

Virginia Department of Social Services
Child Fatality Review Teams Annual Report
Deaths Reviewed in 2013

January 2015



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

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Executive Summary

This report is a review of data gathered by Virginia's five regional Child Fatality Review Teams for child death cases reviewed in 2013. These child deaths occurred during state fiscal year 2012 (July 1, 2011 to June 30, 2012). The teams were required to enter the results of the child death review process into a national database for child fatalities. This report is based on that data. Virginia is one of 43 states that use the [National Center for Child Death Review](#) reporting tool to document child fatalities that have been reported to Child Protective Services for investigation.

As a result of the child fatality review process, each regional team made recommendations which center on changes to the various systems that are involved with children and families. Every team made recommendations to improve social services policy as well as increase the public awareness of significant safety issues, specifically safe sleep environments for infants.

The regional child death team review process concluded that families with high risk factors such as criminal activity, domestic violence, substance abuse and disabilities significantly impacted child health and safety; there was a common theme of poverty in families that experience a child death; there continued to be social disparities by age and by race of children; a majority of families are known to at least one system such as law enforcement, social services or public health, prior to the child's death; and the majority of cases were not known to child welfare.

The Virginia Department of Social Services recognizes that a multi-disciplinary review is an important process for all child deaths as well as high risk cases. The Department also recognizes the need for continued support and building of capacity for all child death review teams.

Highlights of this report include:

- There were 109 child deaths reviewed by five regional child fatality review teams.
- The majority of cases (86%) reviewed involved a child less than five years of age.
- The race of decedent children were 46% White and 42% African-American.

- The decedent children were 52% female and 48% male.
- The majority of caregivers responsible for the child's death (66%) were the primary caregivers.
- The majority of caregivers who directly caused the deaths were male; the majority of caregivers whose actions contributed to, but did not cause the deaths, were female.
- The majority of primary caregivers were young biological parents between the ages of 20 and 29.
- In 12% of the cases, siblings were placed outside of the home prior to the child's death.
- The most common act of commission was identified as Abusive Head Trauma.
- The most common act of omission was poor or absent supervision.
- Criminal history was the most common identified risk characteristic of caregivers.
- A significant number of cases (48%) reviewed were sleep-related infant deaths.

I. Introduction

Child fatality review is a process that strives to understand the specific circumstances surrounding child deaths in order to prevent harm to other children. In December 2011, Virginia adopted a statewide practice of conducting child death reviews at the regional level. Since 2012, Regional Child Fatality Review Teams (CFRT) have been reviewing child deaths that were investigated by local departments of social services (LDSS) in their regions. A child death cannot be reviewed until all criminal matters are complete. In the first year of statewide reviews, 81 child deaths were reviewed. In 2013, 109 child deaths were reviewed. Regional CFRT collected data on each child death and submitted a report to the National Center for the Review and Prevention of Child Death using a standardized reporting tool. Additionally, each team identified risk factors, made findings regarding trends or patterns, and developed team recommendations and action plans.

This report includes the Regional CFRT data regarding: characteristics of the decedent children and their caregivers; history of decedent child maltreatment; investigation information;

services offered after the child's death; and prevention initiatives recommended by teams. This report contains regional recommendations and CFRT action plans for the upcoming year. Finally, this report outlines key projects and activities conducted by the Virginia Department of Social Services (VDSS).

II. Characteristics of Decedent Children

A. Age

Statewide, 94 of the 109 child fatalities (86%) reviewed in 2013 involved children less than five years of age. There was minor variation by region regarding the age of decedent children. All decedent children reviewed by the Northern team were less than five years of age. This is consistent with national and previous years of Virginia data. Young children continue to be the most vulnerable for many reasons, including their dependency, small size and inability to defend themselves.

When comparing the ages of child deaths to the ages of all children who are victims of abuse and neglect in Virginia, there is a marked difference. In 2012, approximately 31% of all child victims were less than five years of age and 42% were between age 5 and 11. The majority of victims were school age, which correlates to the schools being the largest group of mandated reporters of suspected child abuse and neglect (22%)¹. The majority of child deaths however occurred in children less than five years of age. This may be attributed to children less than school age are typically less visible in the community and there is limited contact with child serving systems where there are mandated reporters of suspected child abuse and neglect.

B. Race

The race of 50 children were identified as White (46%), 46 African-American (42%) and the remaining were multi-racial, Asian or other. There was significant variance by region regarding the race of decedent children. This variance was similar to the previous year findings.

¹ Source: Virginia Department of Social Services (VDSS) Virginia Child Welfare Outcome Reports (VCWOR) October 2012.

In the Central region there were a greater percentage of African-American child deaths (44%), yet African-Americans made up approximately one third of the total population (31%). In the Eastern region, there were also a greater percentage of African-American children (66%) as compared to the overall population (34%). Northern region had a higher percentage of White child deaths (65%), which is correlated to White representation in the overall population (75%) of that region. Piedmont region's percentage of White child deaths (71%) also correlated to the overall White population of the region (80%). The race of all Western child fatalities was White, which is reflective of the total population (95%).²

Nationally, the race of the majority of child fatalities in 2012 was approximately 39% White and 32% African- American. Virginia was slightly above the national percentage for White child deaths and slightly below the national percentage for African- American child fatalities. In 2012, 49% of children in the United States were White, 13% African- American and 38% Other (Asian, multi-race, Native American Indian, etc.)³. In Virginia, 68% of children less than 18 years of age were White, 24% African- American and 8% Other⁴. The data showed that in Virginia there was an over-representation of child deaths that were African- American compared to the overall general population.

C. Gender

Gender of child victim does not appear to be a risk factor for child fatalities in Virginia. Statewide, the gender of children reviewed was almost equal. There were 57 (52%) females and 52 (48%) males. There was a minor variation in regions regarding gender of decedent children with the exception of Northern, where females comprised 71% of the cases reviewed.

² Source: Virginia Department of Health, Division of Health Statistics: Source: Virginia Department of Health, Division of Health Statistics (<http://www.vdh.state.va.us/healthstats/stats.htm>). Bridged-race population estimates for Virginia obtained from the National Center for Health Statistics. VDSS Office of Research and Planning computed the VDSS regional population estimates.

³ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2013). *Child Maltreatment 2012*. Available from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.

⁴ Source: Virginia Department of Health, Division of Health Statistics: Source: Virginia Department of Health, Division of Health Statistics (<http://www.vdh.state.va.us/healthstats/stats.htm>). Bridged-race population estimates for Virginia obtained from the National Center for Health Statistics. VDSS Office of Research and Planning computed the VDSS regional population estimates.

Nationally, males have a higher fatality rate than females. In 2012, in both Virginia and the United States, 51% of children less than 18 years of age were male and 49% were females⁵.

See Table 1: Overview of Decedent Child Characteristics and Table 2: Overview of Decedent Child Characteristics by Region.

III. Characteristics of Caregivers

A. Age, Gender, Role

There were a total of 186 primary caregivers⁶ identified. The majority of caregivers were between 20-29 years of age (56%); female (59%); and a biological parent (84%). The data were consistent with both national and preceding Virginia data which identified young parents as the majority of primary caregivers of young children.

B. Employment, Public Assistance

In cases where employment status was reported (N=157), the majority of primary caregivers were employed (60%). Other financial issues identified included unemployment (34%) and receiving social services at the time of death (52%). Social services included Medicaid (42%), Supplemental Nutrition Assistance Program (SNAP, *formerly known as Food Stamps*) (41%), Temporary Assistance for Needy Families (TANF) (17%) and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) (15%). Living at or below poverty level is frequently a common characteristic of caregivers involved in child fatalities nationally.⁷

⁵ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2013). *Child maltreatment 2012*. Available from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.

⁶ A primary caregiver is defined as a person or persons who had responsibility for the care, custody and control of the decedent child. If the child was living with his/her biological or adoptive parents or share joint physical/legal custody, both would be considered the primary caregivers. If more than one caregiver was identified, one would be identified as the primary caregiver A and the other as primary caregiver B. These persons may or may not have been the person responsible for the child at the time of death.

⁷ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2013). *Child maltreatment 2012*. Available from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.

This data suggests parents who receive social services benefits are potential populations to target prevention initiatives.

C. High Risk Indicators of Caregivers

Several high risk factors were identified by the Regional CFRT. A total of 14 primary caregivers had prior history of being maltreated as a child, including 10 who had been in foster care as a youth. The data offers support to theories of the cyclic nature of child abuse and neglect and reinforces the need to reduce the adverse affects of traumatic childhood abuse and neglect in all children who come into foster care. Recognizing and addressing trauma could ultimately enhance the potential parenting skills of all youth who come into foster care.

In cases which reported a history of the caregiver:

- Approximately **28%** indicated delinquency or criminal history⁸. Of those that had a history (N=40), 33% involved drugs, 28% involved assaults and 18% involved robbery.
- Approximately **27%** of the caregivers had been either a victim (15%) or perpetrator (12%) of domestic violence.
- Approximately **26%** indicated a history of substance abuse. Substance abuse included marijuana (13%), prescription drugs (8%) and alcohol (7%).
- Approximately **14%** of the caregivers had previously abused or neglected a child. This included five caregivers who had children removed from their care and custody prior to the decedent child's death;
- Approximately **15%** of caregivers indicated there was a disability or chronic illness⁹.

The data suggests a continued need for all systems working with children, particularly young vulnerable children, to identify families with these specific risk factors and ensure services are available and provided so as to reduce the likelihood of future child maltreatment. This data also suggests the need for Child Protective Services (CPS) to accurately and thoroughly assess

⁸ Delinquent or criminal history includes juvenile offenses, misdemeanor and felony charges or convictions.

⁹ Chronic implies a substantial long term effect on day to day functioning or one's health and includes physical, mental and sensory disorders/conditions such as blindness.

risk in all CPS reports using the existing structured decision making risk assessment tool required by CPS policy/guidance. Risk factors in the risk assessment tool have weighted values which, when scored correctly, identify families with high risk for future child maltreatment. CPS policy/guidance recommends providing on-going services to those families which have the greatest likelihood of future maltreatment.

In 2012, national data for risk factors of caregivers involved in child fatalities were domestic violence (20%), drug abuse (17%) and alcohol abuse (6%)¹⁰.

See Table 3: Overview of Primary Caregiver A Characteristics; Table 4: Overview of Primary Caregiver B Characteristics; and Table 5: Overview of Supervisor Characteristics.

IV. Team Findings

This section includes conclusions made by the teams related to the caregivers. There were 101 persons identified as being responsible for the decedent child at the time of the fatal incident. In addition to primary caregivers, there were 19 caregivers who were *not* a primary caregiver. For caregivers identified as the person responsible at the time of the incident (N=101), the majority (N= 67), were a biological parent (66%). Other relationships included:

- Babysitter (12)
- Grandparent (7)
- Mother's partner (5)
- Other relative (4)
- Friend (2)
- Step-parent (1)

¹⁰ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2013). *Child maltreatment 2012*. Available from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.

A. Characteristics of Deaths

In 37 of the 109 cases reviewed (36%), the team determined that abuse or neglect did cause or contribute to the child's death. The conclusion of the team in 19 cases was abuse or neglect probably caused or contributed to the child's death. Acts of *commission* are actions directed towards the child (physical abuse). An act of *omission* is failure to do something on behalf of the child (physical neglect). The data are not necessarily reflective of the findings made by CPS, law enforcement, or any other investigating agency. Whether an act caused or contributed to a child's death is a determination made by the Regional CFRT after review of a case. This is not a determination of blame, but rather an identification of whether there were specific human behaviors involved that caused or contributed to the child's death.

The most frequent act having directly caused a child's death¹¹ was an act of commission- child abuse (25% of cases that caused or probably caused the death). Abusive Head Trauma, a specific act of child abuse, was identified as having caused *or* contributed to the child's death in 10 cases. The data suggests an on-going need for continued education of parents between the ages of 20 and 29 regarding how to deal with common frustrations associated with raising young children.

The most common act that contributed indirectly to the child's death¹² was an act of omission- poor or absent supervision (20% of cases that caused or probably caused the death). A failure to protect the child from hazards and/or failure to seek or follow through with medical treatment were the most frequently identified supervision issues.

