

**County Child Death Review Team
Case Reporting by Discipline**

Medical Examiner / Coroner		
Death certificate number		
Birth certificate number		
Page 3 – Section A1 - Child Information		
1.	Child's name	
9.	Child's weight at death	
10.	Child's height at death	
Page 4 – Section A2 – Children Over One Year Old		
39.	Child acutely ill during the two weeks before death?	
Pages 4 and 5 – Section A3 – Infants Under One Year		
43.	Gestational age	
44.	Birth weight	
45.	Multiple birth?	
46.	Including the deceased infant, how many pregnancies did the birth mother have?	
47.	Including the deceased infant how many live births did the birth mother have?	
48.	Not including the deceased infant, number of children birth mother still has living?	
49.	Number of prenatal visits	
49.	Month of first prenatal visit	
50.	Access or compliance issues related to prenatal care	
51.	During pregnancy, did mother have medical complications (please list)	
53.	Did mother use any medications, drugs or other substances during pregnancy?	
54.	Was the infant born drug exposed?	
55.	Did the infant have neonatal abstinence syndrome?	
59.	Did the infant have a NICU stay of more than one day?	
60.	Did mother smoke in the 3 months before pregnancy?	

61.	<p>Did mother smoke at any time during pregnancy? If yes</p> <ul style="list-style-type: none"> • Trimester 1: #/day • Trimester 2" #/day • Trimester 3: #/day 	
63.	Was mother injured during pregnancy?	
65.	Infant ever breastfed?	
66.	<p>Did infant have abnormal metabolic newborn screen results? Was the abnormality a fatty acid oxidation error? If yes, describe.</p>	
67.	<p>At any time <i>prior</i> to the infant's last 72 hours, did the infant have a history of</p> <ul style="list-style-type: none"> • Infection • Allergies • Abnormal growth, weight gain/loss • Apnea • Cyanosis • Seizures or convulsions • Cardiac abnormalities • Other, specify 	
68.	<p>In the 72 hours prior to death, did the infant have any of the follow?</p> <ul style="list-style-type: none"> • Fever • Excessive sweating • Lethargy/sleeping more than normal • Fussiness/excessive crying • Decrease in appetite • Vomiting • Choking • Diarrhea • Stool changes • Difficulty breathing • Apnea • Cyanosis • Seizures or convulsions • Other, specify 	
69.	In the 72 hours prior to death, was the infant injured? If yes, explain.	
70.	In the 72 hours prior to death was the infant given any vaccines? If yes, list.	

71.	In the 72 hours prior to death, was the infant given any medications or remedies? Include herbal, prescription and over-the-counter medications and home remedies? If yes, list name and last dose.	
72.	<p>What did the infant have for his/her last meal?</p> <ul style="list-style-type: none"> • Breast milk: • Formula, type • Baby food, type • Cereal, type: • Other, specify: 	
Page 9 and 10 – Section F - Investigation		
1.	<p>Was a death investigation conducted?</p> <ul style="list-style-type: none"> • Sudden Unexpected Infant Death Reporting Form or equivalent form used (if infant)? • Narrative description of circumstances? • Scene photos? • Scene recreation with doll? • Scene recreation without doll? • Witness interviews? <p>Was a death scene investigation conducted at the place of incident?</p>	
3.	Death referred to (medical examiner, coroner, not referred)	
4.	Person declaring death	
5.	Autopsy performed? By whom? If not performed, why?	
6. and 7.	<p>If autopsy performed were the following assessed? Yes or no</p> <ul style="list-style-type: none"> • Imaging – single, multiple or complete skeletal series or other imaging (MRI or CT scan) • Exam of general appearance • Head circumference • Gross examination of organs • Weights of any organs • Cultures for infectious disease • Microscopic/histologic exam • Postmortem metabolic screen • Vitreous testing 	

	<ul style="list-style-type: none"> Genetic testing 	
8.	Toxicology screen	
9.	Was child's medical history reviewed as part of autopsy? Did this include review of newborn metabolic screen and neonatal Critical Congenital Heart Defect screen?	
10.	Describe any abnormalities or significant findings found during autopsy?	
12.	Was there an agreement between the cause of death listed on the pathology report and on the death certificate? If no, describe.	
Page 10 – Section G - Official Manner and Primary Cause of Death		
2.	Immediate cause of death	
2.	Any conditions listed on death certificate leading to immediate cause of death	
3.	Any other significant conditions contributing to the death but not an underlying cause listed on the death certificate.	
4.	If injury, describe how the injury occurred exactly as written on death certificate	
5.	Official manner of death from death certificate	
Pages 16 and 17 – Section I1 - Sudden and Unexpected Death in the Young (SDY Counties)		
a.	Was the death a homicide, suicide, overdose, injury with the external cause as the only and obvious cause of death or a death expected within six months due to terminal illness? If no, please answer questions below:	
b.	Did child have history of any of the following within 72 hours of death? <ul style="list-style-type: none"> Chest pain Dizziness/lightheaded Fainting Palpitations Concussion Confusion 	

