I. OTHER CIRCUMSTANCES OF INCIDENT - ANSWER RELEVANT SECTIONS I1. SUDDEN AND UNEXPECTED DEATH IN THE YOUNG (SDY) This section displays online based on your state's settings. Section 11: OMB No. 0920-1092, Exp. Date: 4/30/2022 Public reporting burden of this collection of information is estimated to everyore 10 minutes per resource including the time for reviewing instructions correlated the everyore and the collection of this collection of this collection of the collectio

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Section I1: OMB No. 0920-1092, Exp. Date Public reporting burden of this collection of	informati	ion is esti			-			-			-	
maintaining the data needed, and completing unless it displays a currently valid OMB con	ntrol num	ber. Sen	d comm	ents regarding this burden estimate or an	y othe	r aspect	of this co	llecti	· ·			n
burden to: CDC/ATSDR Reports Clearance		1600 Cli	fton Roa	ad NE, MS D-74, Atlanta, Georgia 30333;	ATTN	I: PRA (0920-109	92)				
a. Was this death: A homic												
O A suicid												
O An over									If any of these apply, go to		12,	
_				at was the obvious and only reason fo	or the	fatal in	jury?		THIS IS NOT AN SDY CAS	E.		
_ `				to terminal illness?			_	J				
_		ve, go to	o I1b T	HIS IS AN SDY CASE								
b. Did the child have a history of any of		lowing a	cute co	nditions or symptoms within 72 hours	nrior	to deat	h2		. At any time more than 72 hours pr	ocodina	dooth di	d tho
U/K for all	/ tile loi	iowing a	cute co	nations of symptoms within 12 hours	, prior	to deat			child have a personal history of a	-		
									chronic conditions or symptoms?	·		•
Symptom P	resent v	w/in 72 l	hours c	of death Present v	v/in 7	2 hours	s of deat	th	Symptom Present more th	an 72 h	ours of	death
Cardiac	Yes	No	U/K	Other Acute Symptom Y	<u>′es</u>	No	<u>U/K</u>	C	ardiac Yes	No	<u>U/K</u>	
Chest pain	0	\circ	\circ	Fever	\supset	\circ	0		Chest pain	0	0	
Dizziness/lightheadedness	0	0	\circ	Heat exhaustion/heat stroke	\supset	\circ	0		Dizziness/lightheadedness O	\circ	0	
Fainting	0	\circ	\circ	Muscle aches/cramping (\supset	\circ	0		Fainting	\circ	0	
Palpitations	0	0	\circ	Slurred speech	\supset	\circ	0		Palpitations	\circ	0	
<u>Neurologic</u>				Vomiting	\supset	\circ	0	N	<u>eurologic</u>			
Concussion	0	0	\circ	Other, specify:)				Concussion	\circ	0	
Confusion	0	0	\circ						Confusion	\circ	0	
Convulsions/seizure	0	0	\circ						Convulsions/seizure	\circ	0	
Headache	0	\circ	\circ						Headache	\circ	0	
Head injury	0	0	\circ						Head injury	\circ	0	
Psychiatric symptoms	0	0	0					R	<u>espiratory</u>			
Paralysis (acute)	0	0	0						Difficulty breathing	\circ	0	
Respiratory								0	ther			
Asthma	0	0	\circ						Slurred speech	0	0	
Pneumonia	0	0	\circ						Other, specify:			
Difficulty breathing	\circ	\circ	0									
d. Did the child have any prior serious	injuries	(e.g. ne	ear drov	wning, car accident, brain injury)?								