See Table 8: Characteristics of Deaths Determined by Teams to be due to Abuse or Neglect.

¹¹ The *direct* cause of death refers to an act that was the primary event leading directly to the death. It describes a specific act of commission or omission that, in and of itself, led to the child's death. Generally, the act in question was both necessary and sufficient to kill the child. The death may have occurred instantaneously or substantially after the act.

¹² The *contributing* cause of death refers to an act that plays a role, but not the primary role, in the death. The contributing (or indirect) cause of death describes a necessary but not sufficient act of commission or omission that contributed in a substantial manner to the death of the child. The act did not, in and of itself, precipitate or lead inevitably to the child's death. However, it is understood to have been a necessary element in the child's death. The death may have occurred instantaneously or substantially after the act.

B. Characteristics of Persons Responsible

It is possible for caregiver's actions to have both caused and/or contributed to the death. All persons responsible for actions that caused the death of the child were primary caregivers. All persons responsible for actions that contributed to the death of the child were primary caregivers, with the exception of two caregivers who were identified as supervisors (babysitters). The majority of persons responsible for having caused or contributed to the child's death were biological parents between the ages of 20-29. Criminal history was the most common risk factor identified for both persons either causing (48%) or contributing (33%) to the child's death.

One difference between persons who caused versus persons who contributed to the child's death was gender. More males (58%) were identified as *causing* the death and more females (66%) were identified as *contributing* to the death of the child. This difference by gender supports the need for continuing efforts for strong fatherhood initiatives and programs.

See Table 6: Overview of Person Responsible for Causing and/or Contributing to Death Characteristics.

V. Decedent Child's History of Maltreatment

Information was collected at the Regional CFRT meetings, pertaining to history of abuse or neglect of the decedent child, in addition to any history involving caregivers or siblings of the decedent. Of the 109 children, five decedent children had been previously neglected, two had been physically abused and one child had been sexually abused. The same child could have been included in more than one type of abuse or neglect. Eight children were identified as having an open case at the time of death. These cases could have been open prior to, or as a result of, the incident that led to the child's death. Four children had been placed outside of the home prior to their death. Thirteen cases were identified as having siblings of the decedent

child placed outside the home prior to the child's death. The data suggests that some of the decedent children were known to the child welfare system (7%), but the majority were not.

See Table 7: Overview of Child's History of Maltreatment.

VI. Child Death Investigation

For purposes of CFRT, the investigation includes the results of all investigations that were conducted at the time of the child's death including CPS, the medical examiner (ME) and law enforcement.

A. Cause and Manner of Death

The following information was provided during the Regional CFRT process by the ME. Cause of death refers to a specific forensic finding of how the death occurred (e.g. drowning, gunshot, suffocation, Sudden Unexpected Infant Death Syndrome (SUIDS), etc.) and manner of death is an official classification by the ME of how the cause of death occurred. It is important to note that an official cause and manner of death does not always correlate with whether there was a finding of abuse or neglect made by CPS. For example, a child may die as a result of an accident (such as a drowning) but maltreatment may also be found in that a caregiver's actions (substance use) or inaction (lack of supervision) may have indirectly resulted in the death of the child.

The most common cause of death was from an external cause or injury (50%). Of those cases, the majority of external causes were by asphyxia (16%); a weapon (16%); or drowning (8%). In 39 of the 109 cases (36%), the ME ruled the cause of death as undetermined. In the remaining 15 cases (14%), the cause of death was determined to be a medical condition. The most common medical condition was Sudden Infant Death Syndrome (5%).

The most common manner of death was undetermined (39%), which means the ME could not rule it as an accident, homicide, suicide or natural causes.

See Table 9: Overview of Child Death Investigation Information.

B. Sleep-Related Infant Deaths

CFRT gathered specific information regarding infant deaths which were sleep-related. There were 52 cases reviewed that were identified as being sleep-related infant deaths. The regional CFRT conclusions clearly support the findings of the state CFRT's [Report of Sleep Related Infant Deaths in Virginia](#) that infant sleep-related death is an urgent public health problem across the state. The Virginia CFRT determined that 95% of the sleep related infant deaths that they reviewed were preventable.

This caused great concern with each of the regional teams and resulted in the following specific recommendations regarding safe sleep practices:

Western

- The team recommended that local department of social services (LDSS) staff conduct a Safe Sleep Campaign during April- Child Abuse Prevention Month.

Northern

- The team recommended the Department of Social Services (VDSS) incorporate safe sleep information in application requirements for unregulated and registered childcare providers.

Piedmont

- The team recommended implementing a campaign to promote the dissemination of current safe sleep videos and other resources throughout the region.

Central

- The team recommended communicating safe sleep messages through the use of social marketing techniques such as public service announcements, banners on buses and use

of social media (Facebook, Twitter, blog sites, etc.). Additionally, the CFRT offered to work with the CPS Regional Consultant and community partners to develop a workshop to educate LDSS staff, law enforcement, health care providers and other professionals on safe sleep practices.

Eastern

- The team recommended continued collaboration with Eastern Virginia Medical School Brock Institute for Community and Global Health and Children's Hospital of the King's Daughters to promote safe sleep education. Additionally, the team recommended supporting initiatives to require safe sleep education in hospital labor and delivery departments in area hospitals.

VII. Services and Other Actions Taken at the Time of the Child's Death

Services offered at the time of the child's death were not limited to services offered by CPS. The most common service offered after a child's death was bereavement counseling. This was provided in 37 cases and in an additional 28 cases, counseling was offered but refused. Mental health services (15 cases) and funeral arrangements support services (14 cases) were also identified.

See Table 10: Overview of Services Offered After Child's Death.

The most common CPS actions taken because of child's death included offered services (21%) and/or provided services (7%) and removal of other children (8%). Other actions taken included voluntary out-of-home placement, court ordered services or out-of-home placement and termination of parental rights.

Legal outcomes for acts that caused or contributed to the child deaths varied, with the most common being a guilty verdict or guilty plea (23%). The majority of child fatalities did not result in criminal charges.

See Table 9: Overview of Child Death Investigation Information.

VIII. Recommendations Developed by CFRT

One of the most critical questions asked at CFRT meetings was whether the child's death was preventable. The definition of preventability used by the regional CFRT was determining if the community or an individual could have reasonably done something that would have changed the circumstances that led to the child's death. The CFRT concluded the child's death was preventable in 65% of the 106 cases. Teams made recommendations in several areas, most notably in the area of education, specifically parent education (45), media campaigns (24) and provider education (21).

See Table 11: Overview of Recommendations and Prevention Initiatives Developed by Regional Teams.

The regional CFRT had other recommendations in addition to those related to safe sleep practices, which included:

Western

- The CPS Regional Consultant will continue to assist and advise the LDSS by providing training that is specific to enhancing the ability of the LDSS to prevent child abuse and neglect with an emphasis on lessons learned from the fatality review process.
- Generate an annual regional report and acknowledge the support from LDSS and community partners.

Northern

- Continue to develop and implement a medical literacy campaign in the community for immigrant families.
- Recommends VDSS create a sample protocol or Memorandum of Understanding (MOU) to be used by LDSS and law enforcement for joint child fatality investigations.

Piedmont

- Advocate for adopting new legislation to require annual training for all mandated reporters.
- Develop informational brochure explaining the purpose and role of child fatality review.

Central

- Identify and provide training for mandated reporters of suspected child abuse and neglect.

Eastern

- Develop a statewide list of professionals who are experts in child abuse and neglect identification, investigation and prosecution and are willing to provide technical assistance in these areas.

IX. Regional Team Process

The CFRT process is still relatively new to most of the regions within Virginia. The formation of the teams and the continued participation by different agencies is essential to an effective multi-disciplinary approach to child fatality prevention. The team composition is one way to identify the various agencies who participate in the review process. CPS was present at 108 CFRT meetings as they were the primary presenters of case information. Other team members included:

Team Member	# of Reviews
Medical Examiner	87
Child Advocate	76
Public Health	73
Commonwealth Attorney	70
Physician	62
Mental Health	67
Law Enforcement	46
Hospital	38
Military	38
Other Health Care	23
Substance Abuse	10

See Table 12: Overview of Regional CFRT Processes.

X. VDSS Recommendations and Initiatives

VDSS is one member of the child death review process and proposes the following recommendations in support of the regional CFRT:

- Collaborate with all VDSS programs, including benefits and child care, on identification of high risk families and disseminate reminders about requirements for mandated reporting of suspected child abuse and neglect by all LDSS staff.
- Continue promotion and dissemination of [*Safe to Sleep*](#) campaign materials throughout all VDSS programs.
- Participate in the Virginia Department of Health's initiative relating to the prevention of Abusive Head Trauma/ Shaken Baby Syndrome in infants and promotion of positive parenting.
- Support and promote strong fatherhood initiatives and programs sponsored by VDSS.
- Develop and implement guidance for LDSS staff regarding the importance of providing parenting education to foster care youth as they transition to independence.
- Ensure the risk factors associated with child deaths found in this report are included in training that is developed for local multi-disciplinary teams to be established in each jurisdiction by July 2015 as required by [§15.2-1627.5](#) of the *Code of Virginia*.
- Review all policy, guidance and training and revise as needed to emphasize the mandatory use of research based risk assessments in CPS. Develop and implement statewide training specific to structured decision making tools used in CPS.

Table 1: Overview of Decedent Child Characteristics – Virginia, FY2012 (N=109)

Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Virginia Department of Social Services Region¹											
Central	9	1	17	--	--	4	6	4	12	--	--
Eastern	56	4	67	--	--	36	55	15	44	1	50
Northern	17	--	--	--	--	12	18	4	12	1	50
Piedmont	14	--	--	1	50	11	17	2	6	--	--
Western	13	1	17	1	50	2	3	9	26	--	--
Age											
<1 year	74	3	50	--	--	54	83	16	47	1	50
1-4 years	20	1	17	2	100	6	9	10	29	1	50
5-9 years	7	1	17	--	--	3	5	3	9	--	--
10-14 years	4	--	--	--	--	1	2	3	9	--	--
15-17 years	4	1	17	--	--	1	2	2	6	--	--
Race											
White	50	3	50	1	50	28	43	17	50	1	50
Black	46	3	50	1	50	30	46	12	35	--	--
Asian	1	--	--	--	--	1	2	--	--	--	--
Multi-Racial	9	--	--	--	--	6	9	2	6	1	50
Unknown	1	--	--	--	--	--	--	1	3	--	--
No answer selected ²	2	--	--	--	--	--	--	2	6	--	--
Ethnicity											
Hispanic	9	--	--	--	--	2	3	5	15	2	100

¹ Data files for this report were created July 7, 2014. Data may continue to be entered and altered in the Child Death Review Reporting System after this date.

² Questions left with no answer indicate no attempt was made to find the answer. Questions marked "unknown" indicate an attempt to find the answer was made, but no clear or satisfactory response was obtained.

Table 1: Overview of Decedent Child Characteristics – Virginia, FY2012 (N=109)

Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Sex											
Male	52	2	33	1	50	32	49	15	44	2	100
Female	57	4	67	1	50	33	51	19	56	--	--
Had a Substance Abuse History											
Yes	2	--	--	--	--	1	2	1	3	--	--
No	40	1	17	2	100	23	35	13	38	1	50
N/A	63	3	50	--	--	41	63	19	56	--	--
Unknown	2	1	17	--	--	--	--	1	3	--	--
No answer selected	2	1	17	--	--	--	--	--	--	1	50
Substance abuse history included³:											
Alcohol	2	--	--	--	--	1	2	1	3	--	--
Marijuana	1	--	--	--	--	1	2	--	--	--	--
Prescription drug(s)	1	--	--	--	--	1	2	--	--	--	--
Had a Delinquent or Criminal History											
Yes	3	1	17	--	--	1	2	1	3	--	--
No	13	1	17	1	50	3	5	8	24	--	--
N/A	86	3	50	1	50	58	89	23	68	1	50
Unknown	0	--	--	--	--	--	--	--	--	--	--
No answer selected	7	1	17	--	--	3	5	2	6	1	50
Delinquent or criminal history included⁴:											
Drugs	1	--	--	--	--	1	2	--	--	--	--
Theft	1	--	--	--	--	--	--	1	3	--	--

³ This category allows for multiple responses for a single child and thus, may not sum to total.