	<ul style="list-style-type: none"> • Convulsions/seizures • Headache • Head injury • Psychiatric symptoms • Acute paralysis • Asthma • Pneumonia • Difficulty breathing • Fever • Heat exhaustion/stroke • Muscle aches/cramping • Slurred speech • Vomiting • Other, specify: 	
c.	<p>At any time more than 72 hours preceding death did the child have a personal history of any of the following chronic conditions or symptoms?</p> <ul style="list-style-type: none"> • Chest pain • Dizziness/lightheaded • Fainting • Palpitations • Concussion • Confusion • Convulsions/seizures • Headache • Head injury • Difficulty breathing • Slurred speech • Other, specify: 	
d.	<p>Did the child have any other prior serious injuries (car accident, etc.)?</p>	
e.	<p>Had the child ever been diagnosed with any of the following?</p> <ul style="list-style-type: none"> • Blood diseases • Cardiac conditions • Neurologic conditions • Respiratory conditions • Other significant medical history 	
f.	<p>Did child have any blood relatives with the following diseases?</p> <ul style="list-style-type: none"> • Sudden unexpected death before age 50 	

	<ul style="list-style-type: none"> • Heart condition or stroke before 50 • Aortic aneurysm or rupture • Arrhythmia • Cardiomyopathy • Congenital heart disease • Epilepsy or convulsions/seizure • Other neurologic disease • Febrile seizures • Unexplained fainting • Congenital deafness • Connective tissue disease • Mitochondrial disease • Muscle disorder • Thrombophilia • Other genetic disorders 	
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Pages 18 and 19- Section I2 - Death Related to Sleeping or in the Sleep Environment

a.	Incident sleep place	
b.	Child put to sleep (back, stomach, side, U/K)	
c.	Child found (back, stomach, side, U/K)	
d.	Usual sleep place (crib, bassinette, adult bed, couch, chair, etc.)	
e.	Usual sleep position (back, stomach, side, U/K)	
f.	Was there any type of crib, Pack 'n Play, bassinet, bed side sleeper or baby box in home for the child?	
g.	Child in new/different environment (i.e. relative's home)?	
h.	Child last placed to sleep with a pacifier?	
i.	Child wrapped or swaddled in blanket?	
j.	Child overheated?	
k.	Child exposed to second hand smoke?	
l.	Child's face when found (down, up, to left or right or U/K)	
m.	Child's neck when found (head back, chin to chest, neutral, turned, U/K)	
n.	Child's airway <ul style="list-style-type: none"> • Unobstructed by person or object • Fully obstructed by person or object 	

	<ul style="list-style-type: none"> • Partially obstructed by person or object • U/K <p>If yes, what was obstructed (nose, mouth, chest, U/K)</p>	
o.	<p>Objects in sleep environment (please indicate position relative to child: next to, under, on top of, or tangled around and whether the object was obstructing the airway)</p> <ul style="list-style-type: none"> • Adults • Other children • Animal • Mattress • Comforter, quilt or other • Thin blanket, flat sheet • Pillow • Cushion • Boppy or u-shaped pillow • Sleep positioner • Bumper pads • Clothing • Crib railing/side • Wall • Toy • Other, specify: 	
p.	Was there a reliable, non-conflicting witness account of how the child was found/	
q.	Caregiver fell asleep while feeding the child?	
r.	Child sleeping in same room as caregiver/supervisor at time of death?	
s.	Child sleeping on same surface with person or animals?	
Page 20 – Section 15 – Child Abuse, Neglect, Poor Supervision and Exposure to Hazards		
c.	For abusive head trauma, were there retinal hemorrhages?	
d.	For abusive head trauma, was the child shaken? If yes, was there impact?	

Child Protective Services

Page 3 – Section A1 - Child Information

14.	Were any siblings placed outside of the home prior to this child's death?	
19.	Residence overcrowded?	
20.	Child ever homeless?	
22.	Child had a history of maltreatment (as victim or perpetrator)?	
23.	Was there an open CPS case with child at time of death?	
24.	Was child ever placed outside home prior to the death?	
29.	Child had history of intimate partner violence (as victim or perpetrator)?	

