I. OTHER CIRCUMSTANCES OF INCIDENT - ANSWER RELEVANT SECTIONS

I1. SUDDEN AND UNEXPECTED DEATH IN THE YOUNG (SDY)

This section displays online based on your state's settings.

Section I1: OMB No. 0920-1092, Exp. Date: 9/30/2025

a. Was this death:A ○ homicide?

○ A suicide?

○ An overdose?If any of these apply, go to Section I2,

○ A result of an external cause that was the obvious and only reason for the fatal injury?THIS IS NOT AN SDY CASE.

○ Expected within 6 months due to terminal illness?

○ None of the above, go to I1b THIS IS AN SDY CASE

○ U/K, go to I1b

b. Did the child have a history of any of the following acute conditions or symptoms within 72 hours prior to death?

Symptom	Present w/in 72 hours of death		
Cardiac	Yes	No	U/K
Chest pain	○	○	○
Dizziness/lightheadedness	○	○	○
Fainting	○	○	○
Palpitations	○	○	○
Neurologic			
Concussion	○	○	○
Confusion	○	○	○
Convulsions/seizure	○	○	○
Headache	○	○	○
Head injury	○	○	○
Respiratory			
Asthma	○	○	○
Pneumonia	○	○	○
Difficulty breathing	○	○	○
Other Acute Symptoms			
Fever	○	○	○
Muscle aches/cramping	○	○	○
Vomiting	○	○	○
Other, specify:	○		

c. At any time more than 72 hours preceding death did the child have a personal history of any of the following chronic conditions or symptoms?

Symptom	Present more than 72 hours of death		
Cardiac	Yes	No	U/K
Chest pain	○	○	○
Dizziness/lightheadedness	○	○	○
Fainting	○	○	○
Palpitations	○	○	○
Neurologic			
Concussion	○	○	○
Confusion	○	○	○
Convulsions/seizure	○	○	○
Head injury	○	○	○
Respiratory			
Difficulty breathing	○	○	○
Other			
Other, specify:	○		

d. Did the child have any prior serious injuries (e.g. near drowning, car accident, brain injury)?

○ Yes ○ No ○ U/K

If yes, describe:

e. Had the child in the past ever been diagnosed by a medical professional for the following?

Condition	Diagnosed	Condition	Diagnosed	Condition	Diagnosed

Blood disease	Y	N	U
Sickle cell disease	○	○	○
Sickle cell traitStroke/mini stroke/	○	○	○
Thrombophilia (clotting disorder)	○	○	○

Cardiac	Y	N	U
Abnormal electrocardiogram	○	○	○
(EKG or ECG)infection	○	○	○
Aneurysm or aortic dilatation or	○	○	○
Arrhythmia/arrhythmia syndrome	○	○	○
Cardiomyopathy Apnea	○	○	○
Congenital heart disease Asthma	○	○	○
Coronary artery	○	○	○
EndocarditisPulmonary	○	○	○
Heart failureRespiratory arrest	○	○	○
Heart murmur	○	○	○

Cardiac (continued)	Y	N	U
High cholesterol	○	○	○
Hypertension	○	○	○
Myocarditis (heart infection)	○	○	○
Pulmonary hypertension	○	○	○
Sudden cardiac arrest	○	○	○

Neurologic	Y	N	U
Anoxic brain Injury	○	○	○
Traumatic brain injury/ head injury/concussion	○	○	○
Brain tumor	○	○	○
Brain hemorrhage	○	○	○
Developmental brain disorder	○	○	○
Epilepsy/seizure disorder	○	○	○
Febrile seizure	○	○	○

Neurologic (continued)	Y	N	U
Neurodegenerative disease	○	○	○
	○	○	○
TIA-Transient Ischemic Attack	○	○	○
Central nervous system (meningitis encephalitis)	○	○	○

Respiratory	Y	N	U
	○	○	○
	○	○	○
abnormalityPulmonary embolism	○	○	○
hemorrhage	○	○	○