○Yes ○ No ○U/	K	If ye	es, desc	cribe:								
e. Had the child ever been diagnosed l	-	dical pro		-		iagnose	nd.	_		Dia	gnosed	
Condition			_	Condition			•	_	Other		-	
Blood disease	Yes_	<u>No</u>	<u>U/K</u>	Neurologic	<u>Ye</u>	<u>es</u> <u>l</u>	<u>№</u> <u>U</u>	<u>J/K</u>	Other	Yes	<u>No</u>	<u>U/K</u>
Sickle cell disease	0	0	0	Anoxic brain Injury					Connective tissue disease	0	0	0
Sickle cell trait	0	0	0	Traumatic brain injury/				,	Diabetes Endocrine disorder, other:	0	0	0
Thrombophilia (clotting disorder)	0	0	0	head injury/concussion Brain tumor	C) C)	thyroid, adrenal, pituitary		O	
<u>Cardiac</u> Abnormal electrocardiogram	0	0	0						• • • • • • •	0	0	0
(EKG or ECG)	0	0		Brain aneurysm Brain hemorrhage	C				Hearing problems or deafness Kidney disease	0	0	0
,	0	0	0	ŭ	C				•	\sim	0	0
Aneurysm or aortic dilatation	0	0	0	Developmental brain disorder	C				Mental illness/psychiatric disease Metabolic disease		Ö	0
Arrhythmia/arrhythmia syndrome	0	0	0	Epilepsy/seizure disorder Febrile seizure	C				Muscle disorder or muscular	0	0	0
Cardiomyopathy	0	0	0		C							
Commotio cordis	0	0	0	Mesial temporal sclerosis	C				dystrophy	0	0	0
Congenital heart disease	0	0	0	Neurodegenerative disease	C				Oncologic disease treated by	0	0	0
Coronary artery abnormality				Stroke/mini stroke/					chemotherapy or radiation	\circ	\circ	\bigcirc
Coronary artery disease	0	0	0	TIA-Transient Ischemic Attack	_) () C	`	Prematurity	0	0	0
(atherosclerosis)	0	0	0	Central nervous system infection	C			,	Congenital disorder/	0	\cup	\cup
Endocarditis	0	0	0	(meningitis or encephalitis)					genetic syndrome	0		
Heart failure	_			Respiratory	C) () C	`	Other, specify:	\cup		
Heart murmur	0	0	0	Apnea	_							
High cholesterol	0	0	0	Asthma	C							
Hypertension	0	0	0	Pulmonary embolism	C							
Myocarditis (heart infection)	_			Pulmonary hemorrhage	C							
Pulmonary hypertension	0	0	0	Respiratory arrest	C	, () C)				
Sudden cardiac arrest	\circ	\cup	\circ									

If a more specific diagno	sis is kn	own, pi	rovide an	ıy additional i	nforma	ition:			
If any cardiac conditions	ahove a	are sele	cted wh:	at cardiac tre	atment	s did the chil	d have? Check all that apply:	۵	
☐ Care			otou, writ	at cardiac irc	atmont	3 did tile om	☐ Heart surgery	_	Heart transplant
☐ Care			cement				☐ Interventional cardiac		Other, specify:
_				lefibrillator (I0	CD)		catheterization		U/K
,				ular Assist De	,	/AD\\\	Cathetenzation	Ш	UIK
	-						randparents or other more distant relatives)		g. Has any blood relative (siblings,
with the following diseases, cond	•			U/K fo		55, 6645ii i5, g	randparents of other more distant relatives)		parents, aunts, uncles, cousins,
Y N U/ Deaths		, ,							grandparents) had genetic testing?
OOO Sudden unexp	ected d	eath be	fore age	50					○ Yes ○ No ○ U/K
'			J		elative'	s ane at deat	n (for example, brother at age 30 who died		100 100 0 110
in an unexplained	•					s age at acat	The example, profiler at age 50 who died		
iii aii aiicxpiaiiica	i iiiotoi v	CHIOIC	accident	(direct of dar	//-				
Heart Dis	ease					<u>Y N U/F</u>	Symptoms .		If yes, describe the test/gene tested,
OOO Heart conditio		attack c	or stroke h	before age 50	0		Febrile seizures		reason for testing, family member
OOO Aortic aneurys				Ü		000	Unexplained fainting		tested, and results:
OOO Arrhythmia (fa		-		hm)			Other Diagnoses		tested, and results.
O O Cardiomyopat		Ü	,	,		000	<u> </u>		
OOO Congenital he	•	ase				000	•		
Neurolog						000			
C C Epilepsy or co			ıre			000			Was a gene mutation found?
O O Other neurolog			10			000	, , ,		_
O O O Other ricarolog	gio disce	130				0	Other diseases that are genetic or		○ Yes ○ No ○ U/K
						O	run in families, specify:		
h. In the 72 hours prior to death wa	ne the ch	aild taki	ng any nr	osoribod mo	dication	2(0)2	k. Was the child taking any of the following su	ıbeta	neo(e) within 24 hours of dooth?
Yes O No O U		iiiu takii	ig ally pi	escribed me	uicatioi	1(5):	Check all that apply:	ibstai	nice(s) within 24 hours of death?