Pages 4 and 5 – Section A3 – Infants Under One Year

53.	Did mother use any medications, drugs or other substances during pregnancy?	
54.	Was the infant born drug exposed?	
55.	Did the infant have neonatal abstinence syndrome?	

Page 7 – Section G - Primary Caregiver Information

12.	Caregiver(s) received social services in the past 12 months? If yes, specify.	
13.	Caregiver have substance abuse history?	
14.	<p>Caregiver(s) ever victim of child maltreatment? If yes, specify:</p> <ul style="list-style-type: none"> • Physical • Neglect • Sexual • Emotional/physical <p>If yes, please specify the number of CPS referrals and substantiations.</p> <p>Was the caregiver every in foster care or adopted?</p>	
15.	<p>Caregiver(s) ever perpetrator of maltreatment? If yes, specify:</p> <ul style="list-style-type: none"> • Physical • Neglect • Sexual • Emotional/physical 	

	<p>If yes, please specify the number of CPS referrals and substantiations.</p> <p>Were any of the following services provided:</p> <ul style="list-style-type: none"> • CPS prevention services • Family preservation services • Children ever removed? 	
16.	<p>Caregiver(s) have disability or chronic illness? If yes, please indicate and describe any applicable:</p> <ul style="list-style-type: none"> • Physical • Mental • Sensory 	
17.	<p>Caregiver(s) have prior child deaths? If yes, please indicate manner and number of children:</p> <ul style="list-style-type: none"> • Child abuse • Child neglect • Accident • Suicide • SIDS • Other 	
18.	<p>Caregiver(s) have history of intimate partner violence as victim and/or perpetrator?</p>	
Page 8 – Section D - Supervisor Information		
10.	<p>Supervisor has history of child maltreatment (if supervisor at incident was not primary caregiver)?</p>	
Page 9 and 10 – Section F - Investigation Information		
13.	<p>CPS record check conducted as a result of death?</p>	
14.	<p>Did review of records find evidence of prior abuse?</p>	
15.	<p>CPS action taken because of death? If yes, indicate highest level of action taken:</p> <ul style="list-style-type: none"> • Report screen out/not investigated • Unsubstantiated • Inconclusive • Substantiated 	

	<p>If yes, services or actions resulting (any that apply):</p> <ul style="list-style-type: none"> • Voluntary services offered • Voluntary services provided • Court-ordered services provided • Voluntary out of home placement • Court-ordered out of home placement • Children removed • Parental rights terminated • U/K 	
16.	If death occurred in licensed setting, indicate action taken	
Page 20 – Section 15 – Child Abuse, Neglect, Poor Supervision and Exposure to Hazards		
a.	Did child abuse, neglect, poor or absent supervision or exposure to hazards cause or contribute to the child's death?	
b.	<p>If child abuse, what type(s)?</p> <ul style="list-style-type: none"> • Abusive head trauma • Chronic Battered Child Syndrome • Beating/kicking • Scalding or burning • Munchausen Syndrome • Sexual assault • Other 	
e..	If child abuse, what events triggered the abusive incident?	
f.	<p>If child neglect, what type(s)?</p> <ul style="list-style-type: none"> • Failure to provide necessities • Failure to provide supervision • Emotional neglect • Abandonment • Failure to seek/follow treatment • Exposure to hazards 	
g.	<p>If exposure to hazards, what type:</p> <ul style="list-style-type: none"> • Hazard(s) in sleep environment • Fire hazard • Unsecured medication/poison • Firearm hazard • Water hazard • Motor vehicle hazard 	

	<ul style="list-style-type: none"> • Maternal substance use during pregnancy • Other hazard 	
Page 21 – Section J – Person Responsible		
18.	At the time of the incident was person impaired?	
Page 22 – Section K - Services to Family and Community		
1.	Any services provided to family as a result of death (from CPS)? Specify:	

Legal

Pages 3 and 4 – Section A2 – Children Over One Year Old

29.	Child had history of intimate partner violence?	
37.	Child had delinquent or criminal history?	
38.	Child spent time in juvenile detention?	

