
23-01-2007-0008	Brown	3/15/2006	Edit	Print	Delete
23-01-2007-0009	Edwards	6/10/2006	Edit	Print	Delete
23-01-2007-0010	Martin	7/9/2006	Edit	Print	Delete
23-01-2007-0011	Nelson	5/2/2006	Edit	Print	Delete
23-01-2007-0012	Gates	10/20/2006	Edit	Print	Delete
23-01-2007-0013	Stevens	3/8/2006	Edit	Print	Delete
23-01-2007-0014	Diamond	12/3/2006	Edit	Print	Delete
23-01-2007-0015	James	6/7/2006	Edit	Print	Delete
23-01-2007-0016	Hanson	9/20/2006	Edit	Print	Delete
23-01-2007-0017	Ivy	2/25/2006	Edit	Print	Delete

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CASE NUMBER: 39-01-00-2006-0002						
PA / Adams / 00 / 2006 / 0002 State / County / Team Number / Year of Review / Sequence of Review			Death Certificate Number: D1234			
			Birth Certificate Number: B5678			
A. CHILD INFORMATION						
1. Child's name: First: Mark Middle: Last: Donner <input type="checkbox"/> U/K						
2. Date of Birth: <input type="checkbox"/> U/K 8 / 7 / 2005 MM / DD / YYYY		5. Race, check all that apply: <input type="checkbox"/> White <input checked="" type="checkbox"/> Black, African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian: <input type="checkbox"/> American Indian: <input type="checkbox"/> Alaskan Native: <input type="checkbox"/> U/K		8. Residence address: <input type="checkbox"/> U/K Street: 123 Main St. Apartment: A4 City: Smallville County: Adams State: PA Zip: 99999		
3. Date of death: <input type="checkbox"/> U/K 10 / 2 / 2005 MM / DD / YYYY		7. Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> U/K		9. Type of residence: <input checked="" type="checkbox"/> Parental home <input type="checkbox"/> Relative's home <input type="checkbox"/> Jail/Detention <input type="checkbox"/> Licensed group home <input type="checkbox"/> Living on own <input type="checkbox"/> Other: <input type="checkbox"/> Licensed foster home <input type="checkbox"/> Shelter <input type="checkbox"/> Relative foster home <input type="checkbox"/> Homeless <input type="checkbox"/> U/K		
4. Age: <input type="checkbox"/> Years <input checked="" type="checkbox"/> Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> U/K 1		6. Hispanic or Latino Origin? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> U/K		10. New residence in past 30 days: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> U/K	11. Residence overcrowded? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> U/K	12. Child ever homeless? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> U/K
14. Child's weight: <input type="checkbox"/> U/K 10 in pounds		15. Child's height: <input type="checkbox"/> U/K 2 / 0 feet / inches		17. Child ever truant? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K	19. Child had disability or chronic illness? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, check all that apply <input type="checkbox"/> U/K	
16. Highest education level: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Child care <input type="checkbox"/> Preschool <input type="checkbox"/> K-12 <input type="checkbox"/> Home schooled, K-12 <input type="checkbox"/> Drop out/employed <input type="checkbox"/> Drop out/unemployed <input type="checkbox"/> HS graduate/employed <input type="checkbox"/> HS graduate/unemployed <input type="checkbox"/> College <input type="checkbox"/> Other: <input type="checkbox"/> U/K			18. Child's health insurance, check all that apply: <input type="checkbox"/> None <input type="checkbox"/> Private <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> State Plan <input type="checkbox"/> Other: <input type="checkbox"/> U/K			20. Child had history of substance abuse? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> U/K
20. Child had history of substance abuse? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> U/K If yes, check all that apply: <input type="checkbox"/> Alcohol <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Other street drugs <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Over-the-counter drugs <input type="checkbox"/> U/K			21. At time of incident leading to death, was child alcohol or drug impaired? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K		23. Was there an open CPS case with child at time of death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> U/K	24. Was child ever in foster care? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> U/K
22. Child had history of child maltreatment? Check all that apply: a. As Victim b. As Perpetrator <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes, Physical <input checked="" type="checkbox"/> Yes, Neglect <input type="checkbox"/> Yes, Sexual <input type="checkbox"/> Yes, Emotional <input type="checkbox"/> U/K 1 # CPS reports 0 # Substantiations			25. Any siblings in foster care or adoption prior to child's death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, # _____		27. Child had delinquent or criminal history? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> U/K If yes, check all that apply: <input type="checkbox"/> Assaults <input type="checkbox"/> Robbery <input type="checkbox"/> Drugs <input type="checkbox"/> Other: <input type="checkbox"/> U/K	
29. Child acutely ill during the two weeks before death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> U/K			30. Are child's parents first generation immigrants? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, country of origin: <input type="checkbox"/> U/K		28. Child spent time in juvenile detention? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U/K	31. If child over age 12, what was child's gender identity? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> U/K
32. If child over age 12, what was child's sexual orientation? <input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Questioning <input type="checkbox"/> Lesbian <input type="checkbox"/> U/K						
COMPLETE FOR ALL INFANTS UNDER ONE YEAR						
33. Gestational age: 38 weeks <input type="checkbox"/> U/K		34. Birth weight: <input checked="" type="checkbox"/> Grams 2487 <input type="checkbox"/> Pounds <input type="checkbox"/> U/K		35. Multiple birth? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, # _____	36. Number of prenatal visits: 12 <input type="checkbox"/> U/K	37. Month of first prenatal visit: Specify 1-9: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> U/K
38. During pregnancy, did mother (check all that apply): <input type="checkbox"/> Have medical complications/infections?			<input checked="" type="checkbox"/> Smoke Tobacco? <input type="checkbox"/> Experience intimate partner violence? <input type="checkbox"/> Use illicit drugs? <input type="checkbox"/> Infant born drug exposed?		<input type="checkbox"/> Misuse over-the-counter or prescription drugs? <input type="checkbox"/> Have heavy alcohol use? <input type="checkbox"/> Infant born with fetal alcohol effects or syndrome?	