⁴ This category allows for multiple responses for a single child and thus, may not sum to total.

Table 2: Overview of Decedent Child Characteristics by Virginia Department of Social Services Region – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total 109	Central		Eastern		Northern		Piedmont		Western	
		#	%	#	%	#	%	#	%	#	%
Age¹											
<1 year	74	7	78	39	70	12	71	11	79	5	38
1-4 years	20	1	11	9	16	5	29	1	7	4	31
5-9 years	7	--	--	5	9	--	--	--	--	2	15
10-14 years	4	--	--	2	4	--	--	--	--	2	15
15-17 years	4	1	11	1	2	--	--	2	14	--	--
Race											
White	50	3	33	13	23	11	65	10	71	13	100
Black	46	4	44	37	66	1	6	4	29	--	--
Asian	1	--	--	--	--	1	6	--	--	--	--
Multi-Racial	9	2	22	4	7	3	18	--	--	--	--
Unknown	1	--	--	--	--	--	--	1	7	--	--
No answer selected ²	2	--	--	2	4	--	--	--	--	--	--
Ethnicity											
Hispanic	7	1	11	4	7	1	6	--	--	1	8
Sex											
Male	52	5	56	28	50	5	29	7	50	7	54
Female	57	4	44	28	50	12	71	7	50	6	46
Had a Substance Abuse History											
Yes	2	--	--	--	--	--	--	2	14	--	--
No	40	3	33	13	23	10	59	9	64	5	38
N/A	63	5	56	40	71	7	41	3	21	8	62

¹ Data files for this report were created July 7, 2014. Data may continue to be entered and altered in the Child Death Review Reporting System after this date.

² Questions left with no answer indicate no attempt was made to find the answer. Questions marked "unknown" indicate an attempt to find the answer was made, but no clear or satisfactory response was obtained.

Table 2: Overview of Decedent Child Characteristics by Virginia Department of Social Services Region – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Central		Eastern		Northern		Piedmont		Western	
		#	%	#	%	#	%	#	%	#	%
	109	9	8	56	51	17	16	14	13	13	12
Unknown	2	1	11	1	2	--	--	--	--	--	--
No answer selected	2	--	--	2	4	--	--	--	--	--	--
Had a Delinquent or Criminal History											
Yes	3	1	11	--	--	--	--	2	14	--	--
No	13	--	--	6	11	1	6	2	14	4	31
N/A	86	8	89	43	77	16	94	10	71	9	69
Unknown	--	--	--	--	--	--	--	--	--	--	--
No answer selected	7	--	--	7	13	--	--	--	--	--	--

Table 3: Overview of Caregiver A Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Age¹											
11-19 years	11	--	--	--	--	9	14	2	6	--	--
20-29 years	60	5	83	1	50	35	54	18	53	1	50
30-39 years	28	--	--	1	50	16	25	11	32	--	--
40-49 years	2	--	--	--	--	--	--	1	3	1	50
50-59 years	3	1	17	--	--	1	2	1	3	--	--
60-69 years	--	--	--	--	--	--	--	--	--	--	--
70+ years	--	--	--	--	--	--	--	--	--	--	--
Unknown	1	--	--	--	--	--	--	1	3	--	--
No answer selected ²	4	--	--	--	--	4	6	--	--	--	--
Sex											
Male	17	--	--	--	--	6	9	9	26	2	100
Female	87	6	100	2	100	54	83	25	74	--	--
Unknown	--	--	--	--	--	--	--	--	--	--	--
No answer selected	5	--	--	--	--	5	8	--	--	--	--
Relationship to Decedent Child											
Biological parent	97	4	67	2	100	63	97	28	82	--	--
Adoptive parent	1	--	--	--	--	1	2	--	--	--	--
Step-parent	--	--	--	--	--	--	--	--	--	--	--
Mother's partner	1	--	--	--	--	--	--	1	3	--	--

¹ Data files for this report were created July 7, 2014. Data may continue to be entered and altered in the Child Death Review Reporting System after this date.

² Questions left with no answer indicate no attempt was made to find the answer. Questions marked "unknown" indicate an attempt to find the answer was made, but no clear or satisfactory response was obtained.

Table 3: Overview of Caregiver A Characteristics – Virginia, FY2012 (N=109)

Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total 109	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
		6	6	2	2	65	60	34	31	2	2
Grandparent	3	1	17	--	--	1	2	1	3	--	--
Other relative	2	--	--	--	--	--	--	2	6	--	--
Friend	1	--	--	--	--	--	--	1	3	--	--
Institutional staff	1	1	17	--	--	--	--	--	--	--	--
Babysitter	1	--	--	--	--	--	--	1	3	--	--
Employment Status											
Employed	46	4	67	--	--	23	35	17	50	2	100
Unemployed	31	--	--	--	--	21	32	10	29	--	--
On disability	4	1	17	2	100	1	2	--	--	--	--
Stay-at-home	5	--	--	--	--	3	5	2	6	--	--
Unknown	16	1	17	--	--	10	15	5	15	--	--
No answer selected	7	--	--	--	--	7	11	--	--	--	--
Active Duty Military											
Yes	11	1	17	--	--	5	8	5	15	--	--
No	88	5	83	2	100	52	80	27	79	2	100
Unknown	3	--	--	--	--	2	3	1	3	--	--
No answer selected	7	--	--	--	--	6	9	1	3	--	--
If yes, in which branch:											
Army	4	--	--	--	--	1	--	3	--	--	--
Navy	2	--	--	--	--	2	--	--	--	--	--
Receiving Social Services at Time of Child's Death											
Yes	59	3	50	2	100	36	55	18	53	--	--
No	37	2	33	--	--	20	31	14	41	1	50
Unknown	9	1	17	--	--	6	9	1	3	1	50
No answer selected	4	--	--	--	--	3	5	1	3	--	--

Table 3: Overview of Caregiver A Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total 109	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
Types of services received³:											
WIC	21	2	33	--	--	12	18	7	21	--	--
TANF	19	1	17	--	--	12	18	6	18	--	--
Medicaid	52	2	33	2	100	31	48	17	50	--	--
Food stamps	45	3	50	2	100	29	45	11	32	--	--
Other	4	2	33	--	--	2	3	--	--	--	--
Had a Substance Abuse History											
Yes	19	1	17	1	50	6	9	11	32	--	--
No	60	3	50	--	--	41	63	16	47	--	--
Unknown	22	--	--	1	50	12	18	7	21	2	100
No answer selected	8	2	33	--	--	6	9	--	--	--	--
Substance abuse history included⁴:											
Alcohol	5	1	17	--	--	--	--	4	12	--	--
Cocaine	2	--	--	--	--	1	2	1	3	--	--
Marijuana	9	--	--	--	--	3	5	6	18	--	--
Methamphetamines	5	--	--	1	50	--	--	4	12	--	--
Opiates	2	--	--	--	--	1	2	1	3	--	--
Prescription drug(s)	8	1	17	--	--	2	3	5	15	--	--
Other	1	--	--	--	--	--	--	1	3	--	--
Unknown	3	--	--	--	--	2	3	1	3	--	--
Had a Delinquent or Criminal History											
Yes	17	1	17	--	--	5	8	11	32	--	--

³ This category allows for multiple responses for a single caregiver and thus, may not sum to total.

⁴ This category allows for multiple responses for a single caregiver and thus, may not sum to total.

Table 3: Overview of Caregiver A Characteristics – Virginia, FY2012 (N=109)

Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
No	64	3	50	1	50	43	66	16	47	1	50
Unknown	21	1	17	1	50	12	18	6	18	1	50
No answer selected	7	1	17	--	--	5	8	1	3	--	--
Delinquent or criminal history included⁵:											
Assaults	5	--	--	--	--	1	2	4	12	--	--
Drugs	6	--	--	--	--	1	2	5	15	--	--
Robbery	4	--	--	--	--	1	2	3	9	--	--
Other	9	1	17	--	--	2	3	6	18	--	--
Ever <u>Victim</u> of Child Maltreatment											
Yes	10	1	17	--	--	4	6	5	15	--	--
No	52	1	17	2	100	34	52	14	41	1	50
Unknown	35	2	33	--	--	18	28	14	41	1	50
No answer selected	12	2	33	--	--	9	14	1	3	--	--
Caregiver was a victim of⁶:											
Physical abuse	4	--	--	--	--	3	5	1	3	--	--
Neglect	4	--	--	--	--	2	3	2	6	--	--
Sexual abuse	3	1	17	--	--	1	2	1	3	--	--
Had caregiver ever been in foster care?	7	1	17	--	--	2	3	4	12	--	--
Ever <u>Perpetrator</u> of Child Maltreatment											
Yes	17	4	67	1	50	9	14	3	9	--	--
No	64	1	17	1	50	35	54	26	76	1	50
Unknown	16	--	--	--	--	11	17	4	12	1	50

⁵ This category allows for multiple responses for a single caregiver and thus, may not sum to total.

⁶ This category allows for multiple responses for a single caregiver and thus, may not sum to total.

Table 3: Overview of Caregiver A Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
No answer selected	12	1	17	--	--	10	15	1	3	--	--
Perpetrator of maltreatment type⁷:											
Physical abuse	5	--	--	--	--	5	8	--	--	--	--
Neglect	9	3	50	1	50	3	5	2	6	--	--
Sexual abuse	2	--	--	--	--	1	2	1	3	--	--
Services received:											
Received Child Protective Services prevention services	4	2	33	--	--	2	3	--	--	--	--
Received family preservation services	1	--	--	--	--	1	2	--	--	--	--
Children ever removed	3	1	17	--	--	2	3	--	--	--	--
Domestic Violence History⁸											
Yes, victim	16	2	33	--	--	3	5	10	29	1	50
Yes, perpetrator	6	--	--	--	--	1	2	5	15	--	--
None	55	3	50	1	50	38	58	12	35	1	50
Unknown	26	1	17	1	50	16	25	8	24	--	--
Had Disability or Chronic Illness											
Yes	16	2	33	2	100	7	11	5	15	--	--
No	68	3	50	--	--	42	65	22	65	1	50
Unknown	18	1	17	--	--	9	14	7	21	1	50
No answer selected	7	--	--	--	--	7	11	--	--	--	--
Type of disability or chronic illness⁹:											
Physical	3	--	--	--	--	2	3	1	3	--	--

⁷ This category allows for multiple responses for a single caregiver and thus, may not sum to total.

⁸ This category allows for multiple responses for a single caregiver and thus, may not sum to total.

⁹ This category allows for multiple responses for a single caregiver and thus, may not sum to total.

Table 3: Overview of Caregiver A Characteristics – Virginia, FY2012 (N=109)

Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Diabetes	1	--	--	--	--	1	2	--	--	--	--
Hypertension	1	--	--	--	--	1	2	--	--	--	--
Sleep disorder	1	--	--	--	--	--	--	1	3	--	--
Mental	13	2	33	2	100	5	8	4	12	--	--
Anxiety	1	1	17	--	--	--	--	--	--	--	--
Bi-Polar disorder	4	1	17	1	50	1	2	1	3	--	--
Depression	4	1	17	--	--	2	3	1	3	--	--
Schizophrenia	1	--	--	--	--	--	--	1	3	--	--
Intellectual/learning disability	2	--	--	1	50	1	2	--	--	--	--
Mental retardation	2	--	--	--	--	1	2	1		--	--
Substance abuse	1	--	--	--	--	--	--	1	3	--	--
If caregiver had a mental disability/illness, caregiver was receiving mental health services:											
Yes	4	1	17	1	50	1	2	1	3	--	--
No	7	1	17	1	50	3	5	2	6	--	--

Table 4: Overview of Caregiver B Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Age¹											
11-19 years	3	--	--	--	--	3	5	--	--	--	--
20-29 years	44	1	17	2	100	21	32	19	56	1	50
30-39 years	20	--	--	--	--	14	22	6	18	--	--
40-49 years	9	--	--	--	--	7	11	1	3	1	50
50-59 years	2	--	--	--	--	--	--	2	6	--	--
60-69 years	--	--	--	--	--	--	--	--	--	--	--
70+ years	1	--	--	--	--	1	2	--	--	--	--
Unknown	3	--	--	--	--	3	5	--	--	--	--
No answer selected ²	27	5	83	--	--	16	25	6	18	--	--
Sex											
Male	60	1	17	1	50	39	60	19	56	--	--
Female	22	--	--	--	--	11	17	9	26	2	100
Unknown	--	--	--	--	--	--	--	--	--	--	--
No answer selected	27	5	83	1	50	15	23	6	18	--	--
Relationship to Decedent Child											
Biological parent	59	1	17	--	--	42	65	14	41	2	100
Adoptive parent	2	--	--	--	--	1	2	1	3	--	--
Step-parent	7	--	--	--	--	2	3	5	15	--	--
Mother's partner	9	--	--	2	100	1	2	6	18	--	--

¹ Data files for this report were created July 7, 2014. Data may continue to be entered and altered in the Child Death Review Reporting System after this date.

² Questions left with no answer indicate no attempt was made to find the answer or the question is not applicable (e.g. child had no secondary caregiver). Questions marked "unknown" indicate an attempt to find the answer was made, but no clear or satisfactory response was obtained.

Table 4: Overview of Caregiver B Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Grandparent	6	--	--	--	--	6	9	--	--	--	--
Other relative	2	--	--	--	--	1	2	1	3	--	--
Friend	1	--	--	--	--	--	--	1	3	--	--
Institutional staff	--	--	--	--	--	--	--	--	--	--	--
Babysitter	--	--	--	--	--	--	--	--	--	--	--
Other	1	--	--	--	--	1	2	--	--	--	--
Unknown	1	--	--	--	--	1	2	--	--	--	--
No answer selected	21	5	83	--	--	10	15	6	18	--	--
Employment Status											
Employed	48	--	--	1	50	37	57	9	26	1	50
Unemployed	22	--	--	1	50	7	11	14	41	--	--
Stay-at-home	1	--	--	--	--	--	--	--	--	1	50
Unknown	12	--	--	--	--	7	11	5	15	--	--
No answer selected	26	6	100	--	--	14	22	6	18	--	--
Active Duty Military											
Yes	10	--	--	--	--	8	12	2	6	--	--
No	65	--	--	2	100	37	57	24	71	2	100
Unknown	4	--	--	--	--	4	6	--	--	--	--
No answer selected	30	6	100	--	--	16	25	8	24	--	--
If yes, in which branch:											
Navy	6	--	--	--	--	5	8	1	3	--	--
Air Force	1	--	--	--	--	1	2	--	--	--	--
Marines	1	--	--	--	--	--	--	1	3	--	--
Receiving Social Services at Time of Child's Death											
Yes	25	--	--	1	50	17	26	6	18	1	50

Table 4: Overview of Caregiver B Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
No	42	--	--	--	--	25	38	16	47	1	50
Unknown	11	--	--	1	50	8	12	2	6	--	--
No answer selected	31	6	100	--	--	15	23	10	29	--	--
Types of services received included³:											
WIC	3	--	--	--	--	2	3	--	--	1	50
TANF	8	--	--	--	--	6	9	2	6	--	--
Medicaid	17	--	--	--	--	11	17	5	15	1	50
Food stamps	22	--	--	--	--	15	23	6	18	1	50
Had a Substance Abuse History											
Yes	16	--	--	2	100	5	8	8	24	1	50
No	39	--	--	--	--	29	45	10	29	--	--
Unknown	24	--	--	--	--	14	22	9	26	1	50
No answer selected	30	6	100	--	--	17	26	7	21	--	--
Substance abuse history included⁴:											
Alcohol	5	--	--	1	50	1	2	3	9	--	--
Cocaine	1	--	--	--	--	1	2	--	--	--	--
Marijuana	8	--	--	1	50	3	5	4	12	--	--
Methamphetamines	2	--	--	2	100	--	--	--	--	--	--
Opiates	1	--	--	--	--	--	--	--	--	1	50
Prescription Drug(s)	3	--	--	--	--	1	2	1	3	1	50
Unknown	2	--	--	--	--	1	2	1	3	--	--
Had a Delinquent or Criminal History											

³ This category allows for multiple responses for a single caregiver and thus, may not sum to total.

⁴ This category allows for multiple responses for a single caregiver and thus, may not sum to total.

Table 4: Overview of Caregiver B Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Yes	23	--	--	2	100	7	11	14	41	--	--
No	37	--	--	--	--	28	43	8	24	1	50
Unknown	18	--	--	--	--	12	18	5	15	1	50
No answer selected	31	6	100	--	--	18	28	7	21	--	--
Delinquent or criminal history included⁵:											
Assaults	6	--	--	--	--	--	--	6	18	--	--
Drugs	7	--	--	1	50	1	2	5	15	--	--
Robbery	3	--	--	--	--	--	--	3	9	--	--
Other	6	--	--	--	--	2	3	4	12	--	--
Unknown	4	--	--	1	50	3	5	--	--	--	--
Ever <u>Victim</u> of Child Maltreatment											
Yes	4	--	--	--	--	1	2	2	6	1	50
No	39	--	--	1	50	27	42	10	29	1	50
Unknown	33	--	--	1	50	17	26	15	44	--	--
No answer selected	33	6	100	--	--	20	31	7	21	--	--
Caregiver had been a victim of⁶:											
Yes, physical	1	--	--	--	--	--	--	1	3	--	--
Yes, neglect	1	--	--	--	--	--	--	1	3	--	--
Yes, sexual	--	--	--	--	--	--	--	--	--	--	--
Had caregiver ever been in foster care?	3	--	--	--	--	1	2	1	3	1	50
Ever <u>Perpetrator</u> of Child Maltreatment											
Yes	9	1	17	--	--	2	3	6	18	--	--

⁵ This category allows for multiple responses for a single caregiver and thus, may not sum to total.

⁶ This category allows for multiple responses for a single caregiver and thus, may not sum to total.

Table 4: Overview of Caregiver B Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
No	49	--	--	1	50	33	51	14	41	1	50
Unknown	21	--	--	1	50	12	18	7	21	1	50
No answer selected	30	5	83	--	--	18	28	7	21	--	--
Had been a perpetrator of⁷:											
Yes, physical	6	1	17	--	--	2	3	3	9	--	--
Yes, neglect	4	--	--	--	--	1	2	3	9	--	--
Yes, sexual	1	--	--	--	--	--	--	1	3	--	--
Services received included:											
Received CPS prevention services	1	1	17	--	--	--	--	--	--	--	--
Received Family Preservation Services	--	--	--	--	--	--	--	--	--	--	--
Children ever removed	2	--	--	--	--	1	2	1	3	--	--
Domestic Violence History⁸											
Yes, victim	4	--	--	--	--	1	2	3	9	--	--
Yes, perpetrator	10	--	--	--	--	--	--	9	26	1	50
No	42	--	--	--	--	33	51	8	24	1	50
Unknown	19	--	--	2	100	11	17	6	18	--	--
No answer selected	34	6	100	--	--	20	31	8	24	--	--
Had Disability or Chronic Illness											
Yes	6	--	--	--	--	2	3	3	9	1	50
No	54	--	--	2	100	34	52	17	50	1	50
Unknown	13	--	--	--	--	8	12	5	15	--	--
No answer selected	36	6	100	--	--	21	32	9	26	--	--

⁷ This category allows for multiple responses for a single caregiver and thus, may not sum to total.

⁸ This category allows for multiple responses for a single caregiver and thus, may not sum to total.

Table 4: Overview of Caregiver B Characteristics – Virginia, FY2012 (N=109)

Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Type of disability or chronic illness⁹:											
Physical	1	--	--	--	--	1	2	--	--	--	--
Mental	5	--	--	--	--	1	2	3	9	1	50
Bi-Polar disorder	1	--	--	--	--	--	--	--	--	1	50
Depression	1	--	--	--	--	1	2	--	--	--	--
Intellectual/learning disability	1	--	--	--	--	--	--	1	3	--	--
Mental retardation	1	--	--	--	--	--	--	1	3	--	--
If caregiver had a mental disability/illness, caregiver was receiving mental health services:											
Yes	1	--	--	--	--	1	2	--	--	--	--
No	2	--	--	--	--	--	--	1	3	1	50
Unknown	1	--	--	--	--	--	--	1	3	--	--

⁹ This category allows for multiple responses for a single caregiver and thus, may not sum to total.

Table 5: Overview of Supervisor Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Child Supervised at Time of Fatal Incident¹											
Yes	89	4	67	2	100	51	78	30	88	2	100
No, not needed given developmental age or circumstances	8	1	17	--	--	7	11	--	--	--	--
No, but needed	8	--	--	--	--	5	8	3	9	--	--
Unable to determine	4	1	17	--	--	2	3	1	3	--	--
Supervisor Was Caregiver A or Caregiver B											
Caregiver A	62	5	83	1	50	33	51	22	65	1	50
Caregiver B	20	--	--	1	50	9	14	10	29	--	--
No	19	--	--	--	--	16	25	2	6	1	50
Not answered ²	8	1	17	--	--	7	11	--	--	--	--
Person Responsible for Supervision at Time of Incident											
Biological parent	67	4	67	1	50	39	60	22	65	1	50
Adoptive parent	--	--	--	--	--	--	--	--	--	--	--
Step-parent	1	--	--	--	--	1	2	--	--	--	--
Foster parent	--	--	--	--	--	--	--	--	--	--	--
Mother's partner	5	--	--	--	--	--	--	5	15	--	--
Father's partner	--	--	--	--	--	--	--	--	--	--	--
Grandparent	7	1	17	--	--	4	6	2	6	--	--
Sibling	--	--	--	--	--	--	--	--	--	--	--

¹ Data files for this report were created July 7, 2014. Data may continue to be entered and altered in the Child Death Review Reporting System after this date.

² Questions left with no answer indicate no attempt was made to find the answer, or that the question is not applicable (e.g. child had no supervisor).

Questions marked "unknown" indicate an attempt to find the answer was made, but no clear or satisfactory response was obtained.

Table 5: Overview of Supervisor Characteristics – Virginia, FY2012 (N=109)

Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Other relative	4	--	--	--	--	2	3	2	6	--	--
Friend	2	--	--	--	--	--	--	1	3	1	50
Acquaintance	--	--	--	--	--	--	--	--	--	--	--
Hospital staff	--	--	--	--	--	--	--	--	--	--	--
Institutional staff	--	--	--	--	--	--	--	--	--	--	--
Babysitter	12	--	--	--	--	11	17	1	3	--	--
Licensed child care worker	--	--	--	--	--	--	--	--	--	--	--
Other	--	--	--	--	--	--	--	--	--	--	--
Unknown	1	--	--	--	--	--	--	1	3	--	--
No answer selected	10	1	17	1	50	8	12	--	--	--	--
Age											
11-19 years	9	--	--	--	--	8	12	1	3	--	--
20-29 years	50	4	67	--	--	27	42	18	53	1	50
30-39 years	18	--	--	1	50	8	12	9	26	--	--
40-49 years	9	--	--	--	--	6	9	2	6	1	50
50-59 years	3	1	17	--	--	1	2	1	3	--	--
60-69 years	--	--	--	--	--	--	--	--	--	--	--
70+ years	2	--	--	--	--	2	3	--	--	--	--
Unknown	--	--	--	--	--	--	--	--	--	--	--
No answer selected	18	1	17	1	50	13	20	3	9	--	--
Sex											
Male	22	--	--	--	--	8	12	13	38	1	50
Female	74	5	83	1	50	46	71	21	62	1	50
No answer selected	13	1	17	1	50	11	17	--	--	--	--
Impaired at Time of Incident											

Table 5: Overview of Supervisor Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Yes	12	--	--	--	--	3	5	9	26	--	--
No	60	4	67	2	100	40	62	13	38	1	50
Unknown	19	--	--	--	--	12	18	7	21	--	--
No answer selected	18	2	33	--	--	10	15	5	15	1	50
Type of Impairment³:											
Drugs	4	--	--	--	--	--	--	4	12	--	--
Alcohol	4	--	--	--	--	--	--	4	12	--	--
Asleep	4	--	--	--	--	3	5	1	3	--	--
Distracted	4	--	--	--	--	--	--	4	12	--	--
Absent	1	--	--	--	--	--	--	1	3	--	--
Illness	--	--	--	--	--	--	--	--	--	--	--
Disability	--	--	--	--	--	--	--	--	--	--	--
Other	1	--	--	--	--	--	--	1	3	--	--
Active Duty Military											
Yes	8	1	17		0	3	5	4	12	--	--
No	77	4	67	1	50	46	71	24	71	2	100
Unknown	2		0		0	1	2	1	3	--	--
No answer selected	17	1	17	1	50	15	23	--	--		
If yes, in which branch:											
Army	4	--	--	--	--	1	2	3	9	--	--
Navy	3	--	--	--	--	2	3	1	3	--	--
Had a Substance Abuse History											
Yes	24	1	17	1	50	8	12	13	38	1	50

³ This category allows for multiple responses for a single supervisor and thus, may not sum to total.