Condition (continued)	Diagnosed Y	N	U
Other			
Connective tissue disease	○	○	○
	○	○	○
Endocrine disorder, other: thyroid, adrenal, pituitary	○	○	○
Hearing problems or deafness	○	○	○
Kidney disease	○	○	○
Mental illness/psychiatric disease	○	○	○
Metabolic disease	○	○	○
Muscle disorder or muscular dystrophy	○	○	○
Oncologic disease treated by chemotherapy or radiation	○	○	○
Prematurity	○	○	○
Congenital disorder/ genetic syndrome	○	○	○
Other, specify:	○	○	○

If a more specific diagnosis is known, provide any additional information:

Diabetes

If any cardiac conditions above are selected, what cardiac treatments did the child have? Check all that apply:

☐ None

☐ Cardiac ablation
☐ Cardiac device placement (implanted cardioverter defibrillator (ICD) or pacemaker or Ventricular Assist Device (VAD))
☐ Heart surgery
☐ Interventional cardiac catheterization
☐ Heart transplant
☐ Other, specify:
☐ U/K

f. Did the child have any blood relatives (brothers, sisters, parents, aunts, uncles, cousins, grandparents or other more distant relatives) with the following diseases, conditions or symptoms?

Y	N	U	Deaths
○	○	○	Sudden unexpected death before age 50

If yes, the type of event, which relative, and relative's age at death (for example, brother at age 30 who died in an unexplained motor vehicle accident (driver of car)):

Y	N	U	Heart Disease
○	○	○	Heart condition/heart attack or stroke before age 50
			If yes, describe:
○	○	○	Aortic aneurysm or aortic rupture
○	○	○	Arrhythmia (fast or irregular heart rhythm)
○	○	○	Cardiomyopathy Connective tissue disease
○	○	○	Congenital heart diseaseMitochondrial

Y	N	U	Neurologic Disease
○	○	○	Epilepsy or disorder)
○	○	○	Other neurologic diseaseOther diseases that are genetic or

Y	N	U	Symptoms
○	○	○	Febrile seizures
○	○	○	Unexplained fainting

Other Diagnoses

○	○	○	Congenital deafness
○	○	○	
○	○	○	disease
○	○	○	muscular dystrophy
○	○	○	convulsions/seizureThrombophilia (clotting
○			

run in families, specify:

g. Has any blood relative (siblings, parents, aunts, uncles, cousins, grandparents) had genetic testing?

○ Yes ○ No ○ U/K

If yes, describe the test/gene tested, reason for testing, family member tested, and results:

Was a gene mutation found?

○ Yes ○ No ○ U/K

h. In the 72 hours prior to death was the child taking any prescribed medication(s)? ○ Yes ○ No ○ U/K

If yes, describe:

k. Was the child taking any of the following substance(s) within 24 hours of death? Check all that apply:

☐ Over-the-counter medicine
☐ Alcohol
☐
☐

i. Within 2 weeks prior to death had the child:

	N/A	Yes	No	U/K
Taken extra doses of prescribed medications	○	○	○	○
Missed doses of prescribed medications	○	○	○	○
Changed prescribed medications, describe:	○	○	○	○

j. Was the child compliant with their prescribed medications?

○ N/A ○ Yes ○ No ○ U/K

If not compliant, describe why and how often:

Energy drinksIllegal drugs

☐ Caffeine ☐ Legalized marijuana

☐ Performance enhancers ☐ Other, specify:

☐ Supplements

☐ Tobacco

☐ U/K

If yes to any items above, describe:

l. Did the child experience any of the following stimuli at time of incident or within 24 hours of the incident? **At**

	incident			**Within 24 hrs of incident**		
Stimuli	Yes	No	U/K	Yes	No	U/K
Physical activityIf yes to	○	○	○	○	○	○
	○	○	○	○	○	○
Sleep deprivationAt incident						Within 24 hours of incident
	○	○	○	○	○	○
Driving	○	○	○	○	○	○
Visual/video game stimuli	○	○	○	○	○	○
Emotional stimuli	○	○	○	○	○	○
Auditory stimuli/startle	○	○	○	○	○	○
Physical traumaOther	○			○		

physical activity, describe type of activity:

specify:

Other, specify:At incident Within 24 hours of incident

m. Was the child an athlete? ○ N/A ○ Yes ○ No ○ U/K

If yes, type of sport: ○ Competitive ○ Recreational ○ U/K

If competitive, did the child participate in the 6 months prior to death? ○ Yes ○ No ○ U/K

n. Did the child ever have any of the following **uncharacteristic** symptoms during or within 24 hours after physical activity? Check all that apply:

☐ Chest pain ☐ Palpitations

☐ Convulsions/seizure ☐ Shortness of breath/difficulty breathing

☐ Dizziness/lightheadedness ☐ Other, specify:

☐ Fainting ☐ U/K

If yes to any item, describe type of physical activity and extent of symptoms:

o. For child age 12 or older, did the child receive a pre-participation exam for a sport? ○ N/A ○ Yes ○ No ○ U/K

If yes:

Was it done within a year prior to death? ○ Yes ○ No ○ U/K

Did the exam lead to restrictions for sports or otherwise?

○ Yes ○ No ○ U/K

If yes, specify restrictions:

Questions p through v: Answer if "Epilepsy/Seizure Disorder" is answered Yes in question e above (Diagnosed for a medical condition)

p. How old was the child when diagnosed with epilepsy/seizure disorder?

Age 0 (infant) through 20 years: _____

☐ U/K

q. What were the underlying cause(s) of the child's seizures? Check all that apply:

☐ Brain injury/trauma,
☐ Other acute illness or
☐ specify: injury other than
☐ Brain tumor ☐ epilepsy
☐
☐
☐
☐
☐
CerebrovascularOther, specify:
Central nervous system
infection U/K
Developmental brain disorder
Genetic/chromosomal
Idiopathic or cryptogenic

r. What type(s) of seizures did the child have? Check all that apply:

☐ Non-convulsive
☐ Convulsive (grand mal seizure or generalized tonic-clonic seizure)
☐ Occur when exposure to strobe lights, video game, or flickering light (reflex seizure)
☐ U/K

s. Describe the child's epilepsy/seizures (not including the seizure at time of death). Check all that apply:

☐ Last less than 30 minutes
☐ Last more than 30 minutes (status epilepticus)
☐ Occur in the presence of fever (febrile seizure)
☐ Occur in the absence of fever
☐ Occur when exposed to strobe lights, video game, or flickering light (reflex seizure)

t. How many seizures did the child have in the year preceding death?

○ 0/ ○ ○ never 2More
○ than ○ 3 ○
13U/K

u. Did treatment for seizures includ e anti-epileptic drugs?

○ Yes ○ No ○ U/K

If yes, how many different types of antiepileptic drugs did the child take?

○ 14 25 ○ ○ More than 6
○ 36 ○ ○ U/K
○ ○

v. Was night surveillance used?

○ Yes ○ No ○ U/K

I2. ANSWER THIS ONLY IF CHILD IS UNDER AGE FIVE:

Yes, go to I2a No, go to I2tU/K, go to I2a **WAS DEATH RELATED TO SLEEPING OR THE** ○ **SLEEP** ○ ○

ENVIRONMENT+?

a. Incident sleep place:

Crib
Not portable
Yes
No
PortableCouchSwingQueen
Unknown crib
BassinetFloorOther,
Bed side sleeperCar seatU/KU/K
Baby box

Adult bedRocking-inclinedIf adult bed, what type?
If crib, type:WaterbedsleeperTwin
Futon
U/K
typeChairBouncy chairKing
specify:Other, specify:

Stroller

Full

If car seat, was car seat secured in seat of car?