Standardized Reports



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Selection Criteria

Start Year: County Name:
End Year: Case Type:

Infant/Child Information

1. Demographics (Ethnicity/Race and Age Group by Sex)	Local	State
2. Infant Death Information	Local	State
3. Manner and Cause of Death by Age Group	Local	State

Incident Information

4. Investigation Information	Local	State
------------------------------	-----------------------	-----------------------

Motor Vehicle and Other Transport

5. Motor Vehicle and Other Transport Death Demographics	Local	State
6. Vehicle Type Involved in Incident and Position of Child	Local	State
7. Risk Factors of Young Drivers (Ages 14-21) Involved in the Crash	Local	State
8. Motor Vehicle Protective Measures	Local	State

Fire Death Demographics

9. Fire Death Demographics	Local	State
10. Factors Involved in Fire Deaths	Local	State

Drowning

11. Drowning Death Demographics	Local	State
12. Factors Involved in Drowning Deaths	Local	State

Suffocation or Strangulation

13. Suffocation or Strangulation Death Demographics	Local	State
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Weapon, Including Body Part

14. Weapon Death Demographics	Local	State
15. Safety Features and Storage of Firearms Used in Incident	Local	State
16. Owner and Use of Weapon at Time of Incident	Local	State

Poisoning

17. Poisoning Death Demographics	Local	State
----------------------------------	-----------------------	-----------------------

Factors Involved in Sleep-Related Deaths

Review Year Range: 2004 to 2010

Michigan

Child Deaths Reviewed

	Age Group								Total
	0-1 Mos	2-3 Mos	4-5 Mos	6-7 Mos	8-11 Mos	1-4 Yrs	5 Yrs Up	Unk	
Deaths Reviewed	0	0	0	0	0	0	0	0	0
Not in a crib or bassinette	0	0	0	0	0	0	0	0	0
Not sleeping on back	0	0	0	0	0	0	0	0	0
Unsafe bedding or toys	0	0	0	0	0	0	0	0	0
Sleeping with other people	0	0	0	0	0	0	0	0	0
Obese adult sleeping with child	0	0	0	0	0	0	0	0	0
Adult was alcohol impaired	0	0	0	0	0	0	0	0	0
Adult was drug impaired	0	0	0	0	0	0	0	0	0
Child fell asleep while bottle feeding	0	0	0	0	0	0	0	0	0
Child fell asleep while breast feeding	0	0	0	0	0	0	0	0	0

Footnote: Columns do not add up to to total deaths because the factors are not mutually exclusive. If factor is unknown, it is not included in these counts. Portable cribs may inadvertently be counted as not in a crib or bassinette since they are typically coded as "other". Unsafe bedding or toys include pillow, comforter, stuffed toy, and other toy.