Table 5: Overview of Supervisor Characteristics – Virginia, FY2012 (N=109)

Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
No	47	2	33	--	--	34	52	11	32	--	--
Unknown	20	--	--	--	--	11	17	8	24	1	50
No answer selected	18	3	50	1	50	12	18	2	6	--	--
Substance abuse history included⁴:											
Alcohol	6	1	17	--	--	1	2	4	12	--	--
Cocaine	2	--	--	--	--	2	3	--	--	--	--
Marijuana	12	--	--	--	--	4	6	7	21	1	50
Methamphetamines	5	--	--	1	50	1	2	3	9	--	--
Opiates	2	--	--	--	--	1	2	1	3	--	--
Prescription drug(s)	7	1	17	--	--	1	2	5	15	--	--
Other	1	--	--	--	--	--	--	1	3	--	--
Unknown	2	--	--	--	--	2	3	--	--	--	--
Had a Delinquent or Criminal History											
Yes	22	1	17	--	--	6	9	15	44	--	--
No	51	2	33	1	50	36	55	11	32	1	50
Unknown	18	1	17	--	--	11	17	5	15	1	50
No answer selected	18	2	33	1	50	12	18	3	9	--	--
Delinquent or criminal history included⁵:											
Assaults	6	--	--	--	--	1	2	5	15	--	--
Drugs	8	--	--	--	--	1	2	7	21	--	--
Robbery	4	--	--	--	--	1	2	3	9	--	--
Other	9	1	17	--	--	3	5	5	15	--	--

⁴ This category allows for multiple responses for a single supervisor and thus, may not sum to total.

⁵ This category allows for multiple responses for a single supervisor and thus, may not sum to total.

Table 5: Overview of Supervisor Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Unknown	1	--	--	--	--	1	2	--	--	--	--
Ever <u>Victim</u> of Child Maltreatment											
Yes	8	1	17	--	--	2	3	5	15	--	--
No	45	1	17	1	50	32	49	9	26	2	100
Unknown	32	1	17	--	--	14	22	17	50	--	--
No answer selected	24	3	50	1	50	17	26	3	9	--	--
Supervisor had been a victim of⁶:											
Yes, physical	3	--	--	--	--	2	3	1	3	--	--
Yes, neglect	4	--	--	--	--	1	2	3	9	--	--
Yes, sexual	2	1	17	--	--	--	--	1	3	--	--
Yes, unknown	2	--	--	--	--	--	--	2	6	--	--
Had supervisor ever been in foster care?	5	1	17	--	--	1	2	3	9	--	--
Ever <u>Perpetrator</u> of Child Maltreatment											
Yes	19	4	67	1	50	7	11	6	18	1	50
No	55	--	--	--	--	34	52	20	59	1	50
Unknown	12	--	--	--	--	8	12	4	12	--	--
No answer selected	23	2	33	1	50	16	25	4	12	--	--
Had been a perpetrator of⁷:											
Yes, physical	7	1	17	--	--	4	6	1	3	1	50
Yes, neglect	10	3	50	1	50	2	3	4	12	--	--
Yes, sexual	3	--	--	--	--	1	2	2	6	--	--

⁶ This category allows for multiple responses for a single supervisor and thus, may not sum to total.

⁷ This category allows for multiple responses for a single supervisor and thus, may not sum to total.

Table 5: Overview of Supervisor Characteristics – Virginia, FY2012 (N=109)

Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total 109	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
		6	6	2	2	65	60	34	31	2	2
Services received included⁸:											
Received CPS prevention services	2	--	--	--	--	2	3	--	--	--	--
Received Family Preservation Services	--	--	--	--	--	--	--	--	--	--	--
Children ever removed	2	1	17	--	--	1	2	--	--	--	--
Unknown	6	--	--	--	--	3	5	3	9	--	--
No answer selected	19	2	33	1	50	12	18	4	12	--	--
Domestic Violence History⁹											
Yes, victim	12	2	33	--	--	2	3	8	24	--	--
Yes, perpetrator	7	--	--	--	--	1	2	6	18	--	--
No	44	3	50	1	50	30	46	9	26	1	50
Unknown	26	--	--	--	--	17	26	8	24	1	50
No answer selected	20	1	17	1	50	15	23	3	9	--	--
Had Disability or Chronic Illness											
Yes	16	2	33	1	50	6	9	6	18	1	50
No	54	2	33	--	--	33	51	18	53	1	50
Unknown	17	1	17	--	--	11	17	5	15	--	--
No answer selected	22	1	17	1	50	15	23	5	15	--	--
Type of Supervisor's disability¹⁰:											
Physical	3	--	--	--	--	2	3	1	3	--	--
Cancer	1	--	--	--	--	1	2	--	--	--	--
Uses wheelchair	1	--	--	--	--	1	2	--	--	--	--

⁸ This category allows for multiple responses for a single supervisor and thus, may not sum to total.

⁹ This category allows for multiple responses for a single supervisor and thus, may not sum to total.

¹⁰ This category allows for multiple responses for a single supervisor and thus, may not sum to total.

Table 5: Overview of Supervisor Characteristics – Virginia, FY2012 (N=109)

Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Sleep disorder	1	--	--	--	--	--	--	1	3	--	--
Mental	11	2	33	1	50	3	5	4	12	1	50
Anxiety	1	1	17	--	--	--	--	--	--	--	--
Bi-Polar disorder	5	1	17	1	50	1	2	2	6	--	--
Depression	5	1	17	--	--	1	2	2	6	1	50
Schizophrenia	1	--	--	--	--	--	--	1	3	--	--
Intellectual disability/mental retardation	3	--	--	--	--	2	3	1	3	--	--
Substance abuse	3	--	--	--	--	1	2	2	6	--	--
Unknown	1	--	--	--	--	--	--	1	3	--	--
If supervisor had mental disability/illness, supervisor was receiving mental health services:											
Yes	3	1	17	1	50	--	--	1	3	--	--
No	5	1	17	--	--	2	3	2	6	--	--

Table 6: Overview of Person Responsible for Causing and/or Contributing to Death Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Primary Person Responsible for Action(s) that Caused Child's Death was a Caregiver/Supervisor^{1,2}											
Yes, Caregiver A	15	--	--	1	50	3	5	11	32	--	--
Yes, Caregiver B	10	--	--	1	50	--	--	9	26	--	--
Yes, Supervisor	--	--	--	--	--	--	--	--	--	--	--
No	--	--	--	--	--	--	--	--	--	--	--
Not answered	1	1	17	--	--	--	--	--	--	--	--
Primary Person Responsible for Action(s) that Contributed to Child's Death was a Caregiver/Supervisor											
Yes, Caregiver A	17	1	17	--	--	7	11	9	26	--	--
Yes, Caregiver B	14	--	--	1	50	6	9	7	21	--	--
Yes, Supervisor	2	--	--	--	--	2	3	--	--	--	--
No	1	--	--	--	--	1	2	--	--	--	--
Not answered	2	--	--	--	--	1	2	1	3	--	--
Primary Person Responsible for Action(s) That Caused Child's Death											
Biological parent	16	--	--	1	50	3	5	12	35	--	--
Mother's partner	6	--	--	1	50	--	--	5	15	--	--
Step-parent	1	--	--	--	--	--	--	1	3	--	--
Other relative	1	--	--	--	--	--	--	1	3	--	--
Friend	1	--	--	--	--	--	--	1	3	--	--
Adoptive parent	--	--	--	--	--	--	--	--	--	--	--

¹ Data files for this report were created July 7, 2014. Data may continue to be entered and altered in the Child Death Review Reporting System after this date.

² Whether an act caused or contributed to child's death is a determination made by the regional child fatality review team after review of a case. Answers for all sections in this table were determinations made by the team(s), and not necessarily reflective of findings by Child Protective Services, law enforcement, or any other investigating agency.

Table 6: Overview of Person Responsible for Causing and/or Contributing to Death Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total 109	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
Grandparent	--	--	--	--	--	--	--	--	--	--	--
Institutional staff	--	--	--	--	--	--	--	--	--	--	--
Babysitter	--	--	--	--	--	--	--	--	--	--	--
Primary Person Responsible for Action(s) That Contributed to Child's Death											
Biological parent	25	1	17	--	--	12	18	12	35	--	--
Mother's partner	2	--	--	1	50	--	--	1	3	--	--
Other relative	2	--	--	--	--	--	--	2	6	--	--
Babysitter	2	--	--	--	--	2	3	--	--	--	--
Step-parent	1	--	--	--	--	--	--	1	3	--	--
Institutional staff	1	--	--	--	--	1	2	--	--	--	--
Adoptive parent	--	--	--	--	--	--	--	--	--	--	--
Grandparent	--	--	--	--	--	--	--	--	--	--	--
Friend	--	--	--	--	--	--	--	--	--	--	--
Age of Person Responsible for Action(s) that Caused Death											
11-19 years	--	--	--	--	--	--	--	--	--	--	--
20-29 years	16	--	--	1	50	2	3	13	38	--	--
30-39 years	9	--	--	1	50	1	2	7	21	--	--
40-49 years	--	--	--	--	--	--	--	--	--	--	--
50-59 years	--	--	--	--	--	--	--	--	--	--	--
60-69 years	--	--	--	--	--	--	--	--	--	--	--
70+ years	--	--	--	--	--	--	--	--	--	--	--
Unknown	--	--	--	--	--	--	--	--	--	--	--
No answer selected	--	--	--	--	--	--	--	--	--	--	--
Age of Person Responsible for Action(s) that Contributed to Death											
11-19 years	4	--	--	--	--	2	3	2	6	--	--

Table 6: Overview of Person Responsible for Causing and/or Contributing to Death Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
20-29 years	18	1	17	1	50	8	12	8	24	--	--
30-39 years	8	--	--	--	--	3	5	5	15	--	--
40-49 years	3	--	--	--	--	2	3	1	3	--	--
50-59 years	--	--	--	--	--	--	--	--	--	--	--
60-69 years	--	--	--	--	--	--	--	--	--	--	--
70+ years	--	--	--	--	--	--	--	--	--	--	--
Unknown	--	--	--	--	--	--	--	--	--	--	--
No answer selected	--	--	--	--	--	--	--	--	--	--	--
Sex of Person Responsible for Action(s) that <u>Caused</u> Death											
Male	14	--	--	--	--	--	--	14	41	--	--
Female	10	--	--	1	50	3	5	6	18	--	--
Sex of Person Responsible for Action(s) that <u>Contributed</u> to Death											
Male	11	--	--	--	--	4	6	7	21	--	--
Female	21	1	17	--	--	11	17	9	26	--	--
Person Responsible for <u>Causing</u> Death Impaired at Time of Incident											
Yes	3	--	--	--	--	1	2	2	6	--	--
No	4	--	--	--	--	1	2	3	9	--	--
Unknown	15	--	--	1	50	1	2	13	38	--	--
Type of Impairment³:											
Drugs	--	--	--	--	--	--	--	--	--	--	--
Alcohol	--	--	--	--	--	--	--	--	--	--	--
Asleep	1	--	--	--	--	1	2	--	--	--	--
Distracted	1	--	--	--	--	--	--	1	3	--	--

³ This category allows for multiple responses for a single person and thus, may not sum to total.

Table 6: Overview of Person Responsible for Causing and/or Contributing to Death Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total 109	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
		6	6	2	2	65	60	34	31	2	2
Absent	1	--	--	--	--	--	--	1	3	--	--
Illness	1	--	--	--	--	--	--	1	3	--	--
Disability	--	--	--	--	--	--	--	--	--	--	--
Other	--	--	--	--	--	--	--	--	--	--	--
Person Responsible for <u>Contributing</u> to Death Impaired at Time of Incident											
Yes	12	--	--	--	--	5	8	7	21	--	--
No	4	--	--	--	--	3	5	1	3	--	--
Unknown	15	--	--	--	--	8	12	7	21	--	--
Type of Impairment⁴:											
Drugs	4	--	--	--	--	--	--	4	12	--	--
Alcohol	2	--	--	--	--	--	--	2	6	--	--
Asleep	4	--	--	--	--	3	5	1	3	--	--
Distracted	3	--	--	--	--	1	2	2	6	--	--
Absent	5	--	--	--	--	2	3	3	9	--	--
Illness	--	--	--	--	--	--	--	--	--	--	--
Disability	--	--	--	--	--	--	--	--	--	--	--
Other	1	--	--	--	--	1	2	--	--	--	--
Person Responsible for <u>Causing</u> Death: Active Duty Military											
Yes	2	--	--	--	--	--	--	2	6	--	--
No	22	--	--	2	100	2	3	18	53	--	--
Unknown	--	--	--	--	--	--	--	--	--	--	--
If yes, in which branch:											
Army	1	--	--	--	--	--	--	1	3	--	--

⁴ This category allows for multiple responses for a single person and thus, may not sum to total.

Table 6: Overview of Person Responsible for Causing and/or Contributing to Death Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Navy	1	--	--	--	--	--	--	1	3	--	--
Person Responsible for <u>Contributing</u> to Death: Active Duty Military											
Yes	1	--	--	--	--	--	--	1	3	--	--
No	30	1	17	1	50	13	20	15	44	--	--
Unknown	1	--	--	--	--	1	2	--	--	--	--
If yes, in which branch:											
Army	--	--	--	--	--	--	--	--	--	--	--
Navy	1	--	--	--	--	--	--	1	3	--	--
Person Responsible for <u>Causing</u> Death Had a Substance Abuse History											
Yes	7	--	--	2	100	--	--	5	15	--	--
No	9	--	--	--	--	2	3	7	21	--	--
Unknown	8	--	--	--	--	--	--	8	24	--	--
Substance abuse history included⁵:											
Alcohol	1	--	--	1	50	--	--	--	--	--	--
Cocaine	--	--	--	--	--	--	--	--	--	--	--
Marijuana	3	--	--	1	50	--	--	2	6	--	--
Methamphetamines	3	--	--	2	100	--	--	1	3	--	--
Opiates	--	--	--	--	--	--	--	--	--	--	--
Prescription drug(s)	--	--	--	--	--	--	--	--	--	--	--
Other	1	--	--	--	--	--	--	1	3	--	--
Person Responsible for <u>Contributing</u> to Death Had a Substance Abuse History											
Yes	13	--	--	1	50	4	6	8	24	--	--
No	14	--	--	--	--	8	12	6	18	--	--

⁵ This category allows for multiple responses for a single person and thus, may not sum to total.

Table 6: Overview of Person Responsible for Causing and/or Contributing to Death Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Unknown	4	--	--	--	--	2	3	2	6	--	--
Substance abuse history included⁶:											
Alcohol	5	--	--	1	50	1	2	3	9	--	--
Cocaine	1	--	--	--	--	1	2	--	--	--	--
Marijuana	7	--	--	1	50	1	2	5	15	--	--
Methamphetamines	3	--	--	1	50	--	--	2	6	--	--
Opiates	--	--	--	--	--	--	--	--	--	--	--
Prescription drug(s)	5	--	--	--	--	1	2	4	12	--	--
Other	--	--	--	--	--	--	--	--	--	--	--
Person Responsible for <u>Causing</u> Death Had a Delinquent or Criminal History											
Yes	12	--	--	1	50	--	--	11	32	--	--
No	8	--	--	1	50	2	3	5	15	--	--
Unknown	4	--	--	--	--	--	--	4	12	--	--
Delinquent or criminal history included⁷:											
Assaults	6	--	--	--	--	--	--	6	18	--	--
Drugs	6	--	--	1	50	--	--	5	15	--	--
Robbery	3	--	--	--	--	--	--	3	9	--	--
Other	3	--	--	--	--	--	--	3	9	--	--
Homicide	1	--	--	--	--	--	--	1	3	--	--
Statutory rape	1	--	--	--	--	--	--	1	3	--	--
Person Responsible for <u>Contributing</u> to Death Had a Delinquent or Criminal History											
Yes	11	--	--	1	50	2	3	8	24	--	--

⁶ This category allows for multiple responses for a single person and thus, may not sum to total.

⁷ This category allows for multiple responses for a single person and thus, may not sum to total.

Table 6: Overview of Person Responsible for Causing and/or Contributing to Death Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
No	15	--	--	--	--	8	12	7	21	--	--
Unknown	5	--	--	--	--	4	6	1	3	--	--
Delinquent or criminal history included⁸:											
Assaults	4	--	--	--	--	--	--	4	12	--	--
Drugs	5	--	--	1	50	--	--	4	12	--	--
Robbery	1	--	--	--	--	1	2	--	--	--	--
Other	4	--	--	--	--	--	--	4	12	--	--
Voluntary manslaughter	1	--	--	--	--	--	--	1	3	--	--
Person Responsible for <u>Causing</u> Death Ever <u>Victim</u> of Child Maltreatment											
Yes	4	--	--	--	--	1	2	3	9	--	--
No	7	--	--	1	50	--	--	6	18	--	--
Unknown	12	--	--	1	50	1	2	10	29	--	--
Person had been a victim of⁹:											
Yes, physical	1	--	--	--	--	--	--	1	3	--	--
Yes, neglect	2	--	--	--	--	--	--	2	6	--	--
Yes, sexual	2	--	--	--	--	1	2	1	3	--	--
Had person ever been in foster care?	2	--	--	--	--	--	--	2	6	--	--
Person Responsible for <u>Contributing</u> to Death Ever <u>Victim</u> of Child Maltreatment											
Yes	6	1	17	--	--	2	3	3	9	--	--
No	14	--	--	--	--	7	11	7	21	--	--
Unknown	12	--	--	1	50	5	8	6	18	--	--

⁸ This category allows for multiple responses for a single person and thus, may not sum to total.

⁹ This category allows for multiple responses for a single person and thus, may not sum to total.

Table 6: Overview of Person Responsible for Causing and/or Contributing to Death Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Person had been a victim of¹⁰:											
Yes, physical	3	--	--	--	--	2	3	1	3	--	--
Yes, neglect	2	--	--	--	--	1	2	1	3	--	--
Yes, sexual	--	--	--	--	--	--	--	--	--	--	--
Had person ever been in foster care?	5	1	17	--	--	1	2	3	9	--	--
Person Responsible for <u>Causing</u> Death Ever <u>Perpetrator</u> of Child Maltreatment											
Yes	6	--	--	1	50	1	2	4	12	--	--
No	11	--	--	--	--	1	2	10	29	--	--
Unknown	6	--	--	1	50	--	--	5	15	--	--
Had been a perpetrator of¹¹:											
Yes, physical	--	--	--	--	--	--	--	--	--	--	--
Yes, neglect	4	--	--	1	50	1	2	2	6	--	--
Yes, sexual	2	--	--	--	--	--	--	2	6	--	--
Services received included¹²:											
Received CPS prevention services	--	--	--	--	--	--	--	--	--	--	--
Received Family Preservation Services	--	--	--	--	--	--	--	--	--	--	--
Children ever removed	--	--	--	--	--	--	--	--	--	--	--
Person Responsible for <u>Contributing to</u> Death Ever <u>Perpetrator</u> of Child Maltreatment											
Yes	5	1	17	--	--	2	3	2	6	--	--
No	22	--	--	--	--	10	15	12	35	--	--
Unknown	6	--	--	1	50	3	5	2	6	--	--

¹⁰ This category allows for multiple responses for a single person and thus, may not sum to total.

¹¹ This category allows for multiple responses for a single person and thus, may not sum to total.

¹² This category allows for multiple responses for a single person and thus, may not sum to total.

Table 6: Overview of Person Responsible for Causing and/or Contributing to Death Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total 109	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
Had been a perpetrator of¹³:											
Yes, physical	2	--	--	--	--	1	2	1	3	--	--
Yes, neglect	3	1	17	--	--	1	2	1	3	--	--
Yes, sexual	--	--	--	--	--	--	--	--	--	--	--
Services received included¹⁴:											
Received CPS prevention services	1	--	--	--	--	1	2	--	--	--	--
Received Family Preservation Services	--	--	--	--	--	--	--	--	--	--	--
Children ever removed	1	--	--	--	--	--	--	1	3	--	--
Person Responsible for <u>Causing</u> Death Had Domestic Violence History¹⁵											
Yes, victim	3	--	--	--	--	--	--	3	9	--	--
Yes, perpetrator	10	--	--	--	--	--	--	10	29	--	--
No	7	--	--	1	50	2	3	4	12	--	--
Unknown	5	--	--	1	50	--	--	4	12	--	--
Person Responsible for <u>Contributing</u> to Death Had Domestic Violence History¹⁶											
Yes, victim	6	1	17	--	--	1	2	4	12	--	--
Yes, perpetrator	6	--	--	--	--	--	--	6	18	--	--
No	12	--	--	--	--	7	11	5	15	--	--
Unknown	11	--	--	1	50	7	11	3	9	--	--
Person Responsible for <u>Causing</u> Death Had Disability or Chronic Illness											
Yes	3	--	--	1	50	--	--	2	6	--	--
No	15	1	17	--	--	2	3	12	35	--	--

¹³ This category allows for multiple responses for a single person and thus, may not sum to total.

¹⁴ This category allows for multiple responses for a single person and thus, may not sum to total.

¹⁵ This category allows for multiple responses for a single person and thus, may not sum to total.

¹⁶ This category allows for multiple responses for a single person and thus, may not sum to total.

Table 6: Overview of Person Responsible for Causing and/or Contributing to Death Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Unknown	4	--	--	--	--	--	--	4	12	--	--
Type of person's disability¹⁷:											
Physical	1	--	--	--	--	--	--	1	3	--	--
Sleep disorder	1	--	--	--	--	--	--	1	3	--	--
Mental	2	--	--	1	50	--	--	1	3	--	--
Bi-Polar disorder	1	--	--	1	50	--	--	--	--	--	--
Developmental disorder	1	--	--	--	--	1	2	--	--	--	--
If person had a mental disability/illness, person was receiving mental health services:											
Yes	1	--	--	1	50	--	--	--	--	--	--
No		--	--	--	--	--	--	--	--	--	--
Unknown	1	--	--	--	--	1	2	--	--	--	--
Person Responsible for Contributing to Death Had Disability or Chronic Illness											
Yes	6	1	17	--	--	2	3	3	9	--	--
No	21	--	--	1	50	9	14	11	32	--	--
Unknown	5	--	--	--	--	3	5	2	6	--	--
Type of person's disability¹⁸:											
Physical	1	--	--	--	--	--	--	1	3	--	--
Sleep disorder	1	--	--	--	--	1	2	--	--	--	--
Mental	5	1	17	--	--	2	3	2	6	--	--
If person had a mental disability/illness, person was receiving mental health services:											
Yes	1	--	--	--	--	1	2	--	--	--	--

¹⁷ This category allows for multiple responses for a single person and thus, may not sum to total.

¹⁸ This category allows for multiple responses for a single person and thus, may not sum to total.

Table 6: Overview of Person Responsible for Causing and/or Contributing to Death Characteristics – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
No	4	1	17	--	--	1	2	2	6	--	--
Person Responsible for <u>Causing</u> Death Has Prior History of Similar Acts¹⁹											
Yes	4	--	--	--	--	1	2	3	9	--	--
Prior arrests	3	--	--	--	--	--	--	3	9	--	--
Prior convictions	5	--	--	1	50	--	--	4	12	--	--
Person Responsible for <u>Contributing</u> to Death Has Prior History of Similar Acts²⁰											
Yes	5	--	--	--	--	1	2	4	12	--	--
Prior arrests	4	--	--	--	--	--	--	4	12	--	--
Prior convictions	2	--	--	--	--	--	--	2	6	--	--

¹⁹ This category allows for multiple responses for a single person and thus, may not sum to total.

²⁰ This category allows for multiple responses for a single person and thus, may not sum to total.

Table 7: Overview of Child's History of Maltreatment – Virginia, FY2012 (N=109)

Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Child Was Identified as Having a History of Maltreatment Prior to Death^{1,2}											
Neglect	5	3	50	1	50	--	--	1	3	--	--
Physical abuse	3	2	33	1	50	--	--	--	--	--	--
Sexual abuse	1	1	17	--	--	--	--	--	--	--	--
Child's History of Maltreatment Was Identified by Child Protective Services or Other Agency											
CPS	7	5	83	2	100	--	--	--	--	--	--
Other agency	1	--	--	--	--	--	--	1	3	--	--
Child Protective Services Had an Open Case with Child at Time of Death											
Yes	8	4	67	--	--	2	3	2	6	--	--
No	94	1	17	1	50	61	94	30	88	1	50
Unknown	2	--	--	--	--	--	--	2	6	--	--
Not answered ³	5	1	17	1	50	2	3	--	--	1	50
Child Ever Placed Outside Home Prior to Death (e.g. foster care, kinship care, etc.)											
Yes	4	3	50	--	--	1	2	--	--	--	--
No	102	3	50	2	100	64	98	32	94	1	50
Unknown	2	--	--	--	--	--	--	2	6	--	--
Not answered	1	--	--	--	--	--	--	--	--	1	50
Sibling(s) Ever Placed Outside Home Prior to Child's Death (e.g. foster care, kinship care)											
Yes	13	2	33	--	--	7	11	4	12	--	--

¹ Data files for this report were created July 7, 2014. Data may continue to be entered and altered in the Child Death Review Reporting System after this date.

² This category allows for multiple responses for a single child and thus, may not sum to total.

³ Questions left with no answer indicate no attempt was made to find the answer. Questions marked "unknown" indicate an attempt to find the answer was made, but no clear or satisfactory response was obtained.

Table 7: Overview of Child's History of Maltreatment – Virginia, FY2012 (N=109)

Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
No	85	3	50	2	100	56	86	24	71	--	--
N/A	3	--	--	--	--	--	--	3	9	--	--
Unknown	3	1	17	--	--	1	2	1	3	--	--
Not answered	5	--	--	--	--	1	2	2	6	2	100

Table 8: Characteristics of Deaths Determined by Teams to be due to Abuse or Neglect – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
An Act of Commission (Abuse) and/or Omission (Neglect) Caused or Contributed to Child's Death^{1,2}											
Yes	37	1	17	2	100	6	9	28	82	--	--
No	43	3	50	--	--	37	57	2	6	1	50
Probable	19	1	17	--	--	14	22	3	9	1	50
Unknown	8	1	17	--	--	6	9	1	3	--	--
No answer selected	2	--	--	--	--	2	3	--	--	--	--
If yes/probable, were act(s) either or both³:											
Direct cause of death	26	1	17	2	100	3	5	20	59	--	--
Contributing cause of death	36	1	17	1	50	17	26	17	50	--	--
Acts of Commission/Omission That <u>Caused</u> Child's Death											
Poor/absent supervision	2	--	--	1	50	--	--	1	3	--	--
Child abuse	14	--	--	1	50	--	--	13	38	--	--
Child neglect	1	--	--	--	--	--	--	1	3	--	--
Other negligence	1	--	--	--	--	1	2	--	--	--	--
Assault, not child abuse	4	--	--	--	--	--	--	4	12	--	--
Suicide	1	1	17	--	--	--	--	--	--	--	--
Other	1	--	--	--	--	1	2	--	--	--	--
Unknown	1	--	--	--	--	--	--	1	3	--	--

¹ Data files for this report were created July 7, 2014. Data may continue to be entered and altered in the Child Death Review Reporting System after this date.

² Answers for all sections in this table were determined by the regional child fatality review team after reviewing a case. They are not dispositions or findings made by Child Protective Services.

³ This category allows for multiple responses for a single child and thus, may not sum to total.

Table 8: Characteristics of Deaths Determined by Teams to be due to Abuse or Neglect – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
The acts of commission/ omission that caused child's death were:											
Chronic with child	3	--	--	1	50	--	--	2	6	--	--
Pattern in child's family or with perpetrator	7	--	--	--	--	2	3	5	15	--	--
An isolated incident	7	--	--	--	--	--	--	7	21	--	--
Unknown	7	--	--	1	50	1	2	5	15	--	--
Acts of Commission/Omission That Contributed to Child's Death											
Poor/absent supervision	11	--	--	--	--	6	9	5	15	--	--
Child abuse	3	--	--	1	50	--	--	2	6	--	--
Child neglect	8	1	17	--	--	1	2	6	18	--	--
Other negligence	2	--	--	--	--	1	2	1	3	--	--
Religious/ Cultural practices	1	--	--	--	--	1	2	--	--	--	--
Assault, not child abuse	1	--	--	--	--	--	--	1	3	--	--
Suicide	1	--	--	--	--	--	--	1	3	--	--
Other	8	--	--	--	--	8	12	--	--	--	--
Unknown	1	--	--	--	--	--	--	1	3	--	--
The acts of commission/ omission that contributed to child's death were:											
Chronic with child	6	--	--	--	--	3	5	3	9	--	--
Pattern in family or with perpetrator	11	--	--	--	--	5	8	6	18	--	--
Isolated incident	6	--	--	--	--	2	3	4	12	--	--
Unknown	10	--	--	1	50	6	9	3	9	--	--
Type of Child Abuse⁴											

⁴ This category allows for multiple responses for a single child and thus, may not sum to total.

Table 8: Characteristics of Deaths Determined by Teams to be due to Abuse or Neglect – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Physical	15	--	--	1	50	--	--	14	41	--	--
Sexual	2	--	--	--	--	--	--	2	6	--	--
Type of physical abuse:											
Abusive Head Trauma	10	--	--	--	--	--	--	10	29	--	--
Beat/Kicking	6	--	--	1	50	--	--	5	15	--	--
Chronic Battered Child Syndrome	3	--	--	--	--	--	--	3	9	--	--
Scalding/Burning	1	--	--	--	--	--	--	1	3	--	--
Other	5	--	--	--	--	--	--	5	15	--	--
Type of Child Neglect⁵											
Failure to protect from hazards	6	--	--	--	--	1	2	5	15	--	--
Failure to seek/follow treatment	5	1	17	--	--	--	--	4	12	--	--
Other Negligence-Not Child Neglect											
Other	--	--	--	--	--	--	--	--	--	--	--
Unknown	--	--	--	--	--	--	--	--	--	--	--

⁵ This category allows for multiple responses for a single child and thus, may not sum to total.

Table 9: Overview of Child Death Investigation Information – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Manner of Death¹											
Undetermined	43	2	33	--	--	35	54	5	15	1	50
Accident	28	1	17	--	--	18	28	8	24	1	50
Homicide	21	--	--	2	100	--	--	19	56	--	--
Natural	15	2	33	--	--	12	18	1	3	--	--
Suicide	2	1	17	--	--	--	--	1	3	--	--
Cause of Death											
External cause or injury	55	2	33	2	100	20	31	30	88	1	50
Medical condition	15	2	33	--	--	12	18	1	3	--	--
Undetermined if due to injury or medical condition	39	2	33	--	--	33	51	3	9	1	50
Cause of Death From External Cause or Injury											
Asphyxia	18	1	17	--	--	12	18	5	15	--	--
Weapon	17	--	--	2	100	1	2	14	41	--	--
Drowning	9	--	--	--	--	3	5	5	15	1	50
Fire, burn	3	1	17	--	--	1	2	1	3	--	--
Motor vehicle	3	--	--	--	--	1	2	2	6	--	--
Fall or crush	2	--	--	--	--	1	2	1	3	--	--
Poisoning	1	--	--	--	--	--	--	1	3	--	--
Undetermined	2	--	--	--	--	1	2	1	3	--	--
Cause of Death From a Medical Condition											
Sudden Infant Death Syndrome	6	--	--	--	--	5	8	1	3	--	--

¹ Data files for this report were created July 7, 2014. Data may continue to be entered and altered in the Child Death Review Reporting System after this date.

Table 9: Overview of Child Death Investigation Information – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Cardiovascular	2	1	17	--	--	1	2	--	--	--	--
Congenital anomaly	2	--	--	--	--	2	3	--	--	--	--
Malnutrition/ Dehydration	1	--	--	--	--	1	2	--	--	--	--
Pneumonia	1	--	--	--	--	1	2	--	--	--	--
Meningitis	1	1	17	--	--	--	--	--	--	--	--
Other medical condition	2	--	--	--	--	2	3	--	--	--	--
Sleep-Related Deaths											
Infant death related to sleep or sleep environment	52	1	17	--	--	43	66	7	21	1	50
Toxicology Screen											
Yes	96	3	50	2	100	62	95	28	82	1	50
No	4	1	17	--	--	2	3	1	3	--	--
Unknown	6	1	17	--	--	1	2	4	12	--	--
No answer selected	3	1	17	--	--	--	--	1	3	1	50
Toxicology results:											
Negative	85	1	17	2	100	59	91	22	65	1	50
Too much over-the-counter medication	1	--	--	--	--	--	--	1	3	--	--
Other	6	--	--	--	--	1	2	5	15	--	--
Unknown	1	--	--	--	--	1	2	--	--	--	--
Evidence of Prior Abuse Found During Investigation											
Yes	15	4	67	1	50	2	3	8	24	--	--
No	88	2	33	1	50	62	95	23	68	--	--
Unknown	3	--	--	--	--	--	--	3	9	--	--
No answer selected	3	--	--	--	--	1	2	--	--	2	100

Table 9: Overview of Child Death Investigation Information – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total 109	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
		6	6	2	2	65	60	34	31	2	2
Evidence of prior abuse was identified by²:											
Autopsy	10	1	17	1	50	1	2	7	21	--	--
Child Protective Services review	7	4	67	1	50	1	2	1	3	--	--
X-rays	6	--	--	1	50	--	--	5	15	--	--
Law enforcement	1	--	--	--	--	--	--	1	3	--	--
Child Protective Services Action Taken Because of Child's Death³											
Voluntary services were offered	23	2	33	--	--	16	25	5	15	--	--
Voluntary services were provided	8	--	--	--	--	5	8	3	9	--	--
Court-ordered services were provided	2	--	--	--	--	--	--	2	6	--	--
Voluntary out-of-home placement	4	--	--	--	--	--	--	4	12	--	--
Court-ordered out-of-home placement	2	--	--	--	--	--	--	2	6	--	--
Other children removed	9	1	17	1	50	1	2	6	18	--	--
Parental rights were terminated	2	--	--	--	--	--	--	2	6	--	--
Unknown	6	--	--	--	--	4	6	2	6	--	--
Legal Outcomes for Acts that <u>Caused</u> Child's Death⁴											
No charges	6	--	--	--	--	3	5	3	9	--	--
Charges pending	1	--	--	--	--	--	--	1	3	--	--
Charges filed	5	--	--	--	--	--	--	5	15	--	--
Confession	2	--	--	1	50	--	--	1	3	--	--
Plead	7	--	--	1	50	--	--	6	18	--	--
Guilty verdict	7	--	--	1	50	--	--	6	18	--	--

² This category allows for multiple responses and thus, may not sum to total.

³ This category allows for multiple responses and thus, may not sum to total.

⁴ This category allows for multiple responses and thus, may not sum to total.

Table 9: Overview of Child Death Investigation Information – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Unknown	2	--	--	--	--	--	--	2	6	--	--
Legal Outcomes for Acts that <u>Contributed</u> to Child's Death⁵											
No charges	17	1	17	--	--	13	20	3	9	--	--
Charges filed	8	--	--	--	--	2	3	6	18	--	--
Charges dismissed	1	--	--	--	--	1	2	--	--	--	--
Confession	1	--	--	1	50	--	--	--	--	--	--
Plead	4	--	--	--	--	1	2	3	9	--	--
Guilty verdict	7	--	--	--	--	--	--	7	21	--	--
Unknown	2	--	--	--	--	1	2	1	3	--	--

⁵ This category allows for multiple responses and thus, may not sum to total.