Page 7 – Section G - Primary Caregiver Information

19.	Caregivers have delinquent or criminal history?	
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Page 8 – Section H - Supervisor Information

14.	Supervisor has delinquent or criminal history	
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Page 20 – Section I5 – Child Abuse, Neglect, Poor Supervision and Exposure to Hazards

a.	Did child abuse, neglect, poor or absent supervision or exposure to hazards cause or contribute to the child's death?	
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Page 21 – Section J – Person Responsible

19.	Does person have prior history of similar acts, prior arrests and/or prior convictions?	
20.	Legal outcome in this death, specify: <ul style="list-style-type: none">• No charges filed• Charges pending• Charges filed, specify:• Charges dismissed• Confession• Plead, specify:• Not guilty verdict• Guilty verdict, specify:• Tort charges, specify:	

Law Enforcement

Page 3 – Section A - Child's Information

8.	Residence address	
13.	Child had a disability or chronic illness?	
17.	Type of residence	
18.	Residence new in the last 30 days?	
19.	Residence overcrowded?	
20.	Child ever homeless?	
21.	Number of other children living in the home	

Pages 3 and 4 – Section A2 – Children Over One Year Old

26.	Child's highest education level	
27.	Child's work status	
28.	Problems in school?	
29.	Child had history of intimate partner violence?	
30.	Child had received prior mental health services?	
36.	Child's substance abuse history, if yes, what substance?	
37.	Child had delinquent or criminal history?	
38.	Child spent time in juvenile detention?	

Page 5 – Section C - Primary Caregiver Information

1.	Primary caregiver(s)	
2.	Caregiver(s) age	
3.	Caregiver(s) sex	
6.	Caregiver(s) employment status	
7.	Caregiver(s) income (high, medium, low)	
8.	Caregiver(s) education (highest grade completed)	
9.	Did caregiver(s) speak and understand English?	
11.	Caregiver(s) on active military duty?	
13.	Caregiver(s) substance abuse history? If yes, what substance?	
16.	Caregiver(s) has a disability or chronic illness?	
17.	Caregiver(s) has prior child deaths? If yes, specify number and cause.	
18.	Caregiver(s) has history of intimate partner violence?	
19.	Caregiver(s) has delinquent/criminal history?	

Page 8 – Section D - Supervisor Information

1.	Did child have supervision at the time of incident leading to death?	
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2.	How long before incident did supervisor last see child?	
3.	Is person a primary caregiver listed in previous section? (If yes, skip rest of this section)	
4.	Primary person responsible for supervision (parent, grandparent, sibling, etc)	

If supervisor at time of incident was not one of child's primary caregivers:

5.	Supervisor's age	
6.	Supervisor's sex	
7.	Does the supervisor speaks and understands English?	
8.	Supervisor on active military duty?	
9.	Supervisor has substance abuse history?	
11.	Supervisor has disability or chronic illness?	
12.	Supervisor has prior child deaths?	
13.	Supervisor has history of intimate partner violence?	
14.	Supervisor has delinquent or criminal history	
15.	At time of incident, was supervisor asleep? <ul style="list-style-type: none"> • Night time sleep • Day time nap • Day time sleep 	
16.	At time of incident, was supervisor impaired: <ul style="list-style-type: none"> • Drug impaired • Alcohol impaired • Distracted • Absent • Impaired by illness • Impaired by disability • Other? Specify: 	

Pages 8 and 9 — Section E - Incident Information

1.	Was the date of the incident the same as the date of death?	
2.	Approx. time of day that incident occurred?	
3.	Place of incident (child's home, school, roadway, farm, etc)	
4.	Type of area (urban, suburban, rural)	
5.	Incident state	
6.	Incident county	
7.	Was the death attributed to an extreme weather event, emergency medical situation, natural disaster, or mass shooting?	
8.	Was the incident witnessed?	
9.	911 or local emergency called?	

10.	Was resuscitation attempted? If yes, by whom: <ul style="list-style-type: none"> • EMS • Parent/relative • Other caretaker/babysitter • Teacher/coach/athletic trainer • Other acquaintance • Health care professional • Stranger • Other, specify: 	
11.	At time of incident leading to death had child used alcohol or drugs?	
12.	Child's activity at the time of incident	
13.	Total number of deaths at incident event?	
Page 9 – Section F - Investigation Information		
1.	Was a death investigation performed? If yes, what components were completed? <ul style="list-style-type: none"> • CDC's SUIDI Reporting Form of jurisdictional equivalent • Narrative description of circumstances • Scene photos • Scene recreation with doll • Scene recreation without doll • Witness interviews Was a death scene investigation conducted at the place of incident?	
13.	Was a CPS record check conducted as a result of death?	
14.	Did law enforcement records document evidence of prior abuse?	
Page 11 – Section H1 – Motor Vehicle Incidents		
All questions: <ul style="list-style-type: none"> • Vehicle types involved • Position of child • Causes of incident • Driving conditions • Location of incident • Ages of drivers involved • Total number of occupants per vehicle • Protective measures for child 		
Page 14 – Section H5 – Assault, Weapon or Person's Body Part		
a.	Type of weapon?	
b.	If firearm, type?	

