NATIONAL FATALITY REVIEW CASE REPORTING SYSTEM CDR Report Form – VERSION 5.1 – April 2020

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Sections to Be Completed by Child Protective Services¹

Section Title	Questions to be Completed	TIPS
	by CPS	
A. Child Information	1-3, 5-8, 11-25, 26-41, 43-66 and 67-72	Most of this section has been re-organized into infant and non-infant questions. #20 Definition of homelessness differs from CPS. Use Data Dictionary definition. #'s 26 through 41 are only filled out for non-infants. #'s 43 through 66 are only filled out for infants under one year. #'s 67 through #72 come directly from scene investigation and caregiver/parent interviews. Law enforcement and death investigator are also collecting this information. Verify information at fatality meeting or from medical examiner records.
B. Biological Parent Information	1-18	*This is a new section. It is possible to skip the following Caregiver section when the biological parents are the caregivers.

¹ This table provides a guide to the portions of the form that should be completed by the Child Protective Services worker who investigated the allegations of child abuse and/or neglect in the case. As you read over these questions, you will see that some of them can only be answered by CPS (e.g., Section F, Questions 14-17 and Section k). Other questions that are noted above can be answered by CPS in most cases, but you may need the help of law enforcement or the medical examiner or some other person at the review meeting in order to complete all questions. Fill this out as completely as you can before the review team meeting, ideally as you are conducting your investigation. Submit this to the Regional Coordinator no later than five business days before the meeting (or earlier if requested), and alert him or her to the questions that you could not answer.

^{*}Color coding: Green – CPS worker is responsible for answering. Red - leave blank. Blue- depends on circumstances.

Section Title	Questions to be Completed	TIPS
	by CPS	
C. Primary Caregiver(s) Information	1-19	*#1 If Caregiver 1 or 2 is also the biological parents, answer question and then skip to Section D. *Definitions of caregiver & supervisor differ from CPS. Use Data Dictionary definitions. *Make Caregiver #1 child's mother as a convention. Form refers back to this information later on. It will be easier to remember. # 14, #15 - Check caregiver past CPS record. #19 - Check criminal history.
D. Supervisor Information	1-16	* Use Data Dictionary definition for supervisor. #1 If infant was co-sleeping with caregiver(s) who were also sleeping at night during normal sleep hours, code as "No - but needed #3 If supervisor was either a biological parent or a caregiver as previously described, skip to #15. #15 is a new question. It was previously an option in the question on impairment.
E. Incident Information	1-13	*Seek information from law enforcement or medical examiner where needed.
F. Investigation Information	13-16	#13 CPS must answer, even if referral is screened out. Answer "yes" and complete questions #'s 14, 15 & 16.
G. Official Manner and Primary Cause of Death	None	
H. Detailed Information by Cause of Death	Depends on how child died.	* Answer as appropriate. Choose one section only that is same as cause (Seek information from law enforcement or medical examiner where needed.)
 Motor Vehicle and Other Transport 		
2. Fire, Burn or Electrocution		
3. Drowning		

Section Title	Questions to be Completed	TIPS
	by CPS	
4. Unintentional Asphyxia		*Changed from Asphyxia. For suicides or homicides that were intentional asphyxias, please choose "Assault, Weapon or Person's Body Part.
5. Assault, Weapon or Person's Body Part		*The word "Assault" has been added.
6. Fall or Crush		
7. Poisoning, Overdose or Acute Intoxication		
8. Medical Condition		
9. Other Known Injury Cause		
I. Other Circumstances of Incident – Answer Relevant Sections	Depends	
1. Sudden and Unexpected Death in	None	
the Young 2. Answer this only if Child is Under	Depends on how child died.	*Answer as appropriate. (Seek information from law
Age Five: Was Death Related to	Depends on now child died.	enforcement or medical examiner where needed).
Sleeping or the Sleep Environment?		* You will know the answer for many of these questions from your investigation.
3. Was Death a Consequence of a Problem with a Consumer Product	Answer only if known.	*May have to be answered by team at fatality meeting.
4. Did Death Occur During Commission of Another Crime?	Answer only if known.	*Seek information from law enforcement or medical examiner if needed. May be answered at fatality meeting.
5. Child Abuse, Neglect, Poor Supervision and Exposure to Hazards		*This comes from Acts of Omission or Commission from the previous section. Language has been simplified for noting when a child's death was caused or contributed due to abuse, neglect, poor supervision or exposure to hazards (for example, an unsecured firearm). Do not include the child's own behavior (for example, teen driver driving intoxicated) when responding to this section. The "exposure to hazards" questions are new. Please see the updated Data Dictionary for Version 5 if you need more help or examples in completing this section.

Section Title	Questions to be Completed	TIPS
	by CPS	
		*It is important to remember that the purpose of this section and of fatality review more generally is to document circumstances and identify risk factors for use in developing prevent strategies, NOT to determine legal culpability or substantiate child maltreatment. Consequently, although legal definitions for some of these categories (e.g. child abuse, neglect) may be available, they should not be used as criteria for completing this section.
6. Suicide		*These questions were previously found in the Acts of Omission or Commission.
7. Life Stressors		*This is a new section*
J. Person Responsible (Other Than Decedent)	None	*This was previously found in the "Acts of Omission or Commission" section. Only need to indicate "Person 1" or "Person 2", not "Person Caused" or "Person contributed."
K. Services to Family and Community as a Result of Death	1	*Base this on the services you may have offered family.
L. Findings Identified During the Review	None	
M. The Review Meeting Process	None	
N. SUID and SDY Case Registry	None	
O. Narrative	Describe what you know.	*Include as many details that may help explain risk factors for child & family.
P. Form Completed By	None	