If yes, describe:							Over-the-counter medicine		☐ Supplements
ii yes, describe.							☐ Recent/short term prescriptions		☐ Tobacco
i. Within 2 weeks prior to death ha	nd the ch	aild:		N/A Voc	No	U/K	☐ Energy drinks		☐ Alcohol
Taken extra doses of presci			ns	N/A Yes		<u>0/K</u>	☐ Caffeine		☐ Illegal drugs
Missed doses of prescribed				0 0	_	0	☐ Performance enhancers		☐ Legalized marijuana
Changed prescribed medica				0 0	_	0	☐ Diet assisting medications		Other, specify:
							. Diet assisting medications		☐ U/K
j. Was the child compliant with the N/A Yes N			ledication	ns?			If yes to any items above, describe		_ <i>6</i> /K
If not compliant, descr			w often:				ii yoo to ariy komo abovo, accombo		
				ne of inciden	t or with	hin 24 hours	of the incident? U/K for all at time of incident	lent	
i. Did the office experience any of t		t incide				of incident	□ U/K for all within 24 hour		ncident
Stimuli	Yes	<u>No</u>	<u>U/K</u>	Yes	<u>No</u>	<u>U/K</u>	_ C// () all () all ()		
Physical activity	$\overline{\bigcirc}$	$\overline{\bigcirc}$	0	$\overline{\circ}$	$\overline{\circ}$	0	If yes to physical activity, describe	type ·	of activity:
Sleep deprivation	0	0	0	0	0	0	At incident With	ոin 24	hours of incident
Driving	0	0	\circ	0	0	0			
Visual stimuli	0	0	\circ	0	0	0			
Video game stimuli	0	0	0	0	0	0			
Emotional stimuli	0	0	0	0	0	0			
Auditory stimuli/startle	0	0	0	0	0	0			
Physical trauma	0	0	0	0	0	0	Other specify:		
Other, specify:	Ō			Ō				າin 2⊿	hours of incident
m. Was the child an athlete?	O N	/A (O Yes	O No O	U/K				
			pe of spo		Compe	etitive 🔘	Recreational O U/K		
							months prior to death? O Yes O No	0	U/K
			•		-				
n. Did the child ever have any of th	ne follow	ing unc	haracter	ristic sympto	ms dur	ing or	o. For child age 12 or older, did the child reco	eive a	a pre-participation exam for a sport?
within 24 hours after physical a		•					○ N/A ○ Yes ○ N		
☐ Chest pain		□н	eadache				If yes:		
☐ Confusion		□ Pa	alpitations	s			Was it done within a year prior to death?		○ Yes○ No ○U/K
☐ Convulsions/seizure		_		of breath/diff	iculty b	reathing	Did the exam lead to restrictions for spor		otherwise? ○ Yes ○ No ○ U/K
☐ Dizziness/lightheadedne	ss l	_	ther, spec		•	J	If yes, specify restrictions:		
☐ Fainting		□ U		-					
If ves to any item, describe type	of physic			extent of svm	otoms:				

Questions p through v: Answer if "Epilepsy/Seizu	re Disorder" is answered Yes in question	on e above (Diagnosed for a medical condition)				
p. How old was the child when diagnosed with epilepsy/seizure	r. What type(s) of seizures did the child have	? Check all t. How many seizures did the child have in				
disorder?	that apply:	the year preceding death?				
Age 0 (infant) through 20 years:	☐ Non-convulsive	O 0/never O 2 O More than 3				
□ U/K	☐ Convulsive (grand mal seizure or	O 1 O 3 O U/K				
q. What were the underlying cause(s) of the child's seizures?	generalized tonic-clonic seizure)	u. Did treatment for seizures include				
Check all that apply:	☐ Occur when exposure to strobe light	anti-epileptic drugs?				
☐ Brain injury/trauma, specify: ☐ Genetic/chromosomal	video game, or flickering light (refl	lex seizure)				
☐ Brain tumor ☐ Mesial temporal sclerosis	□ u/ĸ	If yes, how many different types of anti-				
☐ Cerebrovascular ☐ Idiopathic or cryptogenic	s. Describe the child's epilepsy/seizures (not in	ncluding the epileptic drugs did the child take?				
☐ Central nervous system ☐ Other acute illness or injury	seizure at time of death). Check all that a	pply: 0 1 0 4 0 More than 6				
infection other than epilepsy	☐ Last less than 30 minutes	O 2 O 5 O U/K				
☐ Degenerative process ☐ Other, specify:	☐ Last more than 30 minutes (status e	pilepticus) O 3 O 6				
☐ Developmental brain disorder☐ U/K	Occur in the presence of fever (febri	ile seizure) v. Was night surveillance used?				
☐ Inborn error of metabolism	☐ Occur in the absence of fever	○ Yes ○ No ○ U/K				
	☐ Occur when exposed to strobe lights	s, video				
	game, or flickering light (reflex sei	zure)				
12. ANSWER THIS ONLY IF CHILD IS UNDER AGE F	() Vec /	go to I2a No, go to I2s U/K, go to I2a				
WAS DEATH RELATED TO SLEEPING OR THE SL	EEP ENVIRONMENT?	90 to 124				
a. Incident sleep place:						
Crib Adult bed	Car seat If adu	ılt bed, what type? If futon,				
If crib, type: O Waterbed	O Rock 'n Play	O Twin O Bed position				
O Not portable O Futon	Stroller	O Full O Couch position				
O Portable, e.g. Pack 'n Play O Playpen/other play	Swing	O Queen O U/K				
O Unknown crib type structure, not a poi	table crib O Bouncy chair	○ King If car seat, was car seat				
O Bassinet O Couch	Other, specify:	Other, specify: secured in seat of car?				
O Bed side sleeper O Chair		O U/K O Yes O No O U/K				
O Baby box O Floor	O u/k					
C Floor	- 5/10					
b. Child put to sleep: c. Child found:	e. Usual sleep position:	f. Was there any type of crib, Pack 'n Play, bassinet,				
On back	On back	bed side sleeper or baby box in home for child?				
On stomach	On stomach	○ Yes ○ No ○ U/K				
On side On side	On side	0 163 0 140 0 0/K				
O U/K	○ U/K					
O U/K	U U/K					
d. Usual sleep place:						
Crib Baby box	O Floor	If adult bed, what type?				
200,000	O Car seat	Twin O King				
	Car seat Rock 'n Play	3				
O Not portable O Waterbed	-					
O Portable, e.g. Pack 'n Play	O Stroller	O Queen O U/K				
O Unknown crib type						
O Bassinet structure, not a p		If futon, O Bed position				
O Bed side sleeper O Couch	Other, specify:	Couch position				
○ Chair	○ и/к	○ и/к				
g. Child in a new or different environment than usual?	h. Child last placed to sleep with a pacifie					
O Yes O No O U/K	○ Yes ○ No ○ U/K	○ Yes ○ No ○ U/K				
If yes, describe why:		If yes, describe:				
j. Child overheated? O Yes O No O U/K		k. Child exposed to second hand smoke?				
If yes, outside temp degrees F Check all that apply	Room too hot, temp degrees I	F Yes O No O U/K				
	☐ Too much bedding	If yes, how often: O Frequently O U/K				
	☐ Too much clothing	Occasionally				
I. Child's face when found: m. Child's neck when found:	n. Child's airway when found (includes	If fully or partially obstructed, what was obstructed?				
O Down O Hyperextended (head back)	nose, mouth, neck and/or chest):	☐ Nose ☐ Chest compressed				
O Up O Hypoextended (chin to chest)	O Unobstructed by person or object	☐ Mouth ☐ U/K				
		- Modeli - O/K				
	, , , , , , , , , , , , , , , , , , , ,	□ Neck compressed				
O To left or right side O Neutral O U/K O Turned	Fully obstructed by person or object Partially obstructed by person or object	☐ Neck compressed If fully or partially obstructed, describe obstruction in detail:				

o. Objects in child's sleep environment and relation to airway obstruction:													
				If p	resent, de	scribe pos	ition of object:		If prese	ent, did ob	ject		
Objects:		Present	ıt?	On top	Under	Next	<u>Tangled</u>		obstr	uct airway	?		
	<u>Ye</u>	<u>No</u>	<u>U/K</u>	of child	child	to child	around child	<u>U/K</u>	Yes	No.	<u>UK</u>		
Adult(s)	\circ	0	0						0	0		► If adult(s) obst	ructed airway, describe
Other child(ren)	\circ	0	0						0	0	0	relationsh	ip of adult to child (for
Animal(s)	\circ	0	0						0	0	0	example,	biological mother):
Mattress	\circ	\circ	0						0	0	0		
Comforter, quilt, or other	\circ	0	0						\circ	0	0		
Fitted sheet	\circ	0	0						\circ	0	0		
Thin blanket/flat sheet	\circ	\circ	0						\circ	0	0		
Pillow(s)	\circ	0	\circ						\circ	\circ	\circ		
Cushion	\circ	\circ	\circ						\circ	\circ	\circ		
Boppy or U shaped pillow	\circ	0	0						0	\circ	\circ		
Sleep positioner (wedge)	0	0	0						0	\circ	0		
Bumper pads	\circ	0	\circ						0	0	0		
Clothing	0	0	0						0	0	0		
Crib railing/side	0	0	0						0	0	0		
Wall	0	0	0						0	0	0		
Toy(s)	Ö	0	Ö						0	Ö	Ö		
Other(s), specify:			Ü		_	_	_		•	Ū	•		
Guior(6), opeony.	0								0	0	0		
	0								0	0	0		
	0			_	_	_		_	0	\circ	\circ		
p. Was there a reliable, n	on-cor	oflicting w	vitness ac	ecount of he	ow the chil	d was four	nd? OY	′es ○ No	O U/F				
)W UIC CIIII	U Was loui					coregiver	/oupon/ieor at tim	a of dooth?
q. Caregiver/supervisor for OYes ONo		ep wnile i	Teeuing o	niiu :			-		in the sam SONo		_	/supervisor at tim	e oi death?
		_	D-#I0		Despot		11/1/2	○ 1 to	S UNO	O 0/1	K		
If yes, type of fe	eaing:	O 1	Bottle	O	Breast	O	U/K						
s. Child sleeping on same	e	. If	ves. rea	sons stated	for sleepi	ing on	If	yes, check al	Il that apply:	:			
surface with person(s) of			-	ace, check	-	-		-	t(s): #		☐ # U/ŀ	<	
animal(s)?		_	To feed	,	•	. ,		Adult o				O u/k	
(-).		_	To soothe	e								Children's age	e.
O Yes O No O	U/K	1 1 1 1		-						" 		. Oimaron o ago	
O Yes O No O	U/K	_		en nattern					nal(s)·#		□ # U/k	C Tyne(s) of ani	
O Yes O No O	U/K		Usual sle	ep pattern	ble				nal(s): #		□ # U/k	C Type(s) of ani	
O Yes O No O	U/K		Usual sle	bed availa		ad.			nal(s): #		□ # U/ŀ	C Type(s) of ani	
O Yes O No O	U/K		Usual sle No infant Home/livi	bed availa		∍d			nal(s): #		□ # U/ŀ	√ Type(s) of ani √	
○ Yes ○ No ○	U/K		Usual sle	bed availa		∍d			nal(s): #		□ # U/r	√ Type(s) of ani √	
O Yes O No O	U/K		Usual slee No infant Home/livi Other, sp	bed availa		ed			nal(s): #		□ # U/r	₹ Type(s) of aniι	
○ Yes ○ No ○	U/K		Usual slee No infant Home/livi Other, sp	bed availa		эd			nal(s): #		□ # U/r	√ Type(s) of anii √ Type(s	
			Usual slee No infant Home/livi Other, sp U/K	bed availa ing space o	overcrowde			With anim				√ Type(s) of anii √ Type(
t. Is there a scene re-crea	ation ph		Usual slee No infant Home/livi Other, sp U/K	bed availating space of the control	O Yes	O No	If yes, up	With anim	Only one ph	noto allowe	ed.		mal:
	ation ph		Usual slee No infant Home/livi Other, sp U/K	bed availating space of the control	O Yes	O No	If yes, up	With anim	Only one ph	noto allowe	ed.		mal:
t. Is there a scene re-crea	ation ph		Usual slee No infant Home/livi Other, sp U/K	bed availating space of the control	O Yes	O No	If yes, up	With anim	Only one ph	noto allowe	ed.		mal:
t. Is there a scene re-crea Select photo that den	ation ph	hoto avail	Usual slee No infant Home/livi Other, sp U/K illable for u tion and k	bed availating space of the control	O Yes	○ No y and airwa	If yes, up ay (nose, mout	With anim	Only one ph chest). Siz	noto allower e must be	ed. less than	6 mb and in .jpg	mal: or .gif format.
t. Is there a scene re-crea Select photo that den	ation ph nonstra	hoto avail	Usual slee No infant Home/livi Other, sp U/K illable for u tion and k	bed availating space of the control	O Yes	○ No y and airwa	If yes, up ay (nose, mout	With anim	Only one ph chest). Siz	noto allower e must be	ed. less than		mal:
t. Is there a scene re-crea Select photo that den	ation ph nonstra	hoto avail	Usual slee No infant Home/livi Other, sp U/K illable for u tion and k	bed availating space of the control	O Yes	○ No y and airwa	If yes, up ay (nose, mout	With anim	Only one ph chest). Siz	noto allower e must be	ed. less than	6 mb and in .jpg	mal: or .gif format.
t. Is there a scene re-crea Select photo that den	ation ph nonstra	hoto avail	Usual slee No infant Home/livi Other, sp U/K illable for u tion and k	bed availating space of the control	O Yes	○ No y and airwa	If yes, up ay (nose, mout	With anim	Only one ph chest). Siz	noto allower e must be	ed. less than	6 mb and in .jpg	mal: or .gif format.
t. Is there a scene re-crea Select photo that den 13. WAS DEATH A a. Describe product and o	ation ph nonstra A CON circums	hoto avail	Usual slee No infant Home/livi Other, sp U/K illable for u tion and k	bed availating space of the control	O Yes	○ No y and airwa	If yes, up ay (nose, mout	With anim	Only one ph chest). Siz	noto allower e must be	ed. less than	6 mb and in .jpg	mal: or .gif format.
t. Is there a scene re-crea Select photo that den	ation ph nonstra A CON circums	hoto availates positi	Usual slee No infant Home/livi Other, sp U/K ilable for ution and k	bed availating space of the control	Yes Schild's body	○ No y and airwa	If yes, up ay (nose, mout	With anim	Only one ph chest). Siz	noto allower re must be	ed. less than Yes (6 mb and in .jpg	mal: or .gif format.
t. Is there a scene re-crea Select photo that den 13. WAS DEATH A a. Describe product and o	ation phenonstra	hoto availates positi	Usual slee No infant Home/livi Other, sp U/K illable for ution and le	bed availating space of the control	O Yes OBLEM	O No y and airwa	If yes, up ay (nose, mout	With anim	Only one ph chest). Siz	noto allower re must be	ed. less than Yes (6 mb and in .jpg	or .gif format.
t. Is there a scene re-crea Select photo that den 13. WAS DEATH A a. Describe product and of b. Was product used prof	ation phenonstra	hoto availates positi	Usual slee No infant Home/livi Other, sp U/K illable for ution and le	bed availating space of the control	O Yes OBLEM	O No y and airwa	If yes, up ay (nose, mout	With anim	Only one ph chest). Siz	consume	ed. eless than Yes (6 mb and in .jpg	or .gif format. Ou/K, go to I4 on (CPSC) notified?
t. Is there a scene re-crea Select photo that den 13. WAS DEATH A a. Describe product and of b. Was product used prof	ation phenonstra	hoto availates positi	Usual slee No infant Home/livi Other, sp U/K illable for ution and le	bed availating space of the control	O Yes OBLEM	O No y and airwa	If yes, up ay (nose, mout	With anim	Only one ph chest). Siz	consume	ed. eless than Yes (6 mb and in .jpg No, go to I4 Safety Commission	or .gif format. Ou/K, go to I4
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t. Is there a scene re-crea Select photo that den 13. WAS DEATH A a. Describe product and of b. Was product used pro Yes No 14. DID DEATH Of a. Type of crime, check al	ation phenonstra	hoto availates positistances:	Usual slee No infant Home/livi Other, sp U/K ilable for ution and k	bed availating space of pecify: upload? ocation of ocation ocation of ocation ocat	O Yes child's body OBLEM OBLEM ON OF A	O No y and airwa WITH A d. Did pro O Yes	If yes, up ay (nose, mout	With anim bload here. (th, neck, and created by the service of	Only one ph chest). Siz	Consume	r Product S Yes (Yes No, go to U/K	6 mb and in .jpg No, go to I4 Safety Commission o www.saferprodu No, go to I5	or .gif format. Ou/K, go to I4 on (CPSC) notified?
t. Is there a scene re-created Select photo that density and the select photo that density and the select photo that density are selected product and the selected product used product used product of the selected product used	ation phenonstra	hoto availates positi	Usual slee No infant Home/livi Other, sp U/K illable for u tion and k ENCE (c. Is a rec Yes	bed availating space of pecify: upload? ocation of ocation ocation of ocation ocation of ocation	OBLEM P: U/K ON OF A	O No y and airwa WITH A d. Did pro O Yes	If yes, up ay (nose, mout of the consume of the consumer of t	With anim bload here. (th, neck, and created by the service of	Only one phothest). Size of the size of th	Consume	r Product S Yes (Yes No, go to U/K	6 mb and in .jpg No, go to I4 Safety Commission	or .gif format. Ou/K, go to I4 On (CPSC) notified?

15. CHILD ABUSE, NEGLECT, POOR SUPERVISION AND EXPOSURE TO HAZARDS								
a. Did child abuse, neglect, poor or absent	b. Type	of child abuse, check all that	apply:	c. For abusive head	d trauma, were	e. Events	s(s) triggering child abuse,	
supervision or exposure to hazards cause	□ A	busive head trauma, go to I50	С	there retinal hem	orrhages?	check	all that apply:	
or contribute to the child's death?	□ c	Chronic Battered Child Syndron	me, go to I5e	○Yes ○ No	◯ U/K	l 🗆 1	None	
○ Yes/probable	□в	Beating/kicking, go to I5e					Crying	
O No, go to next section	□s	Scalding or burning, go to I5e		d. For abusive head	l trauma, was		Toilet training	
U/K, go to next section	□м	Munchausen Syndrome by Pro	xy, go to I5e	the child shaken?	•		Disobedience	
If yes/probable, choose primary reason:	□s	Sexual assault, go to I5h		○Yes ○ No	◯ U/K		Feeding problems	
Child abuse, go to I5b	Πο	Other, specify and go to I5h		If yes, was there	impact?		Domestic argument	
Child neglect, go to I5f	□ υ	J/K, go to I5e		○Yes ○ No	O U/K		Other, specify:	
O Poor/absent supervision, go to I5h							U/K	
Exposure to hazards, go to I5g								
f. Child neglect, check all that apply:	<u> </u>			g. Exposure to haza	ards:		h. Was poverty a factor?	
☐ Failure to provide necessities ☐	Exposur	e to hazards:		Do not include	child's own behavior		○ Yes ○ No QJ/K	
☐ Food	Do not ir	nclude child's own behavior.		O Hazard(s)	in sleep environmen	t		
☐ Shelter	0	Hazard(s) in sleep environme	ent	(including	sleep position and su	ırface	If yes, explain in	
☐ Other, specify:		(including sleep position and	surface	sharing)			Narrative	
☐ Failure to provide supervision		sharing)		Fire hazard	d			
☐ Emotional neglect, specify:	\circ	Fire hazard		_	I medication/poison			
☐ Abandonment, specify:	Ŏ	Unsecured medication/poiso	n	Firearm ha	zard			
☐ Failure to seek/follow treatment,	0	Firearm hazard		○ Water haz	ard			
specify:	0	Water hazard		O Motor vehi	cle hazard			
If yes, was this due to religious or	0	Motor vehicle hazard		Maternal s	ubstance use during			
cultural practices?	Ō	Other hazard, specify:		pregnancy	3			
O Yes O No O U/K	_	, , ,		•	ard, specify:			
I6. SUICIDE					, , ,			
a. Child's history. Check all that have ever applied	:	b. Was the child ever diagr	nosed with an	y of the	d. Did the child eve	r commun	icate any suicidal	
□ None listed below		following? Check all that		•	thoughts, action	_	•	
☐ Involved in sports		☐ None listed below			O Yes) No ()	U/K	
☐ Involved in activities (not sports)		☐ Anxiety spectrum disor	der			h whom? _		
☐ Viewed, posted or interacted on social media		☐ Depressive spectrum d		e. Was there evide				
If yes, specify platform(s):		☐ Bipolar spectrum disord			premeditated?		au. Hao piaimou oi	
☐ History of running away		☐ Disruptive, impulse cor		ct disorder	l ') No ()	II/K	
☐ History of fearfulness, withdrawal or anxiety		☐ Eating disorder	ot disorder			circumstances where		
History of earnumess, windrawar or anxiety History of explosive anger, yelling or disobeying	ng.	Substance-related or a	ddiativo disor	dore			d and intervened by others?	
	y		duictive disor	ders		O No O	•	
, , , ,		☐ Other, specify: ☐ U/K					istory of non-suicidal	
If yes, when was the last head injury? Death of a peer, friend or family member			/attata	that array applicat.	ĭ		•	
,,,,,		c. Check all suicidal behavi		• • • • • • • • • • • • • • • • • • • •		No O	or burning oneself?	
If yes, specify relationship to child:		None listed below		upted attempt #				
When did death occur: Was death a suicide [∙] Yes No ○	11/1/2	☐ Preparatory behavior #☐ Aborted attempt #	#_ □ Non-1 □ U/K	ratai attempt #		-	others Other, specify:	
h. Warning signs (https://youthsuicidewarningsign				i Child avnariance	l	ted on aut	opsy of: Check all that apply.	
None listed below		-		 Child experienced known crisis with 	<u>[_</u>	ne listed b	_	
_	_	Expressed perceived burde			L_		•	
☐ Talked about or made plans for suicide	L	Showed worrisome behavio		30 days of the	L_	cluster	☐ A murder-suicide	
Expressed hopelessness about the futur		or marked changes in beha	vior	O YesO No O		_	copy-cat or	
☐ Displayed severe/overwhelming	_] U/K		If yes, explain:	ım	itation		
emotional pain or distress				10 0 61				
	 	stressors that were present for		round the time of dea	ath.		a life etnesses Ochool	
a. Life stressors - Social/economic		stressors - Relationships (age	•	with friends	Ctropp due to e	ovuol	c. Life stressors - School	
☐ None listed below ☐ Housing instability		ne listed below	Argument		Stress due to s	exuai	(age 5 and over)	
Racism Witnessed	l	nily discord	☐ Bullying as		orientation		None listed below	
☐ Discrimination violence	l	ument with parents/caregivers	_		Stress due to g	ender	School failure	
☐ Pregnancy		ents' divorce/separation		ying as a victim	identity		Pressure to succeed	
☐ Neighborhood discord ☐ Pregnancy		ents' incarceration	_ ' '	ying as a perpetrator	•		Extracurricular activities	
☐ Job problems scare	l	ŭ	_	nce as a victim			☐ New school	
☐ Money problems		akup with significant other		nce as a perpetrator	-		Other school problems	
☐ Food insecurity	☐ Soc	cial discord	☐ Isolation					

u. Life stressors - recritiology (age 51)	e. Life str	essors - Trai	nsitions (age 5 and	d over)			f. Life stresse	sors - Trauma (age s	5 and over)					
Stress/negative consequences due to:	☐ None	listed below		☐ Relea	se from juve	enile justice facility	☐ None list	sted below						
☐ None listed below	☐ Relea	se from hos	pital	☐ End o	f school year	r/school break	☐ Rape/se	exual assault						
☐ Electronic gaming	☐ Trans	sition from an	ny level of mental	☐ Trans	ition to/from	child welfare	☐ Previous	s abuse (emotional/	physical)					
☐ Texting	health	n care to ano	other (e.g. inpatien	syster	n		☐ Family/de	domestic violence						
☐ Restriction of technology			atient to residential	_	se from imm	nigrant detention	g. Life stress	sors - Describe any	other life stressors:					
☐ Social media		tient to inpat		center		3	(age 5 and ov	_						
			, ,					,						
18. COVID-19-RELATED DEAT	HS						<u> </u>							
a. For the 12 months before the child's		he family ex	nerience	c Was the	child expos	sed to COVID-19	within 14 days	s of death?						
any disruptions or significant change			po		Yes ○No			o o. aoa						
Check all that apply:	C3 10 111C 10	mownig:			f yes, descri									
□ None listed below					-		ihaa tha iwanaa	at at COVID 10 am t	this shild's death.					
				_	•		•	ct of COVID-19 on t	tnis child's death:					
☐ School						vas the immediate								
☐ Daycare	_		=		· ·	ed to have COVID-19								
☐ Employment		COVID-19 in	ndirectly contribute	ed to the death	h but was not the im	nmediate or underlying								
Social services (such as unem	nployment a	assistance, T	ΓANF, WIC)		cause of dea									
Living environment				0.	The birthing	parent contracted	l COVID-19 du	uring pregnancy						
☐ Medical care					Other, specif	,								
☐ Mental health or substance us	e/abuse ca	ire				ad no impact on the	his child's dea	ath						
☐ Home-based services (non-ch	ild welfare))		0	U/K									
☐ Child welfare services				e. Did CO	VID-19 impa	act the team's abil	ity to conduct	this fatality review?	•					
☐ Legal proceedings within crimi	inal, civil, o	r family cour	ts	Ο,	Yes ON	o OU/K								
☐ Other							If yes, check all that apply:							
□ U/K				☐ Unable to obtain records										
Describe:					Team memb	pers unable to atte	end review							
b. For the 12 months before the child's	death, did t	he child's far	mily live in		Remote revi	iews negatively im	pacted review	v process						
an area with an official stay at home	e order?				Team leader	rs redirected to CO	OVID-19 respo	onse						
○Yes ○No ○U/K				f. Did the o	hild have me	edical evidence of	f a significant i	inflammatory syndro	ome (including for example					
If yes, was the stay at home order in	n place at th	he time of the	e child's death?			evidence of inflami	-		·					
	•													
()Yes ()No ()U/K					alization in t	the week before de								
○ Yes ○ No ○ U/K				hospit		the week before de	eath?	OYes ON	lo OU/K					
	THER T	HAN DEC	EDENT)	hospit		the week before de	eath?	OYes ON	lo OU/K					
J. PERSON RESPONSIBLE (C			· · · · · · · · · · · · · · · · · · ·	hospit	f yes, was th	he child diagnosed	eath? d with MIS-C?	○Yes ○N ○Yes ○N	lo OU/K lo OU/K					
J. PERSON RESPONSIBLE (Co. 1. Did a person or persons other than the	ne child	2. What act	t(s)? Enter information	hospit	of yes, was the	he child diagnosed	eath? d with MIS-C?	Yes ON Yes ON 3. Did the t	lo OU/K lo OU/K team have information					
PERSON RESPONSIBLE (Co. Did a person or persons other than the do something or fail to do something.)	ne child g that	What act second	t(s)? Enter information	hospit	of yes, was the first person Describe acts	he child diagnosed n under "One" and s in narrative.	eath? d with MIS-C?	Yes N Yes N 3. Did the t about ti	lo OU/K lo OU/K team have information the person(s)?					
J. PERSON RESPONSIBLE (Co. 1. Did a person or persons other than the do something or fail to do something caused or contributed to the death?	ne child g that	What act second One	t(s)? Enter information between the column to the column t	hospit ation for the nn "Two." [of yes, was the first person Describe acts	he child diagnosed n under "One" and is in narrative. Two	eath? d with MIS-C? l if there is a	Yes N Yes N Yes N 3. Did the t about ti One	Io OU/K Io OU/K team have information the person(s)?					
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