b. Child put to sleep:
On back
On stomach
On side
U/K

c. Child found:
On back
On stomach
On side
U/K

e. Usual sleep position:
On back
On stomach
On side
U/K

f. Was there any type of crib, portable crib or bassinet in home for child?
Yes No U/K

d. Usual sleep place:

Crib
If crib, type:WaterbedsleeperTwinKing
Not portableFutonStrollerFullOther,
PortableCouchSwingQueenU/K
Unknown crib typeChairBouncy
BassinetFloorOther, specify:
Bed side sleeperCar seatU/K
Baby box

specify:
chair

Adult bedRocking-inclinedIf adult bed, what type?

g. Child in a new or different environment than usual?
Yes No U/K
If yes, describe why:

h. Child last placed to sleep with a pacifier?
Yes No U/K

i. Child wrapped or swaddled in blanket when last placed?
Yes No U/K
If yes, describe:

j. Child overheated? Yes No U/K
Check all that apply:
☐ Room too hot, temp ____ degrees F
☐ Too much bedding
☐ Too much clothing

k. Child exposed to second hand smoke?
Yes No U/K
If yes, how often: Frequently U/K
Occasionally

l. Child's face when found:
Down
Up
To left or right side
U/K

m. Child's neck when found:
Hyperextended (head back)
Hypoextended (chin to chest)
Neutral
Turned
U/K

n. Child's airway when found (includesIf nose, mouth, neck and/or
compressed
Unobstructed by person or
Fully obstructed by person or
Partially obstructed by person orIf
objectdetail:
U/K

fully or partially obstructed, what was obstructed?
☐ ☐ chest):NoseChest
☐ ☐
☐ objectMouthU/K
objectNeck compressed
fully or partially obstructed, describe obstruction in

o. Objects in child's sleep environment and relation to airway obstruction:

Objects:	Present?			If **present**, describe position of object:					If **present**, did object obstruct airway?			
	Yes	No	U/K	On top of child	Under child	Next to child	Tangled around child	U/K	Yes	No	UK	
Adult(s)If adult(s) obstructed	○	○	○	☐	☐	☐	☐	☐	○	○	○	→
Other child(ren)airway, describe	○	○	○	☐	☐	☐	☐	☐	○	○	○	relation-
Animal(s)ship of adult to child	○	○	○	☐	☐	☐	☐	☐	○	○	○	(for
Mattressexample, childbearing	○	○	○	☐	☐	☐	☐	☐	○	○	○	
Comforter, quilt, or otherparent):	○	○	○	☐	☐	☐	☐	☐	○	○	○	
Fitted sheet	○	○	○	☐	☐	☐	☐	☐	○	○	○	
Thin blanket/flat sheet	○	○	○	☐	☐	☐	☐	☐	○	○	○	
Pillow(s)	○	○	○	☐	☐	☐	☐	☐	○	○	○	
Cushion	○	○	○	☐	☐	☐	☐	☐	○	○	○	
Nursing or U shaped pillow	○	○	○	☐	☐	☐	☐	☐	○	○	○	
Sleep positioner (wedge)	○	○	○	☐	☐	☐	☐	☐	○	○	○	
Bumper pads	○	○	○	☐	☐	☐	☐	☐	○	○	○	
Clothing	○	○	○	☐	☐	☐	☐	☐	○	○	○	
Bottle	○	○	○	☐	☐	☐	☐	☐	○	○	○	
Wearable monitor	○	○	○	☐	☐	☐	☐	☐	○	○	○	
Crib railing/side	○	○	○	☐	☐	☐	☐	☐	○	○	○	
Wall	○	○	○	☐	☐	☐	☐	☐	○	○	○	
Toy(s)	○	○	○	☐	☐	☐	☐	☐	○	○	○	
Other(s), specify:												
_____	○			☐	☐	☐	☐	☐	○	○	○	
_____	○			☐	☐	☐	☐	☐	○	○	○	

p. Was there a reliable, non-conflicting witness account of how the child was found? ○Yes ○ No ○ U/K

q. Caregiver/supervisor fell asleep while feeding child?
○Yes ○ No ○U/K
If yes, type of feeding: ○ Bottle ○ Breast ○ U/K

r. Child sleeping in the same room as caregiver/supervisor at time of death?
○Yes ○ No ○ U/K

s. Child sleeping on same surface with adult(s): # _____
apply:With animal(s)?To feed
○ Yes ○ No ○ U/K

