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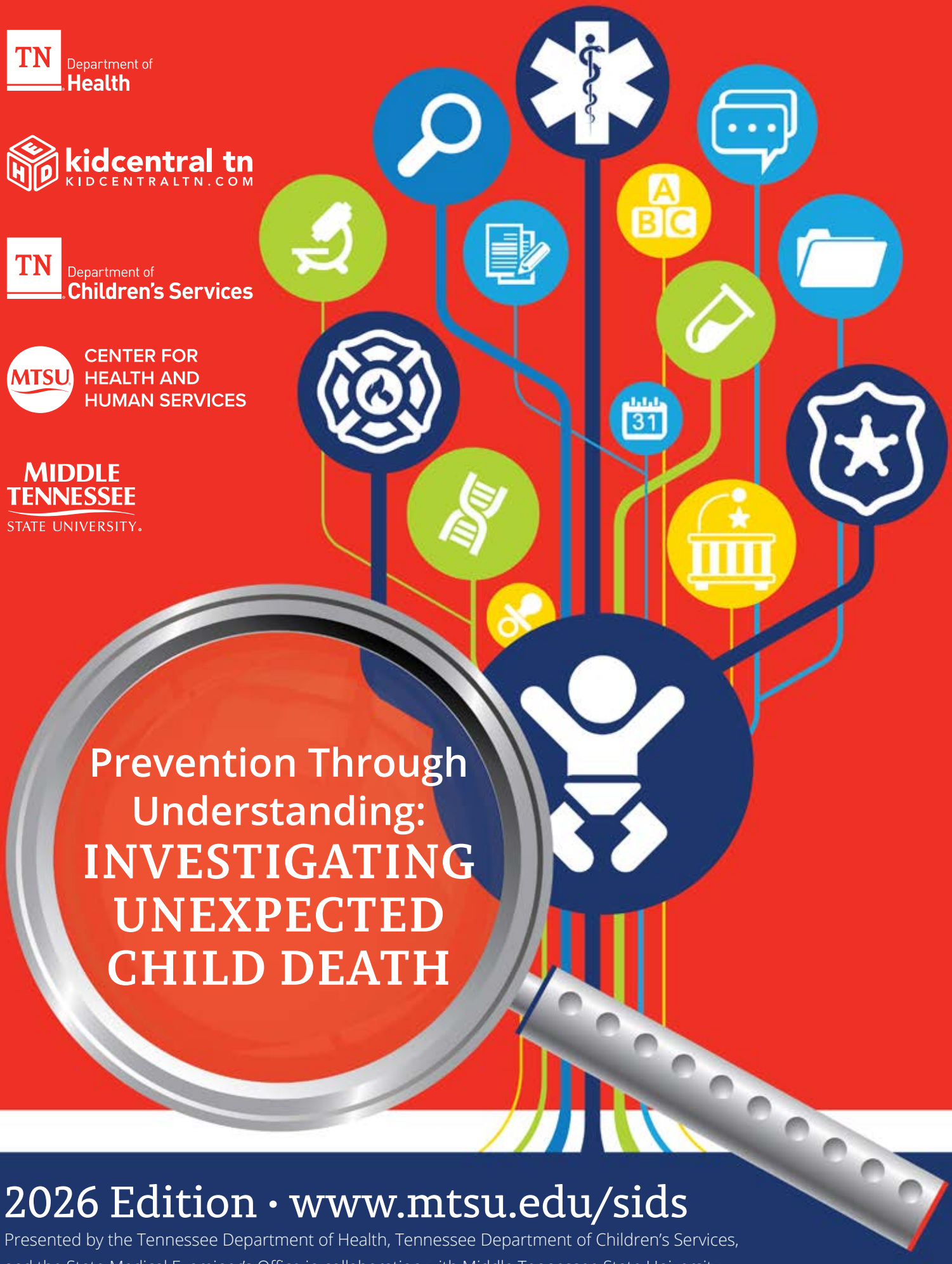

Prevention Through Understanding: INVESTIGATING UNEXPECTED CHILD DEATH

2026 Edition · www.mtsu.edu/sids

Presented by the Tennessee Department of Health, Tennessee Department of Children's Services, and the State Medical Examiner's Office in collaboration with Middle Tennessee State University

Prevention Through Understanding:
Investigating Unexpected Child Death

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In collaboration with

Tennessee Medical Examiner's Office, Tennessee Department of Health

Middle Tennessee State University, Center for Health and Human Services

In partnership with

Middle Tennessee State University, University College

Tennessee Department of Children's Services

2026 Edition

MIDDLE TENNESSEE STATE UNIVERSITY

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Preface and Acknowledgments

The Sudden Unexplained Child Death Act, signed into law in May 2001 and amended in April 2002, states that all emergency medical technicians, firefighters, and law enforcement officers must receive training on the handling of cases of sudden, unexplained infant death as part of their basic and continuing training requirements (Tenn. Code Ann. § 68-1-1102, 2001 and supp. 2002). In June 2005, Tenn. Code Ann. § 68-1-1103 was signed into law, requiring an investigation into the sudden, unexplained death of **any child from birth through age 17**. The laws mandate that the Tennessee Departments of Health and Children's Services, in cooperation with the state's Medical Examiner's Office, develop the training program, rules, and minimum standards needed to comply with the law. Prevention Through Understanding: Investigating Unexpected Child Death is the result.

In addition to responding to the law, these materials may also be used to learn about Sudden Unexpected Infant Death (SUID) and Sudden Infant Death Syndrome (SIDS). Though there is a nuanced difference between these terms, as SUID includes all unexpected infant deaths including those that result from unsafe sleep environments, other deaths from unknown causes, and those resulting from SIDS, it should be noted that many use these terms somewhat interchangeably. SUID is the more correct term to use when describing sudden infant deaths that appear to be unexpected prior to investigation.

The welfare of Tennessee's children is important to all of us, and the death of even one child is a tragedy. By developing a more uniform approach to death investigation, we can more accurately determine the cause, manner, and circumstances of sudden, unexpected infant and child deaths. Prevention Through Understanding will provide emergency medical technicians, firefighters, and law enforcement personnel the information they need to respond appropriately and respectfully to one of the most professionally and personally challenging situations faced in death scene investigation.

On behalf of the Medical Examiner's Office and the Departments of Health and Children's Services, we wish to acknowledge those who gave their time, energy, and expertise to make this program possible. We thank the Center for Health and Human Services at Middle Tennessee State University for developing the training video and manuals and, through their partnership with MTSU's University College, for facilitating, implementing, and evaluating live and online training opportunities. We also thank the members of the Advisory Group for their invaluable assistance and all those associated with the making of the program's video presentation.

We hope these materials will be of interest and use to you as you perform the unique and difficult duties of your profession. We welcome your feedback and comments.

Please visit the Center for Health and Human Services website at chhs.mtsu.edu for links to training, trainer, and trainee resources, as well as to inquire about professional services offered to meet public health needs. For more information about the educational video and manual, contact the University College, Middle Tennessee State University, Attn: Prevention Through Understanding: Investigating Unexpected Child Death, MTSU Box 54, 1301 East Main Street, Murfreesboro, Tennessee 37132, 615-898-2177.

Advisory Group

Mike Bryan
Training/Safety Office
Spring Hill Fire Department
newlaseacoc@gmail.com

John Burchfield
Middle Tennessee State University
Murfreesboro, TN 37132
john.burchfield@mtsu.edu
615-898-5804

Cynthia Chafin
Middle Tennessee State University
1114 E. Lytle St.
MTSU Box 99
Murfreesboro, TN 37132
cynthia.chafin@mtsu.edu
615-898-5493

Danny Cupples, CC EMT-P, D-ABMDI
4434 Trousdale Lane
Columbia, TN 38401
dannycupples@yahoo.com
931-626-1228

Jeff Elliott
Fire Service Program Director
Tennessee Fire and Codes Academy
2161 Unionville-Deason Road
Bell Buckle, TN 37020
jeff.elliott@tn.gov
931-294-4151

Nicole Andersen, MPH
Child Fatality Review Program Director
Division of Family Health and Wellness
710 James Robertson Parkway
Andrew Johnson Tower
Nashville, TN 37243
nicole.r.andersen@tn.gov
615-253-2657

Ashley Bridgman, MPH, MS
Director, Child Safety and Brain Injury Programs
Tennessee Department of Health
Division of Family Health and Wellness
Andrew Johnson Tower, 7th Floor
710 James Robertson Parkway, Nashville, TN 37243
Ashley.N.Bridgman@tn.gov
(615) 651-1547

Brian Gaither
Deputy Director
Rutherford County EMS
317 Oak Circle
Unionville, TN 37180
bgaither@rutherfordcountytn.gov
615-904-7533

Sean M. Lester, BS, D-ABMDI
Administrator of Training
West TN Regional Forensic Center
Shelby County Medical Examiner's Office
637 Poplar Ave.
Memphis, TN 38105
sean.lester@shelbycountytn.gov
901-222-4635

Adele M. Lewis, MD
State Chief Medical Examiner,
State of Tennessee
710 James Robertson Parkway
Andrew Johnson Tower
Nashville, TN 37243
adele.lewis@tn.gov
615-532-2968

Morgan Maples, D-ABMDI
Investigations Manager
Knox County Regional
Forensic Center
2761 Sullins Street SW
Knoxville, TN 37919
morgan.maples@knoxcounty.org
865-215-8078

Deborah Newman
Criminal Justice Department
Middle Tennessee State University, Box 238
Murfreesboro, TN 37132
deborah.w.newman@mtsu.edu
615-898-2630

Deputy Chief Britt Reed
Rutherford County Sheriff's Office
Criminal Investigations Division
940 New Salem Hwy.
Murfreesboro, TN 37129
breed@rcsotn.org
615-904-3114

Sgt. DJ Jackson
Criminal Investigation Division
Rutherford County Sheriff's Office
Criminal Investigations Division
940 New Salem Hwy.
Murfreesboro, TN 37129
djackson@rcsotn.org
615-904-3053

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Tennessee Medical Examiner

The Office of the State Chief Medical Examiner (OSCME) was incorporated into the Tennessee Department of Health July 1, 2012, as a full-time position for the first time in the history of the state. Operating under the Department of Health, the goal is to create statewide consistency of high quality medicolegal death investigation and forensic autopsy services. The purpose is to serve our fellow citizens by protecting the public's health and safety, participating in the criminal justice system, and providing data for vital statistics.

Services provided by the Office of the State Chief Medical Examiner:

- Educating and training county medical examiners, county medical investigators, and law enforcement in death investigation.
- Consulting service to county medical examiners and other local and state departments in forensic pathology and medicolegal death investigation.
- Archiving county medical examiner and autopsy reports from throughout Tennessee.
- Supplying copies of autopsy reports and/or reports of investigation by county medical examiners to the public.
- Autopsy Report Request Form (PDF)
- Ensuring payments are made to pathologists for autopsies performed through the medical examiner program.
- "The Chief Medical Examiner shall have investigative authority for certain types of death that are in the interests of the state, including mass fatality incidents, for the identification, examination and disposition of victims' remains, and instances that represent a threat to the public health or safety, or both." TCA 38-7-103

State Medical Examiner:

Adele M. Lewis, MD

State Chief Medical Examiner,
State of Tennessee

710 James Robertson Parkway
Andrew Johnson Tower
Nashville, TN 37243

615-532-2968

adele.lewis@tn.gov

Section I–Introduction

Purpose

The purpose of this program is to help reduce the incidence of injury and death to infants and children by accurately identifying the cause and manner of death for those under 18 years of age. This will be accomplished by requiring that a death scene investigation be performed in all cases of sudden, unexpected infant and child death.

Overview of the Law

According to the law, all emergency medical technicians (EMTs), professional firefighters, and law enforcement officers shall receive training on the handling of cases of sudden, unexplained child death—including being sensitive to the grief of family members—as part of their basic and/or continuing training requirements (law.justia.com/codes/tennessee/title-68/health/chapter-1/part-11/section-68-1-1102). Throughout this manual these professionals will also be described as "first responders." In addition, the chief medical examiner for Tennessee shall develop and implement a program for training child death pathologists. For every sudden, unexplained death of a child under 1, the attending physician or coroner shall notify the county medical examiner, who will coordinate the death investigation. The county medical examiner shall also contact local law enforcement personnel to conduct the death scene investigation, according to the protocol developed by the chief medical examiner. The chief medical examiner's protocol is presented to you through this in-service program.

Why Target First Responders?

Like any other emergency situation, it is important to prepare for responding to a sudden infant or child death scene. This preparation should include an evaluation component to guide future performance. For example, if an infant death is due to Sudden Infant Death Syndrome (SIDS), it is important that first responders handle those tragedies with great care, giving families and care providers the empathy and support they deserve. Conversely, despite the presence of grieving parents and a lack of visible trauma, occasionally a child's death can be the result of a criminal act or negligence. First responders have the difficult task of balancing the need for a thorough investigation with the concerns of the family and others involved in the event, recognizing that only a complete autopsy, medical history, and review of the death scene can determine the cause of an unexpected child death.

What Is Included in This Curriculum?

Prevention Through Understanding: Investigating Unexpected Child Death provides an educational video presentation as well as written information for trainers and trainees. The program manual includes the following:

1. Program Objectives
2. Recommended Program Format
3. Materials Needed for Presenting the Program
4. A Section Focused on Teaching the Program
5. A Post-Assessment Questionnaire
6. In-Service Tracking and Evaluation Forms
7. Appendices and References

Objectives of the In-Service Program

Upon completion of this program, **law enforcement personnel** should be able to conduct a child death scene investigation **using the Sudden Unexplained Infant/Child Death Investigation (SUIDI) form** developed by the Centers for Disease Control and Prevention and the Tennessee Medical Examiner. All first responder participants should be able to:

1. discuss the Tennessee law requiring (a) an investigation of all sudden unexplained child deaths in the state, and (b) training of current and future EMT, firefighter, and law enforcement personnel;
2. define Sudden Unexpected Infant Death, or SUID, and be able to describe what SUID is and what SUID is not;
3. define Sudden Infant Death Syndrome, or SIDS, and be able to describe what SIDS is and is not;
4. identify specific risk factors for sudden infant death;
5. describe the roles of EMTs, firefighters, and law enforcement personnel as witnesses and investigators at a scene and describe how to respond appropriately and obtain information as required by the state medical examiner;
6. identify the critical surroundings and environment when responding to a scene;
7. demonstrate sensitivity and a nonjudgmental approach to family members and caregivers;
8. describe the role of Child Protective Services (CPS) and its investigations relating to child abuse and neglect;
9. describe the importance of the Child Fatality Review (CFR) team; and
10. identify resources for grieving families and care providers and support for professionals.

What to Consider While Watching the Video

While viewing the video, please be aware of the following:

1. the collaborative nature of the work of all first responders—EMTs, firefighters, and law enforcement—and the significant duties each professional has when responding to the scene of a nonresponsive child;
2. the importance of observing the surroundings and preserving the scene environment, understanding that law enforcement officers are typically responsible for investigating a child death scene while EMTs and firefighters are witnesses to the scene;
3. specific procedures and requirements for investigating a death scene, including interviewing techniques;
4. the roles and responsibilities of Child Protective Services (CPS) and Child Fatality Review (CFR) teams; and
5. the sensitivity and support shown to family members and care providers.

Suggested In-Service Discussion Questions

1. discuss the Tennessee law requiring (a) an investigation of all sudden unexplained child deaths in the state, and (b) training of current and future EMT, firefighter, and law enforcement personnel;
2. define Sudden Unexpected Infant Death, or SUID, and be able to describe what SUID is and what SUID is not;
3. define Sudden Infant Death Syndrome, or SIDS, and be able to describe what SIDS is and is not;
4. identify specific risk factors for sudden infant death;
5. describe the roles of EMTs, firefighters, and law enforcement personnel as witnesses and investigators at a scene and describe how to respond appropriately and obtain information as required by the state medical examiner;
6. identify the critical surroundings and environment when responding to a scene;
7. demonstrate sensitivity and a nonjudgmental approach to family members and caregivers;
8. describe the role of Child Protective Services (CPS) and its investigations relating to child abuse and neglect;
9. describe the importance of the Child Fatality Review (CFR) team; and
10. identify resources for grieving families and care providers and support for professionals.

SUID Online Training Courses

This course is also available in a self-guided format. It is designed for participants to take the course individually and completely online. There are no registration fees, but it is required for you to complete a registration process online and score 70% or more to receive credit for this training. Upon successful completion, a certificate will be mailed to the address you provided to verify your credit for completing the course.

To register, visit www.sidstrainingtn.org.

Available course:

1. **Prevention Through Understanding: Investigating Unexpected Infant Death**

   Upon completion of this course, you will receive credit for the training requirements mandated by the State of Tennessee in response to the Sudden Unexplained Child Death Act.

2. **Sudden, Unexpected Infant Death Investigation: Guidelines for the Investigator**

   The purpose of this course is to provide uniform guidelines for the death scene investigators to facilitate a properly documented and effective investigation.

Notes

Section II - Core Concepts

Understanding Infant Death Scene Investigation, SUID and SIDS, and Related

The Sudden Unexplained Child Death Act, signed into law in May 2001 and amended in April 2002, mandates that first responders receive training on handling cases of sudden, unexplained infant death as part of their basic and continuing training requirements. (See Tenn. Code Ann. § 68-1-11, 68-142, 68-3-5, 2001 and 68-1-1102, Supp., 2002.) In June 2005, Tenn. Code Ann. § 68-1-1103 was signed into law, requiring an investigation into the sudden unexplained death of **any child** from birth through age 17. The purpose of the law is to help reduce the incidence of injury and death to infants and children by accurately identifying the cause and manner of death. This is accomplished by requiring that a death investigation be performed in all cases of sudden, unexpected child death.

According to the law, all emergency medical technicians (EMTs), professional firefighters, and law enforcement officers should receive training on the handling of cases of sudden, unexplained child death—including being sensitive to the grief of family members—as part of their basic and continuing training requirements. (As of December 31, 2003, law enforcement officers were no longer required to receive this training as part of their continuing training requirements, but it is still part of their basic training. See Tenn. Code Ann. § 68-1-1102 (d), Supp., 2002, including compiler's notes). In addition, the chief medical examiner for Tennessee shall develop and implement a program for training child death pathologists.

For every sudden, unexplained death of a child under 18 years of age, the attending physician or coroner shall notify the county medical examiner, who will coordinate the death investigation. The county medical examiner will contact local law enforcement personnel to conduct the death scene investigation, according to the protocol developed by the chief medical examiner for the state. The law also permits the Tennessee Department of Health to reimburse county governments for autopsies performed in these investigations, **provided the Sudden Unexplained Infant/Child Death Investigation (SUIDI) form is used to complete the investigation**. The maximum allowable cost per autopsy is $1,250. Appendix A provides a copy of the full text of the laws. Please see page 9 for a copy of the SUIDI form.

Understanding Sudden Unexpected Infant Death

Definition of Sudden Unexpected Infant Death (SUID) — This is an umbrella phrase that describes all infant deaths that happen suddenly and unexpectedly. The manner and cause of death are not clear before an investigation is done. **An infant is defined as a child less than one year of age.**

Definition of Sudden Infant Death Syndrome (SIDS) — This refers to the sudden death of an infant that can't be explained after a thorough investigation is conducted. This includes a complete autopsy, examination of the death scene, and review of the medical history.

Definition of Sleep-Related Death — This refers to infant deaths caused by circumstances in the sleep environment such as pillows, blankets or stuffed animals in the crib, a baby sleeping on a surface other than a crib, or a baby sleeping with an adult.

Facts About Sudden Unexpected Infant Death

Studies have shown that many sudden unexpected infant deaths are caused by an unsafe sleep environment. These deaths are preventable when parents and caregivers follow these safe sleep recommendations:

- always be placed on their backs to sleep
- sleep alone in a crib or bassinet, although it should be in the same room as an adult caregiver
- no bumper pads, blankets, stuffed animals, toys, or pets in their cribs
- sleep on a firm crib mattress with the mattress covered only by a fitted sheet
- a simple way to remember safe sleep recommendations are the AAP ABCs of Safe Sleep. Alone, on their Back, in a Crib.

SIDS in Tennessee Before and After the Back to Sleep Campaign

The Back to Sleep campaign is named for its recommendation to place healthy babies on their backs to sleep. Placing babies on their backs to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). Originally recommended by the American Academy of Pediatrics in 1992, the Back to Sleep national public education campaign began in 1994. Since that time, there has been a dramatic decrease in SIDS cases nationwide.

The new national Safe to Sleep® campaign, formerly known as the Back to Sleep campaign, has helped educate millions of caregivers about ways to reduce the risk of SIDS and other sleep-related causes of infant death. The campaign builds on the successes of Back to Sleep to address SIDS and other sleep-related causes of infant death and to continue spreading safe sleep messages to members of all communities. These recommendations include sleeping alone and in a crib. Since the start of the campaign, SIDS rates in the United States have decreased by almost 50%, both overall and within various racial/ethnic groups.

Appendix B provides data on infant mortality, and sleep-related deaths in Tennessee from 2019-2023.

Understanding Child Protective Services (CPS) and Abuse and Neglect Cases

According to the latest data, the Tennessee Department of Children's Services responded to 67,457 reports of child abuse and neglect in 2023. No more recent statewide report totals have been published by DCS as of the time of this writing. The Child Protective Services (CPS) division strives to protect children whose lives or health are seriously jeopardized because of abusive acts or negligence. The division also supports the preservation of families. According to Tennessee law, all persons (including doctors, mental health professionals, child care providers, dentists, family members, and friends) must report suspected cases of child abuse or neglect to either the Department of Children's Services, the juvenile court judge of jurisdiction, or the county sheriff. Failure to report a suspected case is a violation of the law. According to the latest data, the Tennessee Department of Children's Services conducted 70,718 investigations and assessments related to child abuse and neglect in the 2021-2022 period. DCS has not released updated statewide investigation or assessment totals beyond the FY 2021-2022 reporting period. These investigations are conducted to determine the condition of the children, to assess their safety, to evaluate their risk of any future harm, and to plan for their well-being.

Department practices risk-oriented case management and considers the following issues:

- investigating referrals of child abuse or neglect
- identifying the risks that contributed to the abuse or neglect
- delivering appropriate services to reduce risks
- evaluating the success of the intervention
- continuing services, if necessary
- closing the case or reuniting the child/children and family

Appendix C provides additional information on Child Protective Services including **24-hour contact information for reporting abuse and neglect**.

Understanding Child Fatality Review (CFR) Teams

The Child Fatality Review and Prevention Act of 1995 established a statewide network of child fatality review teams. These multidiscipline, multiagency teams have been established in the 31 judicial districts in Tennessee to review all deaths of children 17 years of age or younger. The purpose of the Child Fatality Review teams is to promote an understanding of the causes of childhood deaths, identify deficiencies in the delivery of services to children and families, and make and carry out recommendations that will prevent future child deaths.

The state Child Fatality Review team reviews reports from local teams, analyzes statistics of the incidence and causes of child deaths, and makes recommendations to the governor and General Assembly to promote the safety and well-being of children.

Tennessee is part of a national movement to identify why children are dying and what preventive measures can be taken.

Law enforcement investigators who fill out the SUIDI form completely and accurately play an important role in helping the Medical Examiner's Office and Child Fatality Review teams confirm or determine the actual cause of a child's death.

Appendix C provides Child Fatality Review team information, a copy of the current CFR data collection form, and fatality review judicial districts.

How to Respond to an Unexpected Child Death Scene

When responding to the scene of an unexpected infant or child death, it is important to maintain nonjudgmental, compassionate interaction with families and caregivers. If resources allow, it may be helpful to make an additional health care provider or professional available to support and assist the family in gathering items for the trip to the hospital. Calling on clergy or other community support persons for this may require that someone stay behind at the scene until additional resources arrive.

Key on-scene actions include:

1. observing the scene for the position of the child when first responders arrive;
2. noting on the baby the presence of any markings, color changes, or bleeding as well as the color and consistency of other body fluids;
3. recording the presence of any objects in close proximity that may have been involved in the scene;
4. noting the behavior of persons present; and
5. documenting all observations and interactions with the family or caregiver in a factual, objective manner, while keeping in mind that all written documentation may be collected as evidence in the investigation.

Some families may want to be in the room during resuscitation efforts. However, their presence can transform a focused, technical environment into a highly emotional one. Remember that the health care provider's first responsibility is to the child patient. Many elements need to be in place so that a family's presence during resuscitation does not jeopardize patient care, including:

1. available staff to stay with the family to explain and continually assess the family members' ability to withstand this additional trauma;
2. a controlled environment, relatively free of chaos; and
3. continued assessment of the appropriateness of the presence of family members and a willingness to remove them if the situation requires it (Minnesota Sudden Infant Death Center, 2003).

Compassionate Interaction

Compassionate interaction is crucial in a death scene investigation. A parent or caregiver's immediate reaction to a child's death may be shock, denial, disbelief, or a sense of numbness or unreality. These are completely normal and cushion the impact of the loss until the parents are ready to face the devastating reality of their child's death. Although grief is a normal process and not an illness, often it is helpful for those who are grieving to share what they are feeling with someone outside the family. Doctors, social workers, and other counselors, nurses, and clergy can all be sympathetic. Demonstrating concern for the family/caregiver is helpful, but health care providers must be careful not to place the family/caregiver in a position of having to console the provider or first responder. Tears are acceptable as long as the provider is still able to function and does not seek comfort from the bereaved. Allow the family members to react in their own manner without trying to control their behavior. The grieving process is unique to each individual and to each culture. The variety of reactions should be respected as long as family members do not pose a danger to themselves or to others. Appendix B provides additional information on SUID and grief. Appendix D and the Bereavement Support Services booklet offer local and national SUID support and information resources.

Conducting an Infant or Child Death Scene Investigation

Child death investigation is different than many other types of investigations. It involves a combination of witness interviews, unique types of scene evidence, and medical evidence. A thorough investigation is a team effort. **All first responders have a duty to perform resuscitation efforts or seek medical help, secure the scene, identify potential witnesses, and determine what, if any, evidence needs to be preserved. Law enforcement personnel typically conduct the actual death scene investigation; other first responder professionals are witnesses to the scene.** It is important to remember that in most cases the death is due to natural or accidental causes. Parents will be in shock and may blame themselves for the death of their child. You are initially there to interview, not interrogate. Approach the scene with compassion and concern.

The Centers for Disease Control and Prevention's Infant Death Scene Investigation: Guidelines for the Scene Investigator publication included in this kit gives guidelines for conducting a reenactment scene with dolls. By ensuring photographic documentation of the infant at the scene, a permanent record of the body is created, and the infant's terminal position, appearance, and any external trauma is included in this documentation. As explained in the publication, when the infant's body has been moved, doll reenactments allow for the visualization and documentation of the discovered position as well as for the initial placed position. Please reference page 17 of the CDC publication for additional guidelines on doll reenactments.

Completing and Submitting the SUIDI Form

The Sudden Unexpected Infant Death Investigation (SUIDI) form is provided on the following pages. It was developed by the Centers for Disease Control and Prevention and is endorsed by the Tennessee Medical Examiner's Office. The SUIDI form should be used during the investigation of infant (under 1 year of age) deaths that are sudden, unexpected, and unexplained prior to investigation particularly the SUIDI Top 25.

Law enforcement personnel will conduct the investigation at the request of the county medical examiner. Law enforcement personnel assigned to the investigation will complete the SUIDI form and submit it to the county medical examiner; a copy shall be provided to the child death pathologist assigned to conduct the autopsy.

The SUIDI Top 25 is listed below. A copy of the complete SUIDI form begins on the following page. Guidelines titled "How to Use SUIDI Reporting Forms" appear after the form. These pages may be copied as needed. **For more information and for electronic versions of the SUIDI form and guide, please go to https://www.cdc.gov/sudden-infant-death/index.html.**

SUIDI Top 25

Forensic pathologists consider the following information critical to the determination of the cause and manner of death with regard to the investigation of sudden, unexplained infant death. The following scene/case information should be collected and provided to the pediatric forensic pathologist BEFORE the performance of the forensic autopsy:

1. Case information
2. Evidence of asphyxia
3. Sharing sleep surfaces
4. Change in sleep conditions
5. Evidence of hyperthermia/hypothermia
6. Environmental scene hazards
7. Unsafe sleeping conditions
8. Diet or recent change in diet
9. Recent hospitalizations
10. Previous medical diagnosis
11. History of acute life threatening events
12. History of medical care - without diagnosis
13. Recent fall or other injury
14. History of religious, cultural, or ethnic remedies
15. COD due to natural causes - other than SIDS
16. Prior sibling deaths
17. Previous encounters with police or social service agencies
18. Request for tissue or organ donation
19. Objection to autopsy
20. Pre-terminal resuscitative treatment
21. Death due to trauma (injury), poisoning, or intoxication
22. Suspicious circumstances
23. Other alerts for pathologist's attention
24. Description of the circumstances surrounding the death
25. Pathologist contact information

Sudden Unexpected Infant Death Investigation
Reporting Form

For use during the investigation of infant (under 1 year of age) deaths that are sudden, unexpected, and unexplained prior to investigation.

INFANT DEMOGRAPHICS

1. **Infant information.** Full name: Date of birth: *(mm/dd/yyyy)*

   Age: SS#: Case number:

   Primary residence address:

   City: State: Zip:

2. Race and/or Ethnicity: *(check all that apply)* ☐ American Indian or Alaskan Native ☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ White

   ☐ Black or African American ☐ Middle Eastern or North African ☐ Hispanic or Latino ☐ Other:

3. Sex: ◯ Male ◯ Female

PREGNANCY HISTORY

1. **Birth mother information.** ☐ Unavailable Full name:

   Maiden name: Date of birth: *(mm/dd/yyyy)* SS#:

   Current address:

   ☐ Same as infant's primary residence address above City:

   State: Zip: Email address:

2. How long has the birth mother been at this address? Years: Months: Days:

3. Previous address(es) *(cities/counties/states)* in the past 5 years:

4. Did the birth mother receive prenatal care? ◯ Yes ◯ No ◯ Unknown

   If yes: At how many weeks or months did prenatal care begin? Weeks Months

   How many prenatal care visits were completed?