c.	Firearm licensed?	
d.	Firearm safety features present? <ul style="list-style-type: none"> • Trigger lock • Personalization device • External safety/drop safety • Loaded chamber indicator • Magazine disconnect • Minimum trigger pull • Other, specify? 	
e.	Where was firearm stored?	
f.	Firearm stored with ammunition?	
g.	Firearm stored loaded?	
h.	Owner of fatal firearm (relationship to decedent)?	
i.	Sex of fatal firearm owner?	
o.	Relationship of person handling weapon at time of incident to child?	
q.	Use of weapon at time, check all that apply: <ul style="list-style-type: none"> • Self-injury • Commission of crime • Drive-by shooting • Random violence • Child was a bystander • Argument • Jealousy • Intimate partner violence • Hate crime • Bullying • Hunting • Target shooting • Playing with weapon • Weapon mistaken for toy • Showing gun to others • Russian roulette • Gang-related activity • Self-defense • Cleaning weapon • Loading weapon • Intervener assisting crime victim • Other, specify: 	
Page 15 – Section H7 - Poisoning, Overdose or Acute intoxication		
a.	Type of substance involved. Please describe and note source of substance:	

	<ul style="list-style-type: none"> • Prescription drug (antidepressant, opioid, methadone) • Over-the-counter drug (pain, cold medicine, other) • Illicit drug (opioids, methadone, cocaine, heroin) • Other substances 	
b.	Where was the substance stored?	
c.	Was the product in its original container?	
d.	Did container have a child safety cap?	
e.	Was the incident the result of? <ul style="list-style-type: none"> • Accidental overdose • Medical treatment mishap • Adverse effects, but not overdose • Deliberate poisoning • Acute intoxication • Other, specify: 	
f.	Was Poison Control called?	
g.	For CO poisoning, was a CO alarm present?	
Pages 18 and 19 – Death related to sleeping or in the sleep environment (this may come from law enforcement or medical examiner investigator depending on the county)		
a.	Incident sleep place	
b.	Child put to sleep (back, stomach, side, U/K)	
c.	Child found (back, stomach, side, U/K)	
d.	Usual sleep place (crib, bassinette, adult bed, couch, chair, etc.)	
e.	Usual sleep position (back, stomach, side, U/K)	
f.	Was there a crib, bassinette or port-a-crib in the home?	
g.	Child in a new or different environment than usual (i.e. relative's house)?	
h.	Child last placed to sleep with a pacifier?	
i.	Child wrapped or swaddled in blanket?	
k.	Child exposed to second hand smoke?	
l.	Child's face when found (down, up, to left or right or U/K)	
m.	Child's neck when found (head back, chin to chest, neutral, turned, U/K)	
n.	Child's airway when found <ul style="list-style-type: none"> • Unobstructed by person or object • Fully obstructed by person or object 	

	<ul style="list-style-type: none"> Partially obstructed by person or object U/K <p>If yes, what was obstructed (nose, mouth, chest, U/K)</p>	
o.	<p>Objects in sleep environment (please indicate position relative to child: next to, under, on top of, or tangled around and whether the object was obstructing the airway)</p> <ul style="list-style-type: none"> Adults Other children Animal Mattress Comforter, quilt or other Thin blanket, flat sheet Pillow Cushion Boppy or u-shaped pillow Sleep positioner Bumper pads Clothing Crib railing/side Wall Toy Other, specify: 	
p.	Was there a reliable, non-conflicting witness account of how the child was found?	
q.	Caregiver fell asleep while feeding the child?	
r.	Child sleeping in same room as caregiver/supervisor at time of death?	
s.	Child sleeping on same surface with person or animals?	
Page 19 – Section 13 – Did Death Occur During Commission of Another Crime?		
a.	Type of crime	
Page 20 – Section 15 – Child Abuse, Neglect, Poor Supervision and Exposure to Hazards		
a.	Did child abuse, neglect, poor or absent supervision or exposure to hazards cause or contribute to the child’s death?	
Page 20 – Section 16 - Suicide		
a.	<p>Child’s History:</p> <ul style="list-style-type: none"> Involved in sports or activities Used social media History of running away Fearfulness, withdrawal, or anxiety 	

	<ul style="list-style-type: none"> • Explosive anger, yelling, or disobeying • Head injury • Death of a peer, friend, or family member 	
c.	Behaviors/attempts that ever applied: <ul style="list-style-type: none"> • Preparatory behavior • Aborted attempt • Interrupted attempt • Non-fatal attempt 	
d.	Ever communicate any suicidal thoughts, actions, or intent?	
e.	Evidence the death was planned or premeditated?	
f.	Death occurred under circumstances where it would likely be observed and intervened by others?	
g.	History of non-suicidal self-harm?	
h.	Warning signs within 30 days of death (check all that apply): <ul style="list-style-type: none"> • Talked about or made plans for suicide • Expressed hopelessness • Displayed severe/overwhelming emotional pain or distress • Expressed perceived burden on others • Showed worrisome behavioral cues or changes in behavior 	

Page 21 – Section J – Person Responsible

16.	Person has a delinquent/criminal history?	
19.	Person has history of similar acts, prior arrests or prior convictions?	
20.	Legal outcome <ul style="list-style-type: none"> • No charges filed • Charges pending • Charges filed, specify: • Charges dismissed • Confession • Plead, specify: • Not guilty verdict • Guilty verdict, specify: 	

	<ul style="list-style-type: none">• Tort charges, specify:	
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EMS

Page 8 and 9 – Section E - Incident Information

9.	Was 911 or local emergency called?	
10.	<p>Was resuscitation attempted? If yes, by whom:</p> <ul style="list-style-type: none">• EMS• Parent/relative• Other caretaker/babysitter• Teacher/coach/athletic trainer• Other acquaintance• Health care professional• Stranger• Other, specify: <p>If yes, type of resuscitation:</p> <ul style="list-style-type: none">• CPR• AED (if yes, was shock administered?)• Rescue meds (specify type)• Other, specify: <p>Was a rhythm recorded?</p>	
11.	At time of incident leading to death, had child used drugs or alcohol?	

Medical Provider/Hospital Representative

Page 3 – Section A1 - Child Information

13.	Child had disability or chronic illness? If yes, specify:	
15.	Child's health insurance	
16.	Was the child up to date with Academy of Pediatrics Immunization Schedule?	
25.	How many months prior to death did child last have contact with a health care provider?	

Page 4 – Section A2 – Children Over One Year Old

30.	Child received prior mental health services?	
31.	Child was receiving mental health services?	
32.	Child on medications for mental health illness?	
33.	Child had emergency department visit for mental health care within the previous 12 months?	
34.	Child hospitalized for mental health care within the previous 12 months?	
39.	Child acutely ill during the two weeks before death?	

Page 3 – Section A3 – Infants Under One Year

43. – 49.	Please specify: <ul style="list-style-type: none"> • gestational age • birth weight • multiple birth • number of pregnancies for mother • number of live births for mother • number of children still living • prenatal care received (number of visits and month initiated) 	
50.	Were there access or compliance issues related to prenatal care? If yes, please specify.	
51.	During pregnancy, did mother have medical complications/infections? If yes, please specify.	
52.	Did the mother experience any medical complications in previous pregnancies?	
53.	Did the mother use any medications, drugs or other substances during pregnancy?	

54.	Was the infant born drug exposed?	
55.	Did the infant have neonatal abstinence syndrome?	
56.	Level of birth hospital	
57.	At discharge from the birth hospital, was a case manager assigned to the mother?	
58.	Did the mother attend a postpartum visit?	
59.	Did the infant have a NICU stay of more than one day?	
60.	Did mother smoke in the 3 months before pregnancy? If yes, average number per day	
61.	Did mother smoke any time during pregnancy? If yes, average number per day during: <ul style="list-style-type: none"> • 1st trimester • 2nd trimester • 3rd trimester 	
62.	Did mother use e-cigarettes or other electronic nicotine products at any time during pregnancy?	
63.	Was the mother injured during pregnancy?	
64.	Did the mother have postpartum depression?	
65.	Was the infant ever breastfed?	
66.	Did infant have abnormal metabolic newborn screen?	
67.	At any time prior to the infant's last 72 hours, did the infant have a history of: <ul style="list-style-type: none"> • Infection • Allergies • Abnormal growth, weight gain/loss • Apnea • Cyanosis • Seizures or convulsions • Cardiac abnormalities • Metabolic disorders • Other, specify: 	
68.	In the 72 hours prior to death, did the infant have any of the following: <ul style="list-style-type: none"> • Fever • Excessive sweating • Lethargy/sleeping more than usual • Fussiness/excessive crying • Decrease in appetite • Vomiting • Choking 	