If yes, reasons stated for sleeping on same surface,
☐ person(s) or _____
☐ obese: U/K
☐ To soothe
☐
☐
☐
☐
Other, specify:
U/K

Usual sleep pattern
No Home/ living space overcrowded

If yes, check all that apply:
☐ With other children: # _____
☐
☐
☐ With animal(s): # _____
☐ infant bed available

If yes, check all that apply:
☐ # U/K
☐ # U/K
☐ # U/K
Children's ages: _____
Type(s) of animal: _____
U/K

t. Is there a scene re-creation photo available for upload? ○ Yes ○ No If yes, upload here. Only one photo allowed.

Select photo that demonstrates position and location of child's body and airway (nose, mouth, neck, and chest). Size must be less than 6 mb and in .jpg or .gif format.

I3. WAS DEATH A CONSEQUENCE OF A PROBLEM WITH A CONSUMER PRODUCT+? ○ Yes ○ No, go to I4 ○ U/K, go to I4

a. Describe product and circumstances:

b. Was product used properly?
○ Yes ○ No ○ U/K

c. Was a recall in place at the time of the incident?
○ Yes ○ No ○ U/K

d. Did product have safety label?
○ Yes ○ No ○ U/K

e. Were any of the following regulatory agencies notified of the incident?
○ None
○ Consumer Product Safety Commission
○ Food and Drug Administration
○ National Highway Transportation Safety Administration
○ U/K

I4. DID DEATH OCCUR DURING COMMISSION OF ANOTHER CRIME+? ○ Yes ○ No, go to I5 ○ U/K, go to I5

a. Type of crime, check all that apply:
☐ Robbery/burglary ☐ Other assault ☐ Arson ☐ Illegal border crossing ☐ U/K
☐ Interpersonal violence ☐ Gang conflict ☐ Prostitution ☐ Auto theft
☐ Sexual assault ☐ Drug trade ☐ Witness intimidation ☐ Other, specify:

I5. CHILD ABUSE, NEGLECT, POOR SUPERVISION AND EXPOSURE TO HAZARDS

a. Did child abuse, neglect, poor or absent supervision or exposure to hazards cause or contribute to the child's death?
○ Yes/probable
○ No, go to next section
○ U/K, go to next section

If yes/probable, choose primary reason:
○ Child abuse, go to I5b
○ Child neglect, go to I5f
○ Poor/absent supervision, go to I5h
○ Exposure to hazards, go to I5g

b. Type of child abuse, check all that apply:
☐ Abusive head trauma, go to I5c
☐ Chronic Battered Child Syndrome, go to I5e
☐ Beating/kicking, go to I5e
☐ Scalding or burning, go to I5e
☐ Munchausen Syndrome by Proxy, go to I5e
☐ Sexual assault, go to I5h
☐ Other, specify and go to I5h
☐ U/K, go to I5e

c. For abusive head trauma, were there retinal hemorrhages?
○ Yes ○ No ○ U/K

d. For abusive head trauma, was the child shaken?
○ Yes ○ No ○ U/K
If yes, was there impact?
○ Yes ○ No ○ U/K

e. Events(s) triggering child abuse. check all that apply:
☐ None
☐ Crying
☐ Toilet training
☐ Disobedience
☐ Feeding problems
☐ Domestic argument
☐ Other, specify:
☐ U/K

f. Child neglect, check all that apply:
☐ Failure to provide necessities
☐ Food
☐ Shelter
☐ Other, specify:
☐ Failure to provide supervision
☐ Emotional neglect, specify:
☐ Abandonment, specify:
☐ Failure to seek/follow treatment, specify:
If yes, was this due to religious or cultural practices?
○ Yes ○ No ○ U/K