Data Download



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Download Your Data

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[All Tables \(.zip File\)](#)

Download a Section

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Understanding How
and Why Children Die

& Taking Actions to
Prevent Child Deaths



Accounts Administration



Accounts Administration

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Understanding How
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Help

Contact Information for the National MCH Center for Child Death Review:

2438 Woodlake Circle, Suite 240
Okemos, MI 48864

Phone: 1-800-656-2434
Fax: (517) 324-7365
Email: info@childdeathreview.org



Maintaining Your Account:

[Change your Password](#)

[Edit your Contact Information](#)

Supporting Documents:

Child Death Review Program Manual [.pdf](#)
Guide for Effective Child Death Reviews [.pdf](#)
Child Death Review Case Report Form [.pdf](#)
Internet Database User Manual [.pdf](#)
Internet Database Error Report Form [.pdf](#)
Data Dictionary [.pdf](#)
Data Codebook for Download [.pdf](#)
Macro to Import Data into Microsoft Access [.mdb](#)



[HTML](#)

Understanding How
and Why Children Die

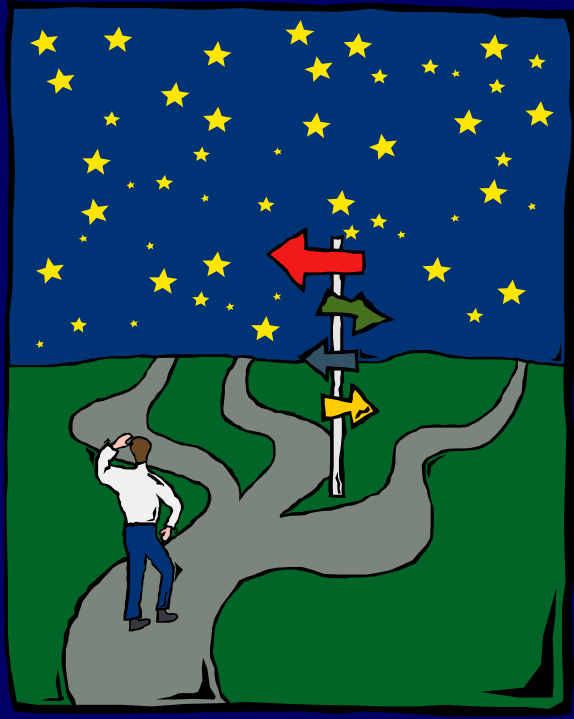
& Taking Actions to
Prevent Child Deaths



The National MCH Center for Child Death Review Case Reporting System



<https://www.cdrdata.org>



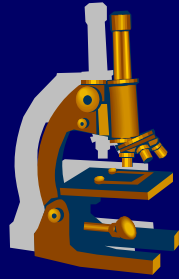
Clearing Up the
Confusion on the
Reporting of
Death Investigation
and Review Team
Findings

Who Completes a Report?

- EMS scene personnel → Run reports
- Scene Investigators → Scene report
- Police on Scene → Police report
- Hospital Physician → Death Certificate
- Coroner/Medical Examiner → Autopsy Report, Case Point Report and Death Certificate
- Death Review Coordinator → Death Review Report
- State Injury Program:
Nat'l Violent Death Reporting System → NVDRS Report



The Scene



The Pathologist



The Coroner/
Medical Examiner



The Death Review

Reports that Feed into Other Reports

EMS Run Reports
Law Enforcement
Scene Investigator
Interviews

SUIDIR System

Autopsy Report
Toxicology Report

Death Certificate
Coroner/ME Report

CDR Case Report

NVDRS
Report