	<ul style="list-style-type: none"> • Diarrhea • Stool changes • Difficulty breathing • Apnea • Cyanosis • Seizures or convulsions • Other, specify: 	
69.	In the 72 hours prior to death, was the infant injured? If yes, describe.	
70.	In the 72 hours prior to death, was the infant given any vaccines? If yes, specify.	
71.	In the 72 hours prior to death, was the infant given any medications or remedies (herbal, prescription, OTC, home remedies)?	
Page 15 - Section H8. Answer only if a medical condition is the primary cause of death (including SIDS, low birth weight and prematurity)		
a.	How long did the child have the medical condition?	
b.	Was death expected as a result of the medical condition?	
c.	Was the child receiving health care for the medical condition?	
d.	Were the prescribed care plans appropriate for the medical condition?	
e.	Was child/family compliant with prescribed care plan?	
f.	Was medical condition associated with an outbreak?	
g.	Was environmental tobacco exposure a contributing factor in death?	
h.	Were there any access or compliance issues related to death? If yes, specify.	
i.	Was the death caused by a medical misadventure?	
Pages 16 and 17 – Section I1 - Sudden and Unexpected Death in the Young (SDY Counties)		
a.	Was the death a homicide, suicide, overdose, injury with the external cause as the only and obvious cause of death or a death expected within six months due to terminal illness? <i>If no, please answer questions below. Please answer questions if cause of death was infant suffocation, motor vehicle crash with child as driver or drowning.</i>	

b.	<p>Did the child have a history of any of the following acute conditions or symptoms within 72 hours of death?</p> <ul style="list-style-type: none"> • Chest pain • Dizziness/lightheaded • Fainting • Palpitations • Concussion • Confusion • Convulsions/seizures • Headache • Head injury • Psychiatric symptoms • Acute paralysis • Asthma • Pneumonia • Difficulty breathing • Fever • Heat exhaustion/stroke • Muscle aches/cramping • Slurred speech • Vomiting • Other, specify: 	
c.	<p>At any time more than 72 hours preceding death did the child have a personal history of any of the following chronic conditions or symptoms?</p> <ul style="list-style-type: none"> • Chest pain • Dizziness/lightheaded • Fainting • Palpitations • Concussion • Confusion • Convulsions/seizures • Headache • Head injury • Difficulty breathing • Slurred speech <p>Other, specify:</p>	
d.	<p>Did the child have any prior serious injuries?</p>	
e.	<p>Had the child ever been diagnosed with any of the following?</p> <ul style="list-style-type: none"> • Blood diseases • Cardiac conditions 	

	<ul style="list-style-type: none"> • Neurologic conditions • Respiratory conditions • Other significant medical history 	
f.	<p>Did child have any blood relatives with the following diseases?</p> <ul style="list-style-type: none"> • Sudden unexpected death before age 50 • Heart condition or stroke before 50 • Aortic aneurysm or rupture • Arrhythmia • Cardiomyopathy • Congenital heart disease • Epilepsy or convulsions/seizure • Other neurologic disease • Febrile seizures • Unexplained fainting • Congenital deafness • Connective tissue disease • Mitochondrial disease • Muscle disorder • Thrombophilia • Other genetic disorders 	

Mental Health Provider

Page 4 – Section A2 – Children Over One Year Old

30.	Child had received prior mental health services?	
31.	Child was receiving mental health services?	
32.	Child on medications for mental health illness?	
33.	Child had emergency department visit for mental health care within the previous 12 months?	
34.	Child was hospitalized for mental health care within the previous 12 months?	
36.	Child had a history of substance abuse? If yes, please specify:	

Page 20 – Section I6 - Suicide

a.	Child's history. Indicate all that apply: <ul style="list-style-type: none"> • Involved in sports or activities • Used social media • History of running away • History of fearfulness, withdrawal, or anxiety • History of explosive anger, yelling, or disobeying • History of head injury • Death of a peer, friend, or family member 	
b.	Was the child ever diagnosed with any of the following? <ul style="list-style-type: none"> • Anxiety spectrum disorder • Bipolar spectrum disorder • Depressive spectrum disorder • Disruptive, impulse control or conduct disorder • Eating disorder • Substance-related or addictive disorders 	

c.	Indicate all suicidal behaviors/attempts that ever applied: <ul style="list-style-type: none">• Preparatory behavior• Aborted attempts (#)• Interrupted attempts (#)• Non-fatal attempts (#)	
d.	Did the child ever communicate any suicidal thoughts, actions, or intent?	
g.	Did the child ever have a history of non-suicidal self-harm?	
h.	Warning signs. Indicate all that apply: <ul style="list-style-type: none">• Talked about or made plans for suicide• Expressed hopelessness about the future• Displayed severe/overwhelming emotional pain or distress• Expressed perceived burden on others• Showed worrisome behavioral cues or marked changes in behavior	

School District Representative

Page 3 – Child Information

13.	<p>Child had disability or chronic illness? If yes, check all that apply:</p> <ul style="list-style-type: none"> • Physical/orthopedic, specify: • Mental health/substance abuse, specify: • Cognitive/intellectual, specify: • Sensory, specify: <p>If yes, was child receiving Children’s Special Health Care Needs services?</p>	
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Page 3 and 4– Section A2 – Children Over One Year Old

26.	Child’s highest education level	
28.	<p>Did child have problems in school? If yes, please check all that apply:</p> <ul style="list-style-type: none"> • Academic • Truancy • Suspensions • Behavioral • Expulsion • Other, specify: 	
30.	Child had received prior mental health services?	
31.	Child was receiving mental health services?	
32.	Child on medications for mental health illness?	
35.	Issues prevented child from receiving mental health services?	
36.	Child had a history of substance abuse? If yes, please specify:	

Page 20 – Section I6 - Suicide

a.	<p>Child’s history. Indicate all that apply:</p> <ul style="list-style-type: none"> • Involved in sports or activities • Used social media • History of running away • History of fearfulness, withdrawal, or anxiety • History of explosive anger, yelling, or disobeying • History of head injury 	
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	<ul style="list-style-type: none"> • Death of a peer, friend, or family member 	
b.	<p>Was the child ever diagnosed with any of the following?</p> <ul style="list-style-type: none"> • Anxiety spectrum disorder • Bipolar spectrum disorder • Depressive spectrum disorder • Disruptive, impulse control or conduct disorder • Eating disorder • Substance-related or addictive disorders 	
c.	<p>Indicate all suicidal behaviors/attempts that ever applied:</p> <ul style="list-style-type: none"> • Preparatory behavior • Aborted attempts (#) • Interrupted attempts (#) • Non-fatal attempts (#) 	
d.	<p>Did the child ever communicate any suicidal thoughts, actions, or intent?</p>	
e.	<p>Was there evidence the death was planned or premeditated?</p>	
g.	<p>Did the child ever have a history of non-suicidal self-harm?</p>	
h.	<p>Warning signs. Indicate all that apply:</p> <ul style="list-style-type: none"> • Talked about or made plans for suicide • Expressed hopelessness about the future • Displayed severe/overwhelming emotional pain or distress • Expressed perceived burden on others <p>Showed worrisome behavioral cues or marked changes in behavior</p>	
b.	<p>Child experienced a known crisis within 30 days of the death?</p>	

Public Health

Page 3 – Section A1 – Child’s Information (from birth and death certificate)

1.	Child’s name	
2.	Date of birth	
3.	Date of death	
4.	Age	
5.	Race	
6.	Hispanic or Latino origin?	
7.	Sex	
8.	Residence address	
15.	Child’s health insurance (for infant, principal source of payment at delivery)	

Pages 4 and 5 – Section A3 – Infants Under One Year

43.	Gestational age	
44.	Birth weight	
45.	Multiple birth?	
46.	Including the deceased infant, how many pregnancies did the birth mother have?	
47.	Including the deceased infant how many life births did the birth mother have?	
48.	Not including the deceased infant, number of children birth mother still has living?	
49.	Number of prenatal visits	
49.	Month of first prenatal visit	
51.	During pregnancy, did mother have medical complications (please list)	
60.	Did mother smoke in the 3 months before pregnancy?	
61.	Did mother smoke at any time during pregnancy? If yes <ul style="list-style-type: none"> • Trimester 1: #/day • Trimester 2” #/day • Trimester 3: #/day 	
65.	Infant ever breastfed?	

Page 6 – Biological Parent Information

2.	Parent’s race	
3.	Parent’s Hispanic or Latino origin?	
5.	Parent’s employment status	
7.	Parent’s education	