☐ Exposure to hazards:
Do not include child's own behavior.
○ Hazard(s) in sleep environment (including sleep position and surface sharing)
○ Fire hazard
○ Unsecured medication/poison
○ Firearm hazard
○ Water hazard
○ Motor vehicle hazard
○ Other hazard, specify:

g. Exposure to hazards:
Do not include child's own behavior.
○ Hazard(s) in sleep environment (including sleep position and surface sharing)
○ Fire hazard
○ Unsecured medication/poison
○ Firearm hazard
○ Water hazard
○ Motor vehicle hazard
○ Childbearing parent substance use during pregnancy
○ Other hazard, specify:

h. Was poverty a factor? ○ Yes ○ No ○ U/K If yes, explain in Narrative

I6. SUICIDE

a. Child's history. Check all that have ever applied:
☐ None listed below
☐ Involved in sports
☐ Involved in activities (not sports)
☐ Viewed, posted or interacted on social media
If yes, specify platform(s):
☐ History of running away
☐ History of fearfulness, withdrawal or anxiety
☐ History of explosive anger, yelling or disobeying
☐ History of head injury
If yes, when was the last head injury? _____
☐ Death of a peer, friend or family member
If yes, specify relationship to child: _____
When did death occur: _____
Was death a suicide? ○ Yes ○ No ○ U/K

b. Was the child ever diagnosed with any of the following? Check all that apply.
☐ None listed below
☐ Anxiety spectrum disorder
☐ Depressive spectrum disorder
☐ Bipolar spectrum disorder
☐ Disruptive, impulse control or conduct disorder
☐ Eating disorder
☐ Substance-related or addictive disorders
☐ Other, specify:
☐ U/K

c. Did child have a suicide safety plan (a document that helps individuals when experiencing thoughts of suicide to help them avoid intense suicidal crisis)?
○ Yes ○ No ○ U/K

d. Check all suicidal behaviors/attempts that ever applied:
☐ None listed below
☐ Preparatory behavior #__
☐ Aborted attempt #__
☐ Interrupted attempt #__
☐ Non-fatal attempt #__
☐ U/K

e. Did the child ever communicate any suicidal thoughts, actions or intent?
○ Yes ○ No ○ U/K
If yes, with whom? _____

f. Was there evidence the death was planned or premeditated?
○ Yes ○ No ○ U/K

g. Did the death occur under circumstances where it would likely be observed and intervened by others?
○ Yes ○ No ○ U/K

i. Warning signs (https://youthsuicidewarningsigns.org) w/in 30 days of death:

Check all that apply:

- ☐ None listed below
- ☐ Talked about or made plans for suicide
- ☐ Expressed hopelessness about the future
- ☐ Displayed severe/overwhelming emotional pain or distress
- ☐ Expressed perceived burden on others
- ☐ Showed worrisome behavioral cues or marked changes in behavior
- ☐ U/K

j. Child experienced a known crisis within 30 days of the death?

○ Yes ○ No ○ U/K

If yes, explain:

k. Suicide was part of: Check all that apply.