5. Where did the birth mother receive prenatal care? Physician/Provider:

   Hospital or Clinic: Phone:

   Address:

   City: State: Zip:

6. Did the birth mother have any complications, medical conditions, or injuries during her pregnancy? ◯ Yes ◯ No ◯ Unknown
   (e.g., high blood pressure, bleeding, gestational diabetes, fall, or accident)

   If yes, describe:

7. During her pregnancy, did the birth mother use any of the following?

Substance	Use	Specify Type	Frequency
Over the counter medications	◯Yes ◯No ◯Unknown		
Prescribed medications	◯Yes ◯No ◯Unknown		
Herbal remedies	◯Yes ◯No ◯Unknown		
Alcohol	◯Yes ◯No ◯Unknown		
Illicit drugs *(e.g., heroin)*	◯Yes ◯No ◯Unknown		
Tobacco *(e.g., cigarettes or e-cigarettes)*	◯Yes ◯No ◯Unknown		
Other	◯Yes ◯No ◯Unknown		

INFANT HISTORY

1. Source of infant medical history information. *(check all that apply)*

☐ Doctor ☐ Other health care provider ☐ Medical record ☐ Parent or primary caregiver ☐ Other family member

☐ Other, specify:

2. Were there any complications during delivery or at birth? *(e.g., emergency C-section, or infant needed oxygen)*

◯Yes ◯No ◯Unknown *If yes*, describe:

3. Did the infant have abnormal newborn screening results? ◯Yes ◯No ◯Unknown

If yes, describe:

4. Infant's length at birth: ◯IN ◯CM

5. Infant's weight at birth: ◯LBS and OZ ◯GM

6. Compared to the due date, when was the infant born?

◯Early *(before 37 weeks)* ◯Late *(after 41 weeks)* ◯On time How many weeks? Infant's due date: *(mm/dd/yyyy)*

7. Was the infant a singleton or multiple birth? ◯Singleton ◯Twin ◯Triplet ◯Quadruplet or higher

8. Was the infant born with Neonatal Abstinence Syndrome (NAS)? *(NAS is a drug withdrawal syndrome in newborns exposed to substances, like opioids, before birth)* ◯Yes ◯No ◯Unknown

If yes, did the infant need pharmacologic treatment? ◯Yes ◯ No ◯ Unknown

9. Fill out the contact information for the infant's regular pediatrician and birth hospital.

Item	Regular Pediatrician	Birth Hospital
Date	*Of last visit:*	*Of discharge:*
Name of hospital or clinic		
Address		
Phone number		

10. Describe the two most recent times the infant was seen by a health care provider.
(include ER and clinic visits, hospital admissions, observational stays, regular pediatrician, and phone calls)

Visit type	1st most recent visit	2nd most recent visit
Reason for visit		
Action taken		
Date		
Physician's name		
Hospital or clinic		
Address		
Phone number		

11. Did the infant have any of the following?

Symptom	Within 72 hrs of incident		
Fever	◯ Yes	◯ No	◯ Unknown
Cough	◯ Yes	◯ No	◯ Unknown
Diarrhea	◯ Yes	◯ No	◯ Unknown
Excessive sweating	◯ Yes	◯ No	◯ Unknown
Stool changes	◯ Yes	◯ No	◯ Unknown
Lethargy or sleeping more than usual	◯ Yes	◯ No	◯ Unknown
Difficulty breathing	◯ Yes	◯ No	◯ Unknown
Fussiness or excessive crying	◯ Yes	◯ No	◯ Unknown
Exposure to anyone who was sick *(e.g., at home or at daycare)*	◯ Yes	◯ No	◯ Unknown
Decrease in appetite	◯ Yes	◯ No	◯ Unknown
Falls or injuries	◯ Yes	◯ No	◯ Unknown
Other, specify:	◯ Yes	◯ No	◯ Unknown

Symptom	Within 72 hrs of incident			At any time		
Allergies or allergic reactions *(food, medication, or other)*	◯ Yes	◯ No	◯ Unknown	◯ Yes	◯ No	◯ Unknown
Abnormal growth, weight gain, or weight loss	◯ Yes	◯ No	◯ Unknown	◯ Yes	◯ No	◯ Unknown
Apnea *(stopped breathing)*	◯ Yes	◯ No	◯ Unknown	◯ Yes	◯ No	◯ Unknown
Cyanosis *(turned blue or gray)*	◯ Yes	◯ No	◯ Unknown	◯ Yes	◯ No	◯ Unknown
Seizures or convulsions	◯ Yes	◯ No	◯ Unknown	◯ Yes	◯ No	◯ Unknown
Cardiac *(heart)* abnormalities	◯ Yes	◯ No	◯ Unknown	◯ Yes	◯ No	◯ Unknown
Colic *(frequent prolonged crying/chronic inconsolable fussiness)*	◯ Yes	◯ No	◯ Unknown	◯ Yes	◯ No	◯ Unknown
Feeding issues *(e.g., reflux)*	◯ Yes	◯ No	◯ Unknown	◯ Yes	◯ No	◯ Unknown
Vomiting	◯ Yes	◯ No	◯ Unknown	◯ Yes	◯ No	◯ Unknown
Choking	◯ Yes	◯ No	◯ Unknown	◯ Yes	◯ No	◯ Unknown
Other, specify:	◯ Yes	◯ No	◯ Unknown	◯ Yes	◯ No	◯ Unknown

If yes to any of the above, describe:

12. Infant exposed to second hand smoke? *(environmental tobacco smoke)* ◯ Yes ◯ No ◯ Unknown

If yes, how often? ◯ Frequently *(several times a week)* ◯ Occasionally *(several times a month)* ◯ Unknown

13. In the 72 hours before death, was the infant given any vaccinations or medications? *(include any home remedies, herbal medications, prescription medications, over-the-counter medications)*

Vaccine or medication name	Dose last given	Date given *(mm/dd/yy)*	Approx. time given	Reasons given or comments

14. Was the infant last placed to sleep with a bottle? ◯ Yes ◯ No ◯ Unknown

If yes, was the bottle propped? *(object used to hold bottle while infant feeds)* ◯ Yes ◯ No ◯ Unknown

If yes: What object propped the bottle?

Could the infant hold the bottle? ◯ Yes ◯ No ◯ Unknown

15. Who was the last person to feed the infant? *(name and familial relationship to infant)*

16. Did the death occur during feeding? ◯ Breastfeeding ◯ Bottle-feeding ◯ Eating solids ◯ Not during feeding

17. Was the infant ever breastfed? ◯ Yes ◯ No ◯ Unknown *If yes*, for how many months?

18. What did the infant consume in the 24 hours prior to death?

Consumed?	If yes, describe	If yes, newly introduced?	If yes, was this the last thing consumed prior to incident?	If last fed, indicate quantity	If last fed, indicate date and time?
☐ Breastmilk		◯ Yes ◯ No ◯ Unknown	◯ Yes ◯ No		
☐ Formula		◯ Yes ◯ No ◯ Unknown	◯ Yes ◯ No		
☐ Water		◯ Yes ◯ No ◯ Unknown	◯ Yes ◯ No		
☐ Other liquids		◯ Yes ◯ No ◯ Unknown	◯ Yes ◯ No		
☐ Solids		◯ Yes ◯ No ◯ Unknown	◯ Yes ◯ No		
☐ Other		◯ Yes ◯ No ◯ Unknown	◯ Yes ◯ No		

19. Among the infant's blood relatives *(siblings, parents, grandparents, aunts, uncles, or first cousins)* was there any...

Sudden or unexpected death before the age of 50? ◯ Yes ◯ No ◯ Unknown

Heart disease? *(e.g., cardiomyopathy, Marfan or Brugada syndrome, long or short QT syndrome, or catecholaminergic polymorphic ventricular tachycardia)*

◯ Yes ◯ No ◯ Unknown

If yes to either, describe: *(include relation to infant)*

INFANT HISTORY, *continued*

20. Did the infant have any birth defect(s)? ◯ Yes ◯ No ◯ Unknown

If yes, describe:

21. Was the infant able to roll over on his or her own? *(check all that apply)* ☐ Front to back ☐ Back to front

22. Indicate the infant's ability to lift or hold his or her head up. ◯ Unable ◯ 1 second ◯ 5 seconds ◯ ≥10 seconds ◯ Unknown

23. Was the infant meeting or not meeting growth and developmental milestones? *(e.g., sitting up, crawling, rolling over, or feeding well. Include if the caregiver, supervisor, or medical professional had any concerns.)*

24. Is there anything else that may have affected the infant that has not yet been documented? *(e.g., exposed to fumes, infant unusually heavy, placed with positional support or wedge, or international travel)*

INCIDENT SCENE INVESTIGATION

1. Incident scene *(place infant found unresponsive or dead).* Type of location? *(e.g., primary residence, daycare, or grandmother's house)*

Address: City:

State: Zip:

2. Was the infant in a new or different environment? *(not part of the infant's normal routine)* ◯ Yes ◯ No ◯ Unknown

If yes, describe:

3. Did the death occur at a daycare? ◯ Yes ◯ No ◯ Unknown

If yes: How many children younger than 18 years of age were under the care of the provider at the time of the incident?

(including their own children)

How many adults aged 18 years or older were supervising the child(ren)?

How long has the daycare been open for business?

Is the daycare licensed? ◯ Yes ◯ No ◯ Unknown

If yes: **License number?** **Licensing agency?**

4. How many people live at the incident scene? **Children** *(younger than 18 years)* **Adults** *(18 years or older)*

5. What kind of heating or cooling sources were being used at the incident scene? *(e.g., A/C window unit, wood-burning fireplace, or open window)*

6. Was there a working carbon monoxide (CO) alarm at the incident scene? ◯ Yes ◯ No ◯ Unknown

7. Indicate the temperature of the room where the infant was found unresponsive, and the surrounding area. *(fill in temperatures)*

Thermostat setting: Thermostat reading: Incident room: Outside: Time of reading:

8. Which of these devices were operating in the room where the infant was found unresponsive? *(check all that apply)*

☐ Fan ☐ Apnea monitor ☐ Humidifier ☐ Vaporizer ☐ Air purifier ☐ None ☐ Unknown

☐ Other, specify:

9. What was the source of drinking water at the incident scene? *(check all that apply)*

☐ Public or municipal water ☐ Bottled water ☐ Well water ☐ Unknown

☐ Other, specify:

10. Which of the following were present at the incident scene? *(check all that apply)*

☐ Insects ☐ Mold growth ☐ Smokey smell ☐ Pets ☐ Dampness ☐ Peeling paint ☐ Visible standing water
☐ Presence of alcohol containers ☐ Rodents or vermin ☐ None
☐ Odors or fumes, describe:
☐ Presence of prescription drugs, describe:
☐ Presence of illicit drugs or drug paraphernalia, describe:
☐ Other, describe:

11. Describe the general appearance of incident scene. *(e.g., cleanliness, hazards, or overcrowding)*

12. Is there anything else that may have affected the infant that has not yet been documented? *(e.g., drug or alcohol use at scene, history of domestic violence, or child abuse or neglect)*

INCIDENT CIRCUMSTANCES

1. Who was the usual caregiver(s)? *(name(s) and familial relationship to infant)*

2. Who was the caregiver(s) at the time of the incident? *(name(s) and familial relationship to infant)*

3. Who found the infant unresponsive? *(If caregiver is same as birth mother Skip question #3)*

Full name:
Address: City:
State: Zip: Date of birth:
Email address: Phone number:
Work address:
Familial relationship to infant? *(e.g., birth mother, grandfather, or adoptive or foster parent)*

4. Describe what happened. *(include details about how the infant was found)*

5. Was there anything different about the infant in the last 24 hours? ◯ Yes ◯ No ◯ Unknown
If yes, describe:

6. What was the temperature in the incident room? ◯ Hot ◯ Cold ◯ Normal ◯ Other

7. Was there a crib, bassinet, or portable crib at the place of incidence? ◯ Yes ◯ No ◯ Unknown
If yes, was it in good or usable condition? *(e.g., not broken or not full of laundry)* ◯ Yes ◯ No ◯ Unknown
If no, explain:

8. Where was the infant (P)laced before death, (L)ast known alive, (F)ound, and (U)sually placed? *(write P, L, F, or U, leave blank if none)*

____ Crib	____ Portable Crib	____ Waterbed	____ Stroller	____ Playpen/play area *(not portable crib)*
____ Bassinet	____ Sofa/couch	____ Swing	____ Futon	____ Bouncy chair
____ Bedside sleeper	____ Chair	____ Baby box	____ Floor	____ Rocking sleeper
____ Car seat	____ Unknown	____ Held in person's arms		____ In-bed sleeper

____ Other, specify:

____ Adult bed — *If yes*, what type? ◯ Twin ◯ Full ◯ Queen ◯ King ◯ Unknown

◯ Other, specify:

9. Describe the condition and firmness of the surface where the infant was found.

10. Was the infant wrapped or swaddled? ◯ Yes ◯ No ◯ Unknown

If yes: Describe the arm position. ◯ Arms free and out ◯ Arms in ◯ One arm in and one arm out

Describe swaddle. *(include blanket type and tightness)*

11. What was the infant wearing? *(e.g., t-shirt or disposable diaper)*

12. What was the infant's usual sleep position? ◯ Sitting ◯ Back ◯ Stomach ◯ Side ◯ Unknown

13. Describe the circumstances of infant when last placed by caregiver, last known alive, and found.

Circumstances	Placed	Last known alive	Found
Date			
Time			
Location *(e.g., living room or bedroom)*			
Position *(e.g., sitting, back, stomach, side, or unknown)*			
Face position *(e.g., down, up, left, right, or unknown)*			
Neck position *(e.g., hyperextended or head back, hyperextended or chin to chest, neutral, or turned)*			

14. Was the infant's airway obstructed by a person or object when found? *(includes obstruction of the mouth or nose, or compression of the neck or chest)*

◯ Unobstructed ◯ Fully obstructed ◯ Partially obstructed ◯ Unknown

If fully or partially, what was obstructed or compressed? *(check all that apply)* ☐ Nose ☐ Mouth ☐ Chest ☐ Neck

15. Indicate the items present in the sleep environment and their positional relation to the infant when the infant was found.

Item	Present?	If yes, position in relation to infant?	If yes, did object obstruct the infant's mouth, nose, chest, or neck?
Adult(s) *(18 years or older)*	◯ Yes ◯ No ◯ Unknown	◯ Over ◯ Under ◯ Next to ◯ Unknown	◯ Yes ◯ No ◯ Unknown
Other child(ren) *(younger than 18 years)*	◯ Yes ◯ No ◯ Unknown	◯ Over ◯ Under ◯ Next to ◯ Unknown	◯ Yes ◯ No ◯ Unknown
Animal(s)	◯ Yes ◯ No ◯ Unknown	◯ Over ◯ Under ◯ Next to ◯ Unknown	◯ Yes ◯ No ◯ Unknown
Mattress	◯ Yes ◯ No ◯ Unknown	◯ Over ◯ Under ◯ Next to ◯ Unknown	◯ Yes ◯ No ◯ Unknown
Comforter, quilt or other	◯ Yes ◯ No ◯ Unknown	◯ Over ◯ Under ◯ Next to ◯ Unknown	◯ Yes ◯ No ◯ Unknown
Fitted sheet	◯ Yes ◯ No ◯ Unknown	◯ Over ◯ Under ◯ Next to ◯ Unknown	◯ Yes ◯ No ◯ Unknown
Thin blanket	◯ Yes ◯ No ◯ Unknown	◯ Over ◯ Under ◯ Next to ◯ Unknown	◯ Yes ◯ No ◯ Unknown
Pillow(s)	◯ Yes ◯ No ◯ Unknown	◯ Over ◯ Under ◯ Next to ◯ Unknown	◯ Yes ◯ No ◯ Unknown
Cushion	◯ Yes ◯ No ◯ Unknown	◯ Over ◯ Under ◯ Next to ◯ Unknown	◯ Yes ◯ No ◯ Unknown
Nursing or u-shaped pillow	◯ Yes ◯ No ◯ Unknown	◯ Over ◯ Under ◯ Next to ◯ Unknown	◯ Yes ◯ No ◯ Unknown
Sleep positioner *(wedge)*	◯ Yes ◯ No ◯ Unknown	◯ Over ◯ Under ◯ Next to ◯ Unknown	◯ Yes ◯ No ◯ Unknown
Bumper pads	◯ Yes ◯ No ◯ Unknown	◯ Over ◯ Under ◯ Next to ◯ Unknown	◯ Yes ◯ No ◯ Unknown
Clothing *(not on a person)*	◯ Yes ◯ No ◯ Unknown	◯ Over ◯ Under ◯ Next to ◯ Unknown	◯ Yes ◯ No ◯ Unknown
Crib railing or side	◯ Yes ◯ No ◯ Unknown	◯ Over ◯ Under ◯ Next to ◯ Unknown	◯ Yes ◯ No ◯ Unknown
Wall	◯ Yes ◯ No ◯ Unknown	◯ Over ◯ Under ◯ Next to ◯ Unknown	◯ Yes ◯ No ◯ Unknown
Toy(s)	◯ Yes ◯ No ◯ Unknown	◯ Over ◯ Under ◯ Next to ◯ Unknown	◯ Yes ◯ No ◯ Unknown
Other, specify:	◯ Yes ◯ No ◯ Unknown	◯ Over ◯ Under ◯ Next to ◯ Unknown	◯ Yes ◯ No ◯ Unknown

If yes to adult(s) or child(ren) sharing sleep surface with the infant, complete table below. ☐ NA

Name of individual(s) sharing sleep surface with infant	Relationship to infant	Age	Height	Weight	Impaired by drugs or alcohol?	Fell asleep feeding infant?
					◯ Yes ◯ No ◯ Unknown	◯ Yes ◯ No ◯ Unknown
					◯ Yes ◯ No ◯ Unknown	◯ Yes ◯ No ◯ Unknown
					◯ Yes ◯ No ◯ Unknown	◯ Yes ◯ No ◯ Unknown

If yes to impaired, describe:

16. Were there any secretions present at the scene? ◯ Yes ◯ No ◯ Unknown

If yes, describe: *(include where they were found)*

17. Was there evidence of wedging? *(wedging is an obstruction of the nose or mouth, or compression of the neck or chest as a result of being stuck or trapped between inanimate objects)* ◯ Yes ◯ No ◯ Unknown

If yes, describe:

18. Was there evidence of overlay? *(overlay is an obstruction of the nose or mouth, or compression of the neck or chest as a result of a person rolling on top of or against an infant)* ◯ Yes ◯ No ◯ Unknown

If yes, describe:

19. Was the infant breathing when found? ◯ Yes ◯ No ◯ Unknown

If no, did anyone witness the infant stop breathing? ◯ Yes ◯ No ◯ Unknown

20. **Describe the infant's appearance when found.** *(indicate all that apply)*

Appearance	Present?	Describe and specify location
Discoloration around face, nose, or mouth	◯Yes ◯No ◯Unknown	
Secretions or fluids *(e.g., foam, froth, or urine)*	◯Yes ◯No ◯Unknown	
Skin discoloration *(e.g., livor mortis, pale areas, darkness, or color changes)*	◯Yes ◯No ◯Unknown	
Pressure marks *(e.g., pale areas, or blanching)*	◯Yes ◯No ◯Unknown	
Rash or petechiae *(e.g., small, red blood spots on skin, membrane, or eyes)*	◯Yes ◯No ◯Unknown	
Marks on body *(e.g., scratches or bruises)*	◯Yes ◯No ◯Unknown	
Other:	◯Yes ◯No ◯Unknown	

21. **What did the infant feel like when found?** *(check all that apply)*

☐ Sweaty ☐ Warm to touch ☐ Cool to touch ☐ Limp/flexible ☐ Rigid/stiff ☐ Unknown

☐ Other, specify:

22. **Did EMS respond?** ◯Yes ◯No ◯Unknown

***If yes*, was the infant transported?** ◯Yes ◯No ◯Unknown

23. **Was resuscitation attempted?** ◯Yes ◯No ◯Unknown

***If yes*: By whom?** *(e.g., EMS, bystander, or parent)*

Date: *(mm/dd/yyyy)* **Time:**

Was rescue breathing done? ◯Yes ◯No ◯Unknown

Type of compression? *(check all that apply)*

☐ Two finger ☐ One hand ☐ Two hands

The following questions refer to the caregiver(s) at the time of death.

24. **Has the caregiver ever had a child under their care die suddenly and unexpectedly?** ◯Yes ◯No ◯Unknown

***If yes*, explain:** *(include familial relationship of child and infant, and cause of death)*

25. **Were the infant and caregiver in the *same room* at the time of the incident, but not sharing the same sleep surface?**

◯Yes ◯No ◯Unknown ◯N/A - sharing a sleep surface

26. **Was the infant's caregiver using any of the following during the incident?** *(indicate all that apply)*

Substance	Caregiver used?	Frequency
Over the counter medications	◯Yes ◯No ◯Unknown	
Prescription medications	◯Yes ◯No ◯Unknown	
Opioids	◯Yes ◯No ◯Unknown	
Tobacco, specify: *(e.g., cigarettes or e-cigarettes)*	◯Yes ◯No ◯Unknown	
Alcohol	◯Yes ◯No ◯Unknown	
Herbal remedies	◯Yes ◯No ◯Unknown	
Other, specify:	◯Yes ◯No ◯Unknown	

Was the infant's caregiver asked to consent to blood or urine for drug/alcohol testing? ◯Yes ◯No ◯Unknown

***If yes*, what were the results?**

INVESTIGATION SUMMARY

1. Arrival dates and times.

Person(s) involved	Hospital	Incident scene
Infant		N/A
Law enforcement		
Death investigator		

2. Agencies conducting an investigation? *(check all that apply)* ☐ Child protective services
☐ Death investigator from medical examiner or coroner office ☐ Law enforcement, specify:
☐ Other, specify:

3. Indicate when the form was completed. Date: *(mm/dd/yyyy)* Time:

4. If more than one person was interviewed, does the information provided differ? ◯ Yes ◯ No ◯ N/A
If yes, detail any differences or inconsistencies of relevant information. *(e.g., placed on sofa or last known alive on chair)*

5. Indicate the task(s) performed. *(check all that apply)* ☐ Additional scene(s) *(forms attached)* conducted ☐ Photos or video taken
☐ Materials collected or evidence logged ☐ Next of kin notified ☐ 911 tape obtained ☐ EMS run sheet or report obtained
☐ Witness(es)/caregiver(s) interviewed

6. Was the family offered grief counseling services? ◯ Yes ◯ No ◯ Unknown

7. Was a doll scene reenactment performed? ◯ Yes ◯ No ◯ Unknown

If no, why?

If yes: How was it documented? *(check all that apply)* ☐ Photographed ☐ Videoed ☐ Other, specify:

Where was it performed? ◯ Incident scene ◯ Hospital ◯ Other, specify:

Indicate when the doll reenactment was performed. Date performed: *(mm/dd/yyyy)* Time performed:

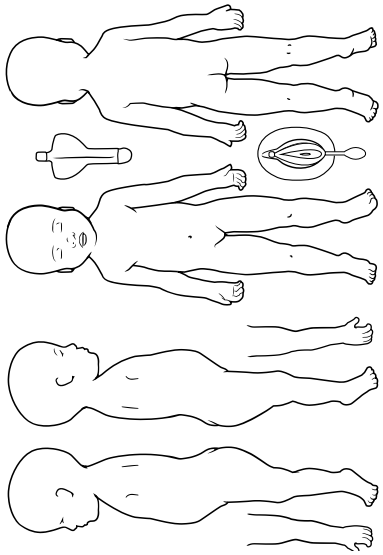
Were photos provided to the pathologist? ◯ Yes ◯ No ◯ Unknown

Do the scenarios given during the doll reenactment(s) match what was seen during the preliminary investigation?
◯ Yes ◯ No ◯ N/A

INVESTIGATION DIAGRAMS

1. Scene diagram *(illustrate the infant's sleep environment)*

2. Body diagram *(note visible injuries, livor mortis, or rigor mortis)*



3. Scene and doll reenactment photos *(include with form)*

SUMMARY FOR PATHOLOGIST

1. **Investigator information.** Name: _____ Agency: _____

   Phone: _____ Email address: _____

2. Indicate when the investigation took place. Date: *mm/dd/yyyy)* _____ Time: _____

3. Indicate when the infant was pronounced dead. Date: *(mm/dd/yyyy)* _____ Time: _____

4. Indicate when it is estimated the infant died. Date: *(mm/dd/yyyy)* _____ Time: _____

5. Location of death: *(e.g., home or hospital)* _____

6. Data sources consulted to complete this form. *(check all that apply)* ☐ Infant medical records ☐ Birth records ☐ Prenatal records ☐ Witness interview ☐ Photos/videos from caregivers demonstrating injuries, developmental milestone, or medical concerns

   ☐ Other, specify: _____

7. Indicate whether preliminary investigation suggests any of the following. *(indicate all that apply)*

Sleeping Environment	Yes	No
Asphyxia *(e.g., evidence of overlying, wedging, choking, nose or mouth obstruction, re-breathing, neck or chest compression, or immersion in water)*	◯	◯
Sharing of sleep surface with adults, children, or pets	◯	◯
Change in sleep condition *(e.g., unaccustomed stomach sleep position, location, or sleep surface)*	◯	◯
Hyperthermia or hypothermia *(e.g., excessive wrapping, blankets, clothing, or hot or cold environments)*	◯	◯
Environmental hazards *(e.g., carbon monoxide, noxious gases, chemicals, drugs, or devices)*	◯	◯
Unsafe sleep condition *(e.g., non-supine, couch, adult bed, stuffed toys, pillows, or soft bedding)*	◯	◯

Infant History	Yes	No
Diet *(e.g., solids introduced)*	◯	◯
Recent hospitalization	◯	◯
Previous medical diagnosis	◯	◯
History of acute life threatening events *(e.g., apnea, seizures, or difficulty breathing)*	◯	◯
History of medical care without diagnosis	◯	◯
Recent fall or other injury	◯	◯
History of religious, cultural or alternative remedies	◯	◯
Cause of death due to natural causes other than SIDS *(e.g., birth defects or complications of preterm birth)*	◯	◯

Family Information	Yes	No
Prior sibling deaths	◯	◯
Sudden or unexpected death before the age of 50 or heart disease (*e.g., cardiomyopathy, Marfan or Brugada syndrome, long or short QT syndrome, catecholaminergic polymorphic ventricular tachycardia*) among the infant's blood relatives (*e.g., siblings, parents, grandparents, aunts, uncles, or first cousins*)	◯	◯
Previous encounters with police or social service agencies	◯	◯
Request for tissue or organ donation	◯	◯
Objection to autopsy	◯	◯

Exam	Yes	No
Preterminal resuscitative treatment	◯	◯
Signs of trauma or injury, poisoning, or intoxication	◯	◯

Other	Yes	No
Suspicious circumstances	◯	◯
Other alerts for pathologist's attention	◯	◯

***If yes to any of the above*, explain in detail:** *(description of circumstances)*

8. **Medical examiner or pathologist information.**

Name: _____

Agency: _____

Phone: _____ **Fax:** _____ **Email address:** _____

Visit https://www.cdc.gov/sids/SUIDRF.htm for Additional Investigative Scene Forms of Body Diagram, EMS Interview, Hospital Interview, Immunization Record, Infant Exposure History, Informant Contact, Law Enforcement Interview, Materials Collection Log, Non Professional Responder Interview, Parental Information, Primary Residence Investigation, and Scene Diagram.

How to Use the Sudden Unexpected Infant Death Investigation Reporting Form

Sudden Unexpected Infant Death Investigation (SUIDI) Reporting Form: A Guide for Investigators

The SUIDI Reporting Form is a guide for all investigators of infant deaths. The form is designed to facilitate the collection of information in a consistent and sensitive manner. Training materials on how to complete the form are available.

Importance of the Reporting Form

- Contains key questions that medical examiners should ask before an autopsy is done.
- Guides investigators through the steps involved in an investigation.
- Improves classification of SIDS and other SUIDs by standardizing data collection.
- Produces information that researchers can use to recognize new health threats and risk factors for infant death so that future deaths can be prevented.

Improvements in the SUIDI Reporting Form

- Changed the U from unexplained to unexpected at request of the National Association of Medical Examiners.
- Reduced redundancy and streamlined existing questions.
- Color coded sections for ease.
- Clarified with instructions and definitions.
- Reordered and retitled sections.
- Updated existing questions.
- Added questions.
- Revised Supplemental form for collecting information about contacts and evidence are available for jurisdictions to consider using if equivalents are not available.

Filling out the SUIDI Reporting Form

This reporting form is designed as a questionnaire that can be read to the person being interviewed, or used to guide a more free flowing conversation. Questions can be answered by placing an "X" in the corresponding checkbox or filling in the blank provided. The 12-page form is divided into eight sections, described below.

Infant Demographics

This section is filled out first by the person (e.g., coroner, death scene investigator, law enforcement, or medical examiner) investigating the circumstances of the infant death. Some terms to note:

- **SS#.** Social security number.
- **Case number.** Jurisdictional or office internal case number.
- **Primary residence.** Place where the infant lived at time of their death.

Pregnancy History

This section is filled out by the person interviewing/consulting the biological mother, or someone who knows her and her history well (e.g., health care provider, medical record, or maternal grandmother).

Infant History

This section is filled out by the person investigating the infant death. Additional information may be obtained from the infant's health care provider, medical record, or another caregiver.

Incident Scene Investigation

This section is filled out by the person investigating the infant death.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Incident Circumstances

This section is filled out by the person interviewing the witness(es). This should be a careful documentation of the scene including documentation of the infant's airway when found. It includes:

- **Usual caregiver.** Person who took care of the infant more than 50% of the time.
- **Placed.** When the infant was originally put to sleep
- **Last known alive.** Where and when the infant was last observed to be alive (e.g., last time parent heard the infant cry).
- **Found.** When the infant was discovered to be not breathing or breathing but in distress.

Investigation Summary

This section is filled out by the person doing the bulk of the investigation and summarizes everything done as part of the investigation.

Investigation Diagrams

This section is filled out by the person investigating the infant death, and includes a scene diagram and a body diagram. It should supplement, and not be used instead of, the doll reenactment.

The investigator should indicate the following on the scene diagram:

- North direction.
- Windows and doors.
- Wall lengths and ceiling height.
- Location of furniture including infant's bed or sleep surface.
- Infant body location when found.
- Position of other persons or animals found near infant.
- Location of heating and cooling devices.
- Location of other objects in room.

The investigator should indicate the following on the body diagram:

- Discoloration around face, nose, or mouth.
- Secretions (drainage or discharge from anywhere on body).
- Skin discoloration (livor mortis).
- Pressure mark areas (pale areas, blanching).
- Rash or petechiae (small, red blood spots on skin, membranes or in eyes).
- Marks on body (scratches or bruises).
- Location of medical devices.
- Body temperature.

Summary for Pathologist

This section is filled out by the person investigating the infant death. This section summarizes all the information collected during the witness interview and investigation of the incident or death scene. Some terms to note:

- **Asphyxia.** Condition of severely deficient supply of oxygen to the body that can rapidly lead to unconsciousness and death (e.g., compression of infant's chest and/or neck due to wedging or a person lying on the infant, or obstruction of the nose and/or mouth).
- **Hyperthermia.** Life-threatening condition where core body temperature is abnormally high (e.g., above 40°C [104°F]).
- **Hypothermia.** Life-threatening condition where core body temperature falls below 35°C (95°F).
- **Apnea.** Condition where an infant stops breathing for a short period of time. Can occur in the delivery room or any time afterwards.

Section III–In-Service Forms

Workshop Post-Assessment

Please answer the following questions after completing the workshop.

1. According to Tennessee law, which group or groups of first responders is/are required to receive training on cases of sudden, unexpected infant and child death?
   a. EMS
   b. Police
   c. Firefighter
   d. All of the above
2. Sudden infant death is the diagnosis given for the sudden death of an infant under one year of age that remains unexplained after a complete investigation. A complete investigation includes an examination of the death scene, an autopsy, and
   a. A review of symptoms and illnesses the infant had before dying
   b. A review of any other pertinent medical history
   c. A Child Fatality Review team review
   d. Answers a and b
3. Who is responsible for conducting the death scene investigation?
   a. EMS, by request of the county medical examiner
   b. Typically law enforcement, by request of the county medical examiner
   c. The state medical examiner
   d. None of the above
4. SIDS is the major cause of death in infants between
   a. 2 months and 4 months of age
   b. 1 month and 1 year of age
   c. 1 month and 6 months of age
   d. Newborn and 1 year of age
5. The Tennessee Department of Children's Services (DCS) Child Safety Division conducts investigations to
   a. Determine the condition of a child
   b. Evaluate the risk of any future harm
   c. Plan for a child's well-being
   d. All of the above
6. A diagnosis of exclusion means
   a. No autopsy was performed for religious reasons
   b. A cause of death could not be determined
   c. After an autopsy, an examination of the death scene, and review of the clinical history, all causes of undiagnosed natural death are ruled out
   d. After an autopsy and scene review, the medical examiner withheld the findings
7. The following are all risk factors for SUID except
   a. Placing a baby to sleep on his/her stomach
   b. Exposing a baby to smoke
   c. Having a previous SUID death in the family
   d. Placing a baby to sleep on a soft sleep surface
8. The following are all protective factors for SUID except
   a. Breastfeeding
   b. Co-sleeping
   c. Sleeping alone on a firm mattress
   d. Keeping temperature regulated so baby doesn't get overheated
9. Placing children on soft, collapsible bedding is dangerous because of which of the following?
   a. This sleep position causes SIDS.
   b. This sleep position decreases children's ability to keep their airways open.
   c. This sleep position allows children to fall into sleep apnea.

10. The first responder's duties are to
    a. Seek medical help
    b. Secure the scene
    c. Identify potential witnesses
    d. Determine what, if any, evidence needs to be preserved
    e. All of the above
11. Observing that a colleague's behavior has changed after an infant death scene call, you should first
    a. Wait six months before intervening
    b. Report your observations to the supervisor
    c. Approach your colleague with your observations
    d. Arrange for a post-traumatic stress debriefing intervention
12. The decision to not transport a child who has died is usually made by
    a. The police on the scene
    b. Medical direction
    c. Standing orders
    d. The coroner
    e. The EMS health care providers
13. Identify which of the following are members of the local CFR teams.
    a. Department of Health regional officer
    b. Juvenile Court representative
    c. Local law enforcement officer
    d. All of the above
14. Identify which of the following statements may describe a grieving family member's behavior.
    a. Strong feelings of guilt or anger
    b. Unreasonable fears that they, or someone in their family, may be in danger
    c. Being overprotective of surviving children and fearful about future children
    d. All of the above
15. Taking time out during a SUID call to talk privately with your partner about the family's behavior is
    a. Necessary for potential court action
    b. Helpful to calm the situation
    c. Detrimental to patient care
    d. None of the above
16. What is the maximum allowable cost, reimbursed to county governments, for conducting autopsies on children who have died suddenly and without apparent explanation?
    a. $1,500 per autopsy
    b. $1,250 per autopsy
    c. There is no maximum allowable cost for reimbursement.
    d. The state does not reimburse for autopsies in any amount.
17. What is the SUIDI Top 25?
    a. Critical information needed when investigating a sudden unexplained infant death, in order for forensic pathologists to determine the cause and manner of death
    b. The most crucial 25 questions on the SUIDI form that must be filled out by an investigator
    c. The top 25 reasons why a baby might die suddenly and unexpectedly
18. Where in your materials can you find the SUIDI form, instructions for filling out the form, and the SUIDI Top 25?
    a. At the end of Section II in the manual
    b. In the Appendix of the manual
    c. In the Guidelines for the Scene Investigator booklet
    d. Answers a and c

Workshop Evaluation

Please complete this evaluation and turn it in to your instructor.

Providing this information will help improve future sessions.

Instructor Name _____

Date_____

Location/Building _____

City _____ State _____ County _____ Zip _____

Please answer the following questions.

1. Check your affiliation

   ☐ EMS ☐ Firefighter ☐ Law Enforcement ☐ Other

2. How many hours a week do you work in a first responder role?

   ☐ 0–3 hours ☐ 4–8 hours ☐ 9–19 hours ☐ 20–40 hours ☐ 40+ hours

3. How knowledgeable were you about Sudden Infant Death Syndrome before this workshop?

   ☐ Not very ☐ Somewhat ☐ Fairly ☐ Very

4. Before this workshop, how would you rate your comfort level when caring for pediatric patients?

   ☐ Anxious ☐ Comfortable ☐ Very comfortable

5. Before this workshop, how would you rate your comfort level when caring for families of pediatric patients?

   ☐ Anxious ☐ Comfortable ☐ Very comfortable

6. Has this workshop changed your attitude about responding to a sudden, unexpected infant or child death?

   ☐ Yes ☐ No

   Please describe:_____

   _____

   _____

7. Do you have a family member or close friend who has suffered from a sudden unexplained child death?

   ☐ Yes ☐ No

8. On a scale of 1 to 4, where 1 is Strongly Disagree, 2 is Disagree, 3 is Agree, and 4 is Strongly Agree, please circle your responses to the statements below.

a)	The objectives for this workshop were clearly presented.	(1)	(2)	(3)	(4)
b)	I have learned new ideas and/or skills.	(1)	(2)	(3)	(4)
c)	The video was easy to understand and held my interest.	(1)	(2)	(3)	(4)
d)	The manual was easy to follow and a good reference.	(1)	(2)	(3)	(4)
e)	I will use the SUIDI form and instructions if/when I have to investigate a sudden unexplained child death.	(1)	(2)	(3)	(4)
f)	Overall, I was favorably impressed with the workshop.	(1)	(2)	(3)	(4)

9. What aspect(s) of the workshop did you find most helpful?

_____

_____

_____

_____

_____

_____

10. What aspect(s) of the workshop did you find least helpful?

_____

_____

_____

_____

_____

_____

11. Can you think of ways in which we can improve this program in the future?

_____

_____

_____

_____

_____

_____

Thank you for your input and consideration.

Instructor: Contact hour certificates will be mailed to trainers upon receipt of tracking and evaluation forms. Please send evaluation copies to Attn: Prevention Through Understanding, MTSU University College, MTSU Box 54, 1301 East Main Street, Murfreesboro, TN 37132, or fax to (615) 494-8777.

Appendix A

Rules of Tennessee Department of Health
Maternal and Child Health

CHAPTER 1200-15-03

INVESTIGATIONS OF SUDDEN, UNEXPLAINED INFANT AND CHILD DEATHS

TABLE OF CONTENTS

1200-15-03-.01 PURPOSE.

The purpose of this chapter is to establish minimum standards for conducting and completing an investigation, including an autopsy if deemed necessary, into sudden, unexplained infant and child deaths.

Authority: T.C.A. §§ 68-1-1101, 68-1-1102, and 68-1-1103. ***Administrative History:*** Original rule filed May 11, 2010; effective October 29, 2010; however on October 28, 2010 the Department of Health withdrew the rules. Original rule filed January 24, 2012; effective June 30, 2012.

1200-15-03-.02 DEFINITIONS.

For purposes of this chapter,

(1) "Autopsy" means the post mortuam examination of a deceased infant or child by a licensed pathologist to determine cause of death.

(2) "Child" means a person who is at least one year of age and has not reached his or her eighteenth birthday.

(3) "Department" means the Tennessee Department of Health.

(4) "Infant" means a baby who was born alive and has not reached his or her first birthday.

(5) "Sudden, unexplained infant or child death" means the unexpected death of an infant or a child with no known or apparent cause.

Authority: T.C.A. §§ 68-1-1101, 68-1-1102, and 68-1-1103. ***Administrative History:*** Original rule filed May 11, 2010; effective October 29, 2010; however on October 28, 2010 the Department of Health withdrew the rules. Original rule filed January 24, 2012; effective June 30, 2012.

1200-15-03-.03 STANDARDS FOR INVESTIGATIONS.

(1) The standards for conducting and completing an investigation, including performance of an autopsy, into a sudden, unexplained infant death shall include the standards applicable to infants found in T.C.A. § 68-1-1102, and the standards authorized or required by Tennessee Code Annotated Title 38, Chapter 7. The same standards shall apply to sudden, unexplained child death.

(2) In addition to the standards found in T.C.A. § 68-1-1102 and Title 38, Chapter 7, the standards for conducting and completing an investigation, including performance of an autopsy, into a sudden, unexplained infant or child death shall be those found in the most current version of the Centers for Disease Control and Prevention's publication, "Sudden, Unexplained Infant Death Investigation Reporting Form," for infants, and the Department's "Sudden, Unexplained Child Death Investigation Reporting Form," for children. The Department shall provide access to these publications upon request. The pathologist performing the autopsy shall complete the appropriate form.

Authority: T.C.A. §§ 68-1-1101, 68-1-1102, 68-1-1103, and 68-3-502. ***Administrative History:*** Original rule filed May 11, 2010; effective October 29, 2010; however on October 28, 2010 the Department of Health withdrew the rules. Original rule filed January 24, 2012; effective June 30, 2012.

1200-15-03-.04 REIMBURSEMENT OF COUNTY GOVERNMENTS.

The Department shall reimburse county governments for the cost of each autopsy performed for an investigation into a sudden, unexplained infant or child death that is carried out in accordance with the investigation standards in this chapter. The Department shall reimburse up to the maximum allowable of $1,250.00 per autopsy, including travel costs. The Tennessee Department of Finance and Administration's Comprehensive Travel Regulations shall govern the reimbursement rate for travel costs.

Authority: T.C.A. §§ 68-1-1101, 68-1-1102, and 68-1-1103. ***Administrative History:*** Original rule filed May 11, 2010; effective October 29, 2010; however on October 28, 2010 the Department of Health withdrew the rules. Original rule filed January 24, 2012; effective June 30, 2012.

Tenn. Code Ann. § 68-1-1101

Current through the 2024 Regular Session.

Tennessee Code Table of Contents PAW- ET TABLE OF CONTENTS
Title 68 Health, Safety and Environmental Protection
Health
Chapter 1 Department of Health
Part 11 Sudden,Unexplained Child Death Act

68-1-1101. Short title — Legislative findings — Definitions.

(a) This part shall be known and may be cited as the "Sudden, Unexplained Child Death Act."

(b) The legislature finds and declares that:

(1) Protection of the health and welfare of the children of this state is a goal of its people and the unexpected death of a child is an important public health concern that requires legislative action;

(2) The parents, guardians, and other persons legally responsible for the care of a child who dies unexpectedly have a need to know the cause of death;

(3) Collecting accurate data on the cause and manner of unexpected deaths will better enable the state to protect children from preventable deaths, and thus will help reduce the incidence of such deaths; and

(4) Identifying persons responsible for abuse or neglect resulting in unexpected death will better enable the state to protect other children who may be under the care of the same persons, and thus will help reduce the incidence of such deaths.

(c) As used in this part and in § 68-3-502, unless the context otherwise requires:

(1) "Certified child death pathologist" means a pathologist who is board certified or board eligible in forensic pathology, and who has received training in, and agrees to follow, the autopsy protocol, policies and guidelines for child death investigation, as prescribed by the chief medical examiner for the state of Tennessee;

(2) "Chief medical examiner" means the individual appointed pursuant to title 38, chapter 7; and

(3) "Sudden infant death syndrome" means the sudden death of an infant under one (1) year of age that remains unexplained after a thorough case investigation, including performance of a complete autopsy,examination of the death scene, and review of the clinical history.

History

Acts 2001, ch. 321, § 1.

Tenn. Code Ann. § 68-1-1102

Current through the 2024 Regular Session.

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Title 68 Health, Safety and Environmental Protection
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68-1-1102. Purpose — Training — Notice and investigation — Autopsy.

(a) The purpose of this part is to help reduce the incidence of injury and death to infants by accurately identifying the cause and manner of death of infants under one (1) year of age. This shall be accomplished by requiring that a death investigation be performed in all cases of all sudden, unexplained deaths of infants under one (1) year of age.

(b) The chief medical examiner shall develop and implement a program for training of child death pathologists. The protocol and policies shall be based on nationally recognized standards.

(c) All emergency medical technicians and professional firefighters shall receive training on the handling of cases of sudden, unexplained child death as a part of their basic and continuing training requirements. The training, which shall be developed jointly by the departments of health and children's services, shall include the importance of being sensitive to the grief of family members.

(d) All law enforcement officers shall receive training on the investigation and handling of cases of sudden, unexplained child death as part of their basic training requirements. The training, which shall be developed jointly by the departments of health and children's services, shall include the importance of being sensitive to the grief of family members and shall be consistent with the death scene investigation protocol approved by the chief medical examiner. Additionally, whenever changes occur in policies or procedures pertaining to sudden infant death syndrome investigations, the department of health shall promptly notify the various law enforcement associations within the state. Such changes shall then be communicated in a timely manner to the respective law enforcement agencies for dissemination to their enforcement personnel.

(e) In the case of every sudden, unexplained death of an infant under one (1) year of age, the attending physician or coroner shall notify the county medical examiner, who shall coordinate the death investigation.

(f) The county medical examiner shall inform the parent or parents or legal guardian of the child, if an autopsy is authorized.

(g) The county medical examiner shall ensure that the body is sent for autopsy to a child death pathologist as defined in this part. Parents or legal guardians who refuse to allow an autopsy based on the grounds of religious exemption shall personally file a petition for an emergency court hearing in the general sessions court for the county in which the death occurred.

(h) The county medical examiner shall contact the appropriate local law enforcement personnel to conduct a death scene investigation according to the protocol developed by the chief medical examiner. The investigation shall be initiated within twenty-four (24) hours of the time the local law enforcement personnel are contacted by the county medical examiner.

(i) The county medical examiner shall send a copy of the death scene investigation and the medical history of the child to the pathologist conducting the autopsy.

(j) A copy of the completed autopsy, medical history, and death scene investigation shall be forwarded to the chief medical examiner.

(k) The cause of death, as determined by the certified child death pathologist, may be reported to the parents or legal guardians of the child. A copy of the autopsy results, when available, may be furnished to the parent or parents or legal guardian of the child, upon request, within forty-eight (48) hours of the request, except where the cause of death may reasonably be attributed to child abuse or neglect, in the judgment of the certified child death pathologist.

(l) Sudden infant death syndrome shall not be listed as the cause of death of a child, unless the death involves an infant under one (1) year of age that remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the child's clinical history.

(m) Any individual or entity providing information pertinent to the investigation and related autopsy in a suspected case of sudden, unexplained infant death syndrome shall not be civilly liable for breach of confidentiality concerning the release of the information.

History

Acts 2001, ch. 321, § 2; 2002, ch. 591, §§ 1, 2.

Tenn. Code Ann. § 68-1-1103

Current through the 2024 Regular Session.

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Title 68 Health, Safety and Environmental Protection
Health
Chapter 1 Department of Health
Part 11 Sudden,Unexplained Child Death Act

68-1-1103. Implementation.

In order to implement this part, the commissioner of health shall:

(1) Promulgate rules and regulations in accordance with the Uniform Administrative Procedures Act,compiled in title 4, chapter 5, as may be necessary to obtain in proper form all information relating to the occurrence of a sudden, unexplained child death that is relevant and appropriate for the establishment of a reliable statistical index of the incidence, distribution and characteristics of cases of sudden,unexplained child death;

(2) Promulgate rules and regulations in accordance with the Uniform Administrative Procedures Act that establish minimum standards for conducting and completing an investigation, including an autopsy if deemed necessary, into the sudden, unexplained death of any child from birth to age seventeen (17).Initial rules promulgated pursuant to this subdivision (2) are authorized to be promulgated as emergency rules, pursuant to § 4-5-208. In promulgating the rules, the commissioner may rely, in whole or in part,on any nationally recognized standards regarding such investigations. Compliance with the rules shall make county governments eligible for reimbursement, to the extent authorized by those rules, of the costs of any autopsy deemed necessary;

(3) Collect factual information from physicians, coroners, medical examiners, hospitals, and public health officials who have examined any child known or believed to have experienced sudden, unexplained death; provided, that no information shall be collected or solicited that reasonably could be expected to reveal the identity of the child;

(4) Make information collected pursuant to subdivision (3) available to physicians, coroners, medical examiners, hospitals, public health officials, and educational and institutional organizations conducting research as to the causes and incidence of sudden, unexplained child death;

(5) Cause appropriate counseling services to be established and maintained for families affected by the occurrence of sudden infant death syndrome;

(6) Conduct educational programs to inform the general public of any research findings that may lead to the possible means of prevention, early identification, and treatment of sudden infant death syndrome;and

(7) Develop educational literature to inform the general public of the risks and prevalence of sudden infant death syndrome and other infant sleep-related deaths that are sometimes mislabeled as sudden infant death syndrome, so that such information may lead to the possible means of prevention. The commissioner shall make the literature set out in this subdivision (7) available on the department of health's website.

History

Acts 2001, ch. 321, § 3; 2005, ch. 356, § 1; 2009, ch. 566, § 12; 2018, ch. 667, § 1.

Notes

Appendix B Sudden Unexpected Infant Death

This is what a safe sleep environment for baby looks like.

The sleep surface is flat (like a table) and level (not angled or inclined), covered only by a fitted sheet. The sleep area is clear—no objects, toys, or other items. And the sleep space is in the same room where parents sleep, but separate from their bed.

Every day, families around the world welcome a new baby into their lives. They face joys and challenges in helping baby stay safe and healthy.

Still, thousands of babies die suddenly and unexpectedly in the United States each year—often while they are sleeping.

Different groups use different terms to describe the death of a baby during sleep, such as:

- **Sudden Unexpected Infant Death (SUID)—**This broad term describes all sudden, unexpected infant deaths, including those from a known cause, like an injury, and those from unknown causes.
- **Sudden Infant Death Syndrome (SIDS)—**SIDS is a sudden, unexpected death of a baby younger than 1 year of age that doesn't have a known cause even after a full investigation.
- **Other sleep-related deaths—**This term describes deaths from something in or related to the baby's sleep environment, how or where the baby sleeps, or things that happen during sleep. Other sleep-related deaths occur when baby can't breathe, such as from:
  - ***Entrapment or wedging:*** Baby's body or head gets stuck between two objects, like a mattress and wall, bed frame, or furniture
  - ***Suffocation:*** Something, such as a pillow or adult's arm, covers baby's face or nose
  - ***Strangulation:*** Something presses on or wraps around baby's neck

No matter what it is called, the death of a baby during sleep is a tragedy. The actions described here can help parents and caregivers reduce baby's risk of SUID, SIDS, and other sleep-related deaths.

Parents and caregivers can help protect baby during sleep by creating a safe sleep environment.

We have made great progress in saving infant lives. The number of U.S. babies who die during sleep is much lower today than it was during the 1990s, when education and awareness efforts started.

But unsafe sleep environments remain a deadly problem for U.S. babies, and the risk of death during sleep remains higher in Black/African American and American Indian/ Alaska Native babies than in White, Hispanic, or Asian/ Pacific Islander babies.

Parents and caregivers can use the following actions to help keep baby safe and reduce baby's risk of dying during sleep.

Place babies on their backs to sleep for naps and at night.

Use a sleep surface that is firm, flat, level, and covered only by a fitted sheet.

Share your room with baby, not your bed, for at least the first 6 months.

Feed baby human milk, like by direct breastfeeding.

Keep things out of baby's sleep area—no objects, toys, or other items.

What can I do to help keep my baby safe during sleep?

Place babies on their backs to sleep for naps and at night.

- Place all babies—including those born preterm and those with reflux—on their backs to sleep until they are 1 year old.
- It is not safe to place babies on their sides or stomachs to sleep, not even for a nap. The safest sleep position is on the back.
- Babies who sleep on their backs are at lower risk for SIDS than babies who sleep on their stomachs or sides.
- If baby usually sleeps on their back, putting them on the stomach or side to sleep, for a nap or at night, increases the risk for SIDS by up to 45 times.

Once babies can roll from back to stomach and from stomach to back on their own, you can leave them in the position they choose after starting sleep on their back.

If they can only roll one way on their own, you can reposition them to their back if they roll onto their stomach during sleep.

6

Use a sleep surface for baby that is *firm* (returns to original shape quickly if pressed on), *flat* (like a table, not a hammock), *level* (not at an angle or incline), and covered only with a fitted sheet.

- Both the sleep surface (such as a mattress) and the sleep space (like a crib, bassinet, or portable play yard) should meet the safety standards of the Consumer Product Safety Commission (CPSC). The CPSC offers more information about mattress and crib safety at https://bit.ly/CPSCSafeSleep.

- Soft surfaces—like couches, sofas, waterbeds, memory foam, air and pillow-top mattresses, quilts, blankets, and sheepskins—are not safe for babies to sleep on. Sleeping on soft surfaces raises baby's risk of wedging or entrapment, suffocation, and strangulation.

- Inclined or tilted sleep surfaces, with one end higher than the other, are not safe for babies to sleep on because baby's body can slide down, which could block their airway and breathing.

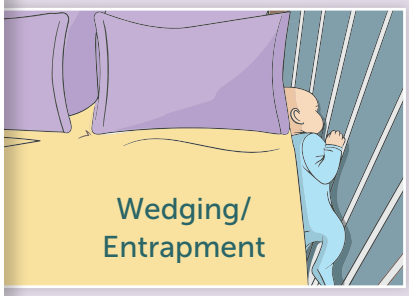
8

- Do not use sitting devices, such as car seats and strollers, or carrying devices, like carriers and slings, for baby's regular sleep area or for naps. If baby falls asleep in one of these devices, move them to their regular sleep space as soon as possible once you are out of a vehicle. The American Academy of Pediatrics offers travel safety tips (https://bit.ly/AAPTravelSafety), such as giving baby breaks from the sitting device every few hours.

- Avoid letting baby sit slumped over, like with their chin on their chest, because it could block their airway and breathing. Young babies and those unable to control their head and neck muscles risk suffocation and death from sitting this way.

- Keep comforters, quilts, pillows, and blankets out of baby's sleep area.

Ways Baby's Airway Can Be Blocked



Illustrations courtesy of the Centers for Disease Control and Prevention

Feed your baby human milk, like by breastfeeding.

- In most cases, pediatricians and other health care providers recommend feeding only human milk, with nothing added, if possible, for at least baby's first 6 months. Babies born preterm or with certain health conditions may need different care.

- Feeding babies human milk by direct breastfeeding, if possible, or by pumping from the breast, reduces the risk of SIDS. Feeding only human milk, with no formula or other things added, for the first 6 months provides the greatest protection from SIDS.

- Feeding baby any human milk, even with other foods added, is more protective than not feeding them human milk at all.

- The longer a baby gets human milk, the lower the SIDS risk.

- Feeding human milk also has other benefits for babies, such as reduced risks of diarrhea, asthma, and ear infections.

Share a room with baby for at least the first 6 months. Give babies their own sleep space (crib, bassinet, or portable play yard) in your room, separate from your bed.

- Babies in their own sleep space are at lower risk for injury and death from SIDS and from situations like an adult or sibling accidentally rolling over them.

- Room sharing by putting baby's sleep space near, but not in, your bed is safer than sharing your bed with baby. Sharing your room with baby is also safer than putting baby in their own room.

- Keeping baby's sleep space close to your bed makes it easy to check on, feed, and comfort baby without having to get all the way out of bed.

Continued on next page

(Continued from previous page)

Share a room with baby for at least the first 6 months. Give babies their own sleep space (crib, bassinet, or portable play yard) in your room, separate from your bed.

- If you are bringing baby into your bed for feeding or comforting, before you start, remove or clear away all soft items and bedding from your side of the bed. This practice may help prevent suffocation in case you fall asleep. When finished, put baby back in their own sleep space close to your bed.

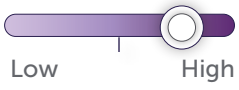
- If you fall asleep while feeding or comforting baby in your bed, put them back in a separate sleep area as soon as you wake up. Research shows that the longer an adult shares a bed with baby, the higher baby's risk for suffocation and other sleep-related death.

- **Couches and armchairs are never safe places for babies to sleep**. These surfaces are extremely dangerous when an adult falls asleep while feeding, comforting, or snuggling with baby. Do not let babies sleep on these surfaces alone, with you, with someone else, or with pets.

Sharing an adult bed, couch, or armchair with baby can be risky, especially in some situations:

VERY HIGH RISK

- Sleep surface is soft, such as a waterbed, old adult mattress, couch, or armchair
- Adult is very tired, taking medication that makes them drowsy, using substances like alcohol, or whose ability to respond is affected in some way
- Adult smokes cigarettes or uses tobacco products (even if they do not smoke in the bed)



HIGH RISK

- Baby is younger than 4 months old (regardless of adult smoking or sleep surface)
- Adult is not the baby's parent, but is another caregiver, such as a grandparent or sibling

HIGHER THAN AVERAGE RISK

- Baby was born preterm (before 37 weeks) or born at a low birth weight
- Sleep area includes unsafe items, such as pillows or blankets

13

Keep things out of baby's sleep area —no objects, toys, or other items.

- Remove everything from baby's sleep area except a fitted sheet covering the mattress.
- Things in the sleep area can pose dangers for baby, especially if they are:
  - *Soft or squishy* (pillows, stuffed toys, crib bumpers)
  - *Under or over baby* (comforters, quilts, blankets, positioners)
  - *Non-fitted, even if lightweight, small, or "tucked in"* (loveys/cloths, non-fitted sheets, tucked-in blankets)
  - *Weighted* (weighted blankets, weighted swaddles, weighted objects)
- Research links crib bumpers and bedding other than a fitted sheet covering the baby's mattress to serious injuries and deaths from SIDS, suffocation, entrapment, and strangulation.

14


15

Offer baby a pacifier for naps and at night once they are feeding well.

- If feeding baby human milk through direct breastfeeding, wait until breastfeeding is well established, based on your pediatrician's guidance, before trying a pacifier. Breastfeeding is "well established" when the parent has enough milk to feed and satisfy baby's hunger, parent and baby are comfortable during breastfeeding, and baby is gaining enough weight to meet growth goals.

- **If not breastfeeding**, offer baby a pacifier as soon as you like. Research shows that pacifiers are especially helpful for reducing SIDS risk in formula-fed babies.

- To reduce the risk of strangulation, choking, and suffocation, do not attach the pacifier to clothing, stuffed animals, blankets, or other items.

- Do not coat the pacifier with anything, such as a sweetened liquid or honey.

- If the pacifier falls out of baby's mouth during sleep, you don't need to put it back in.

- It is OK if baby doesn't want the pacifier; don't force baby to take it.

- Finger or thumb sucking does not reduce SIDS risk.

Stay smoke- and vape-free during pregnancy, and keep baby's surroundings smoke- and vape-free.

- Smoking during pregnancy greatly increases baby's risk of SIDS.
- Second-hand smoke in the home, car, or other spaces where baby spends time also increases the risk of SIDS and other health problems.

Stay drug- and alcohol-free during pregnancy, and make sure anyone caring for baby is drug- and alcohol-free.

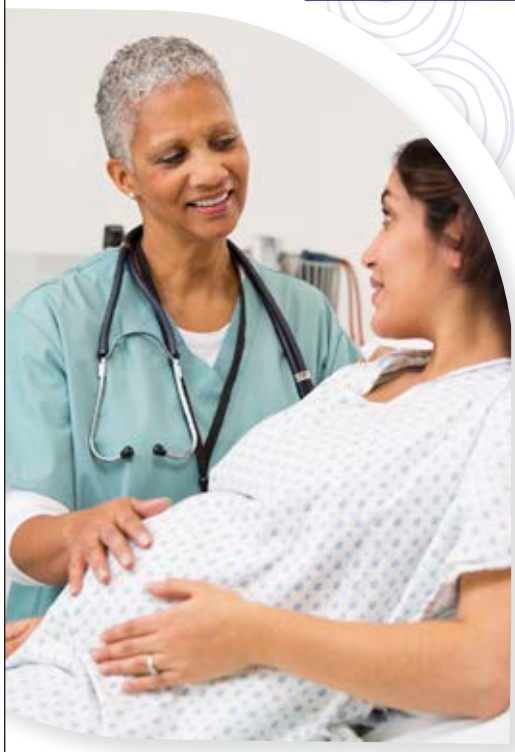
- Research shows that drug and alcohol use—during pregnancy and by infant caregivers—increases the risk of SIDS.
- Sharing an adult bed with baby when using drugs or alcohol also increases baby's risk of injury and death.

17

Avoid letting baby get too hot, and keep baby's head and face uncovered during sleep.