Table 10: Overview of Services Offered After Child's Death – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total 109	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
Bereavement Counseling for Family^{1,2}											
Provided after death	37	2	33	--	--	22	34	12	35	1	50
Offered but refused	28	--	--	--	--	23	35	4	12	1	50
Offered, unknown if used	17	1	17	--	--	12	18	4	12	--	--
Should be offered	--	--	--	--	--	--	--	--	--	--	--
Needed but not available	--	--	--	--	--	--	--	--	--	--	--
Unknown	12	1	17	1	50	4	6	6	18	--	--
Debriefing for Professionals											
Provided after death	1	--	--	--	--	--	--	1	3	--	--
Offered but refused	--	--	--	--	--	--	--	--	--	--	--
Offered, unknown if used	--	--	--	--	--	--	--	--	--	--	--
Should be offered	--	--	--	--	--	--	--	--	--	--	--
Needed but not available	--	--	--	--	--	--	--	--	--	--	--
Unknown	19	2	33	1	50	9	14	7	21	--	--
Economic Support for Family											
Provided after death	11	1	17	--	--	4	6	6	18	--	--
Offered but refused	2	--	--	--	--	2	3	--	--	--	--
Offered, unknown if used	2	--	--	--	--	1	2	1	3	--	--
Should be offered	--	--	--	--	--	--	--	--	--	--	--
Needed but not available	1	--	--	--	--	1	2	--	--	--	--
Unknown	24	2	33	1	50	13	20	8	24	--	--

¹ Data files for this report were created July 7, 2014. Data may continue to be entered and altered in the Child Death Review Reporting System after this date.

² All sections in this table allow for multiple responses and will not sum to total

Table 10: Overview of Services Offered After Child's Death – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Funeral Arrangements Support for Family											
Provided after death	14	2	33	--	--	8	12	4	12	--	--
Offered but refused	4	--	--	--	--	2	3	2	6	--	--
Offered, unknown if used	3	--	--	--	--	3	5	--	--	--	--
Should be offered	--	--	--	--	--	--	--	--	--	--	--
Needed but not available	1	--	--	--	--	--	--	1	3	--	--
Unknown	17	1	17	1	50	10	15	5	15	--	--
Emergency Shelter for Family											
Provided after death	--	--	--	--	--	--	--	--	--	--	--
Offered but refused	1	--	--	--	--	1	2	--	--	--	--
Offered, unknown if used	--	--	--	--	--	--	--	--	--	--	--
Should be offered	--	--	--	--	--	--	--	--	--	--	--
Needed but not available	1	--	--	--	--	--	--	1	3	--	--
Unknown	25	2	33	1	50	13	20	9	26	--	--
Mental Health Services for Family Member(s)											
Provided after death	15	1	17	--	--	6	9	8	24	--	--
Offered but refused	12	--	--	--	--	10	15	1	3	1	50
Offered, unknown if used	6	--	--	--	--	4	6	2	6	--	--
Should be offered	1	--	--	--	--	--	--	1	3	--	--
Needed but not available	--	--	--	--	--	--	--	--	--	--	--
Unknown	18	2	33	1	50	11	17	4	12	--	--
Foster Care											
Provided after death	5	--	--	--	--	1	2	4	12	--	--
Offered but refused	--	--	--	--	--	--	--	--	--	--	--
Offered, unknown if used	--	--	--	--	--	--	--	--	--	--	--

Table 10: Overview of Services Offered After Child's Death – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total 109	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
Should be offered	--	--	--	--	--	--	--	--	--	--	--
Needed but not available	1	--	--	--	--	--	--	1	3	--	--
Unknown	17	1	17	--	--	11	17	5	15	--	--
Health Care											
Provided after death	4	1	17	--	--	--	--	3	9	--	--
Offered but refused	--	--	--	--	--	--	--	--	--	--	--
Offered, unknown if used	--	--	--	--	--	--	--	--	--	--	--
Should be offered	--	--	--	--	--	--	--	--	--	--	--
Needed but not available	--	--	--	--	--	--	--	--	--	--	--
Unknown	18	--	--	1	50	11	17	6	18	--	--
Legal Services											
Provided after death	3	--	--	--	--	1	2	2	6	--	--
Offered but refused	--	--	--	--	--	--	--	--	--	--	--
Offered, unknown if used	--	--	--	--	--	--	--	--	--	--	--
Should be offered	--	--	--	--	--	--	--	--	--	--	--
Needed but not available	--	--	--	--	--	--	--	--	--	--	--
Unknown	19	1	17	1	50	10	15	7	21	--	--
Family Planning											
Provided after death	--	--	--	--	--	--	--	--	--	--	--
Offered but refused	--	--	--	--	--	--	--	--	--	--	--
Offered, unknown if used	--	--	--	--	--	--	--	--	--	--	--
Should be offered	--	--	--	--	--	--	--	--	--	--	--
Needed but not available	1	--	--	--	--	--	--	1	3	--	--
Unknown	21	1	17	1	50	11	17	8	24	--	--
Other Services Provided to Family											

Table 10: Overview of Services Offered After Child’s Death – Virginia, FY2012 (N=109)

Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Parent education	1	--	--	--	--	--	--	1	3	--	--
Crib	1	--	--	--	--	1	2	--	--	--	--

Table 11: Overview of Recommendations and Prevention Initiatives Developed by Regional Teams – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
Total	109	6	6	2	2	65	60	34	31	2	2
Child's Death Was Preventable¹											
Yes, probably	69	--	--	1	50	42	65	24	71	2	100
No, probably not	23	3	50	1	50	14	22	5	15	--	--
Team could not determine	14	3	50	--	--	8	12	3	9	--	--
No answer selected	3	--	--	--	--	1	2	2	6	--	--
Team Recommendation Areas											
No Recommendations Made	17	2	33	--	--	11	17	4	12	--	--
Education²											
Parent education	47	2	33	--	--	31	48	13	38	1	50
Media campaign	26	--	--	--	--	19	29	6	18	1	50
Provider education	21	--	--	1	50	15	23	5	15	--	--
Community safety project	10	--	--	--	--	4	6	5	15	1	50
School program	1	--	--	--	--	1	2	--	--	--	--
Public forum	1	--	--	--	--	1	2	--	--	--	--
Other education	12	--	--	2	100	4	6	6	18	--	--
Agency³											
Expanded services	13	1	17	1	50	5	8	6	18	--	--
New policy(ies)	11	1	17	1	50	5	8	4	12	--	--
Revised policy(ies)	7	2	33	1	50	3	5	1	3	--	--
New program	6	1	17	--	--	3	5	2	6	--	--

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² This category allows for multiple responses for a single child and thus, may not sum to total.

³ This category allows for multiple responses for a single child and thus, may not sum to total.

Table 11: Overview of Recommendations and Prevention Initiatives Developed by Regional Teams – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
New services	3	1	17	--	--	1	2	1	3	--	--
Law⁴											
Enforcement of law/ordinance	7	--	--	--	--	2	3	5	15	--	--
Amended law/ordinance	3	1	17	--	--	1	2	1	3	--	--
New law/ordinance	1	--	--	--	--	1	2	--	--	--	--
Environment⁵											
Modify a consumer product	1	--	--	--	--	--	--	1	3	--	--
Modify a public space	1	--	--	--	--	--	--	1	3	--	--
Other											
Other topics (monitoring child whereabouts, swaddling information)	4	--	--	--	--	2	3	1	3	1	50

⁴ This category allows for multiple responses for a single child and thus, may not sum to total.

⁵ This category allows for multiple responses for a single child and thus, may not sum to total.

Table 12: Overview of Regional Child Fatality Review Teams' Processes – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Agencies Present at Review Meeting¹											
Child Protective Services	108	6	100	2	100	65	100	33	97	2	100
Medical examiner	87	5	83	2	100	53	82	26	76	1	50
Child advocate	76	6	100	2	100	40	62	27	79	1	50
Public health	73	3	50	--	--	52	80	18	53	--	--
Commonwealth's Attorney	70	4	67	1	50	40	62	24	71	1	50
Physician	62	3	50	1	50	37	57	20	59	1	50
Mental health	57	3	50	2	100	31	48	19	56	2	100
Law enforcement	46	1	17	--	--	22	34	22	65	1	50
Hospital	38	2	33	--	--	25	38	11	32	--	--
Military	38	3	50	--	--	26	40	9	26	--	--
Other health care	23	1	17	1	50	15	23	6	18	--	--
Substance abuse	10	--	--	--	--	4	6	6	18	--	--
Education	8	6	100	--	--	--	--	2	6	--	--
Court	3	1	17	--	--	1	2	1	3	--	--
Emergency Medical Services	1	--	--	--	--	--	--	1	3	--	--
Fire	--	--	--	--	--	--	--	--	--	--	--
Other:											
Newspaper	4	--	--	--	--	4	6	--	--	--	--
Department of Behavioral Health-Licensing	1	1	17	--	--	--	--	--	--	--	--
Sources of Data Available for Review											

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Table 12: Overview of Regional Child Fatality Review Teams' Processes – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Child Protective Services records	60	4	67	1	50	35	54	20	59	--	--
Social services records	59	4	67	1	50	39	60	15	44	--	--
Birth certificate	49	2	33	1	50	31	48	15	44	--	--
Autopsy report	39	2	33	--	--	19	29	18	53	--	--
Law enforcement records	22	2	33	1	50	8	12	11	32	--	--
Child's medical records	14	1	17	1	50	7	11	5	15	--	--
Death certificate	10	--	--	--	--	8	12	2	6	--	--
VA Dept of Health Child Death Investigation Form	7	--	--	--	--	4	6	3	9	--	--
Hospital records	6	--	--	--	--	3	5	3	9	--	--
Biological mother's perinatal records	5	--	--	--	--	2	3	3	9	--	--
Centers for Disease Control and Prevention (CDC) Sudden Unexpected Infant Death Investigation Form	3	--	--	--	--	3	5	--	--	--	--
Emergency Medical Services run sheet	3	--	--	--	--	--	--	3	9	--	--
Mental health records	--	--	--	--	--	--	--	--	--	--	--
School records	--	--	--	--	--	--	--	--	--	--	--
Substance abuse treatment records	--	--	--	--	--	--	--	--	--	--	--
Factors That Prevented Effective Review											
Necessary team members were absent	8	--	--	--	--	7	11	1	3	--	--
Inadequate investigation precluded having enough information for review	4	--	--	--	--	4	6	--	--	--	--
Team members did not bring adequate information to review meeting	2	1	17	--	--	1	2	--	--	--	--
Health Insurance Portability and Probability Act (HIPAA) regulations prevented access to or exchange of information	1	1	17	--	--	--	--	--	--	--	--

Table 12: Overview of Regional Child Fatality Review Teams' Processes – Virginia, FY2012 (N=109)
Data Source: National Center for the Review and Prevention of Child Deaths, Child Death Review Case Reporting System

	Total	Child Had CPS History				Child Had No CPS History					
		Unfounded Fatality		Founded Fatality		Unfounded Fatality		Founded Fatality		No Disposition	
		#	%	#	%	#	%	#	%	#	%
	109	6	6	2	2	65	60	34	31	2	2
Meeting was held too long after death	1	--	--	--	--	--	--	1	3	--	--
Other factors preventing effective review:											
Additional agencies' records/information needed	2	--	--	--	--	1	2	1	3	--	--
Team needs representative from additional discipline	1	--	--	--	--	--	--	1	3	--	--
Review Meeting Outcomes											
Review led to additional investigation	6	--	--	--	--	2	3	4	12	--	--
Team disagreed with official manner of death	--	--	--	--	--	--	--	--	--	--	--
Team disagreed with official cause of death	--	--	--	--	--	--	--	--	--	--	--
Because of team, official cause or manner of death was changed	--	--	--	--	--	--	--	--	--	--	--
Review led to delivery of services	1	1	17	--	--	--	--	--	--	--	--
Review led to changes in agency policies or practices	1	--	--	--	--	--	--	1	3	--	--
Review led to prevention initiatives being implemented	7	--	--	--	--	6	9	1	3	--	--
-Local level initiative	7	--	--	--	--	6	9	1	3	--	--
-State level initiative	1	--	--	--	--	1	2	--	--	--	--
-National level initiative	1	--	--	--	--	1	2	--	--	--	--