☐ None listed below ☐ A cluster ☐ A contagion, copy-cat or imitation ☐ A suicide pact ☐ A murder-suicide

I7. LIFE STRESSORS

Please indicate all stressors that were present for this child and family around the time of death.

a. Life stressors - Social/economic

☐ None listed below ☐ Racism ☐ Discrimination ☐ Poverty ☐ Neighborhood discord ☐ Job problems ☐ Money problems ☐ Food insecurity ☐ No phone ☐ Housing instability ☐ Witnessed violence ☐ Tobacco exposure ☐ Lack of transportation ☐ Cultural differences ☐ Language barriers ☐ Lack of child care ☐ Pregnancy ☐ Pregnancy scare

b. Life stressors - Medical

☐ None listed below ☐ Lack of family or social support for care ☐ Caregiver distrust of health care system ☐ Caregiver unskilled in providing care ☐ Lack of money for care ☐ Services not available ☐ Multiple providers, not coordinated ☐ Limitations of health insurance ☐ Provider bias ☐ Felt dismissed by provider ☐ Lack of provider-family compatibility

c. Life Stressors- Relationships

☐ None listed below ☐ Family discord ☐ Argument w/ parents/caregivers ☐ Parents' divorce/separation ☐ Parents' incarceration ☐ Breakup ☐ Argument with significant other ☐ Social discord ☐ Argument with friends ☐ Isolation ☐ Bullying as victim ☐ Bullying as perpetrator ☐ Cyberbullying as victim ☐ Cyberbullying as a perpetrator ☐ Peer violence as a victim ☐ Peer violence as a perpetrator ☐ Stress due to gender identity ☐ Stress due to sexual orientation

d. Life stressors - School (age 5 and over)

☐ None listed below ☐ School failure ☐ Pressure to succeed ☐ Extracurricular activities ☐ New school ☐ Other school problems

e. Technology (age 5 and over)

☐ None listed below ☐ Electronic gaming ☐ Texting ☐ Restriction of technology ☐ Social media

f. Life stressors - Transitions (age 5 and over)

☐ None listed below ☐ Release from hospital ☐ Transition from any level of mental health care to another (e.g. inpatient to outpatient, inpatient to residential, etc.) ☐ Release from juvenile justice facility ☐ End of school year/school break ☐ Transition to/from child welfare system ☐ Release from immigrant detention center

g. Life stressors - Trauma (age 5 and over)

☐ None listed below ☐ Rape/sexual assault ☐ Previous abuse (emotional/physical) ☐ Family/domestic violence

h. Life stressors - Describe any other life stressors:

I8. DEATHS DURING THE COVID-19 PANDEMIC (complete for all ages)

a. For the 12 months before the child's death, did the family experience any disruptions or significant changes to the following? Check all that apply:

- ☐ None listed below
- ☐ School
- ☐ Daycare
- ☐ Employment
- ☐ Social services (like unemployment assistance, TANF, WIC)
- ☐ Living environment
- ☐ Medical care
- ☐ Mental health or substance use/abuse care
- ☐ Home-based services (non-child welfare)
- ☐ Child welfare services
- ☐ Legal proceedings within criminal, civil, or family courts
- ☐ Other, specify:
- ☐ U/K

b. For the 12 months before the child's death, did the child's family live in an area with an official stay at home order? ○ Yes ○ No ○ U/K

If yes, was the stay at home order in place at the time of the child's death? ○ Yes ○ No ○ U/K

c. Was the child exposed to COVID-19 within 14 days of death? ○ Yes ○ No ○ U/K If yes, describe:

d. Did the child have medical evidence of a significant inflammatory syndrome (including for example, fever, laboratory evidence of inflammation, and involvement of two or more organs) requiring hospitalization in the week before death? ○ Yes ○ No ○ U/K

If yes, was the child diagnosed with MIS-C? ○ Yes ○ No ○ U/K

e. Was the child eligible to receive a COVID-19 vaccination? ○ Yes ○ No ○ U/K

If eligible, did they receive their first dose? ○ Yes ○ No ○ U/K If yes, approx. number of weeks before death: ____

If eligible and received their first dose, which option best represents their vaccination status? ○ Partially vaccinated ○ Fully vaccinated ○ U/K

f. For infants or fetal deaths only, did the childbearing parent receive their COVID-19 vaccination? ○ Yes ○ No ○ U/K

If yes, when did they receive their first dose?