- Baby can get hot or overheated if they are wearing too many layers of clothes and bedding for the room temperature (sometimes called overbundling). Overheated babies are at higher risk for SIDS and heat-related death.
- Dress baby in clothes suitable for the temperature of the room.
- Wearing hats while indoors can make baby too hot, so take off hats when baby is inside.
- Watch for signs that baby is too hot, such as sweating, flushing/red or hot skin, or baby's chest feeling hot to the touch.
- Dressing baby in a wearable blanket or an extra layer of clothing can keep them warm without adding items to the sleep area.
- Do not leave baby alone in a vehicle, no matter the temperature outside.


19



Get regular medical care throughout pregnancy.

- Visiting a health care provider as soon as you find out you are pregnant, and then regularly until birth, can help promote a healthy pregnancy.
- Research shows that, in certain communities, regular prenatal care can also reduce the risk of SIDS.

Follow health care provider advice on vaccines, checkups, and other health issues for baby.

- Pediatricians and other medical providers have the most up-to-date information about safe sleep, growth and development, and other health topics for baby.
- Research shows that vaccinated babies are at lower risk for SIDS.
- Vaccines also protect people, including babies, from dangerous and deadly diseases.

Avoid products and devices that go against safe sleep guidance, especially those that claim to "prevent" SIDS and sleep-related deaths.

- Many wedges, positioners, or other products that claim to keep babies in one position or to reduce the risk of SIDS, suffocation, or reflux do not meet federal guidelines for sleep safety. These products, such as inclined sleepers, are linked to injury and death, especially when used in baby's sleep area. You can help prevent injuries and deaths by not using these products and devices.
- **No product can prevent SIDS.**
- The CPSC has more information about safety standards for baby products at https://bit.ly/CPSCSafeSleep.

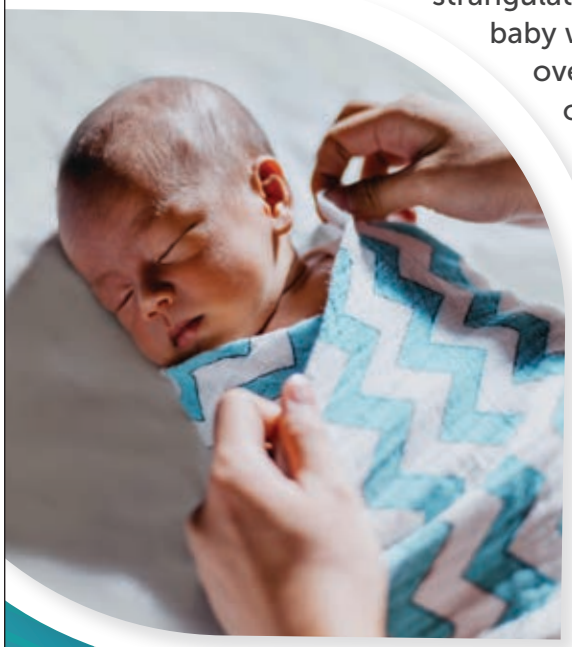
Avoid using heart, breathing, motion, or other monitors to reduce the risk of SIDS.

- These types of monitors are not effective at detecting or preventing SIDS.
- If you choose to use these devices for reasons other than detecting SIDS, make sure to follow safe sleep recommendations to reduce baby's risk of sleep-related deaths.
- If you have questions about using these devices for health problems or concerns other than SIDS, talk with your baby's health care provider.

21

Avoid swaddling once baby starts to roll over (usually around 3 months of age), and keep in mind that swaddling does not reduce SIDS risk.

- Even though swaddling does not reduce the risk of SIDS, some babies are calmer and sleep better when they are swaddled.
- If you choose to swaddle your baby, make sure you follow the American Academy of Pediatrics safe sleep recommendations to reduce baby's risk of sleep-related deaths.
- Once baby starts to roll over on their own, swaddling increases risk of suffocation and strangulation. Stop swaddling baby when they start rolling over, usually around 3 months of age.



- Using the back sleep position for swaddled babies is especially important. A swaddled baby may have trouble moving out of the stomach or side positions, which puts them at greater risk for SIDS and other sleep-related deaths than the back sleep position.

22

Give babies plenty of "tummy time" when they are awake, and when someone is watching them.

- Supervised tummy time helps strengthen your baby's neck, shoulder, and arm muscles.
- Tummy time also helps prevent flat spots on the back of your baby's head.
- Tummy time is an important way to help improve baby's motor skills and movement.
- Tummy time sessions can start within a few days of birth, for 3 to 5 minutes, two or three times a day. As baby grows stronger, you can slowly make tummy time longer and practice it more times a day.
- Pediatricians recommend that, by about 2 months of age, babies should be getting at least 15 minutes to 30 minutes of total tummy time daily.
- For more information on tummy time, visit https://bit.ly/AAPTummyTime.

23

Frequently Asked Questions (FAQs)

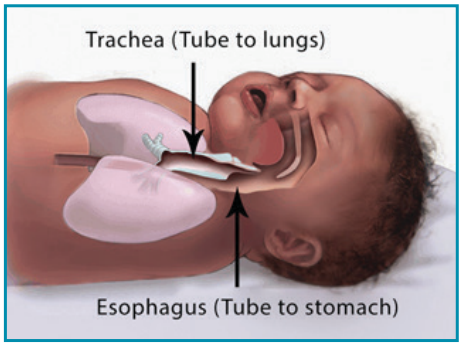
Q: What is the best way to protect baby from sleep-related death?

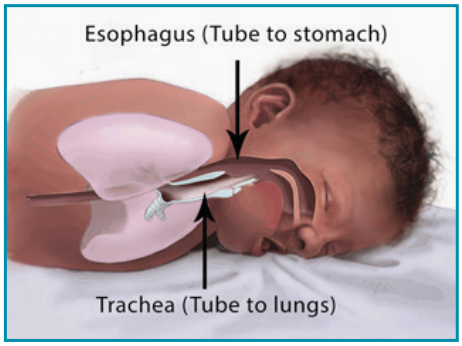
A: Always place babies on their backs to sleep, in their own sleep space designed for babies and in the parents' room, on a surface that is firm, flat, and level (not inclined) covered only by a fitted sheet, and with no objects, toys, or other items in the sleep area.

Q: Will my baby choke if placed on their back to sleep?

A: No. Healthy babies naturally swallow or cough up fluids—it's a reflex all people have. Babies may actually clear such fluids better when sleeping on their backs because of human anatomy.

When on their back, baby's trachea or windpipe (tube to the lungs) lies on top of the esophagus (tube to the stomach). Anything regurgitated, refluxed, or spit up from the stomach through the esophagus has to go against gravity to get to the windpipe and cause choking. When on the stomach, such fluids leave baby's esophagus and pool at the opening for the windpipe, making choking more likely.





Q: When I was a baby, I was put on my stomach to sleep. Was that wrong?

A: No. Your caregiver followed advice based on the evidence available at that time. Since then, research has shown that sleeping on the stomach increases the risk for SIDS, and that sleeping on the back carries the lowest risk of SIDS. That's why the latest recommendation is: "back is best."

Q: Can I practice skin-to-skin care as soon as my baby is born?

A: Yes! Experts recommend immediate skin-to-skin contact for all parents and newborns for at least 1 hour after birth, once a health care provider says the parent is stable and can respond to their baby. When the parent needs to sleep or handle other activities, baby should be placed on their back in their own sleep space, such as a safety-approved crib[1] or bassinet.

Q: What if I fall asleep while feeding my baby in my bed?

A: If you fall asleep while feeding or comforting baby in your bed, put them back in a separate sleep area as soon as you wake up. Research shows that the longer an adult shares a bed with baby, the higher baby's risk for suffocation and other sleep-related death.

Before you bring baby into your bed for feeding or comforting, remove or clear away all soft items and bedding from your side of the bed. When finished, put baby back in a sleep area made just for babies, like a portable crib, close to your bed.

[1]The CPSC has more information on crib safety at https://bit.ly/CPSCSafeSleep.

Spread the word!

Make sure everyone who cares for your baby knows the ways to reduce the baby's risk for sleep-related death. Talk with your health care provider about any questions or challenges related to safe sleep practices for your baby.

Help family members, siblings, grandparents, babysitters, day care workers—EVERYONE who cares for your baby—reduce your baby's risk by sharing these safe sleep messages with them.

For more information, contact Safe to Sleep®:

Phone:
1-800-505-CRIB (2742)

Email:
SafetoSleep@mail.nih.gov

Web:
https://safetosleep.nichd.nih.gov

Fax:
1-866-760-5947

Telecommunications Relay Service:
Dial 7-1-1

Safe to Sleep® campaign collaborators include:

Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health

Maternal and Child Health Bureau of the Health Resources and Services Administration

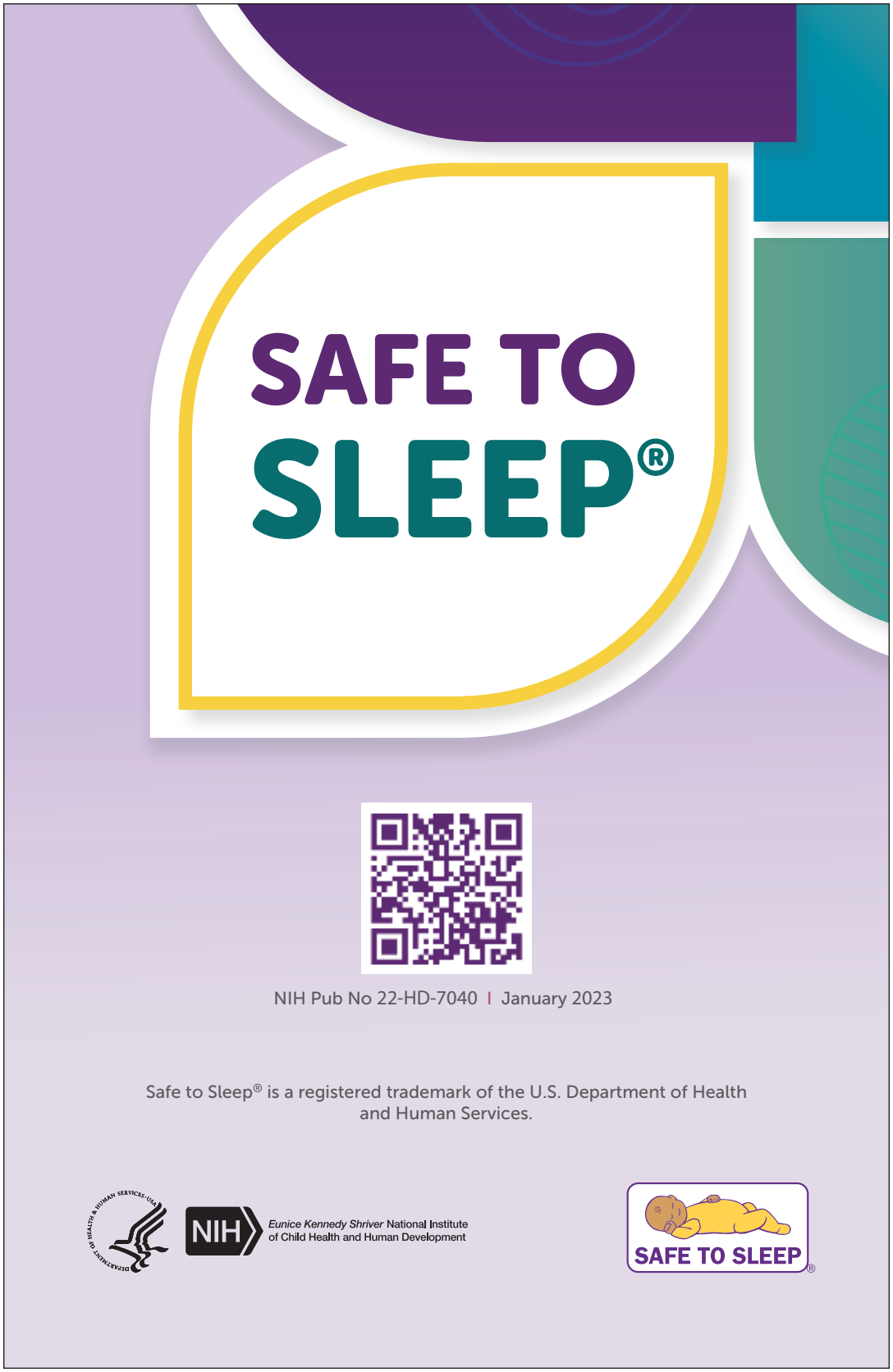
Centers for Disease Control and Prevention, Division of Reproductive Health

Consumer Product Safety Commission

American Academy of Pediatrics

American College of Obstetricians and Gynecologists

First Candle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Eunice Kennedy Shriver National Institute of Child Health and Human Development
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NIH News: SIDS Infants Show Abnormalities in Brain Area Controlling Breathing

October 31, 2006

Infants who die of sudden infant death syndrome have abnormalities in the brainstem, a part of the brain that helps control heart rate, breathing, blood pressure, temperature and arousal, report researchers funded by the National Institutes of Health. The finding is the strongest evidence to date suggesting that innate differences in a specific part of the brain may place some infants at increased risk for SIDS.

The abnormalities appeared to affect the brainstem's ability to use and recycle serotonin, a brain chemical which also is used in a number of other brain areas and plays a role in communications between brain cells. Serotonin is most well known for its role in regulating mood, but it also plays a role in regulating vital functions like breathing and blood pressure.

The study appears in the November 1 *Journal of the American Medical Association* and was conducted by researchers in the laboratory of Hannah Kinney, M.D., at Children's Hospital Boston and Harvard Medical School as well as other institutions.

"This finding lends credence to the view that SIDS risk may greatly increase when an underlying predisposition combines with an environmental risk-such as sleeping face down- at a developmentally sensitive time in early life," said Duane Alexander, M.D., Director of the NIH's National Institute of Child Health and Human Development.

SIDS is the sudden and unexpected death of an infant under 1 year of age, which cannot be explained after a complete autopsy, an investigation of the scene and circumstances of the death, and a review of the medical history of the infant and his or her family. Typically, the infant is found dead after having been put to sleep and shows no signs of having suffered.

In previous studies, researchers have hypothesized that abnormalities in the brainstem may make an infant susceptible to situations in which they re-breathe their own exhaled breath, depriving them of oxygen. This hypothesis holds that certain infants may not be able to detect high carbon dioxide or low oxygen levels during sleep, and do not wake up.

To conduct the current study, researchers examined tissue from the brainstems of 31 infants who died of SIDS and 10 infants who died of other causes. The tissue was provided by the office of the chief medical examiner in San Diego, California, and was collected from infants who died between 1997 and 2005.

The lower brainstem helps control such basic functions as breathing, heart rate, blood pressure, body temperature, and arousal. The researchers found that brainstems from SIDS infants contained more neurons (brain or nerve cells) that manufacture and use serotonin than did the brainstems of the control infants, explained the study's first author, David Paterson, PhD, a researcher at Children's Hospital in Boston.

Serotonin belongs to a class of molecules known as neurotransmitters, which serve to relay messages between neurons. Neurons release neurotransmitters, which fit into special sites, or receptors, on surrounding neurons, somewhat like a key fits into a lock. Once in place, the neurotransmitter either promotes or hinders electrical activity in the receiving neuron—next in line in a particular brain circuit—causing it to release its neurotransmitters, which either excite or inhibit still more neurons, and so on.

Although the brainstem tissue from the SIDS infants contained more serotonin-using neurons, these serotonin-using neurons appeared to contain fewer receptors for serotonin than did the brainstems of control infants. Dr. Paterson noted that there are at least 14 different subtypes of serotonin receptor. In their study, the researchers tested the infants' brainstem tissue for a serotonin receptor known as "subtype 1A."

Tissue from both the SIDS infants and the control infants contained roughly equal amounts of a key brain protein, serotonin transporter protein. This protein recycles serotonin, collecting the neurotransmitter from the surrounding spaces outside the neuron and transporting it back into the neuron so it can be used again. Dr. Paterson explained, however, that because the SIDS infants had

proportionately more serotonin-using neurons than did the control infants, they would also be expected to have more serotonin transporter protein. So even though they had equal amounts of serotonin transporter protein, the levels were nevertheless reduced—relative to the increased number of serotonin-using neurons—and, for this reason, unlikely to meet the needs of these cells.

Dr. Paterson added that from the observations in this study it was not possible to determine how much serotonin the infants' brainstems contained when the infants were alive. He noted, however, that the pattern of abnormalities—more serotonin neurons, an apparent reduction of serotonin 1A receptors, and insufficient serotonin transporter—suggested that the level of serotonin in the brainstems of SIDS infants was abnormal.

"Our hypothesis right now is that we're seeing a compensation mechanism," Dr. Paterson said. "If you have more serotonin neurons, it may be because you have less serotonin and more neurons are recruited to produce and use serotonin to correct this deficiency."

The researchers also found that male SIDS infants had fewer serotonin receptors than did either female SIDS infants or control infants. The finding may provide insight into why SIDS affects roughly twice as many males as females.

"These findings provide evidence that SIDS is not a mystery but a disorder that we can investigate with scientific methods, and some day, may be able to identify and treat," said Dr. Hannah Kinney, the senior author of the paper.

A large body of research has shown that placing an infant to sleep on his or her stomach greatly increases the risk of SIDS. The NICHD-sponsored Back to Sleep campaign urges parents and caregivers to place infants to sleep on their backs, to reduce SIDS risk. The campaign has reduced the number of SIDS deaths by about half since it began in 1994. The campaign also cautions against other practices that increase the risk of SIDS, such as soft bedding, smoking during pregnancy, and smoking around a baby after birth.

Despite the fact that the Back to Sleep campaign recommendations had been widely distributed by the time the study began, a large proportion of the SIDS cases in the study by Drs. Paterson, Kinney and their coworkers were correlated with known SIDS risk factors: 15 (48 percent) were found sleeping on their stomachs, 9 (29 percent) were found face down, and 7 (23 percent) were sharing a bed, at the time of death.

"The majority (65 percent) of the SIDS cases in this data set, however, were sleeping prone or on their side at the time of death, indicating the need for continued public health messages on safe sleeping practices, the study authors wrote."

To Learn More

Information and free materials on ways parents and caregivers can reduce the risk of sudden infant death syndrome are available on the Safe to Sleep website at https://safetosleep.nichd.nih.gov.

Information about the search for ways to identify infants most at risk for SIDS is available in the article "Searching for Those at Greatest Risk for SIDS" at https://www.nichd.nih.gov/newsroom/releases/sids_serotonin_backgrounder.

Glossary of SUID-Related Terminology

Apnea–Transient cessation of breathing.

Apnea of Prematurity–Periodic breathing with respiratory pauses longer than 20 seconds in a premature infant of less than 37 weeks gestation; may be accompanied by changes in color or in muscle tone.

Apparent Life Threatening Event (ALTE)–An episode that is frightening to the observer and is characterized by some combination of apnea, color change, change in muscle tone, and choking or gagging, replacing the term "near-miss" SIDS.

Arrhythmia–Any variation from the normal rhythm of the heartbeat.

Autopsy–See Postmortem.

Botulism–An often fatal poisoning caused by the bacterium Clostridium botulinum. Infant deaths from botulism have been misdiagnosed as SIDS.

Bradycardia–Slowing of the heart rate. (See tachycardia.)

Brainstem–The base of the human brain, which lies just above the spinal cord and controls breathing and other involuntary activities.

Cardio-Pulmonary Resuscitation (CPR)–A procedure whereby a victim who is not breathing or has no pulse is massaged so that blood flow and oxygen exchange are maintained.

Cause (of SIDS)–A condition or event directly responsible for the death of an individual infant.

Coroner–An officer of the law who holds inquests in regard to violent, sudden, or unexplained deaths. (See medical examiner.)

Co-Sleeping–The practice of having an infant sleep in the same bed with its parents.

Crib Death/Cot Death–Synonyms for SIDS

Diagnosis of Exclusion–SIDS is known as a diagnosis of exclusion because it is reported as the cause of death only as a last resort, when all other causes have been eliminated from consideration.

DPT Vaccine–The vaccine, often given at about two months of age, to inoculate children against diptheria, pertussis (whooping cough), and tetanus. Links between this vaccine and SIDS have not been supported by research findings.

Forensic Medicine–The application of medical knowledge to legal issues.

Gastroesophageal Reflux–An excessive or pathologic tendency toward the reverse flow of stomach contents into the esophagus and sometimes into the throat, from whence refluxed material can be inhaled into the lungs

Homeostatic Control Mechanisms–Innate behaviors of an infant to automatically regulate body conditions such as temperature, oxygen, and carbon dioxide levels in the blood, or heart rate.

Hypoxia–The condition wherein too little oxygen reaches tissues and organs.

International Classification of Diseases, 10th Revision (ICD-10)–A guide for the classification of morbidity and mortality information for statistical purposes published by the World Health Organization.

Medical Examiner–A physician trained specifically in forensic medicine and pathology who conducts death investigations. (See coroner.)

Metabolic Disorder–An abnormality of a physical or chemical process underlying vital cellular or organ function.

Monitoring–Using an apparatus to observe and/or record physical signs such as respiration, pulse, and blood pressure.

Pathology–1. The study of disease, its essential nature, cause, and development, and the structural and functional changes it produces. 2. A condition that might lead to sickness, disability, or death. No pathologies have been discovered that are strongly associated with subsequent SIDS deaths.

Petechiae–Pinpoint hemorrhages often found on the surfaces of organs or in the lining of the chest cavity. Petechiae are a characteristic finding in autopsies of SIDS victims.

Postmortem–An examination of the body after death, usually with such dissection as will expose the vital organs for determining the cause of death or the character and extent of changes produced by disease; an autopsy.

Predisposition–A latent susceptibility to disease that may be activated under certain conditions, such as by physiologic stresses.

Prone (Sleep position)–Sleeping on one's stomach. Evidence suggests that prone sleeping increases the risk of SIDS. (See supine.)

Risk Factor–A statistically derived rating of how much more common the factor under study is in the population suffering from the disease than in populations without the disease.

Risk factors for SIDS include prone sleeping, secondhand smoke, over or underdressing infants, male gender, age between 2 and 4 months, bottle-feeding, and subsequent SIDS sibling—a son or daughter born to parents after they have lost an infant to SIDS.

Subsequent SIDS Sibling–A son or daughter born to parents after they have lost an infant to SIDS.

Sudden Infant Death Syndrome (SIDS)–When an (often) apparently healthy baby suddenly dies, for no apparent reason. SIDS is defined as the death of an infant between the ages of one month and one year which remains unexplained after a thorough postmortem, investigation of the death scene, and review of the clinical history.

Sudden Unexpected Infant Death (SUID)*–The Centers for Disease Control and Prevention (CDC) defines this as the sudden and unexpected death of an infant under 1 year of age, where the cause of death is not immediately obvious before investigation. This category includes deaths from Sudden Infant Death Syndrome (SIDS), accidental suffocation in a sleeping environment, and other deaths from unknown causes.

Supine (Sleep position)–Sleeping on one's back. Evidence suggests that supine sleeping reduces the risk of SIDS. (See prone.)

Surviving SIDS Sibling–A son or daughter born to parents before they have lost an infant to SIDS.

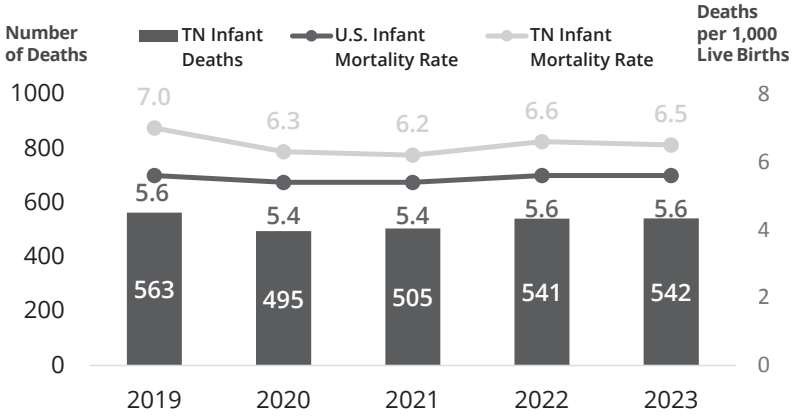
Syndrome–A set of signs and symptoms that occur together often enough to constitute a specific condition or entity.

Tachycardia–A more rapid than normal heart rate. (See bradycardia.)

The terms Sudden Unexpected Infant Death (SUID) and Sudden Unexplained Infant Death (SUID) are often used interchangeably, but they have distinct meanings as noted in the definitions above. While both terms describe sudden infant deaths, Sudden Unexpected Infant Death is more inclusive, covering both explained and unexplained deaths, whereas Sudden Unexplained Infant Death specifically refers to cases where the cause remains unexplained after investigation. The CDC does not specifically define Sudden Unexplained Infant Death as a separate term from Sudden Unexpected Death.

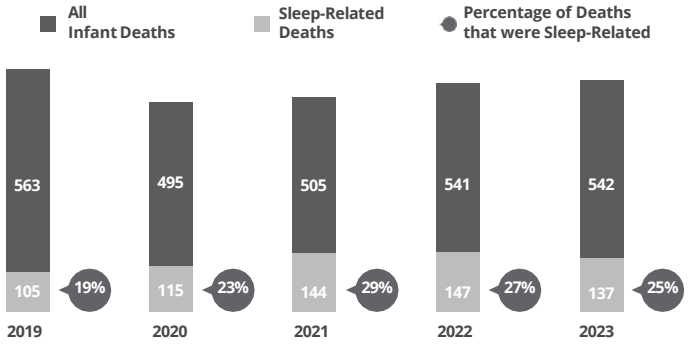
SUID in Tennessee

Infant Mortality, Tennessee, 2019-2023



Data source: TN Death: Tennessee Department of Health, Division of Vital Records and Health Statistics, Death Statistical File, 2019-2023.

Sleep-Related Infant Deaths, Tennessee, 2019-2023



Note: Counts reported may differ from previous reports as completion of data quality checks may have changed the categorization of some cases.

Data sources: Sleep-related infant death counts from Tennessee Department of Health, Child Fatality Review Database System, 2019-2023.Total infant deaths from Tennessee Department of Health, Office of Vital Records and Health Statistics, Death Statistical File, 2019-2023.

Contributing Factors in Sleep-Related Infant Deaths, Tennessee, 2019-2023

Contributing Factors*	2019	2020	2021	2022	2023
Infant found not sleeping in crib/bassinet	82	80	105	104	94
Unsafe bedding or toys in sleeping area^	91	99	122	107	93
Infant found sleeping with other people	69	67	86	82	80
Infant found not sleeping on back	47	64	72	69	59
Infant found sleeping with obese adult	16	17	30	16	16
Drug-impaired adult sleeping with infant	7	8	7	3	4
Alcohol-impaired adult sleeping with infant	2	3	6	3	2
Adult fell asleep while bottle feeding infant	2	4	4	3	4

Note: Counts reported may differ from previous reports as completion of data quality checks may have changed the categorization of some cases.

*Since more than one factor may contribute to a single death, the total number of contributing factors exceeds the actual number of sleep-related infant deaths reported for a given year.

^Includes comforter, blanket, pillow, bumper pads, toys, plastic bags, and other items.
Data source: Tennessee Department of Health, Child Fatality Review Database System, 2022-2023.

Notes

Appendix C

Tennessee Services and Information

Child Safety

The Department of Children's Services responds to over 37,000 reports of child abuse and neglect a year. Every day, more than 100 children are reported abused or neglected in Tennessee. The Child Protective Services division strives to protect children whose lives or health are seriously jeopardized because of abusive acts or negligence. This division also supports the preservation of families. The department practices risk-oriented case management in order to help protect children. These are some of the caseworker's major areas of responsibility:

- Investigating referrals of child abuse or neglect
- Identifying the risks that contributed to the abuse or neglect
- Delivering appropriate services to reduce risks
- Evaluating the success of the intervention
- Continuing services, if necessary
- Closing the case or reuniting the child/children and family

What Is Child Abuse?

Child abuse and neglect occurs when a child is mistreated, resulting in injury or risk of harm. Abuse can be physical, verbal, emotional, or sexual.

Physical abuse is nonaccidental physical trauma or injury inflicted by a parent or caretaker on a child. It also includes a parent's or a caretaker's failure to protect a child from another person who perpetrated physical abuse on a child. In its most severe form, physical abuse is likely to cause great bodily harm or death.

Physical neglect is the failure to provide for a child's physical survival needs to the extent that there is harm or risk of harm to the child's health or safety. This may include, but is not limited to, abandonment, lack of supervision, life-endangering physical hygiene, lack of adequate nutrition that places the child below the normal growth curve, lack of shelter, lack of medical or dental care that results in health-threatening conditions, and the inability to meet basic clothing needs of a child. In its most severe form, physical neglect may result in great bodily harm or death.

Sexual abuse includes penetration or external touching of a child's intimate parts, oral sex with a child, indecent exposure or any other sexual act performed in a child's presence for sexual gratification, sexual use of a child for prostitution, and the manufacturing of child pornography. Child sexual abuse is also the willful failure of the parent or the child's caretaker to make a reasonable effort to stop child sexual abuse by another person.

Emotional abuse includes verbal assaults, ignoring and/or indifference to a child, or constant family conflict. If a child is degraded enough, the child will begin to live up to the image communicated by the abusing parent or caretaker.

Child abuse can happen anywhere—in poor, middle-class, or well-to-do homes or in rural or urban areas.

Who Should Report Child Abuse?

Somewhere in your community there is a family who has a serious problem. The children in that family are being abused and neglected by their parents. According to Tennessee law, all persons (including doctors, mental health professionals, child care

providers, dentists, family members, and friends) must report suspected cases of child abuse or neglect. Failure to report child abuse or neglect is a violation of the law. tn.gov/dcs/program-areas/child-safety/reporting/faqs

If you believe a child has been abused or neglected call (877) 237-0004 to report it.

Possible Indicators of Abuse and Neglect.

- The child has repeated injuries that are not properly treated or adequately explained.
- The child begins acting in unusual ways, ranging from disruptive and aggressive to passive and withdrawn behavior.
- The child acts in the role of parent toward brothers and sisters or even toward parents.
- The child may have disturbed sleep (nightmares, bed-wetting, fear of sleeping alone, needing a nightlight).
- The child loses his/her appetite, overeats, or reports being hungry.
- There is a sudden drop in school grades or participation in activities.
- The child may act in stylized ways, such as sexual behavior that is not normal for his/her age group.
- The child may report abusive or neglectful acts.

The above signs indicate that something is wrong but do not necessarily point to abuse. However, if you notice these signs early, you may be able to prevent abuse or neglect.

Parents who abuse or neglect their children may show some common characteristics:

- Possible drug/alcohol history
- Disorganized home life
- May seem to be isolated from the community and have no close friends
- When asked about a child's injury, may offer conflicting reasons or no explanation at all
- May seem unwilling or unable to provide for a child's basic needs
- May not have age-appropriate expectations of their children
- May use harsh discipline that is not appropriate for a child's age or behavior
- Were abused or neglected as a child

Parents who abuse their children need help, but few are able to admit the problem and seek assistance. Long-term trends show that more than 93% of the perpetrators of child abuse and neglect in Tennessee were the parents or relatives of the victims. Staffs at schools, day cares, and institutions were perpetrators in only two percent of the investigations. Adolescents as well as adults can be perpetrators of abuse.

What Happens in an Investigation?

The process of investigation can include talking with the alleged child victim (or observing a young, nonverbal child), parents, and/or the alleged perpetrator. CPS workers will gather pertinent medical and psychological information and will work with their counterparts in the medical, psychological, judicial, and law enforcement fields. The investigations can also include interviews of neighbors or friends who have knowledge of the child's situation. The emphasis remains on constantly evaluating the risk to the alleged child victim during the entire investigative process.

In reports involving severe child abuse, DCS will notify the local district attorney and law enforcement offices. These include reports that involve a child's death or serious injury or situations involving torture, malnutrition, and child sexual abuse. Furthermore, Tennessee law requires local child protective investigation teams to review certain cases.

The investigative team in each county includes representatives from DCS, the local district attorney general's office, juvenile court, law enforcement, and the mental health profession.

What Happens When I Call Central Intake?

When a person notifies the Department of Children's Services regarding possible abuse or neglect of a child, Children's Services case managers determine how quickly to respond with an investigation. They must assess the referral information and focus on the present and future risks to the child. Considering the condition of the child and the risk of future maltreatment helps a case manager know how quickly to respond to an abuse or neglect referral and what priority to assign to that referral. DCS accepts reports of child maltreatment provided they meet the following three criteria:

- The report pertains to a child under the age of 18 years.
- The report alleges harm or imminent risk of harm to the child.
- The alleged perpetrator is a parent or caretaker; a relative or other person living in the home; an educator, volunteer, or employee of a recreational/ organizational setting who is responsible for the child; any individual providing treatment, care, or supervision for the child.

DCS accepts all referrals involving sexual abuse of children under the age of 13 years, regardless of the previous relationship between the alleged victim and the alleged perpetrator. DCS does not investigate sexual abuse allegations of a child 13 to 18 years old by an alleged perpetrator who does not have a relationship with the child, as defined above, unless the child is in the department's custody. DCS may assist law enforcement or the district attorney's office in such cases.

Here is the information you'll be asked to provide if you call to report child abuse:

- Nature of the harm or specific incident(s) that precipitated the report
- Specific allegation(s), date(s) and descriptions(s) of the injuries or dangers
- Identities of alleged perpetrator(s) and their relationships to the victim
- Witnesses to the incident(s) and how to reach those witnesses
- Details of any physical evidence available
- Perpetrator's current access to the child
- Present condition of the child (alone, in need of medical attention, etc.)
- The location of the child and directions to get there
- Any statements from the child
- Parent's or perpetrator's explanation of the alleged child victim's condition or the incident
- Parent's current emotional, physical, or mental state, especially feelings about the child and reactions to the report
- How the reporter came to know the information and the reporter's thoughts about the likelihood of further harm to the child

The reporter's identity is confidential, but a name should be given so the department can follow up with the reporter, if necessary. The reporter is free from civil or criminal liability for reports of suspected child abuse or neglect made in good faith.

To report abuse or neglect, call 1-877-237-0004 or go to www.tn.gov/dcs and click on "How to Report Child Abuse."

Tennessee Department of Children's Services, Child Safety Division
tn.gov/dcs/program-areas/child-safety

Child Fatality Review (CFR) Teams

Child Fatality Review Teams review deaths in order to:

- promote understanding of the causes of childhood deaths,
- identify deficiencies in the delivery of services to children and families by public agencies, and
- make and carry out recommendations that will prevent future childhood deaths.

Members of the state team include the following:

- Department of Health commissioner (chair)
- Attorney general
- Department of Children's Services commissioner
- Tennessee Bureau of Investigation director
- Physician (nominated by Tennessee Medical Association)
- Physician credentialed in forensic pathology
- Department of Mental Health and Substance Abuse Services commissioner
- Judiciary member nominated by the Supreme Court chief justice
- Tennessee Commission on Children and Youth chair
- Department of Intellectual and Developmental Disabilities commissioner
- Two members of the Senate
- Two members of the House of Representatives
- One member representing a child abuse prevention organization
- Three parent representatives

Members of the local teams include the following:

- Department of Health regional health officer
- Department of Children's Services social services supervisor
- Medical examiner
- Prosecuting attorney appointed by the district attorney general
- Local law enforcement officer
- Mental health professional
- Pediatrician or family practice physician
- Emergency medical services provider or firefighter
- Juvenile court representative
- Representatives of other community agencies serving children

Tennessee Department of Health
www.tn.gov/health/health-program-areas/fhw/child-fatality-review.html

Tennessee Child Fatality Review Districts

Northeast	
	Judicial District 1: Carter, Johnson, Unicoi, and Washington Counties
	Judicial District 3: Greene, Hamblen, Hancock, and Hawkins Counties
Sullivan	
	Judicial District 2: Sullivan County
East	
	Judicial District 4: Cocke, Grainger, Jefferson, and Sevier Counties
	Judicial District 5: Blount County
	Judicial District 7: Anderson County
	Judicial District 8: Campbell, Claiborne, Fentress, Scott, and Union Counties
	Judicial District 9: Loudon, Meigs, Morgan, and Roane Counties
Knox	
	Judicial District 6: Knox County
Southeast	
	Judicial District 10: Bradley, McMinn, Monroe, and Polk Counties
	Judicial District 12: Bledsoe, Franklin, Grundy, Marion, Rhea, and Sequatchie Counties
Hamilton	
	Judicial District 11: Hamilton County
Upper-Cumberland	**Judicial District 13**: Clay, Cumberland, DeKalb, Overton, Pickett, Putnam, and White Counties
	Judicial District 15: Jackson, Macon, Smith, Trousdale, and Wilson Counties
	Judicial District 31: Van Buren and Warren Counties
South Central	
	Judicial District 14: Coffee County
	Judicial District 17: Bedford, Lincoln, Marshall, and Moore Counties
	Judicial District 2101: Hickman, Lewis, and Perry Counties
	Judicial District 2201: Giles, Lawrence, and Wayne Counties
	Judicial District 2202: Maury County
Mid-Cumberland	**Judicial District 16**: Cannon, and Rutherford Counties
	Judicial District 18: Sumner County
	Judicial District 1901: Montgomery County
	Judicial District 1902: Robertson County
	Judicial District 2102: Williamson County
	Judicial District 23: Cheatham, Dickson, Houston, Humphreys, and Stewart Counties
Davidson	
	Judicial District 20: Davidson County
West	
	Judicial District 24: Benton, Carroll, Decatur, Hardin, and Henry Counties
	Judicial District 25: Fayette, Hardeman, Lauderdale, McNairy, and Tipton Counties
	Judicial District 27: Obion and Weakley Counties
	Judicial District 28: Crockett, Gibson, and Haywood Counties
	Judicial District 29: Dyer and Lake Counties
Madison	
	Judicial District 26: Chester, Henderson, and Madison Counties
Shelby	
	Judicial District 30: Shelby County

Revised 12/14/2004

There is at least one local CFR team for each of the 31 judicial districts in Tennessee. Due to larger populations and caseloads, some judicial districts are broken up into two teams, resulting in 34 total local CFR teams covering the state.

State of Tennessee
Department of Health

Sudden Unexplained Child Death Investigation Report

For use in children aged 1 year and older

-Investigation Data-

Child's Information:

Last Name:	First Name:		M.
Sex: ☐ M ☐ F	DOB: / /	SS#:	Case#:
Race: ☐ White ☐ Black/African Am. ☐ Asian/Pacific Islander ☐ Other			Ethnicity: ☐ Hispanic/Latino
Primary Address:	City:	St:	Zip:
Incident Address:	City:	St:	Zip:

Contact Information for Witness:

Relationship to the deceased: ☐ Birth Mother ☐ Birth Father ☐ Grandmother ☐ Adoptive or Foster Parents ☐ Physician			
☐ Health Records ☐ Other:_____			
Last Name:	First Name:	M.	SS#
Home Address:	City:	St:	Zip:
Place of work:	City:	St:	Zip:
Phone (H): ( )	Phone (W): ( )	Date of Birth: / /	

-Witness Interview-

1. Tell me what happened:

2. Did you notice anything unusual or different about the child in the last 24 hours? ☐ No ☐ Yes → Describe:

3. Did the child experience any falls or injury within the last 72 hours? ☐ No ☐ Yes → Describe:

4. When was the child **LAST KNOWN ALIVE (LKA)**?	/ /	:	
	Month Day Year	Military Time	Location (Room)
5. When was the child **FOUND**?	/ /	:	
	Month Day Year	Military Time	Location (Room)

6. Explain how you knew the child was still alive.

7. Describe the child's appearance when found.

		Describe and specify location:
a) Discoloration around face/nose/mouth	☐Unknown ☐ No ☐Yes	
b) Secretions (foam, froth)	☐Unknown ☐ No ☐Yes	
c) Skin discoloration (liver mortis)	☐Unknown ☐ No ☐Yes	
d) Pressure marks (pale areas, blanching)	☐Unknown ☐ No ☐Yes	
e) Rash or petechiae (small red blood spots on skin, membranes, or eyes)	☐Unknown ☐ No ☐Yes	
f) Marks on body (scratches or bruises)	☐Unknown ☐ No ☐Yes	
g) Other	☐Unknown ☐ No ☐Yes	

8. What did the child feel like when found? (Check all that apply)

☐ Sweaty ☐ Limp, flexible ☐ Warm to touch ☐ Rigid, stiff ☐ Cool to touch ☐ Unknown

☐ Other, specify:

9. Did anyone else other than EMS try to resuscitate the child? ☐ No ☐Yes Who:_____ When: / / (Month Day Year) : (Military Time)

10. Please describe what was done as part of the resuscitation:

11. Has the parent/caregiver ever had a child die suddenly and unexpectedly? ☐ No ☐ Yes → Describe:

-Child Medical History-

1. Source of medical information:

☐ Doctor ☐ Other health care provider ☐ Medical record ☐ Parent/primary caregiver ☐ Family ☐ Other

2. In the 72 hours prior to death, did the child have:

a) Fever	☐Unknown ☐ No ☐Yes	h) Diarrhea	☐Unknown ☐ No ☐Yes
b) Excessive sweating	☐Unknown ☐ No ☐Yes	i) Stool changes	☐Unknown ☐ No ☐Yes
c) Lethargy or sleeping more than usual	☐Unknown ☐ No ☐Yes	j) Difficulty breathing	☐Unknown ☐ No ☐Yes
d) Fussiness or excessive crying	☐Unknown ☐ No ☐Yes	k) Apnea (stopped breathing)	☐Unknown ☐ No ☐Yes
e) Decrease in appetite	☐Unknown ☐ No ☐Yes	l) Cyanosis (turned blue/gray)	☐Unknown ☐ No ☐Yes
f) Vomiting	☐Unknown ☐ No ☐Yes	m) Seizures or convulsions	☐Unknown ☐ No ☐Yes
g) Choking	☐Unknown ☐ No ☐Yes	n) Other, specify:	

3. In the 72 hours prior to death, was the child injured or did s/he have any other condition(s) not mentioned? ☐No ☐Yes →Describe:

4. In the 72 hours prior to death, was the child given any medications or vaccinations? ☐ No ☐ Yes → List Below: (please include any home remedies, herbal medications, over-the-counter medications)

Name of medication or vaccination	Dose last given	Date given (Month Day Year)	Approx. Time (Military Time)	Reason given/comments:
		/ /	:	
		/ /	:	
		/ /	:	
		/ /	:	

5. At any time in the child's life, did s/he have a history of?		Describe
a) Allergies (food, medication or other)	☐Unknown ☐ No ☐Yes →	
b) Abnormal growth or weight loss/gain	☐Unknown ☐ No ☐Yes →	
c) Apnea (stopped breathing)	☐Unknown ☐ No ☐Yes →	
d) Cyanosis (turned blue/gray)	☐Unknown ☐ No ☐Yes →	
e) Seizures or convulsions	☐Unknown ☐ No ☐Yes →	
f) Cardiac (heart) abnormalities	☐Unknown ☐ No ☐Yes →	
g) Other	☐Unknown ☐ No ☐Yes →	

6. Did the child have any birth defects? ☐ No ☐ Yes → Describe:

7. Describe the two most recent times that the child was seen by a physician or health care provider: (Include emergency department visits, clinic visits, hospital admissions, observational stays, and telephone calls)		
a) Date	First most recent visit _____/_____/_____ Month Day Year	Second most recent visit _____/_____/_____ Month Day Year
b) Reason for visit:		
c) Action taken:		
d) Physician's Name:		
e) Hospital/Clinic:		
f) Address:		
g) City, Zip code:		
f) Phone number:	( ) -	( ) -

8. Birth Hospital Name:					
Street Address:					
City:		State:		Zip code:	

-Incident Scene Investigation-

1. Where did the incident or death occur?

2. Was this the primary residence? ☐ No ☐ Yes
3. Is the site of the incident or death scene a daycare or other childcare setting? ☐ Yes ☐ No → Skip to question **8** below
4. How many children were under the care of the provider at the time of the incident or death? _____ (Under 18 years old)
5. How many adults were supervising the child(ren)? _____ (18 years or older)
6. What is the license number and licensing agency for the daycare?

License Number:		Agency:	

7. How long has the daycare been open for business?
8. How many people live at the site of the incident or death scene?

Number of adults (18 years or older):		Number of children (under 18 years old):	

9. Which of the following heating or cooling sources were being used? (Check all that apply)			
☐ Central air	☐ Window fan	☐ Electric (radiant) ceiling heat	☐ Open window(s)
☐ A/C window unit	☐ Gas furnace or boiler	☐ Wood burning fireplace	☐ Wood burning stove
☐ Ceiling fan	☐ Electric space heater	☐ Coal burning furnace	☐ Unknown
☐ Floor/table fan	☐ Electric baseboard heat	☐ Kerosene space heater	
☐ Other, specify:			

10. Describe the general appearance of the incident scene: (ex. Cleanliness, hazards, overcrowding, etc.)

-Investigation Summary-

1. Are there any factors, circumstances, or environmental concerns about the incident scene investigation that may have impacted the child that have not yet been identified?

2. Arrival times:

Law enforcement at scene:	: Military time	DSI at scene:	: Military time	Child at hospital:	: Military time

-Investigator's Notes-

Indicate the task(s) performed:

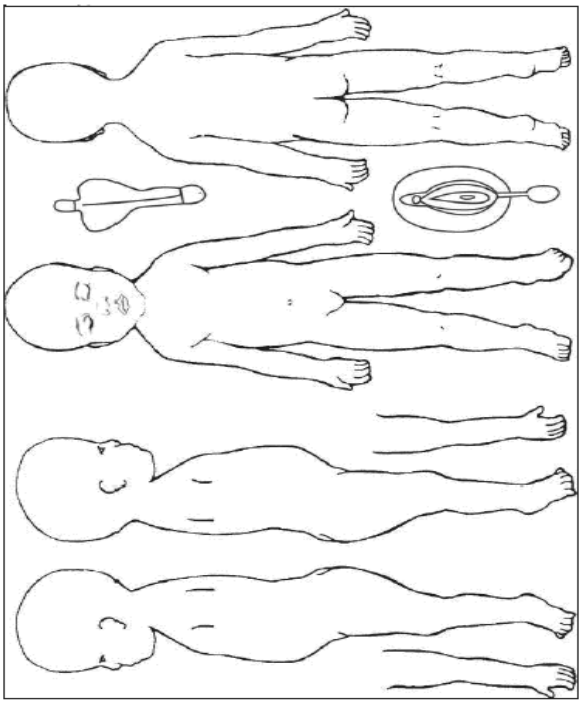
☐ Additional scenes(s)? (Forms attached)	☐ Doll reenactment/scene re-creation	☐ Photos or video taken and noted
☐ Materials collected/evidence logged	☐ Referral for counseling	☐ EMS run sheet/report
☐ Notify next of kin or verify notification	☐ 911 tape	
☐ Other (explain)		

If more than one person was interviewed, does the information differ? ☐ No ☐ Yes → Detail any differences, inconsistencies of relevant information: (ex. Placed on sofa, last known alive on chair)

-Investigation Diagrams-

Scene Diagram:

Body Diagram:



Lead Death Investigator or Designee:

Signature:	Title:	Date:
Signature:	Title:	Date:

-Summary for Pathologist-

Case Information

Investigator Information:

Name:	Agency:	Phone:

Investigated: ___/___/___ : (Month Day Year Military Time) | Pronounced dead: ___/___/___ : (Month Day Year Military Time)

Child Information:

Last Name:	First:	M.	Case#

Sex: ☐ Male ☐ Female | Date of Birth: / / | Age: _____Years _____Months

Race: ☐ White ☐ Black/African Am. ☐ Asian/Pacific Islander ☐ Other | Ethnicity: ☐ Hispanic/Latino

1. Indicate whether preliminary investigation suggests any of the following:

Sleeping Environment	
☐ Yes ☐ No	Asphyxia (ex. Wedging, choking, nose/mouth obstruction, neck compression, immersion in water)
☐ Yes ☐ No	Hyperthermia/Hypothermia (ex. Hot or cold environments)
☐ Yes ☐ No	Environmental hazards (ex. Carbon monoxide, noxious gases, chemicals, drugs, devices)
Child History	
☐ Yes ☐ No	Recent hospitalization
☐ Yes ☐ No	Previous medical diagnosis
☐ Yes ☐ No	History of acute life-threatening events (ex. Apnea, seizures, difficulty breathing)
☐ Yes ☐ No	History of medical care without diagnosis
☐ Yes ☐ No	Recent fall or other injury
☐ Yes ☐ No	History of religious, cultural, or ethnic remedies
☐ Yes ☐ No	Cause of death due to natural causes other than SIDS (ex. Birth defects, complications of pre-term birth)
Family Info	
☐ Yes ☐ No	Prior sibling deaths
☐ Yes ☐ No	Previous encounters with police or social service agencies
☐ Yes ☐ No	Request for tissue or organ donation
☐ Yes ☐ No	Objection to autopsy
Exam	
☐ Yes ☐ No	Pre-terminal resuscitative treatment
☐ Yes ☐ No	Death due to trauma (injury), poisoning, or intoxication

Investigator Insight

Any "Yes" answers should be explained and detailed. Brief description of circumstances:

Pathologist

2. Pathologist Information:

Name:	Agency:
Phone: ( ) -	Fax: ( ) -

Center for Fatality Review & Prevention

Learning Together,
Protecting Tomorrows

CDR REPORT FORM

Version 6.2

National Fatality Review Case Reporting System

Data Entry Website: data.ncfrp.org

Phone: 800-656-2434

Email: info@ncfrp.org

Instructions:

This case report is used by Child Death Review (CDR) teams to enter data into the National Fatality Review Case Reporting System (NFR-CRS). The NFR-CRS is available to states and local sites from the National Center for Fatality Review & Prevention (NCFRP) and requires a data use agreement for data entry. The purpose is to collect comprehensive information from multiple agencies participating in a review. The NFR-CRS documents demographics, the circumstances involved in the death, investigative actions, services provided or needed, key risk factors and actions recommended and/or taken by the team to prevent other deaths.

While this data collection form is an important part of the CDR process, it should not be the central focus of the review meeting. Experienced users have found that it works best to assign a person to record data while the team discussions are occurring. Persons should not attempt to answer every single question in a step-by-step manner as part of the team discussion.

It is not expected that teams will have answers to all of the questions related to a death. However, over time teams begin to understand the importance of data collection and bring the necessary information to the meeting. The percentage of cases marked "unknown" and unanswered questions decreases as the team becomes more familiar with the form. **The NFR-CRS Data Dictionary is available** as a PDF in the Help menu or as individual help icons in the online data entry system. It contains definitions for each data element and should be referred to when the team is unsure how to answer a question. Use of the data dictionary helps teams improve consistency of data entry.

The form contains three types of questions: (1) select one response as represented by a circle; (2) select multiple responses as represented by a square; and (3) free text responses. This last type is indicated by the words "specify" or "describe."

Many teams ask what is the difference between leaving a question blank and selecting the response "unknown." A question should be marked "unknown" if an attempt was made to find the answer but no clear or satisfactory response was obtained. A question should be left blank (unanswered) if no attempt was made to find the answer. "N/A" stands for "not applicable" and should be used if the question does not apply.

Throughout the form, a plus sign (+) beside a question indicates that the question is skipped for fetal deaths.

Reminder:

Enter identifiable information (**names, dates, addresses, counties**) into the NFR-CRS if your state/local policy allows. Follow your state laws in regards to reporting psychological, substance abuse and HIV/AIDS status. Please check with your fatality review coordinator if you are unsure. For other text fields, such as the **Narrative section or any "specify" or "describe" fields,** do not include specific names, dates of birth, dates of death, references to specific counties, practitioners, or facility names in these text fields. Examples: "Evans County EMS" should be "EMS"; "Evans County Children's Hospital" should be "the children's hospital." **Why this reminder?** Text fields may be shared with approved researchers as noted in the Data Use Agreement in your state or jurisdiction. Therefore, entering identified data into those fields would compromise your responsibility under HIPAA.

Additional paper forms can be ordered from the NCFRP at no charge. Users interested in participating in the NFR-CRS for data entry and reporting should contact the NCFRP. This version includes the SUID (Sudden Unexpected Infant Death) and SDY (Sudden Death in the Young) Case Registry questions.

Copyright: National Center for Fatality Review & Prevention, February 2025

CASE NUMBER

_____ /_____/_____/_____

State / County or Team Number / Year of Review / Sequence of Review

Case Type: ○ Death ○ Near death/serious injury ○ Not born alive (fetal/stillborn)

☐ Child never left hospital following birth

Death Certificate Number:

Birth Certificate Number:

ME/Coroner Number:

Date Team Notified of Death:

A. CHILD INFORMATION

A1. CHILD INFORMATION (COMPLETE FOR ALL AGES)

A + symbol means that the question is skipped for fetal deaths.

1. Child's name: First: Middle: Last: ☐ U/K

2. Date of birth: ☐ U/K ___/___/___ mm dd yyyy

3. Date of death: ☐ U/K ___/___/___ mm dd yyyy

4. Age+: ○ Years ○ Months ○ Days ○ Hours ○ Minutes ○ U/K _____

5. Race, check all that apply:
☐ Alaska Native, Tribe:
☐ American Indian, Tribe:
☐ Asian, specify:
☐ Black
☐ Native Hawaiian
☐ Pacific Islander, specify:
☐ White
☐ U/K

6. Hispanic or Latino/a origin?
○ Yes ○ No ○ U/K

7. Sex:
○ Male ○ Female ○ U/K

8. Residence address: ☐ U/K
Street: Apt.
City:
State: Zip: County:

9. Child's weight at death+: ☐ U/K
○ Pounds/ounces ___/___
○ Grams/kilograms _____

10. Child's height at death+: ☐ U/K
○ Feet/inches ___/___
○ Cm _____

11. State of death:

12. County of death:

13. Child had disability or chronic illness+?
○ Yes ○ No ○ U/K
If yes, check all that apply:
☐ Physical/orthopedic, specify:
☐ Mental health/substance abuse, specify:
☐ Cognitive/intellectual, specify:
☐ Sensory, specify:
☐ U/K
If yes, was child receiving Children's Special Health Care Needs services? ○ Yes ○ No ○ U/K

14. Were any siblings placed outside of the home prior to this child's death?
○ N/A ○ Yes, # _____ ○ No ○ U/K

15. Child's health insurance, check all that apply+:
☐ None ☐ Medicaid ☐ Indian Health Service ☐ U/K
☐ Private ☐ State plan ☐ Other, specify:

16. Was the child up to date with the Centers for Disease Control and Prevention (CDC) immunization schedule+?
○ NA ○ Yes ○ No, specify: ○ U/K

17. Household income:
○ High ○ Medium ○ Low ○ U/K

If the child never left the hospital following birth, go to A2.

18. Type of residence:
○ Parental home ○ Relative home ○ Jail/detention
○ Licensed group home ○ Living on own ○ Other, specify:
○ Licensed foster home ○ Shelter
○ Relative foster home ○ Homeless ○ U/K

19. New residence in past 30 days?
○ Yes ○ No ○ U/K

20. Residence overcrowded?
○ Yes ○ No ○ U/K

21. Child ever homeless?
○ Yes ○ No ○ U/K

22. Number of other children living with child:
_____ ☐ U/K

23. Child had history of child maltreatment as victim?
○ Yes ○ No ○ U/K
If yes, check all that apply:
☐ Physical
☐ Neglect
☐ Sexual
☐ Emotional/psychological
☐ U/K
If yes, how was history identified:
○ Through CPS
○ Other sources
If through CPS:
_____ # CPS referrals
_____ # Substantiations

24. Was there an open CPS case with child at time of death?
○ Yes ○ No ○ U/K

25. Was child ever placed outside of the home prior to the death? ○ Yes ○ No ○ U/K

26. How many months prior to death did child last have contact with a health care provider? ____

A2. COMPLETE FOR CHILDREN OVER ONE YEAR OLD

27. Child's highest education level:
○ N/A ○ Home schooled, 9-12
○ None ○ Drop out
○ Preschool ○ HS graduate/GED
○ Grade K-8 ○ College
○ Grade 9-12 ○ U/K
○ Home schooled, K-8

28. Child's work status:
○ N/A
○ Employed
○ Not working
○ U/K

29. Did child have problems in school?
○ N/A ○ Yes ○ No ○ U/K
If yes, check all that apply:
☐ Academic ☐ Expulsion
☐ Truancy ☐ Other, specify:
☐ Suspensions
☐ Behavioral ☐ U/K

30. Child had history of intimate partner violence?
Check all that apply:
☐ N/A
☐ Yes, as victim
☐ Yes, as perpetrator
☐ No
☐ U/K

31. Child had received prior mental health services?
○ N/A ○ Yes ○ No ○ U/K
If yes, check all that apply:
☐ Outpatient
☐ Day treatment/partial hospitalization
☐ Residential

32. Child was receiving mental health services?
○ N/A ○ Yes ○ No ○ U/K
If yes, check all that apply:
☐ Outpatient ☐ Residential
☐ Day treatment/partial hospitalization

33. Child on medications for mental health illness?
○ N/A ○ Yes ○ No ○ U/K

34. Child had emergency department visit for mental health care within the previous 12 months?
○ N/A ○ Yes ○ No ○ U/K
If yes, did the child have a follow-up mental health appointment within 30 days of emergency department visit?
○ Yes ○ No ○ U/K

35. Child was hospitalized for mental health care within the previous 12 months?
○ N/A ○ Yes ○ No ○ U/K
If yes, did the child have a follow-up mental health appointment within 30 days of discharge from the hospital?
○ Yes ○ No ○ U/K

36. Issues prevented child from receiving mental health services?
○ N/A ○ Yes ○ No ○ U/K
If yes, specify:

37. Child had history of substance use or abuse?
○ N/A ○ Yes ○ No ○ U/K
If yes, check all that apply:
☐ Alcohol ☐ Prescription drugs, specify:
☐ Cocaine ☐ Over-the-counter drugs, specify:
☐ Marijuana ☐ Tobacco/nicotine, specify type:
☐ Methamphetamine ☐ Other, specify:
☐ Opioids ☐ U/K
If yes, did the child receive treatment?
○ Yes ○ No ○ U/K
If yes, type? Check all that apply:
☐ Outpatient ☐ Day treatment/partial hospital
☐ Inpatient/detox ☐ Residential
If yes, age at first use: _____ ☐ U/K

38. Child had delinquent or criminal history?
○ N/A ○ Yes ○ No ○ U/K
If yes, check all that apply:
☐ Assault ☐ Weapon offense
☐ Robbery/theft
☐ Drugs/alcohol ☐ Other, specify:
☐ Misbehavior ☐ U/K (truancy, destruction of property, trespassing)

39. Child spent time in juvenile detention?
○ N/A ○ Yes ○ No ○ U/K

40. Child acutely ill in the two weeks before death?
○ Yes ○ No ○ U/K

A3. COMPLETE FOR ALL FETAL/INFANTS UNDER ONE YEAR A + symbol means that the question is skipped for fetal deaths.

43. Was this case reviewed by both a Fetal/Infant Mortality Review (FIMR) and Child Death Review (CDR/CFR) team? ○ Yes ○ No ○ U/K

44. Gestational age:
☐ U/K
_____ # weeks

45. Birth weight: ☐ U/K
○ Grams/kilograms _____
○ Pounds/ounces ____/____

46. Multiple gestation pregnancy?
○ Yes, # of fetuses _____
○ No ○ U/K

47. Including the deceased infant, how many pregnancies did the mother have? # ___ ☐ U/K

48. Including the deceased infant, how many live births did the mother have? # _____ ☐ U/K

49. Not including the deceased infant, number of children mother still has living?
_____ ☐ U/K

50. Prenatal care provided during pregnancy of deceased infant? ○ Yes ○ No ○ U/K
If yes, number of prenatal visits kept: #_____ ☐ U/K
If yes, what month of pregnancy for first prenatal visit kept. Specify 1-9: _____ ☐ U/K

51. Were there access or barrier issues related to prenatal care? ○ Yes ○ No ○ U/K If yes, check all that apply:
☐ Lack of money for care
☐ Limitations of health insurance coverage
☐ Lack of transportation
☐ Cultural differences
☐ Language barriers
☐ Couldn't get provider to take as patient
☐ Multiple providers, not coordinated
☐ Couldn't get an earlier appointment
☐ Lack of child care
☐ Lack of family/social support
☐ Services not available
☐ Distrust of health care system
☐ Unwilling to obtain care
☐ Didn't know where to go
☐ Didn't think she was pregnant
☐ Other, specify:
☐ U/K

52. During pregnancy, did the mother have any medical conditions/complications? ○ Yes ○ No ○ U/K If yes, check all that apply:

Cardiovascular
☐ Hypertension - gestational
☐ Hypertension - chronic
☐ Pre-eclampsia
☐ Eclampsia
☐ Clotting disorder

Hematologic
☐ Sickle cell disease
☐ Anemia (iron deficiency)

Respiratory
☐ Asthma

Endocrine/Metabolic
☐ Diabetes, type 1 chronic
☐ Diabetes, type 2 chronic
☐ Diabetes, gestational
☐ Thyroid
☐ Polycystic ovarian disease

Neurologic/Psychiatric
☐ Addiction disorder
☐ Depression
☐ Anxiety disorder
☐ Seizure disorder

Sexually Transmitted Infection (STI)
☐ Bacterial vaginosis (BV)
☐ Chlamydia
☐ Gonorrhea
☐ Herpes
☐ HPV
☐ Syphilis
☐ Group B strep
☐ HIV/AIDS
☐ Other STI, specify:

Gynecologic
☐ Uterine/vaginal bleeding
☐ Chorioamnionitis
☐ Oligohydramnios
☐ Polyhydramnios
☐ Intrauterine growth restriction (IUGR)
☐ Premature rupture of membranes (PROM)
☐ Preterm premature rupture of membranes (PPROM)
☐ Cervical Insufficiency

Umbilical cord complications
☐ Prolapse
☐ Nuchal cord
☐ Other cord, specify:

Gynecologic (continued)

Placental problems
☐ Abruption
☐ Previa
☐ Other placental, specify:

Other Condition/Complication
☐ UTI
☐ Decreased fetal movement
☐ HELLP syndrome
☐ CBP developmental delay
☐ Oral health/dental or gum infection
☐ Gastrointestinal
☐ CBP genetic disorder
☐ Abnormal MSAFP
☐ Preterm labor
☐ Obesity
☐ Other, specify:

53. Did the mother experience any medical complications in previous pregnancies?

○ N/A ○ Yes ○ No ○ U/K

If yes, check all that apply: ☐ Previous preterm birth ☐ Previous small for gestational age ☐ Previous low birth weight birth ☐ Previous large for gestational age (greater than 4000 grams)

54. Did the mother use any medications, drugs or other substances during pregnancy?

○ Yes ○ No ○ U/K If yes, check all that apply:

☐ Over-the-counter meds	☐ Anti-epileptic	☐ Nausea/vomiting medications	☐ Cocaine	☐ Meds to treat drug addiction
☐ Allergy medications	☐ Anti-hypertensives	☐ Cholesterol medications	☐ Heroin	☐ Opioids
☐ Antibiotics	☐ Anti-hypothyroidism	☐ Meds to treat preterm labor	☐ Marijuana	☐ Other pain meds
☐ Anti-depressants/ anti-anxiety/ anti-psychotics	☐ Arthritis medications	☐ Meds used during delivery	☐ Methamphetamine	☐ Other, specify:
	☐ Diabetes medications	☐ Progesterone/P17	☐ Alcohol	☐ U/K
	☐ Asthma medications		☐ If alcohol, infant born with fetal effects or syndrome?	

If any item is checked, please indicate the generic or brand name of the medications or drugs:

55. Was the infant/fetus delivered drug expos ○ Yes ○ No ○ U/K

56. Did the infant have neonatal abstinence syndrome (NAS)+? ○ Yes ○ No ○ U/K

57. Level of birth hospital:

○ 1
○ 2
○ 3
○ 4
○ Freestanding birth center
○ Home birth
○ Other, specify:
○ U/K

58. At discharge from the birth hospital, was a case manager assigned to the mother?

○ N/A, mother did not go to a birth hospital ○ Yes ○ No ○ U/K

59. Did the mother have contact with her care provider within the first 3 weeks postpartum?

○ Yes ○ No ○ U/K

60. Did the infant have a NICU stay of more than one day+? ○ Yes ○ No ○ U/K

If yes, for what reason(s)? Check all that apply:

☐ Prematurity	☐ Apnea	☐ Hypothermia	☐ Meconium aspiration
☐ Low birth weight	☐ Sepsis	☐ Jaundice	☐ Congenital anomalies
☐ Tachypnea	☐ Feeding difficulties	☐ Anemia	☐ Other, specify:
☐ Drug/alcohol exposure			☐ U/K

61. Did the mother smoke in the 3 months before pregnancy?

○ Yes ○ No ○ U/K

If yes, ___ Avg # cigarettes/day (20 cigarettes in pack)

☐ U/K quantity

62. Did the mother smoke at any time during pregnancy?

○ Yes ○ No ○ U/K

If yes,	Trimester 1	Trimester 2	Trimester 3
Avg # cigarettes/day (20 cigarettes in pack)	_____	_____	_____
U/K quantity	☐	☐	☐

63. Did the mother use e-cigarettes or other electronic nicotine products at any time during pregnancy? ○ Yes ○ No ○ U/K

If yes, on average how often? ○ More than once a day ○ Once a day ○ 2-6 days a week ○ 1 day a week or less ○ U/K

64. Was the mother injured during pregnancy?

○ Yes ○ No ○ U/K If yes, describe:

65. Did the mother have postpartum depression?

○ Yes ○ No ○ U/K

If this was a fetal death, go to Section B.

66. Infant ever breastfed? ○ Yes ○ No ○ U/K

If yes, any breast milk at 3 months? ○ N/A ○ Yes ○ No ○ U/K

If yes, exclusively? ○ Yes ○ No ○ U/K

If yes, any breast milk at 6 months? ○ N/A ○ Yes ○ No ○ U/K

If yes, exclusively? ○ Yes ○ No ○ U/K

If ever, was infant receiving breast milk at time of death? ○ Yes ○ No ○ U/K

67. Did infant have abnormal metabolic newborn screening results?

○ N/A ○ Yes ○ No ○ U/K

If yes, describe any abnormality such as a fatty acid oxidation error:

If the infant never left the hospital following birth, go to Section B.

68. At any time prior to the infant's last 72 hours, did the infant have a history of (check all that apply):

☐ None	☐ Cyanosis
☐ Infection	☐ Seizures or convulsions
☐ Allergies	☐ Cardiac abnormalities
☐ Abnormal growth, weight gain/loss	☐ Other, specify:
☐ Apnea	☐ U/K

69. In the 72 hours prior to death, did the infant have any of the following? Check all that apply:

☐ None	☐ Decrease in appetite	☐ Difficulty breathing
☐ Fever	☐ Vomiting	☐ Apnea
☐ Excessive sweating	☐ Choking	☐ Cyanosis
☐ Lethargy/sleeping more than usual	☐ Diarrhea	☐ Seizures or convulsions
	☐ Stool changes	☐ Other, specify:
☐ Fussiness/excessive crying		☐ U/K

70. In the 72 hours prior to death, was the infant injured?

○ Yes ○ No ○ U/K

If yes, describe cause and injuries:

71. In the 72 hours prior to death, was the infant given any vaccines?

○ Yes ○ No ○ U/K

If yes, list name(s) of vaccines:

72. In the 72 hours prior to death, was the infant given any medications or remedies? Include herbal, prescription, over-the-counter medications and home remedies.

○ Yes ○ No ○ U/K

If yes, list name and last dose given:

73. What did the infant have for his/her last meal? Check all that apply:

☐ Breast milk
☐ Formula
☐ Baby food
☐ Cereal
☐ Other, specify:
☐ U/K

B. BIOLOGICAL PARENT INFORMATION

○ No information available, go to Section C

1. Parents alive on date of child's death? Even if parent(s) are deceased at time of child's death, please fill out the remaining questions.

Mother alive: ○ Yes ○ No ○ U/K

Father alive: ○ Yes ○ No ○ U/K

2. Parents' race, check all that apply:

Mother	Father	
☐	☐	Alaska Native, Tribe:
☐	☐	American Indian, Tribe:
☐	☐	Asian, specify:
☐	☐	Black
☐	☐	Native Hawaiian
☐	☐	Pacific Islander, specify:
☐	☐	White
☐	☐	U/K

3. Parents' Hispanic or Latino/a origin?

Mother	Father	
○	○	Yes, specify origin:
○	○	No
○	○	U/K

4. Parents' age in years at time of child's death:

Mother	Father	
____	____	# Years
☐	☐	U/K

5. Parents' employment status:

Mother	Father	
○	○	Employed
○	○	Unemployed
○	○	On disability
○	○	Stay-at-home
○	○	Retired
○	○	U/K

6. Parents' education:

Mother	Father	
○	○	< High school
○	○	High school/GED
○	○	College
○	○	Post graduate
○	○	U/K

7. Parents speak and understand English?

Mother	Father	
○	○	Yes
○	○	No
○	○	U/K

If no, language spoken:

8. Parents first generation immigrant?

Mother	Father	
○	○	Yes, country of origin:
○	○	No
○	○	U/K

9. Parents on active military duty?

Mother	Father	
○	○	Yes, specify branch:
○	○	No
○	○	U/K

10. Parents receive social services in the past twelve months?

Mother	Father	
○	○	Yes
○	○	No
○	○	U/K

If yes, check all that apply below:

Mother	Father		Mother	Father	
☐	☐	WIC	☐	☐	Section 8/housing
☐	☐	Home visiting, specify:	☐	☐	Social Security Disability
☐	☐	TANF			Insurance (SSI/SSDI)
☐	☐	Medicaid	☐	☐	Other, specify:
☐	☐	Food stamps/SNAP/EBT	☐	☐	U/K

11. Parents have substance abuse history?

Mother	Father	
○	○	Yes
○	○	No
○	○	U/K

12. Parents ever victim of child maltreatment?

Mother	Father	
○	○	Yes
○	○	No
○	○	U/K

13. Parents ever perpetrator of maltreatment?

Mother	Father	
○	○	Yes
○	○	No
○	○	U/K

14. Parents have disability or chronic illness?

Mother	Father	
○	○	Yes
○	○	No
○	○	U/K

15. Parents have prior child deaths?

Mother	Father	
○	○	Yes
○	○	No
○	○	U/K

16. Parents have history of intimate partner violence?

Mother	Father	
☐	☐	Yes, as victim
☐	☐	Yes, as perpetrator
☐	☐	No
☐	☐	U/K

17. Parents have delinquent/criminal history?

Mother	Father	
○	○	Yes
○	○	No
○	○	U/K

C. PRIMARY CAREGIVER(S) INFORMATION

If fetal death, skip to Section D.

1. Primary caregiver(s): Select only one each in columns one and two.

One	Two		One	Two		One	Two	
○		Self, go to Section D	○	○	Foster parent	○	○	Other relative
○	○	Mother, go to Section D	○	○	Parent's partner	○	○	Friend
○	○	Father, go to Section D	○	○	Grandparent	○	○	Institutional staff
○	○	Adoptive parent	○	○	Sibling	○	○	Other, specify:
○	○	Stepparent						
						○	○	U/K

2. Caregiver(s) age in years:

One	Two	
____	____	# Years
☐	☐	U/K

3. Caregiver(s) sex:

One	Two	
○	○	Male
○	○	Female
○	○	U/K

4. Caregiver(s) race, check all that apply:

One	Two		One	Two	
☐	☐	Alaska Native, Tribe:	☐	☐	Pacific Islander, specify:
☐	☐	American Indian, Tribe:			
☐	☐	Asian, specify:	☐	☐	White
☐	☐	Black	☐	☐	U/K
☐	☐	Native Hawaiian			

5. Caregiver(s) Hispanic or Latino/a origin?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

If yes, specify origin:

6. Caregiver(s) employment status:

One	Two	
○	○	Employed
○	○	Unemployed
○	○	On disability
○	○	Stay-at-home
○	○	Retired
○	○	U/K

7. Caregiver(s) education:

One	Two	
○	○	< High school
○	○	High school/GED
○	○	College
○	○	Post graduate
○	○	U/K

8. Do caregiver(s) speak and understand English?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

If no, language spoken:

9. Caregiver(s) first generation immigrant?

One	Two	
○	○	Yes, country of origin:
○	○	No
○	○	U/K

10. Caregiver(s) on active military duty?

One	Two	
○	○	Yes, specify branch:
○	○	No
○	○	U/K

11. Caregiver(s) receive social services in the past twelve months?

One	Two			One	Two	
○	○	Yes	If yes, check all services that apply:	☐	☐	WIC
○	○	No		☐	☐	Home visiting
○	○	U/K				specify:
				☐	☐	TANF
				☐	☐	Medicaid

One	Two	
☐	☐	Food stamps/SNAP/EBT
☐	☐	Section 8/housing
☐	☐	Soc Sec Disability (SSI/SSDI)
☐	☐	Other, specify:
☐	☐	U/K

12. Caregiver(s) have substance abuse history?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

13. Caregiver(s) ever victim of child maltreatment?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

14. Caregiver(s) ever perpetrator of maltreatment?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

15. Caregiver(s) have disability or chronic illness?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

16. Caregiver(s) have prior child deaths?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

17. Caregiver(s) have history of intimate partner violence?

One	Two	
☐	☐	Yes, as victim
☐	☐	Yes, as perpetrator
☐	☐	No
☐	☐	U/K

18. Caregiver(s) have delinquent/criminal history?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

D. SUPERVISOR INFORMATION

Answer this section only if the child ever left the hospital following birth

1. Did child have supervision at time of incident leading to death?
   - ○ Yes, answer D2-16
   - ○ No, not needed given developmental age or circumstances, go to Sec. E
   - ○ No, but needed, answer D3-16
   - ○ Unable to determine, try to answer D3-16

2. How long before incident did supervisor last see child? Select one:
   - ○ Child in sight of supervisor
   - ○ Minutes _____ ○ Days _____
   - ○ Hours _____ ○ U/K

3. Is supervisor listed in a previous section?
   - ○ Yes, mother, go to D15
   - ○ Yes, father, go to D15
   - ○ Yes, caregiver one, go to D15
   - ○ Yes, caregiver two, go to D15
   - ○ No

4. Primary person responsible for supervision at the time of incident? Select only one:

○ Adoptive parent	○ Sibling	○ Institutional staff, go to D15
○ Stepparent	○ Other relative	○ Babysitter
○ Foster parent	○ Friend	○ Licensed child care worker
○ Parent's partner	○ Acquaintance	○ Other, specify:
○ Grandparent	○ Hospital staff, go to D15	○ U/K

5. Supervisor's age in years: _____ ☐ U/K

6. Supervisor's sex: ○ Male ○ Female ○ U/K

7. Supervisor speaks and understands English? ○ Yes ○ No ○ U/K
   If no, language spoken:

8. Supervisor on active military duty? ○ Yes ○ No ○ U/K
   If yes, specify branch:

9. Supervisor has substance abuse history? ○ Yes ○ No ○ U/K

10. Supervisor has history of child maltreatment?

As Victim	As Perpetrator	
○	○	Yes
○	○	No
○	○	U/K

11. Supervisor has disability or chronic illness? ○ Yes ○ No ○ U/K

12. Supervisor has prior child deaths? ○ Yes ○ No ○ U/K

13. Supervisor has history of intimate partner violence?
   - ☐ Yes, as victim
   - ☐ Yes, as perpetrator
   - ☐ No
   - ☐ U/K

14. Supervisor has delinquent or criminal history? ○ Yes ○ No ○ U/K

15. At the time of the incident, was the supervisor asleep? ○ Yes ○ No ○ U/K
   If yes, select the most appropriate description of the supervisor's sleeping period at incident:
   - ○ Night time sleep
   - ○ Day time nap, describe:
   - ○ Day time sleep (for example, supervisor is night shift worker), describe:
   - ○ Other, describe:

16. At time of incident was supervisor impaired? ○ Yes ○ No ○ U/K
   If yes, check all that apply:
   - ☐ Drug impaired, specify:
   - ☐ Alcohol impaired
   - ☐ Distracted
   - ☐ Absent
   - ☐ Impaired by illness, specify:
   - ☐ Impaired by disability, specify:
   - ☐ Other, specify:

E. INCIDENT INFORMATION

Answer only E7 if the child never left the hospital following birth

1. Was the date of the incident the same as the date of death?
   - ○ Yes, same as date of death
   - ○ No, different than date of death. Enter date of incident: ____/____/____ mm / dd / yyyy
   - ○ U/K

2. Approximate time of day that incident occurred?
   - Hour, specify 1-12:____
   - ○ AM
   - ○ PM
   - ○ U/K

3. Place of incident, check all that apply:
   - ☐ Child's home
   - ☐ Relative's home
   - ☐ Friend's home
   - ☐ Licensed foster care home
   - ☐ Relative foster care home
   - ☐ Licensed group home
   - ☐ Licensed child care center
   - ☐ Licensed child care home
   - ☐ Unlicensed child care home
   - ☐ Farm/ranch
   - ☐ School
   - ☐ Indian reservation/trust lands
   - ☐ Military installation
   - ☐ Jail/detention facility
   - ☐ Sidewalk
   - ☐ Roadway
   - ☐ Driveway
   - ☐ Other parking area
   - ☐ State or county park, other recreation area
   - ☐ Hospital
   - ☐ Other, specify:
   - ☐ U/K

4. Type of area: ○ Urban ○ Suburban ○ Rural ○ Frontier ○ U/K

5. Incident state:

6. Incident county:

7. Was the death attributed (either directly or indirectly) to an extreme weather event, emergency medical situation, natural disaster or mass shooting?
   ○ Yes ○ No ○ U/K
   If yes, specify the type of event (e.g., tornado, heat wave, flood, medical crisis, etc.) and general circumstances surrounding the death:
   If yes, specify the name of the event if applicable (e.g., Paradise Wild Fire, Hurricane Irma, etc.):

8. Was the incident witnessed?
   ○ Yes ○ No ○ UK
   If yes, by whom?
   - ☐ Parent/relative
   - ☐ Other caretaker/babysitter
   - ☐ Teacher/coach/athletic trainer
   - ☐ Other acquaintance
   - ☐ Health care professional, if death occurred in a hospital setting
   - ☐ Stranger
   - ☐ Other, specify:

9. Was 911 or local emergency called?
   ○ N/A ○ Yes ○ No ○ U/K

10. Was resuscitation attempted? ○ N/A ○ Yes ○ No ○ U/K
    If yes, by whom?
    - ☐ EMS
    - ☐ Parent/relative
    - ☐ Other caretaker/babysitter
    - ☐ Teacher/coach/athletic trainer
    - ☐ Other acquaintance
    - ☐ Health care professional, if death occurred in a hospital setting
    - ☐ Stranger
    - ☐ Other, specify:

    If yes, type of resuscitation:
    - ☐ CPR
    - ☐ Automated External Defibrillator (AED)
      - If no AED, was AED available/accessible? ○ Yes ○ No ○ U/K
      - If AED, was shock administered? ○ Yes ○ No ○ U/K
        - If yes, how many shocks were administered?_____
    - ☐ Rescue medications, including naloxone, specify type:
    - ☐ Other, specify:

    If yes, was a rhythm recorded?
    ○ Yes ○ No ○ U/K
    If yes, what was the rhythm?
    _____

11. At time of incident leading to death, had child used drugs or alcohol?
    ○ N/A ○ Yes ○ No ○ U/K
    If yes, check all that apply:
    - ☐ Alcohol
    - ☐ Cocaine
    - ☐ Marijuana
    - ☐ Methamphetamine
    - ☐ Opioids
    - ☐ Prescription drugs
    - ☐ Over-the-counter drugs
    - ☐ Other, specify:
    - ☐ U/K

12. Child's activity at time of incident, check all that apply:
    - ☐ Sleeping
    - ☐ Working
    - ☐ Driving/vehicle occupant
    - ☐ U/K
    - ☐ Playing
    - ☐ Eating
    - ☐ Other, specify:

13. Total number of deaths at incident event, including child:
    - ____ Children, ages 0-18
    - ____ Adults
    - ☐ U/K

F. INVESTIGATION INFORMATION

A + symbol means that the question is skipped for fetal deaths.

1. Was a death investigation conducted+? ○ Yes ○ No ○ U/K
   If yes, check all that apply:
   - ☐ Medical examiner
   - ☐ Coroner
   - ☐ ME investigator
   - ☐ Coroner investigator
   - ☐ Law enforcement
   - ☐ Fire investigator
   - ☐ EMS
   - ☐ Child Protective Services
   - ☐ Other, specify:
   - ☐ U/K

   If yes, which of the following death investigation components were completed?

Yes	No	U/K		If yes, shared with review team?
○	○	○	CDC's SUIDI Reporting Form or jurisdictional equivalent	○ Yes ○ No
○	○	○	Narrative description of circumstances	○ Yes ○ No
○	○	○	Scene photos	○ Yes ○ No
○	○	○	Scene recreation with doll	○ Yes ○ No
○	○	○	Scene recreation without doll	○ Yes ○ No
○	○	○	Witness interviews	○ Yes ○ No

   If yes, was a death scene investigation conducted at the place of incident? ○ Yes ○ No ○ U/K

2. What additional information would the team like to have known about the death scene investigation+?

3. Death referred to+:
○ Medical examiner ○ Not referred
○ Coroner ○ U/K

4. Person declaring official cause and manner of death+:
○ Medical examiner ○ Hospital physician ○ Mortician ○ U/K
○ Coroner ○ Other physician ○ Other, specify:

5. Autopsy performed? ○ Yes ○ No ○ U/K
If yes, conducted by: ○ Forensic pathologist ○ Unknown type pathologist ○ Pediatric pathologist ○ Other physician ○ General pathologist ○ Other, specify: ○ U/K
If yes, was a specialist consulted during autopsy (cardiac, neurology, etc.)? ○ Yes ○ No ○ U/K If yes, specify specialist:
If no, why not (e.g. parent or caregiver objected)?

6. Were the following assessed either through the autopsy or through information collected prior to the autopsy? Please list any abnormalities/significant findings in F10.

	Yes	No	U/K
Imaging:			
X-ray - single	○	○	○
X-ray - multiple views	○	○	○
X-ray - complete skeletal series	○	○	○
Other imaging, specify (includes MRI, CT scan, photos of the brain, etc):	○	○	○
External Exam:			
Exam of general appearance	○	○	○
Head circumference	○	○	○
Other Autopsy Procedures:			
Gross examination of organs done?	○	○	○
Were weights of any organs taken?	○	○	○

7. Were any of these additional tests performed at or prior to the autopsy? Please list any abnormalities/significant findings in F10.

	Yes	No	U/K
Cultures for infectious disease	○	○	○
Microscopic/histologic exam	○	○	○
Postmortem metabolic screen	○	○	○
Vitreous testing	○	○	○
Genetic testing	○	○	○

8. Was any toxicology testing performed on the child? ○ Yes ○ No ○ U/K
If yes, what were the results? Check all that apply: ☐ Negative ☐ Alcohol ☐ Cocaine ☐ Marijuana ☐ Methamphetamine ☐ Opioids ☐ Too high Rx drug, specify: ☐ Too high OTC drug, specify: ☐ Other, specify: ☐ U/K

9. Was the child's medical history reviewed as part of the autopsy+? ○ Yes ○ No ○ U/K
If yes, did this include:
Review of the newborn metabolic screen results? ○ Yes ○ No ○ U/K ○ Not performed
Review of neonatal CCHD screen results? ○ Yes ○ No ○ U/K ○ Not performed

10. Describe any abnormalities or other significant findings noted in the autopsy+:

11. What additional information would the team like to have known about the autopsy+?

12. Was there agreement between the cause of death listed on the autopsy report and on the death certificate+? ○ N/A ○ Yes ○ No ○ U/K
If no, describe the differences:

13. Was a CPS record check conducted as a result of death+? ○ Yes ○ No ○ U/K

14. Did the child ever have any injuries that were suspicious of child abuse+? ○ Yes ○ No ○ U/K
If yes, what injuries were found? ☐ Skin injury ☐ Broken bones ☐ Abdominal injury ☐ Mouth injury ☐ Head injury ☐ U/K ☐ Burns

15. Did any investigation find evidence of prior abuse+? ○ N/A ○ Yes ○ No ○ U/K
If yes, from what source? ☐ From x-rays ☐ From law enforcement ☐ From autopsy ☐ U/K ☐ From CPS review

16. CPS action taken because of death+? ○ N/A ○ Yes ○ No ○ U/K
If yes, highest level of action taken because of death:
○ Report screened out and not investigated
○ Unsubstantiated
○ Inconclusive
○ Substantiated
If yes, what services or actions resulted? Check all that apply:
☐ 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

17. If death occurred in licensed setting (see E3), indicate action taken+:
○ No action
○ License suspended
○ License revoked
○ Investigation ongoing
○ Other, specify:
○ U/K

G. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH

1. Enter the cause of death code (ICD-10) assigned to this case by Vital Records using a capital letter and corresponding number (e.g., W75 or V94.4) and include up to one decimal place if applicable: _____ ☐ U/K

2. Enter the following information exactly as written on the death certificate: ☐ U/K
Immediate cause (final disease or condition resulting in death):
a.
Sequentially list any conditions leading to immediate cause of death. In other words, list underlying disease or injury that initiated events resulting in death:
b.
c.
d.

3. Enter other significant conditions contributing to death but not the underlying cause(s) listed in G2 exactly as written on the death certificate: ☐ U/K

4. If injury, describe how injury occurred exactly as written on the death certificate: ☐ U/K

5. Official manner of death from the death certificate:

- ○ Natural
- ○ Accident
- ○ Suicide
- ○ Homicide
- ○ Undetermined
- ○ Pending
- ○ U/K

☐ If manner of death was not Natural or Suicide, check this box if it is possible that the child intended to hurt him/herself. If checked, complete the Suicide Section (I6) to note other risk factors in the child's life.

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

◯ From an external cause of injury. Select one:

- ○ Motor vehicle and other transport, go to H1
- ○ Fire, burn, or electrocution, go to H2
- ○ Drowning, go to H3
- ○ Asphyxia, go to H4
- ○ Bodily force or weapon, go to H5
- ○ Fall or crush, go to H6
- ○ Poisoning, overdose or acute intoxication, go to H7
- ○ Undetermined injury, go to I1
- ○ Other cause, go to H9
- ○ U/K, go to I1

◯ From a medical cause. Select one and go to H8:

- ○ Asthma/respiratory, specify:
- ○ Cancer, specify:
- ○ Cardiovascular, specify:
- ○ Congenital anomaly, specify:
- ○ COVID-19
- ○ Diabetes
- ○ HIV/AIDS
- ○ Influenza
- ○ Low birth weight
- ○ Malnutrition/dehydration
- ○ Neurological/seizure disorder
- ○ Pneumonia, specify:
- ○ Prematurity
- ○ SIDS
- ○ Other infection, specify:
- ○ Other perinatal condition, specify:
- ○ Other medical condition, specify:
- ○ Undetermined medical cause
- ○ U/K

◯ Undetermined if injury or medical cause, go to I1

◯ U/K, go to I1

H. DETAILED INFORMATION BY *CAUSE* OF DEATH: CHOOSE THE ONE SECTION THAT IS SAME AS THE CAUSE SELECTED ABOVE

H1. MOTOR VEHICLE AND OTHER TRANSPORT

a. Vehicles involved in incident:

Total number of vehicles: _____

Child's	Other primary vehicle
○	○ None
○	○ Car
○	○ Van
○	○ Sport utility vehicle
○	○ Truck
○	○ Semi/tractor trailer
○	○ RV/bus/school bus
○	○ Motorcycle
○	○ Tractor/farm vehicle
○	○ All terrain vehicle
○	○ Snowmobile
○	○ Bicycle
○	○ Train/subway/trolley
○	○ Other, specify:
○	○ U/K

	Autonomous? N/A	Yes	No	U/K
Child's vehicle	○	○	○	○
Other vehicle	○	○	○	○

b. Position of child:

- ○ Driver
- ○ Passenger
  - ○ Front seat
  - ○ Back seat
  - ○ Truck bed
  - ○ Other, specify:
  - ○ U/K
- ○ On bicycle
- ○ Pedestrian
  - ○ Walking
  - ○ Boarding/blading
  - ○ Other, specify:
  - ○ U/K
- ○ U/K

If passenger, relationship of driver to child:

- ○ Biological parent
- ○ Adoptive parent
- ○ Stepparent
- ○ Foster parent
- ○ Parent's partner
- ○ Grandparent
- ○ Sibling
- ○ Other relative
- ○ Friend
- ○ Other, specify:
- ○ U/K

If bicycle, boarding/blading or other, was the child riding something electric?

○ Yes ○ No ○ U/K

c. Did any of the following contribute to the incident? Check all that apply:

- ☐ None listed below
- ☐ Speeding over limit
- ☐ Unsafe speed for conditions
- ☐ Recklessness
- ☐ Carelessness
- ☐ Racing, not authorized
- ☐ Drug use
- ☐ Alcohol use
- ☐ Vehicle ran over child
- ☐ Vehicle flipped over
- ☐ Poor weather
- ☐ Poor visibility
- ☐ Poor sight line
- ☐ Road hazard
- ☐ Car changing lanes
- ☐ Driver inexperience
- ☐ Electronic use e.g., cell phone, smart watch,in-car navigation
- ☐ Driver distraction
- ☐ Ran stop sign or red light
- ☐ Other driver error, specify:
- ☐ Other, specify:
- ☐ U/K

d. Location of incident, check all that apply:

- ☐ City street
- ☐ Residential street
- ☐ Rural road
- ☐ Highway
- ☐ Intersection
- ☐ Driveway
- ☐ Parking area
- ☐ Off road
- ☐ RR xing/tracks
- ☐ Other, specify:
- ☐ U/K

e. Did driving conditions factor into this incident?

○ Yes ○ No ○ U/K

If yes, check all that apply:

- ☐ Loose gravel
- ☐ Ice/snow
- ☐ Wet
- ☐ Inadequate lighting
- ☐ Other, specify:
- ☐ U/K

f. Incident type:
- ○ Child *not* in/on a vehicle, but struck by vehicle
- ○ Child in/on a vehicle, struck by the other vehicle
- ○ Child in/on a vehicle that struck the other vehicle
- ○ Child in/on a vehicle that struck person/ object/ran off the road
- ○ Other event, specify:
- ○ U/K

g. Driver who was responsible for the incident. Vehicles include motorized vehicles (cars, SUVs, motorbikes, etc) but also bicycles, skates, scooters, and other wheeled conveyances, whether motorized or not.
- ○ Child was responsible as driver of vehicle, including single vehicle incidents
- ○ Driver of child's vehicle was responsible, including single vehicle incidents
- ○ Driver of the other vehicle was responsible, including child as pedestrian hit by vehicle
- ○ Multiple drivers were responsible, go to j
- ○ Unable to determine driver responsible, go to j
- ○ Other, specify:
- ○ U/K

h. Age and license type of driver responsible for incident, check all that apply:

Age of Driver (if not child)
- ○ <16 years
- ○ 16 to 18 years old
- ○ 19 to 21 years old
- ○ 22 to 29 years old
- ○ 30 to 65 years old
- ○ >65 years old
- ○ U/K

License type/violation:
- ☐ Has no license
- ☐ Has a learner's permit
- ☐ Has a graduated license
- ☐ Has a full license
- ☐ Has a full license that has been restricted
- ☐ Has a suspended license
- ☐ Was violating graduated licensing rules
- ☐ Other, specify:
- ☐ U/K

i. Total number of occupants in vehicle responsible for incident:
- ☐ N/A

Total number of occupants: _____ ☐ U/K

Number of teens, ages 14-21: _____ ☐ U/K

j. Was a restraint or safety measure used by the child?
○ Yes ○ No ○ U/K

If yes, select the restraint or safety measures used:
- ☐ Lap/shoulder belt
- ☐ Child seat
- ☐ Belt positioning booster seat
- ☐ Helmet
- ☐ U/K

If yes, describe:

H2. FIRE, BURN, OR ELECTROCUTION

a. Ignition, heat or electrocution source:
- ○ Matches
- ○ Cigarette lighter
- ○ Cigarette or cigar
- ○ Candles
- ○ Cooking stove
- ○ Heating stove
- ○ Space heater
- ○ Power line
- ○ Electrical outlet
- ○ Electrical wiring
- ○ Lightning
- ○ Hot bath water
- ○ Other, specify:
- ○ U/K

b. Type of incident:
- ○ Fire, go to c
- ○ Scald, go to I1
- ○ Electrocution, go to o
- ○ U/K, go to I1

c. Type of building on fire:
- ○ N/A
- ○ Single home
- ○ Row home/townhouse
- ○ Multi-unit (duplex, apartment, condo)
- ○ Trailer/mobile home
- ○ Other, specify:
- ○ U/K

d. Fire started by a person?
○ Yes ○ No ○ U/K

If yes, person's age:

If yes, did the person have a history of starting fires?
○ Yes ○ No ○ U/K

If yes, suspected arson?
○ Yes ○ No ○ U/K

e. Did any factors delay fire department arrival?
○ Yes ○ No ○ U/K

If yes, specify:

f. Were barriers preventing safe exit?
○ Yes ○ No ○ U/K

If yes, check all that apply:
- ☐ Locked/blocked door
- ☐ Window security bars
- ☐ Locked/blocked window
- ☐ Blocked stairway
- ☐ Trapped above first floor
- ☐ Smoke/fire
- ☐ Household items/ hoarding
- ☐ Other, specify:
- ☐ U/K

g. Was the child found in the same location as where the fire started?
○ Yes ○ No ○ U/K

h. Was building a rental property?
○ Yes ○ No ○ U/K

i. Were building/rental codes violated?
○ Yes ○ No ○ U/K

If yes, describe in narrative.

j. Were proper working fire extinguishers present?
○ Yes ○ No ○ U/K

k. Was fire sprinkler system present?
○ Yes ○ No ○ U/K

l. Was fire sprinkler system required?
○ Yes ○ No ○ U/K

m. Were smoke alarms present?
○ Yes ○ No ○ U/K

Were they functioning properly?
○ Yes ○ No ○ U/K

n. Did the child or family (check all that apply):
- ☐ None listed below
- ☐ Have a fire escape plan
- ☐ Practice a home fire drill
- ☐ Have two or more possible exits from the location as where the child was found
- ☐ Attempt to put out the fire
- ☐ U/K

o. For electrocution, what cause:
- ○ Lightning/electrical storm
- ○ Faulty wiring
- ○ Contact with power line
- ○ Wire/product in water
- ○ Child playing with outlet
- ○ Other, specify:
- ○ U/K

H3. DROWNING

a. Where was child last seen before drowning? Select one.
- ○ In water
- ○ Near water
- ○ In yard
- ○ In bathroom/tub
- ○ In house
- ○ In car
- ○ Other, specify:
- ○ U/K

b. Drowning location:
- ○ Open water/pond, go to c
- ○ Pool, hot tub, spa, go to f
- ○ Bathtub, go to I1
- ○ Other, specify and go to h
- ○ U/K, go to h

c. For open water, place:
- ○ Lake ○ Ocean
- ○ River ○ Quarry or gravel pit
- ○ Pond ○ Canal/drainage ditch
- ○ Creek ○ U/K

d. Was child boating?
○ Yes ○ No ○ U/K

e. Select all contributing environmental factors. Check all that apply.
- ☐ None ☐ Dropoff
- ☐ Weather ☐ Rough waves
- ☐ Temperature ☐ Flash flood
- ☐ Current ☐ Water clarity
- ☐ Riptide/undertow ☐ U/K

f. For pool, type of pool:
- ○ Above-ground
- ○ In-ground ○ Hot tub, spa
- ○ Wading ○ U/K

g. For pool, ownership is:
- ○ Private
- ○ Public
- ○ U/K

h. Flotation device used at time of the incident?
- ○ N/A ○ No
- ○ Yes, specify: ○ U/K

i. Did the child depend on a life jacket, swim vest or swim aid while in or around water?
○ N/A ○ No
○ Yes ○ U/K

j. Did barriers/layers of protection exist to prevent access to water? ○Yes ○ No ○U/K

If yes, check all that apply:

☐ Fence
Was it breached?
○ Yes ○ No ○ U/K
If yes, check all that apply:
- ☐ Climbed fence
- ☐ Gap in fence
- ☐ Damaged fence
- ☐ Fence too short

Fence surrounds water on:
- ○ Four sides
- ○ Three sides
- ○ Two or one side
- ○ U/K

☐ Gate
Was it breached?
○ Yes ○ No ○ U/K
If yes, check all that apply:
- ☐ Gate left open
- ☐ Gate unlocked
- ☐ Gate latch failed
- ☐ Gap in gate

☐ Door
Was it breached?
○ Yes ○ No ○ U/K
If yes, check all that apply:
- ☐ Door left open
- ☐ Door unlocked
- ☐ Door broken
- ☐ Door screen torn
- ☐ Door self-closer failed

☐ Alarm
Was it breached?
○ Yes ○ No ○ U/K
If yes, check all that apply:
- ☐ Alarm not working
- ☐ Alarm not answered

☐ Cover
Was it breached?
○ Yes ○ No ○ U/K
If yes, check all that apply:
- ☐ Cover left off
- ☐ Cover not locked

k. Local ordinance(s) regulating access to water?
○ Yes ○ No ○ U/K

If yes, rules violated?
○ Yes ○ No ○ U/K

l. Select all of the child's water safety skills (without assistance or flotation device):
- ☐ None of these
- ☐ Float on their back independently
- ☐ Step or jump into water over their head
- ☐ Tread water for 1 minute
- ☐ Find a safe exit from the water
- ☐ Control breathing
- ☐ Return to surface
- ☐ Swim 25 yards
- ☐ Exit the water
- ☐ Had swimming lessons
- ☐ U/K

m. Child able to swim?
○ N/A ○ No
○ Yes ○ U/K

n. Warning sign or label posted?
○ N/A ○ No
○ Yes ○ U/K

o. Lifeguard present?
- ○ N/A
- ○ Yes
- ○ No
- ○ U/K

p. Rescue attempt made? ○N/A ○Yes ○ No ○U/K

If yes, who? Check all that apply:
- ☐ Parent/relative
- ☐ Other child
- ☐ Lifeguard
- ☐ Other adult
- ☐ EMS/first responder
- ☐ Bystander
- ☐ Other, specify:
- ☐ U/K

If yes, did rescuer(s) also drown?
- ○ Yes
- ○ No
- ○ U/K

q. Appropriate rescue equipment present?
○ N/A ○ Yes ○ No ○ U/K
If yes, was it used?
○ Yes ○ No ○ U/K
If no, describe:

H4. ASPHYXIA

a. Type of event:
- ○ Sleep-related, go to I1
- ○ Not sleep-related, go to b
- ○ U/K, go to b

b. If not sleep-related, was the event:
- ○ Suffocation, go to c
- ○ Strangulation, go to d
- ○ Choking, go to e
- ○ Other, go to I1

c. If suffocation, was the child:
- ○ Covered in or fell into object
- ○ Confined in tight space
- ○ Wedged into tight space, specify:
- ○ Other, specify:

d. If strangulation, object causing event:
- ○ Clothing ○ Electrical cord
- ○ Blind cord ○ Person, go to H5l
- ○ Car seat ○ Automobile power window or sunroof
- ○ Belt ○ Other, specify:
- ○ Rope/string
- ○ Leash ○ U/K

e. If choking, object causing choking:
- ○ Food, specify:
- ○ Toy, specify:
- ○ Vomit/gastric contents
- ○ Other, specify:
- ○ U/K

f. If choking, was Heimlich Maneuver attempted?
○ Yes ○ No ○ U/K

H5. BODILY FORCE OR WEAPON

a. Was the death a result of a weapon?
- ○ Yes, go to b
- ○ No, death due to bodily force, go to I
- ○ U/K, go to b

b. Type of weapon:
- ○ Firearm, go to c
- ○ Knife or sharp instrument, go to I
- ○ Rope, go to I
- ○ Other, specify and go to I
- ○ U/K, go to I

c. For firearms, type:
- ○ Handgun
- ○ Shotgun
- ○ Rifle, specify:
- ○ 3D gun
- ○ Other, specify:
- ○ U/K

d. Was the firearm considered a smart firearm, e.g., uses a fingerprint lock, RFID watch?
- ○ Yes
- ○ No
- ○ U/K

e. Was firearm kept loaded?
- ○ Yes
- ○ No
- ○ U/K

If no, was the ammunition stored locked?
- ○ Yes
- ○ No
- ○ U/K

f. Was the firearm kept locked?
- ○ Yes
- ○ No
- ○ U/K

g. Did the shooter of the firearm have permission to use the firearm at the time of incident?
○ Yes ○ No ○ U/K

h. Did the caregiver or supervisor know a firearm was present at the time of incident?
○ Yes ○ No ○ U/K

i. Was the person handling the firearm the owner? ○ Yes ○ No ○ U/K

j. Owner of fatal firearm:
- ○ Caregiver
- ○ Other family member
- ○ Child's significant other
- ○ Friend/acquaintance
- ○ Stranger
- ○ Other, specify:
- ○ U/K

k. Was the firearm stolen?
- ○ Yes
- ○ No
- ○ U/K

l. Use of weapon at time, check all that apply:
- ☐ Self injury
- ☐ Commission of crime
- ☐ Drug dealing/trading
- ☐ Drive-by shooting
- ☐ Random violence
- ☐ Child abuse
- ☐ Child was a bystander
- ☐ Argument
- ☐ Jealousy
- ☐ Intimate partner violence
- ☐ Hate crime
- ☐ Bullying
- ☐ Hunting
- ☐ Target shooting
- ☐ Playing with weapon
- ☐ Showing gun to others
- ☐ Russian roulette
- ☐ Gang-related activity
- ☐ Self-defense
- ☐ Cleaning weapon
- ☐ Loading weapon
- ☐ Other, specify:
- ☐ U/K

m. Type of bodily force used. Check all that apply:
- ☐ Beat, kick or punch
- ☐ Bite
- ☐ Throw
- ☐ Other, specify:
- ☐ Drop
- ☐ Shake
- ☐ Drown
- ☐ Push
- ☐ Strangle/choke
- ☐ Burn
- ☐ U/K

H6. FALL OR CRUSH

a. Type:
- ○ Fall, go to b
- ○ Crush, go to g

b. Height of fall:
_____ feet
_____ inches
☐ U/K

c. Child fell from:
- ○ Open window — Screen? ○ Screen ○ No screen ○ U/K if screen
- ○ Natural elevation
- ○ Man-made elevation
- ○ Playground equipment
- ○ Tree
- ○ Stairs/steps
- ○ Furniture
- ○ Bed
- ○ Roof
- ○ Moving object, specify:
- ○ Bridge
- ○ Overpass
- ○ Balcony
- ○ Animal, specify:
- ○ Other, specify:
- ○ U/K

d. Surface child fell onto:
- ○ Cement/concrete
- ○ Grass
- ○ Gravel
- ○ Wood floor
- ○ Carpeted floor
- ○ Linoleum/vinyl
- ○ Marble/tile
- ○ Other, specify:
- ○ U/K

e. Barrier in place, check all that apply::
- ☐ None
- ☐ Screen
- ☐ Other window guard
- ☐ Fence
- ☐ Railing
- ☐ Stairway
- ☐ Gate
- ☐ Other, specify:
- ☐ U/K

f. Was child pushed, dropped or thrown?
○ Yes ○ No ○ U/K
If yes, go to H5l

g. For crush, did child:
- ○ Climb up on object
- ○ Pull object down
- ○ Hide behind object
- ○ Go behind object
- ○ Fall out of object
- ○ Other, specify:
- ○ U/K

h. For crush, object causing crush:
- ○ Appliance
- ○ Television
- ○ Furniture
- ○ Walls
- ○ Playground equipment
- ○ Animal
- ○ Tree branch
- ○ Boulders/rocks
- ○ Dirt/sand
- ○ Person, go to H5l
- ○ Commercial equipment
- ○ Farm equipment
- ○ Other, specify:
- ○ U/K

H7. POISONING, OVERDOSE OR ACUTE INTOXICATION

a. Type of substance involved, check all that apply and note source, storage, and route of administration of substance: ☐ U/K

Source of Substance
1 = Bought from dealer or stranger (Prescription or illicit only)
2 = Bought from friend or relative
3 = From friend or relative for free
4 = Took from friend or relative without asking
5 = Own prescription (Prescription only)
6 = Bought from store/pharmacy (OTC or other substances only)
7 = Other
9 = U/K

Stored in locked cabinet?
Yes
No
U/K

How substance was **taken**
1 = In utero
2 = Orally
3 = Nasally
4 = Intravenously
5 = Through skin
9 = U/K

Prescription drug	Source	Stored	Taken
☐ Antidepressant/antianxiety		Y N U	
☐ Anticonvulsant		Y N U	
☐ Antipsychotic		Y N U	
☐ Benzodiazepines		Y N U	
☐ Medications for substance use disorder (e.g. Methadone, buprenorphine, naltrexone)		Y N U	
☐ Non-opioid pain medication		Y N U	
☐ Opioid pain medication (including fentanyl)		Y N U	
☐ Stimulants		Y N U	
☐ Other Rx, specify:		Y N U	

Was it child's prescription? ○ Yes ○ No ○ U/K

Over-the-counter drug	Source	Stored	Taken
☐ Antihistamine		Y N U	
☐ Cold medicine		Y N U	
☐ Pain medication		Y N U	
☐ Other OTC, specify:		Y N U	

Illicit drugs	Source	Stored	Taken
☐ Cocaine		Y N U	
☐ Heroin		Y N U	
☐ Illicitly manufactured fentanyl/fentanyl analogs		Y N U	
☐ Marijuana/THC		Y N U	
☐ Methamphetamine		Y N U	
☐ Other, specify:		Y N U	

Other substances	Source	Stored	Taken
☐ Alcohol		Y N U	
☐ Battery		Y N U	
☐ Carbon monoxide		Y N U	
☐ Other fume/gas/vapor		Y N U	
☐ Other, specify:		Y N U	

b. Was the incident the result of?
○ Accidental overdose/acute intoxication
○ Medical treatment mishap
○ Deliberate poisoning
○ Other, specify:
○ U/K

c. Did the child have a prescription for a controlled substance within the previous 24 months?
○ Yes ○ No ○ U/K

d. Did child have a non-fatal overdose within the previous 12 months?
○ Yes
○ No
○ U/K

e. Was Poison Control contacted?
○ Yes
○ No
○ U/K

f. For CO poisoning, was a CO alarm present?
○ Yes
○ No
○ U/K

H8. MEDICAL CONDITION

This section is skipped for fetal deaths+

a. How long did the child have the medical condition?
○ In utero
○ Since birth
○ < 1 day
○ 1-6 days
○ 7-30 Days
○ 1-11 months
○ >= 1 year
○ U/K

b. Was the death expected as a result of the medical condition?
☐ N/A, not previously diagnosed
○ Yes ○ No ○ U/K
☐ But at a later date

c. Was child receiving health care for the medical condition?
○ Yes ○ No ○ U/K
If yes, within 48 hours of the death?
○ Yes ○ No ○ U/K
If yes, was the care plan appropriate for the medical condition?
○ N/A ○ Yes ○ No ○ U/K
If no, specify:

d. Did the family experience barriers that prohibited following the care plan?
○ N/A
○ Yes
○ No
○ U/K
If yes, what treatment components were not completed? Check all that apply.
☐ Appointments
☐ Medications, specify:
☐ Medical equipment use, specify:
☐ Therapies, specify:
☐ Other, specify:
☐ U/K

e. In the week prior to the death, did the child experience any changes to medical care?
○ Yes, describe:
○ No
○ U/K

f. Was the medical condition associated with an outbreak?
○ Yes, specify:
○ No
○ U/K
If yes, was the child vaccinated?
○ Yes ○ No ○ U/K

g. Was the death potentially caused by a medical error?
○ Yes ○ No ○ U/K

h. Was the medical condition that caused the death a result of a complication or side effect of a previous illness, injury, condition, or medical treatment?
○ Yes ○ No ○ U/K

H9. OTHER KNOWN INJURY CAUSE

Specify cause, describe in detail:

I. OTHER CIRCUMSTANCES OF INCIDENT - ANSWER RELEVANT SECTIONS

I1. SUDDEN AND UNEXPECTED DEATH IN THE YOUNG (SDY)

This section displays online based on your state's settings.

Section I1: OMB No. 0920-1092, Exp. Date: 11/30/2028
Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1092)

a. Was this death:

- ○ A homicide?
- ○ A suicide?
- ○ An overdose?
- ○ A result of an external cause that was the obvious and only reason for the fatal injury
- ○ Expected within 6 months due to terminal illness?

If any of these apply, go to Section I2, THIS IS NOT AN SDY CASE.

- ○ None of the above, go to I1b THIS IS AN SDY CASE
- ○ U/K, go to I1b

b. Did the child have a history of any of the following acute conditions or symptoms within 72 hours prior to death?

Symptom	Present w/in 72 hours of death		
Cardiac	Yes	No	U/K
Chest pain	○	○	○
Dizziness/lightheadedness	○	○	○
Fainting	○	○	○
Palpitations	○	○	○
Neurologic			
Concussion	○	○	○
Confusion	○	○	○
Convulsions/seizure	○	○	○
Headache	○	○	○
Head injury	○	○	○
Respiratory			
Asthma	○	○	○
Pneumonia	○	○	○
Difficulty breathing	○	○	○
Other Acute Symptoms			
Fever	○	○	○
Muscle aches/cramping	○	○	○
Vomiting	○	○	○
Other, specify:	○		

c. 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?

Symptom	Present more than 72 hours of death		
Cardiac	Yes	No	U/K
Chest pain	○	○	○
Dizziness/lightheadedness	○	○	○
Fainting	○	○	○
Palpitations	○	○	○
Neurologic			
Concussion	○	○	○
Confusion	○	○	○
Convulsions/seizure	○	○	○
Head injury	○	○	○
Respiratory			
Difficulty breathing	○	○	○
Other			
Other, specify:	○		

d. Did the child have any prior serious injuries (e.g. near drowning, car accident, brain injury)?

○ Yes ○ No ○ U/K

If yes, describe:

e. Had the child in the past ever been diagnosed by a medical professional for the following?

Condition	Diagnosed		
Blood disease	Y	N	U
Sickle cell disease	○	○	○
Sickle cell trait	○	○	○
Thrombophilia (clotting disorder)	○	○	○
Cardiac	Y	N	U
Abnormal electrocardiogram (EKG or ECG)	○	○	○
Aneurysm or aortic dilatation	○	○	○
Arrhythmia/arrhythmia syndrome	○	○	○
Cardiomyopathy	○	○	○
Congenital heart disease	○	○	○
Coronary artery abnormality	○	○	○
Endocarditis	○	○	○
Heart failure	○	○	○
Heart murmur	○	○	○

Condition	Diagnosed		
Cardiac (continued)	Y	N	U
High cholesterol	○	○	○
Hypertension	○	○	○
Myocarditis (heart infection)	○	○	○
Pulmonary hypertension	○	○	○
Sudden cardiac arrest	○	○	○
Neurologic	Y	N	U
Anoxic brain Injury	○	○	○
Traumatic brain injury/ head injury/concussion	○	○	○
Brain tumor	○	○	○
Brain hemorrhage	○	○	○
Developmental brain disorder	○	○	○
Epilepsy/seizure disorder	○	○	○
Febrile seizure	○	○	○

Condition	Diagnosed		
Neurologic (continued)	Y	N	U
Neurodegenerative disease	○	○	○
Stroke/mini stroke/ TIA-Transient Ischemic Attack	○	○	○
Central nervous system infection (meningitis or encephalitis)	○	○	○
Respiratory	Y	N	U
Apnea	○	○	○
Asthma	○	○	○
Pulmonary embolism	○	○	○
Pulmonary hemorrhage	○	○	○
Respiratory arrest	○	○	○

Condition (continued)	Diagnosed Y	N	U		Diagnosed Y	N	U		Diagnosed Y	N	U
Other											
Connective tissue disease	○	○	○	Kidney disease	○	○	○	Oncologic disease treated by chemotherapy or radiation	○	○	○
Diabetes	○	○	○	Mental illness/psychiatric disease	○	○	○				
Endocrine disorder, other: thyroid, adrenal, pituitary	○	○	○	Metabolic disease	○	○	○	Prematurity	○	○	○
				Muscle disorder or muscular dystrophy	○	○	○	Congenital disorder/ genetic syndrome	○	○	○
Hearing problems or deafness	○	○	○					Other, specify:	○	○	○

If a more specific diagnosis is known, provide any additional information:

If any cardiac conditions above are selected, what cardiac treatments did the child have? Check all that apply: ☐ None

☐ Cardiac ablation
☐ Cardiac device placement (implanted cardioverter defibrillator (ICD) or pacemaker or Ventricular Assist Device (VAD))
☐ Heart surgery
☐ Interventional cardiac catheterization
☐ Heart transplant
☐ Other, specify:
☐ U/K

f. Did the child have any blood relatives (brothers, sisters, parents, aunts, uncles, cousins, grandparents or other more distant relatives) with the following diseases, conditions or symptoms?

Y	N	U	**Deaths**
○	○	○	Sudden unexpected death before age 50

If yes, the type of event, which relative, and relative's age at death (for example, brother at age 30 who died in an unexplained motor vehicle accident (driver of car)):

			Heart Disease
○	○	○	Heart condition/heart attack or stroke before age 50
			If yes, describe:
○	○	○	Aortic aneurysm or aortic rupture
○	○	○	Arrhythmia (fast or irregular heart rhythm)
○	○	○	Cardiomyopathy
○	○	○	Congenital heart disease
			Neurologic Disease
○	○	○	Epilepsy or convulsions/seizure
○	○	○	Other neurologic disease

Y	N	U	**Symptoms**
○	○	○	Febrile seizures
○	○	○	Unexplained fainting
			Other Diagnoses
○	○	○	Congenital deafness
○	○	○	Connective tissue disease
○	○	○	Mitochondrial disease
○	○	○	Muscle disorder or muscular dystrophy
○	○	○	Thrombophilia (clotting disorder)
○			Other diseases that are genetic or run in families, specify:

g. Has any blood relative (siblings, parents, aunts, uncles, cousins, grandparents) had genetic testing?
○ Yes ○ No ○ U/K

If yes, describe the test/gene tested, reason for testing, family member tested, and results:

Was a gene mutation found?
○ Yes ○ No ○ U/K

h. In the 72 hours prior to death was the child taking any prescribed medication(s)? ○ Yes ○ No ○ U/K
If yes, describe:

i. Within 2 weeks prior to death had the child:

	N/A	Yes	No	U/K
Taken extra doses of prescribed medications	○	○	○	○
Missed doses of prescribed medications	○	○	○	○
Changed prescribed medications, describe:	○	○	○	○

j. Was the child compliant with their prescribed medications?
○ N/A ○ Yes ○ No ○ U/K
If not compliant, describe why and how often:

k. Was the child taking any of the following substance(s) within 24 hours of death? Check all that apply:

☐ Over-the-counter medicine
☐ Energy drinks
☐ Caffeine
☐ Performance enhancers
☐ Supplements
☐ Tobacco
☐ Alcohol
☐ Illegal drugs
☐ Legalized marijuana
☐ Other, specify:
☐ U/K

If yes to any items above, describe:

l. Did the child experience any of the following stimuli at time of incident or within 24 hours of the incident?

Stimuli	At incident Yes	No	U/K	Within 24 hrs of incident Yes	No	U/K
Physical activity	○	○	○	○	○	○
Sleep deprivation	○	○	○	○	○	○
Driving	○	○	○	○	○	○
Visual/video game stimuli	○	○	○	○	○	○
Emotional stimuli	○	○	○	○	○	○
Auditory stimuli/startle	○	○	○	○	○	○
Physical trauma	○	○	○	○	○	○
Other, specify:	○			○		

If yes to physical activity, describe type of activity:
At incident Within 24 hours of incident

Other specify:
At incident Within 24 hours of incident

m. Was the child an athlete? ○ N/A ○ Yes ○ No ○ U/K

If yes, type of sport: ○ Competitive ○ Recreational ○ U/K

If competitive, did the child participate in the 6 months prior to death? ○ Yes ○ No ○ U/K

n. Did the child ever have any of the following **uncharacteristic** symptoms during or within 24 hours after physical activity? Check all that apply:

- ☐ Chest pain
- ☐ Convulsions/seizure
- ☐ Dizziness/lightheadedness
- ☐ Fainting
- ☐ Palpitations
- ☐ Shortness of breath/difficulty breathing
- ☐ Other, specify:
- ☐ U/K

If yes to any item, describe type of physical activity and extent of symptoms:

o. For child age 12 or older, did the child receive a pre-participation exam for a sport? ○ N/A ○ Yes ○ No ○ U/K

If yes:

Was it done within a year prior to death? ○ Yes ○ No ○ U/K

Did the exam lead to restrictions for sports or otherwise? ○ Yes ○ No ○ U/K

If yes, specify restrictions:

Questions p through v: Answer if "Epilepsy/Seizure Disorder" is answered Yes in question e above (Diagnosed for a medical condition)

p. How old was the child when diagnosed with epilepsy/seizure disorder?

Age 0 (infant) through 20 years: _____

☐ U/K

q. What were the underlying cause(s) of the child's seizures? Check all that apply:

- ☐ Brain injury/trauma, specify:
- ☐ Brain tumor
- ☐ Cerebrovascular
- ☐ Central nervous system infection
- ☐ Developmental brain disorder
- ☐ Genetic/chromosomal
- ☐ Idiopathic or cryptogenic
- ☐ Other acute illness or injury other than epilepsy
- ☐ Other, specify:
- ☐ U/K

r. What type(s) of seizures did the child have? Check all that apply:

- ☐ Non-convulsive
- ☐ Convulsive (grand mal seizure or generalized tonic-clonic seizure)
- ☐ Occur when exposure to strobe lights, video game, or flickering light (reflex seizure)
- ☐ U/K

s. Describe the child's epilepsy/seizures (not including the seizure at time of death). Check all that apply:

- ☐ Last less than 30 minutes
- ☐ Last more than 30 minutes (status epilepticus)
- ☐ Occur in the presence of fever (febrile seizure)
- ☐ Occur in the absence of fever
- ☐ Occur when exposed to strobe lights, video game, or flickering light (reflex seizure)

t. How many seizures did the child have in the year preceding death?

○ 0/never ○ 1 ○ 2 ○ 3 ○ More than 3 ○ U/K

u. Did treatment for seizures include anti-epileptic drugs? ○ Yes ○ No ○ U/K

If yes, how many different types of anti-epileptic drugs did the child take?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ More than 6 ○ U/K

v. Was night surveillance used? ○ Yes ○ No ○ U/K

I2. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE: WAS DEATH RELATED TO SLEEPING OR THE SLEEP ENVIRONMENT[+]? ○ Yes, go to I2a ○ No, go to I2t ○ U/K, go to I2a

a. Incident sleep place:

- ○ Crib
  - If crib, type:
    - ○ Not portable
    - ○ Portable
    - ○ Unknown crib type
- ○ Bassinet
- ○ Bed side sleeper
- ○ Baby box
- ○ Adult bed
- ○ Waterbed
- ○ Futon
- ○ Couch
- ○ Chair
- ○ Floor
- ○ Car seat
- ○ Rocking-inclined sleeper
- ○ Stroller
- ○ Swing
- ○ Bouncy chair
- ○ Other, specify:
- ○ U/K

If adult bed, what type?

○ Twin ○ Full ○ Queen ○ King ○ Other, specify: ○ U/K

If car seat, was car seat secured in seat of car? ○ Yes ○ No ○ U/K

b. Child put to sleep: ○ On back ○ On stomach ○ On side ○ U/K

c. Child found: ○ On back ○ On stomach ○ On side ○ U/K

e. Usual sleep position: ○ On back ○ On stomach ○ On side ○ U/K

f. Was there any type of crib, portable crib or bassinet in home for child? ○ Yes ○ No ○ U/K

d. Usual sleep place:

- ○ Crib
  - If crib, type:
    - ○ Not portable
    - ○ Portable
    - ○ Unknown crib type
- ○ Bassinet
- ○ Bed side sleeper
- ○ Baby box
- ○ Adult bed
- ○ Waterbed
- ○ Futon
- ○ Couch
- ○ Chair
- ○ Floor
- ○ Car seat
- ○ Rocking-inclined sleeper
- ○ Stroller
- ○ Swing
- ○ Bouncy chair
- ○ Other, specify:
- ○ U/K

If adult bed, what type?

○ Twin ○ Full ○ Queen ○ King ○ Other, specify: ○ U/K

g. Child in a new or different environment than usual? ○ Yes ○ No ○ U/K

If yes, describe why:

h. Child last placed to sleep with a pacifier? ○ Yes ○ No ○ U/K

i. Child wrapped or swaddled in blanket when last placed? ○ Yes ○ No ○ U/K

If yes, describe:

j. Child overheated? ○ Yes ○ No ○ U/K

Check all that apply: ☐ Room too hot, temp ____ degrees F
☐ Too much bedding
☐ Too much clothing

k. Child exposed to second hand smoke?
○ Yes ○ No ○ U/K
If yes, how often: ○ Frequently ○ U/K
○ Occasionally

l. Child's face when found:
○ Down
○ Up
○ To left or right side
○ U/K

m. Child's neck when found:
○ Hyperextended (head back)
○ Hypoextended (chin to chest)
○ Neutral
○ Turned
○ U/K

n. Child's airway when found (includes nose, mouth, neck and/or chest):
○ Unobstructed by person or object
○ Fully obstructed by person or object
○ Partially obstructed by person or object
○ U/K

If fully or partially obstructed, what was obstructed?
☐ Nose ☐ Chest compressed
☐ Mouth ☐ U/K
☐ Neck compressed

If fully or partially obstructed, describe obstruction in detail:

o. Objects in child's sleep environment and relation to airway obstruction:

Objects:	Present? Yes	No	U/K	If **present**, describe position of object: On top of child	Under child	Next to child	Tangled around child	U/K	If **present**, did object obstruct airway? Yes	No	UK
Adult(s)	○	○	○	☐	☐	☐	☐	☐	○	○	○
Other child(ren)	○	○	○	☐	☐	☐	☐	☐	○	○	○
Animal(s)	○	○	○	☐	☐	☐	☐	☐	○	○	○
Mattress	○	○	○	☐	☐	☐	☐	☐	○	○	○
Comforter, quilt, or other	○	○	○	☐	☐	☐	☐	☐	○	○	○
Fitted sheet	○	○	○	☐	☐	☐	☐	☐	○	○	○
Thin blanket/flat sheet	○	○	○	☐	☐	☐	☐	☐	○	○	○
Pillow(s)	○	○	○	☐	☐	☐	☐	☐	○	○	○
Cushion	○	○	○	☐	☐	☐	☐	☐	○	○	○
Nursing or U shaped pillow	○	○	○	☐	☐	☐	☐	☐	○	○	○
Sleep positioner (wedge)	○	○	○	☐	☐	☐	☐	☐	○	○	○
Bumper pads	○	○	○	☐	☐	☐	☐	☐	○	○	○
Clothing	○	○	○	☐	☐	☐	☐	☐	○	○	○
Bottle	○	○	○	☐	☐	☐	☐	☐	○	○	○
Wearable monitor	○	○	○	☐	☐	☐	☐	☐	○	○	○
Crib railing/side	○	○	○	☐	☐	☐	☐	☐	○	○	○
Wall	○	○	○	☐	☐	☐	☐	☐	○	○	○
Toy(s)	○	○	○	☐	☐	☐	☐	☐	○	○	○
Other(s), specify:											
_____	○			☐	☐	☐	☐	☐	○	○	○
_____	○			☐	☐	☐	☐	☐	○	○	○

→ If adult(s) obstructed airway, describe relationship of adult to child (for example, mother):

p. Was there a reliable, non-conflicting witness account of how the child was found? ○Yes ○No ○ U/K

q. Caregiver/supervisor fell asleep while feeding child?
○Yes ○No ○ U/K
If yes, type of feeding: ○ Bottle ○ Breast ○ U/K

r. Child sleeping in the same room as caregiver/supervisor at time of death?
○Yes ○No ○ U/K

s. Child sleeping on same surface with person(s) or animal(s)?
○ Yes ○ No ○ U/K

If yes, reasons stated for sleeping on same surface, check all that apply:
☐ To feed
☐ To soothe
☐ Usual sleep pattern
☐ No infant bed available
☐ Home/living space overcrowded
☐ Other, specify:

☐ U/K

If yes, check all that apply:
☐ With adult(s): # _____ ☐ # U/K
Adult obese: ○Yes ○No ○U/K
☐ With other children: # _____ ☐ # U/K Children's ages: _____
☐ With animal(s): # _____ ☐ # U/K Type(s) of animal: _____
☐ U/K

t. Is there a scene re-creation photo available for upload? ○ Yes ○ No If yes, upload here. Only one photo allowed.
Select photo that demonstrates position and location of child's body and airway (nose, mouth, neck, and chest). Size must be less than 6 mb and in .jpg or .gif format.

I3. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT+? ◯ Yes ◯ No, go to I4 ◯ U/K, go to I4

a. Describe product and circumstances:

b. Was product used properly?
◯ Yes ◯ No ◯ U/K

c. Was a recall in place at the time of the incident?
◯ Yes ◯ No ◯ U/K

d. Did product have safety label?
◯ Yes ◯ No ◯ U/K

e. Were any of the following regulatory agencies notified of the incident?
◯ None
◯ Consumer Product Safety Commission
◯ Food and Drug Administration
◯ National Highway Transportation Safety Administration
◯ U/K

I4. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME+? ◯ Yes ◯ No, go to I5 ◯ U/K, go to I5

a. Type of crime, check all that apply:
☐ Robbery/burglary ☐ Other assault ☐ Arson ☐ Illegal border crossing ☐ U/K
☐ Interpersonal violence ☐ Gang conflict ☐ Sex work ☐ Auto theft
☐ Sexual assault ☐ Drug trade ☐ Witness intimidation ☐ Other, specify:

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?
◯ Yes/probable
◯ No, go to next section
◯ U/K, go to next section

If yes/probable, choose primary reason:
◯ Child abuse, go to I5b
◯ Child neglect, go to I5f
◯ Poor/absent supervision, go to I5h
◯ Exposure to hazards, go to I5g

b. Type of child abuse, check all that apply:
☐ Abusive head trauma, go to I5c
☐ Chronic Battered Child Syndrome, go to I5e
☐ Beating/kicking, go to I5e
☐ Scalding or burning, go to I5e
☐ Munchausen Syndrome by Proxy, go to I5e
☐ Sexual assault, go to I5h
☐ Other, specify and go to I5h
☐ U/K, go to I5e

c. For abusive head trauma, were there retinal hemorrhages?
◯ Yes ◯ No ◯ U/K

d. For abusive head trauma, was the child shaken?
◯ Yes ◯ No ◯ U/K
If yes, was there impact?
◯ Yes ◯ No ◯ U/K

e. Events(s) triggering child abuse. check all that apply:
☐ None
☐ Crying
☐ Toilet training
☐ Disobedience
☐ Feeding problems
☐ Domestic argument
☐ Other, specify:
☐ U/K

f. Child neglect, check all that apply:
☐ Failure to provide necessities
☐ Food
☐ Shelter
☐ Other, specify:
☐ Failure to provide supervision
☐ Emotional neglect, specify:
☐ Abandonment, specify:
☐ Failure to seek/follow treatment, specify:
If yes, was this due to religious or cultural practices?
◯ Yes ◯ No ◯ U/K

☐ Exposure to hazards:
Do not include child's own behavior.
◯ Hazard(s) in sleep environment (including sleep position and surface sharing)
◯ Fire hazard
◯ Unsecured medication/poison
◯ Firearm hazard
◯ Water hazard
◯ Motor vehicle hazard
◯ Other hazard, specify:

g. Exposure to hazards:
Do not include child's own behavior.
◯ Hazard(s) in sleep environment (including sleep position and surface sharing)
◯ Fire hazard
◯ Unsecured medication/poison
◯ Firearm hazard
◯ Water hazard
◯ Motor vehicle hazard
◯ Mother substance use during pregnancy
◯ Other hazard, specify:

h. Was poverty a factor? ◯ Yes ◯ No ◯ U/K If yes, explain in Narrative

I6. SUICIDE

a. Child's history. Check all that have ever applied:
☐ None listed below
☐ Involved in sports
☐ Involved in activities (not sports)
☐ Viewed, posted or interacted on social media
If yes, specify platform(s):
☐ History of running away
☐ History of fearfulness, withdrawal or anxiety
☐ History of explosive anger, yelling or disobeying
☐ History of head injury
If yes, when was the last head injury? _____
☐ Death of a peer, friend or family member
If yes, specify relationship to child: _____
When did death occur: _____
Was death a suicide? ◯ Yes ◯ No ◯ U/K

b. Was the child ever diagnosed with any of the following? Check all that apply.
☐ None listed below
☐ Anxiety spectrum disorder
☐ Depressive spectrum disorder
☐ Bipolar spectrum disorder
☐ Disruptive, impulse control or conduct disorder
☐ Eating disorder
☐ Substance-related or addictive disorders
☐ Other, specify:
☐ U/K

c. Did child have a suicide safety plan (a document that helps individuals when experiencing thoughts of suicide to help them avoid intense suicidal crisis)?
◯ Yes ◯ No ◯ U/K

d. Check all suicidal behaviors/attempts that ever applied:
☐ None listed below
☐ Preparatory behavior #__
☐ Aborted attempt #__
☐ Interrupted attempt #__
☐ Non-fatal attempt #__
☐ U/K

e. Did the child ever communicate any suicidal thoughts, actions or intent?
◯ Yes ◯ No ◯ U/K
If yes, with whom? _____

f. Was there evidence the death was planned or premeditated?
◯ Yes ◯ No ◯ U/K

g. Did the death occur under circumstances where it would likely be observed and intervened by others?
◯ Yes ◯ No ◯ U/K

h. Did the child ever have a history of non-suicidal self-harm, such as cutting or burning oneself? ◯ Yes ◯ No ◯ U/K
If yes, ☐ Reported to others ☐ Noted on autopsy ☐ Other, specify:

i. Warning signs (https://youthsuicidewarningsigns.org) w/in 30 days of death:
Check all that apply:

- ☐ None listed below
- ☐ 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
- ☐ U/K

j. Child experienced a known crisis within 30 days of the death?
○Yes ○No ○ U/K
If yes, explain:

k. Suicide was part of: Check all that apply.
☐None listed below ☐A contagion, copy-cat or imitation ☐A murder-suicide
☐A cluster ☐A suicide pact

I7. LIFE STRESSORS

Please indicate all stressors that were present for this child and family around the time of death.

a. Life stressors - Social/economic

- ☐ None listed below
- ☐ Discrimination
- ☐ Poverty
- ☐ Neighborhood discord
- ☐ Job problems
- ☐ Money problems
- ☐ Food insecurity
- ☐ No phone
- ☐ Housing instability
- ☐ Witnessed violence
- ☐ Tobacco exposure
- ☐ Lack of transportation
- ☐ Cultural differences
- ☐ Language barriers
- ☐ Lack of child care
- ☐ Pregnancy
- ☐ Pregnancy scare

b. Life stressors - Medical

- ☐ None listed below
- ☐ Lack of family or social support for care
- ☐ Caregiver distrust of health care system
- ☐ Caregiver unskilled in providing care
- ☐ Lack of money for care
- ☐ Services not available
- ☐ Multiple providers, not coordinated
- ☐ Limitations of health insurance
- ☐ Provider bias
- ☐ Felt dismissed by provider
- ☐ Lack of provider-family compatibility

c. Life Stressors- Relationships

- ☐ None listed below
- ☐ Family discord
- ☐ Argument w/ parents/caregivers
- ☐ Parents' divorce/separation
- ☐ Parents' incarceration
- ☐ Breakup
- ☐ Argument with significant other
- ☐ Social discord
- ☐ Argument with friends
- ☐ Isolation
- ☐ Bullying as victim
- ☐ Bullying as perpetrator
- ☐Cyberbullying as victim
- ☐Cyberbullying as a perpetrator
- ☐Peer violence as a victim
- ☐Peer violence as a perpetrator

d. Life stressors - School (age 5 and over)

- ☐ None listed below
- ☐ School failure
- ☐ Pressure to succeed
- ☐ Extracurricular activities
- ☐ New school
- ☐ Other school problems

e. Technology (age 5 and over)

- ☐ None listed below
- ☐ Electronic gaming
- ☐ Texting
- ☐ Restriction of technology
- ☐ Social media

f. Life stressors - Transitions (age 5 and over)

- ☐ None listed below
- ☐ Release from hospital
- ☐ Transition from any level of mental health care to another (e.g. inpatient to outpatient, inpatient to residential, etc.)
- ☐ Release from juvenile justice facility
- ☐ End of school year/school break
- ☐ Transition to/from child welfare system
- ☐ Release from immigrant detention center

g. Life stressors - Trauma (age 5 and over)

- ☐ None listed below
- ☐ Rape/sexual assault
- ☐ Previous abuse (emotional/physical)
- ☐ Family/domestic violence

h. Life stressors - Describe any other life stressors:

I8. DEATHS DURING THE COVID-19 PANDEMIC (complete for all ages)

a. For the 12 months before the child's death, did the family experience any disruptions or significant changes to the following? Check all that apply:

- ☐ None listed below
- ☐ School
- ☐ Daycare
- ☐ Employment
- ☐ Social services (like unemployment assistance, TANF, WIC)
- ☐ Living environment
- ☐ Medical care
- ☐ Mental health or substance use/abuse care
- ☐ Home-based services (non-child welfare)
- ☐ Child welfare services
- ☐ Legal proceedings within criminal, civil, or family courts
- ☐ Other, specify:
- ☐ U/K

b. For the 12 months before the child's death, did the child's family live in an area with an official stay at home order? ○Yes ○No ○U/K
If yes, was the stay at home order in place at the time of the child's death? ○Yes ○No ○U/K

c. Was the child exposed to COVID-19 within 14 days of death? ○Yes ○No ○U/K If yes, describe:

d. Did the child have medical evidence of a significant inflammatory syndrome (including for example, fever, laboratory evidence of inflammation, and involvement of two or more organs) requiring hospitalization in the week before death? ○Yes ○No ○U/K
If yes, was the child diagnosed with MIS-C? ○Yes ○No ○U/K

e. Was the child eligible to receive a COVID-19 vaccination? ○Yes ○No ○U/K
If eligible, did she receive her first dose? ○Yes ○No ○U/K If yes, approx. number of weeks before death: ____
If eligible and received their first dose, which option best represents their vaccination status? ○Partially vaccinated ○Fully vaccinated ○U/K

f. For infants or fetal deaths only, did the mother receive her COVID-19 vaccination? ○Yes ○No ○U/K
If yes, when did she receive her first dose?

- ○ Before pregnancy
- ○ 1st trimester
- ○ 2nd trimester
- ○ 3rd trimester
- ○ After delivery
- ○ U/K

If yes, which option best represents her vaccination status? ○ Partially vaccinated ○ Fully vaccinated ○ U/K

g. Select the one option that best describes the impact of COVID-19 on this child's death:

- ○ COVID-19 was the immediate or underlying cause of death
- ○ COVID-19 was diagnosed at autopsy or child was suspected to have COVID-19
- ○ COVID-19 indirectly contributed to the death but was not the immediate or underlying cause of death
- ○ The mother contracted COVID-19, specify:
  - ○ Before pregnancy
  - ○ 1st trimester
  - ○ 2nd trimester
  - ○ 3rd trimester
  - ○ After delivery
  - ○ U/K
- ○ Other, specify:
- ○ COVID-19 had no impact on this child's death
- ○ U/K

h. Did COVID-19 impact the team's ability to conduct this fatality review?

○ Yes ○ No ○ U/K

If yes, check all that apply:

- ☐ Unable to obtain records
- ☐ Team members unable to attend review
- ☐ Remote reviews negatively impacted review process
- ☐ Team leaders redirected to COVID-19 response

J. PERSON RESPONSIBLE (OTHER THAN DECEDENT)

This section is skipped for fetal deaths+

1. Did a person or persons other than the child do something or fail to do something that caused or contributed to the death?
   - ○ Yes/probable
   - ○ No, go to K
   - ○ U/K, go to K

2. What act(s)? Enter information for the first person under "One" and if there is a second person, use column "Two." Describe acts in narrative.

One	Two		One	Two	
○	○	Child abuse	○	○	Exposure to hazards
○	○	Child neglect	○	○	Assault, not child abuse
○	○	Poor/absent supervision	○	○	Other, specify:
			○	○	U/K

3. Did the team have information about the person(s)?

One	Two	
○	○	Yes
○	○	No, go to K

4. Is person listed in a previous section?

One	Two	
○	○	Yes, mother, go to J17
○	○	Yes, father, go to J17
○	○	Yes, caregiver one, go to J17
○	○	Yes, caregiver two, go to J17
○	○	Yes, supervisor, go to J19
○	○	No

5. Primary person(s) responsible for action(s): Select one for each person responsible.

One	Two		One	Two		One	Two	
○	○	Adoptive parent	○	○	Sibling	○	○	Medical provider
○	○	Stepparent	○	○	Other relative	○	○	Institutional staff
○	○	Foster parent	○	○	Friend	○	○	Babysitter
○	○	Parent's partner	○	○	Acquaintance	○	○	Licensed child care worker
○	○	Grandparent	○	○	Child's boyfriend or girlfriend	○	○	Other, specify:
			○	○	Stranger	○	○	U/K

6. Person's age in years:

One	Two	
____	____	# Years
☐	☐	U/K

7. Person's sex:

One	Two	
○	○	Male
○	○	Female
○	○	U/K

8. Person speaks and understands English?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

If no, language spoken:

9. Person on active military duty?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

If yes, specify branch:

10. Person(s) have history of substance abuse?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

11. Person(s) have history of child maltreatment as victim?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

12. Person(s) have history of child maltreatment as a perpetrator?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

13. Person(s) have disability or chronic illness?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

14. Person(s) have prior child deaths?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

15. Person(s) have history of intimate partner violence?

One	Two	
☐	☐	Yes, as victim
☐	☐	Yes, as perpetrator
☐	☐	No
☐	☐	U/K

16. Person(s) have delinquent/criminal history?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

17. At the time of the incident, was the person asleep?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

If yes, select the most appropriate description of the person's sleeping period at incident:

One	Two	
○	○	Night time sleep
○	○	Day time nap, describe:
○	○	Day time sleep (for example, person is night shift worker), describe:
○	○	Other, describe:

18. At time of incident was person impaired?

One	Two	
○Yes ○No ○U/K	○Yes ○No ○U/K	

If yes, check all that apply:

One	Two		One	Two	
☐	☐	Drug impaired, specify:	☐	☐	Impaired by illness, specify:
☐	☐	Alcohol impaired	☐	☐	Impaired by disability, specify:
☐	☐	Distracted	☐	☐	Other, specify:
☐	☐	Absent			

19. Person(s) have, check all that apply:

One	Two	
☐	☐	Prior history of similar acts
☐	☐	Prior arrests
☐	☐	Prior convictions

20. Legal outcomes in this death, check all that apply:

One	Two	
☐	☐	No charges filed
☐	☐	Charges pending
☐	☐	Charges filed, specify:
☐	☐	Charges dismissed
☐	☐	Confession
☐	☐	Plead, specify:
☐	☐	Not guilty verdict
☐	☐	Guilty verdict, specify:
☐	☐	Tort charges, specify:
☐	☐	U/K

K. SERVICES TO FAMILY AND COMMUNITY AS A RESULT OF THE DEATH

1. Were new or revised services recommended or implemented as a result of the death? ○Yes ○No ○U/K

If yes, select one option per row:

	Referred for service before review	Review led to referral	Referral needed, not available	N/A	U/K
Bereavement counseling	○	○	○	○	○
Debriefing for professionals	○	○	○	○	○
Economic support	○	○	○	○	○
Funeral arrangements	○	○	○	○	○
Emergency shelter	○	○	○	○	○
Mental health services	○	○	○	○	○
Foster care	○	○	○	○	○
Health services	○	○	○	○	○
Legal services	○	○	○	○	○
Genetic counseling	○	○	○	○	○
Home visiting	○	○	○	○	○
Substance abuse	○	○	○	○	○
Other, specify:	○	○	○	○	○

L. FINDINGS IDENTIFIED DURING THE REVIEW

○ Mark this case to edit/add findings at a later date

1. Describe any significant challenges faced by the child, the family, the systems with which they interacted, or the response to the incident. These could be related to demographics, overt or inadvertent actions, the way systems functioned, or other environmental characteristics. (See Data Dictionary for examples.)

2. Describe any notable positive elements in this case. They could be demographic, behavioral, or environmental characteristics that may have promoted resiliency in the child or family, the systems with which they interacted or the response to the incident. (See Data Dictionary for examples).

3. List any recommendations and/or initiatives that could be implemented to prevent deaths from similar causes or circumstances in the future:

4. Were new or revised agency services, policies or practices recommended or implemented as a result of the review? ○Yes ○No ○U/K

If yes, select all that apply and describe:

☐ Child welfare	Describe:	☐ Education	Describe:
☐ Law enforcement	Describe:	☐ Mental health	Describe:
☐ Public health	Describe:	☐ EMS	Describe:
☐ Coroner/medical examiner	Describe:	☐ Substance abuse	Describe:
☐ Courts	Describe:	☐ Other, specify:	Describe:
☐ Health care systems	Describe:		

5. Could the death have been prevented? ○Yes, probably ○No, probably not ○Team could not determine

M. THE REVIEW MEETING PROCESS

1. Date of first review meeting:
2. Number of review meetings for this case: ____
3. Is review complete? ○ N/A ○ Yes ○ No

4. Agencies and individuals at review meeting, check all that apply:

- ☐ Medical examiner/coroner/pathologist
- ☐ Death investigator
- ☐ Law enforcement
- ☐ Prosecutor/district attorney
- ☐ Public health
- ☐ HMO/managed care
- ☐ CPS
- ☐ Other social services
- ☐ Physician
- ☐ Nurse
- ☐ Hospital
- ☐ Other health care
- ☐ Fire
- ☐ EMS
- ☐ Faith based organization
- ☐ Education
- ☐ Mental health
- ☐ Substance abuse
- ☐ Indian Health Services/ Tribal Health
- ☐ Home visiting
- ☐ Healthy Start
- ☐ Court
- ☐ Child advocate
- ☐ Military
- ☐ Domestic violence
- ☐ Others, list:

5. Were the following data sources available at the review meeting?

Check all that apply:

Vital statistics

- ☐ Birth certificate - full form
- ☐ Death certificate

Health records

- ☐ Child's medical records or clinical history
- ☐ Hospital records
- ☐ Mother's obstetric and prenatal information
- ☐ Newborn screening results
- ☐ Mental health records
- ☐ Substance abuse treatment records

Investigation records

- ☐ Autopsy/pathology reports
- ☐ CDC's SUIDI Reporting Form
- ☐ Jurisdictional equivalent of the CDC SUIDI Reporting Form
- ☐ Law enforcement records
- ☐ Social service records
- ☐ Child protection agency records
- ☐ EMS run sheet

Other

- ☐ Home visiting
- ☐ School records

6. Did any of the following factors reduce meeting effectiveness, check all that apply:

- ☐ None
- ☐ Confidentiality issues among members prevented full exchange of information
- ☐ HIPAA regulations prevented access to or exchange of information
- ☐ Inadequate investigation precluded having enough information for review
- ☐ Team members did not bring adequate information to the meeting
- ☐ Necessary team members were absent
- ☐ Meeting was held too soon after death
- ☐ Meeting was held too long after death
- ☐ Records or information were needed from another locality in-state
- ☐ Records or information were needed from another state
- ☐ Team disagreement on circumstances
- ☐ Other factors, specify:

7. Review meeting outcomes, check all that apply:

- ☐ Team disagreed with official manner of death. What did team believe manner should be?
- ☐ Team disagreed with official cause of death. What did team believe cause should be?
- ☐ Because of the review, the official cause or manner of death was changed

N. SUID AND SDY CASE REGISTRY

This section displays online based on your state's settings.

Section N: OMB No. 0920-1092, Exp. Date: 11/30/2028

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1092)

1. Is this an SDY or SUID case? ○ Yes ○ No If no, go to Section O

2. Did this case go to Advanced Review for the SUID and SDY Case Registry?

○ N/A ○ Yes ○ No

If yes, date of first Advanced Review meeting:

3. Notes from Advanced Review meeting (include case details that helped determine SDY categorization and any ways to improve the review) or reason why case did not go to Advanced Review:

4. Professionals at the Advanced Review meeting, check all that apply:

- ☐ Cardiologist
- ☐ CDR representative
- ☐ Coroner
- ☐ Death investigator
- ☐ Epileptologist
- ☐ Forensic pathologist/medical examiner
- ☐ Geneticist or genetic counselor
- ☐ Neurologist
- ☐ Neonatologist
- ☐ Pediatrician
- ☐ Public health representative
- ☐ Others, specify:

5. Did the Advanced Review team believe the autopsy was comprehensive? ○ Yes ○ No ○ U/K

6. If autopsy performed, did the ME/coroner/pathologist use the SDY Autopsy Guidance or Summary? ○ N/A ○ Yes ○ No ○ U/K

7. Was a specimen saved for the SUID and SDY Case Registry?
○ N/A ○ Yes ○ No ○ U/K

8. Was a specimen sent to the SUID and SDY Case Registry Biorepository?
○ N/A ○ Yes ○ No ○ U/K

9. Did the family consent to have DNA saved as part of the SUID and SDY Case Registry?
○ N/A ○ Yes ○ No ○ U/K
If no, why not? ○ Consent was not attempted
○ Consent was attempted but follow up was unsuccessful
○ Consent was attempted but family declined
○ Other, specify:

10. Select an SDY category per the SUID and SDY Case Registry SDY algorithm (choose only one):
○ Excluded
○ Unexplained - Incomplete Case Information
○ Explained - Cardiac, specify:
○ Explained - Neurological, specify:
○ Explained - Suffocation with Unsafe Sleep Factors (under age 1)
○ Explained - Other, specify:
○ Unexplained - Possible Cardiac
○ Unexplained - Possible Cardiac and Sudden Unexpected Death in a Child with Epilepsy/Seizure Disorder
○ Unexplained - Sudden Unexpected Death in a Child with Epilespy/Seizure Disorder
○ Unexplained

11.Select a SUID category per the SUID and SDY Case Registry SUID algorithm (choose only one):
○ Excluded
○ Unexplained - No Autopsy or Death Investigation
○ Unexplained - Incomplete Case Information
○ Unexplained - No Unsafe Sleep Factors
○ Unexplained - Unsafe Sleep Factors
○ Unexplained - Possible Suffocation with Unsafe Sleep Factors
○ Explained - Suffocation with Unsafe Sleep Factors

If Unexplained - Possible Suffocation or Explained - Suffocation, select the airway obstruction mechanism(s), check all that apply:
☐ Soft bedding
☐ Wedging
☐ Overlay
☐ Other, specify:

O. NARRATIVE

O1. NARRATIVE

Use this space to provide more detail on the circumstances of the death and to describe any other relevant information.
DO NOT INCLUDE IDENTIFIERS IN THE NARRATIVE such as names, dates, addresses, and specific service providers. Consider the following questions: What was the child doing? Where did it happen? How did it happen? What went wrong? What was the quality of supervision? What was the injury cause of death? The Narrative is included in de-identified downloads, and per MPHI/NCFRP's data use agreement with your state, HIPAA identifying information should not be recorded in this field.

P. FORM COMPLETED BY:

Person:
Title:
Agency:
Phone:
Email:
Date completed:
Data entry completed for this case? ☐

For State Program Use Only:
Data quality assurance completed by state? ☐

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Data Entry: https://data.ncfrp.org
www.ncfrp.org info@ncfrp.org 1-800-656-2434

Appendix D

Grief Support Resources

For information on local support groups throughout Tennessee, refer to the accompanying booklet, Bereavement Support Services in Tennessee. Examples of national resources are listed below.

Bereaved Parents of the USA (BPUSA)bereavedparentsusa.org/ find-a-chapter Offers resources and national and local chaptersfor support for those who have lost children, siblings, or grandchildren.

The Compassionate Friendscompassionatefriends.org

Johnson City, TN 423-677-6431
Knoxville, TN 865-687-2117
Murfreesboro, TN 615-896-4343
Nashville, TN 615-356-4823
Tullahoma, TN 931-962-0458
Sevierville, TN 865-902-2040

Compassionate Friends, National Office
P.O. Box 3696 Oak Brook, IL 60523For a chapter near you, contact toll-free at 877-969-0010, or for self-help support go to compassion at efriends.org to find a group near you.

First Candle Grief Line
800-221-7437Provides compassionate immediate grief counseling to anyone who has experienced loss by death of a baby.

MISS Foundation (Mothers in Sympathy and Support)
missfoundation.org
Genmitsu Kahn, Program Assistant
info@missfoundation.org P.O. Box 9195 Austin, TX 787 66602-279-6477
Call or check the website to see if in-person support groups are available in your area

Share Pregnancy and Infant Loss Support, Inc.
Provides online support for pregnancy and infant loss. Visit nationalshare.org for more information.

Star Legacy Foundation
starlegacyfoundation.org

Family bereavement support after the death of an infant
952-715-7731, ext. 2

Tennessee SIDS Alliance
373 Woodcrest Dr., Kingsport, TN 37663
Kimberly Collette, President, sidstn@cs.com

Training

Prevention Through Understanding
Tennessee Department of Health and Middle Tennessee State University
sidstrainingtn.org
https://chhs.mtsu.edu/publications/

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2. Centers for Disease Control and Prevention. Sudden Unexplained Infant Death Investigation form and guidelines, https://www.cdc.gov/sudden-infant-death/index.html.
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10. Tennessee Joint Task Force on Children's Justice/Child Sexual Abuse Alert: Notice of Change in Child Abuse Reporting, October 17, 2005.
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TN Department of Health

kidcentral tn
KIDCENTRALTN.COM

TN Department of Children's Services

MTSU CENTER FOR HEALTH AND HUMAN SERVICES