- ○ Before pregnancy
- ○ 1st trimester
- ○ 2nd trimester
- ○ 3rd trimester
- ○ After delivery
- ○ U/K

If yes, which option best represents their vaccination status? ○ Partially vaccinated ○ Fully vaccinated ○ U/K

g. Select the one option that best describes the impact of COVID-19 on this child's death:

- ○ COVID-19 was the immediate or underlying cause of death
- ○ COVID-19 was diagnosed at autopsy or child was suspected to have COVID-19
- ○ COVID-19 indirectly contributed to the death but was not the immediate or underlying cause of death
- ○ The childbearing parent contracted COVID-19, specify:
  - ○ Before pregnancy
  - ○ 1st trimester
  - ○ 2nd trimester
  - ○ 3rd trimester
  - ○ After delivery
  - ○ U/K
- ○ Other, specify:
- ○ COVID-19 had no impact on this child's death
- ○ U/K

h. Did COVID-19 impact the team's ability to conduct this fatality review?

○ Yes ○ No ○ U/K

If yes, check all that apply:

- ☐ Unable to obtain records
- ☐ Team members unable to attend review
- ☐ Remote reviews negatively impacted review process
- ☐ Team leaders redirected to COVID-19 response

J. PERSON RESPONSIBLE (OTHER THAN DECEDENT)

This section is skipped for fetal deaths+

1. Did a person or persons other than the child do something or fail to do something that caused or contributed to the death?
   - ○ Yes/probable
   - ○ No, go to K
   - ○ U/K, go to K

2. What act(s)? Enter information for the first person under "One" and if there is a second person, use column "Two." Describe acts in narrative.

One	Two		One	Two	
○	○	Child abuse	○	○	Exposure to hazards
○	○	Child neglect	○	○	Assault, not child abuse
○	○	Poor/absent supervision	○	○	Other, specify:
			○	○	U/K

3. Did the team have information about the person(s)?

One	Two	
○	○	Yes
○	○	No, go to K

4. Is person listed in a previous section?

One	Two	
○	○	Yes, childbearing parent, go to J17
○	○	Yes, non-childbearing biological parent, go to J17
○	○	Yes, caregiver one, go to J17
○	○	Yes, caregiver two, go to J17
○	○	Yes, supervisor, go to J19
○	○	No

5. Primary person(s) responsible for action(s): Select one for each person respo nsible.

One	Two		One	Two		One	Two	
○	○	Adoptive parent	○	○	Sibling	○	○	Medical provider
○	○	Stepparent	○	○	Other relative	○	○	Institutional staff
○	○	Foster parent	○	○	Friend	○	○	Babysitter
○	○	Parent's partner	○	○	Acquaintance	○	○	Licensed child care worker
○	○	Grandparent	○	○	Child's boyfriend or girlfriend	○	○	Other, specify:
			○	○	Stranger	○	○	U/K

6. Person's age in years:

One	Two	
____	____	# Years
☐	☐	U/K

7. Person's sex:

One	Two	
○	○	Male
○	○	Female
○	○	U/K

8. Person speaks and understands English?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

If no, language spoken:

9. Person on active military duty?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

If yes, specify branch:

10. Person(s) have history of substance abuse?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

11. Person(s) have history of child maltreatment as victim?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

12. Person(s) have history of child maltreatment as a perpetrator?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

13. Person(s) have disability or chronic illness?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

14. Person(s) have prior child deaths?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

15. Person(s) have history of intimate partner violence?

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

16. Person(s) have delinquent/criminal history?

One	Two	
○	○	Yes
○	○	No
○	○	U/K

17. At the time of the incident, was the person asleep?

One	Two	
○	○	Yes
○	○	No
○	○	U/KOther, describe:

If yes, select the most appropriate description of the person's sleeping period at incident:

One	Two	
○	○	Night time sleep
○	○	Day time nap, describe:
○	○	Day time sleep (for example, person is night shift worker), describe: