

Child Death Review

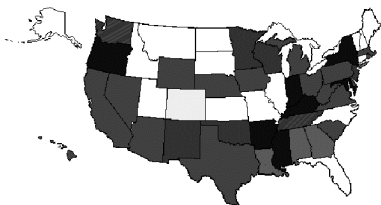
Satellite Conference and Live Webcast
 Wednesday, August 27, 2008
 1:00 - 4:00 p.m. (Central Time)

Produced by the Alabama Department of Public Health
 Video Communications and Distance Learning Division

A New Case Report System

- Funded by Maternal and Child Health Bureau, HRSA, HHS
- A 30 person workgroup of 18 states over two years, analyzed 32 existing state case report forms
 - Developed standard data elements, data dictionary and 33 standardized reports
 - Piloted in 17 states for 18-24 months
- Work Group reconvened and made changes based on pilot test. Version 2.0 deployed January 2008.

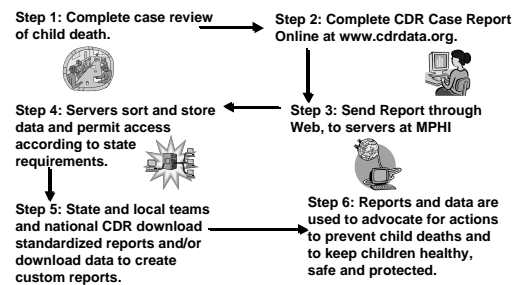
Using the National System



Considering Participating
 In Process Uses Paper Form

The Child Death Review Case Reporting System

From Case Review to Data to Action



The Paper Form

- Appears lengthy at 16 pages
- On average, you will not fill out 6 pages per case

Review Tips

- Try not to let the form run the review
 - Use the form as a guide for discussion
 - Fill in questions as you can
 - It will be helpful if you can fill out information that is known before the meeting, such as demographics

Review Tips

- It is normal not to have information on new data elements at first
 - It will take time to learn what the new data elements are and where to find the information
 - Allow the form to prompt you on what is needed for next time

Tips on Answering Questions

Don't check more than one box unless it says "Check all that apply", circles mean only one answer.

A. CHILD INFORMATION						
1. Child's name: First: _____ Middle: _____ Last: _____ <input type="radio"/> UK		2. Date of birth: <input type="radio"/> UK		3. Date of death: <input type="radio"/> UK		4. Age: <input type="radio"/> Years <input type="radio"/> Months <input type="radio"/> Days <input type="radio"/> Hours <input type="radio"/> Minutes <input type="radio"/> UK
5. Race, check all that apply: <input type="radio"/> UK		6. Hispanic or Latino origin?		7. Sex:		
<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian		<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="radio"/> Male <input type="radio"/> Female		
<input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander		<input type="checkbox"/> Asian, specify: _____		<input type="radio"/> Yes <input type="radio"/> No		
<input type="checkbox"/> American Indian, Tribe: _____		<input type="checkbox"/> Alaskan Native, Tribe: _____		<input type="radio"/> UK		
8. Residence address: <input type="radio"/> UK			9. Type of residence:		10. New residence in past 30 days?	
Street _____ Apt. _____			<input type="radio"/> Parental home <input type="radio"/> Relative home <input type="radio"/> Jail/Detention		<input type="radio"/> No <input type="radio"/> Yes	
City _____ State _____ Zip _____			<input type="radio"/> Licensed group home <input type="radio"/> Living on own <input type="radio"/> Other, specify: _____		<input type="radio"/> No <input type="radio"/> Yes	
			<input type="radio"/> Licensed foster home <input type="radio"/> Shelter		<input type="radio"/> No <input type="radio"/> Yes	
			<input type="radio"/> Relative foster home <input type="radio"/> Homeless <input type="radio"/> UK		<input type="radio"/> No <input type="radio"/> Yes	

Tips on Answering Questions

- Some questions have additional parts
- Watch for "Other, specify" and "If yes, then"

3. Autopsy performed?

No Yes U/K

If yes, conducted by:

Forensic pathologist

Pediatric pathologist

General pathologist

Unknown pathologist

Other physician

Other, specify: _____

U/K

Tips on Answering Questions

- Watch for skip patterns

a. Type of weapon:

Firearm, go to b

Sharp instrument, go to j

Blunt instrument, go to k

Person's body part, go to l

Explosive, go to m

Rope, go to m

Pipe, go to m

Biological, go to m

Other, specify and go to m: _____

U/K, go to m

Tips on Answering Questions

- Check "Unknown"
 - If you have tried to find the information to answer a question, but could not get a definite answer
- Leave Blank
 - If you did not try to locate the information to answer the question

Form Overview

- Cause of death sections in yellow
 - To help distinguish sections of the form
- Case Number
 - Specific to each state, but Alabama is:
state number-county number-year-case sequence
02 – 0012 – 2008 – 00001

Form Overview

- Can collect information on:
 - two caregivers
 - a supervisor
 - two persons total causing or contributing to the death

1. Primary caregiver(s):
Select only one per column.
- | | |
|-----------------------|---|
| <u>One</u> | <u>Two</u> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | Self, go to Sect. C |
| <input type="radio"/> | <input type="radio"/> Biological parent |
| <input type="radio"/> | <input type="radio"/> Adoptive parent |
| <input type="radio"/> | <input type="radio"/> Step parent |
| <input type="radio"/> | <input type="radio"/> Foster parent |
| <input type="radio"/> | <input type="radio"/> Mother's partner |
| <input type="radio"/> | <input type="radio"/> Father's partner |
| <input type="radio"/> | <input type="radio"/> Grandparent |
| <input type="radio"/> | <input type="radio"/> Sibling |
| <input type="radio"/> | <input type="radio"/> Other relative |
| <input type="radio"/> | <input type="radio"/> Friend |
| <input type="radio"/> | <input type="radio"/> Institutional staff |
| <input type="radio"/> | <input type="radio"/> Other, specify: |
| <input type="radio"/> | <input type="radio"/> U/K |

Form Overview

Choose only one cause of death

F. OFFICIAL MANNER AND PRIMARY CAUSE OF DEATH

1. Official manner of death. Choose only one of four, from a specific cause. For pending, choose most likely cause from the death certificate.

<input type="radio"/> Natural	<input type="radio"/> From an injury (external cause), select one: <input type="radio"/> Motor vehicle and other transport, go to G1 <input type="radio"/> Fire, burn, or electrocution, go to G2 <input type="radio"/> Drowning, go to G3 <input type="radio"/> Asphyxia, go to G4 <input type="radio"/> Weapons, including body part, go to G6 <input type="radio"/> Animal bite or attack, go to G7 <input type="radio"/> Fall or crush, go to G8 <input type="radio"/> Poisoning, overdose or acute intoxication, go to G9 <input type="radio"/> Exposure, go to G10 <input type="radio"/> Undetermined if under age one, go to G5 & G12 If over age one, go to G12	<input type="radio"/> From a medical cause, select one: <input type="radio"/> Asthma, go to G11 <input type="radio"/> Cancer, specify and go to G11 <input type="radio"/> Cardiovascular, specify and go to G11 <input type="radio"/> Congenital anomaly, specify and go to G11 <input type="radio"/> HIV/AIDS, go to G11 <input type="radio"/> Influenza, go to G11 <input type="radio"/> Low birth weight, go to G11 <input type="radio"/> Makuiton/dihydration, go to G11 <input type="radio"/> Neurological/seizure disorder, go to G11 <input type="radio"/> Pneumonia, specify and go to G11 <input type="radio"/> Psoriasis, go to G11 <input type="radio"/> SIDS, go to G5 <input type="radio"/> Other infection, specify and go to G11 <input type="radio"/> Other perinatal condition, specify and go to G11 <input type="radio"/> Other medical condition, specify and go to G11 <input type="radio"/> Undetermined: If under age one, go to G5 and G11. If over age one, go to G11.	<input type="radio"/> Undetermined if injury or medical cause, go to G12	<input type="radio"/> U/K, go to G12
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Form Overview

Fill out a single section of G. Detailed Information on Cause of Death

5. SIDS AND UNDETERMINED CAUSE UNDER ONE YEAR OF AGE

a. Child exposed to 2nd-hand smoke? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, how often? <input type="radio"/> Frequently <input type="radio"/> Occasionally <input type="radio"/> U/K	b. Child overheated? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, Outside temp ___ deg. F Check all that apply: <input type="checkbox"/> Room too hot, temp ___ deg. F <input type="checkbox"/> Too much bedding <input type="checkbox"/> Too much clothing	c. History of seizures? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, # ___ If yes, witnessed? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K	d. History of aspen? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K If yes, # ___ If yes, witnessed? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K
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e. For SIDS, go to Section H, page 11. For undetermined injury cause to infants also complete G12, page 11, then go to Section H. For undetermined or unknown medical cause to infants also complete G11, page 10, then go to Section H.

Form Overview

Section H is follow up regardless of cause of death

H. OTHER CIRCUMSTANCES OF INCIDENT- ANSWER RELEVANT SECTIONS

1. DID DEATH OCCUR WHILE CHILD SLEEPING OR IN A SLEEPING ENVIRONMENT? No, go to H2 Yes U/K, go to H2

a. Incident sleep place: <input type="radio"/> Crib <input type="radio"/> Playpen <input type="radio"/> Car seat/stroller <input type="radio"/> Bassinet <input type="radio"/> Couch <input type="radio"/> Other, specify: <input type="radio"/> Adult bed <input type="radio"/> Chair <input type="radio"/> Waterbed <input type="radio"/> Floor <input type="radio"/> U/K	b. Child put to sleep: If adult bed, what type? <input type="radio"/> Twin <input type="radio"/> King <input type="radio"/> Full <input type="radio"/> Other, specify: <input type="radio"/> Queen <input type="radio"/> U/K	c. Child found: <input type="radio"/> On back <input type="radio"/> On stomach <input type="radio"/> On side <input type="radio"/> U/K
d. Usual sleep place: <input type="radio"/> Crib <input type="radio"/> Couch <input type="radio"/> U/K <input type="radio"/> Bassinet <input type="radio"/> Chair <input type="radio"/> Adult bed <input type="radio"/> Floor <input type="radio"/> Waterbed <input type="radio"/> Car seat/stroller <input type="radio"/> Playpen <input type="radio"/> Other, specify:	e. Usual sleep position: If adult bed, what type? <input type="radio"/> Twin <input type="radio"/> King <input type="radio"/> Full <input type="radio"/> Other, specify: <input type="radio"/> Queen <input type="radio"/> U/K	f. Was there a crib, bassinet or port-a-crib in home for child? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> U/K
		g. Child in non-different environment? If yes, specify:

Form Overview

Again, answer the same questions for sleep-related deaths, no matter the cause

h. Circumstances when child found

Child's access: <input type="radio"/> Unobstructed by person or object <input type="radio"/> Fully obstructed by person or object <input type="radio"/> Partially obstructed by person or object <input type="radio"/> U/K	Child's position most relevant to death: <input type="radio"/> On top of <input type="radio"/> Under <input type="radio"/> Between <input type="radio"/> Wedged into <input type="radio"/> Pressed into <input type="radio"/> Fall or rolled onto <input type="radio"/> Tangled in <input type="radio"/> Other, specify: <input type="radio"/> U/K	With what objects or persons, check all that apply: <input type="checkbox"/> Adult(s) <input type="checkbox"/> Water bed mattress <input type="checkbox"/> Clothing <input type="checkbox"/> Child(ren) <input type="checkbox"/> Air mattress <input type="checkbox"/> Cord <input type="checkbox"/> Animal(s) <input type="checkbox"/> Bumper pads <input type="checkbox"/> Plastic bag <input type="checkbox"/> Blanket <input type="checkbox"/> Crib rail <input type="checkbox"/> Wall <input type="checkbox"/> Pillow <input type="checkbox"/> Couch <input type="checkbox"/> Other, specify: <input type="checkbox"/> Computer <input type="checkbox"/> Chair, type: <input type="checkbox"/> Mattress <input type="checkbox"/> Car seat/stroller <input type="checkbox"/> U/K <input type="checkbox"/> Pillow-top mattress <input type="checkbox"/> Stuffed toy
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Form Overview

Answer whether an action/ inaction directly caused the death or indirectly contributed to the death

3. What acts caused or contributed to the death?
Check only one per column and describe in narrative.

<u>Caused</u>	<u>Contributed</u>
<input type="radio"/>	<input type="radio"/> Poor/absent supervision, go to 11
<input type="radio"/>	<input type="radio"/> Child abuse, go to 4
<input type="radio"/>	<input type="radio"/> Child neglect, go to 9
<input type="radio"/>	<input type="radio"/> Other negligence, go to 10
<input type="radio"/>	<input type="radio"/> Assault, not child abuse, go to 11
<input type="radio"/>	<input type="radio"/> Religious/cultural practices, go to 11
<input type="radio"/>	<input type="radio"/> Suicide, go to 28
<input type="radio"/>	<input type="radio"/> Medical misadventure, specify and go to 12
<input type="radio"/>	<input type="radio"/> Other, specify and go to 11
<input type="radio"/>	<input type="radio"/> U/K, go to 11

Form Overview

Local and State prevention efforts resulting from reviews are tracked throughout the nation

2. What specific recommendations and/or actions resulted from the review? Check all that apply. No recommendations made, go to Section L.

	Current Action Stage			Type of Action		Level of Action		
	Recommendation	Planning	Implementation	Short term	Long term	Local	State	National
Education								
Media campaign	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community safety project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public forum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Major Changes in Version 2.0

- Document if the review is a fatality or near fatality
- Section A (Child Information) – 4 questions about mental health services added

Major Changes in Version 2.0

- Section B (Caregiver) , C (Supervisor), and I (Acts of Omission or Commission) – Questions addressing Post Traumatic Stress Disorder have been broadened to ask about history of disability or mental illness

Child Death Review Internet Case Reporting System

Transforming Your Case Review Into Data

Why the Internet?

- **You do not need specialized software**
- **If you have access to the Internet and Microsoft Internet Explorer 6.0 or higher, you can use this system**
- **System updates are centralized and taken care of routinely for all users at once**
- **Michigan Public Health Institute designed the software for the web-based application**

Security

- **Secured login to website**
 - Everyone has individual accounts approved by their state administrator
- **Data transmission is protected by 128-bit secured sockets layer (SSL)**
 - Strongest commercially available
- **Firewalls protect the servers where the data is stored**

Permissions

- Local-level users can only enter and view case report forms for their team
- State-level users can enter and view case report forms for all teams in that state
- National Center staff can view only de-identified data across all states

Confidentiality

- Data is owned by the state and local team
- All data entered should be in compliance with your state laws
- All users sign a confidentiality agreement
- The Receiver of the data, the Michigan Public Health Institute, is not subject to the Freedom of Information Act (FOIA)

Confidentiality

- No data will be released for national-level reports without state approval
 - When released this data will be de-identified
- National Center staff will not be able to view identifiable data ever
 - Data are de-identified by HIPAA standards

HIPAA De-Identified

- Case number
 - State of review and year of review are kept
- Birth certificate and death certificate numbers
- Child's name
- Date of birth
- Date of death (year of death is kept)

HIPAA De-Identified

- Residential address (resident state is kept)
- Date and time of incident
- Incident county
- Narrative
- Form completed by – name and contact information

Welcome Page- Main Menu



Enter a New Case
Search for an Existing Case
Create Standardized Reports
Download Your Data
Help
Logout

Understanding How
and Why Children Die
Taking Action to
Prevent Child Deaths



Welcome Adams County, Pennsylvania

Why do children die in Pennsylvania? Which deaths might have been prevented?

These questions are the motivating force behind the PA Child Death Review Program. A child death review is a multi-agency, multi-disciplinary process that routinely and systematically examines the circumstances surrounding child deaths in a given geographical area and a given age group.

The PA Child Death Review Team is comprised of pediatricians, forensic pathologists, coroner/medical examiners, representatives from PA Dept. of Health, Public Welfare, Community Affairs, the Attorney General's office, social services and law enforcement. The aggregate information will be shared with legislators and state policy makers in order to concentrate funding and program priorities on appropriate prevention strategies.



The Pennsylvania Child Death Review Program has 44 local teams representing 40 counties reviewing over 90% of child deaths in Pennsylvania (7/02-2002).

For more information contact:
Yvonne McCall, Program Director
Yvonne McCall, Program Assistant

PA Chapter, American Academy of Pediatrics
919 Conestoga Road, Bldg 2, Suite 307
Rosemont, PA 19010

Phone: 800-915-9776
Fax: 610-620-9177

Enter Cases

[Click here for Section A help](#)

Case Definition

A. Child Information

B. Primary Caregiver(s) Information

C. Supervisor Information

D. Incident Information

E. Investigation Information

F. Official Manner and Primary Cause of Death

G. Detailed Information by Cause of Death

H. Other Circumstances of Incident

I. Acts of Omission or Commission

J. Services to Family and Community as a Result of Death

K. Prevention Initiatives Resulting from the Review

L. The Review Meeting

M. Narrative

N. Form Completed by:

Print This Section

Save and Exit

A. Child Information

1. Child's Name

First: Unknown

Middle:

Last:

2. Date of Birth: Unknown
(i.e. MMDD/YYYY)

3. Date of Death: Unknown
(i.e. MMDD/YYYY)

When Entering a Case

- The first data entry page is where you define the case number
 - State and Team are assigned
 - You can edit Year of Review and Sequence

Case Definition

A. Child Information

B. Primary Caregiver(s) Information

C. Supervisor Information

D. Incident Information

E. Investigation Information

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G. Detailed Information by Cause of Death

H. Other Circumstances of Incident

I. Acts of Omission or Commission

J. Services to Family and Community as a Result of Death

K. Prevention Initiatives Resulting from the Review

Case Definition

33 / Adams / 2008 / 0001

State / County / Year of Review / Sequence of Review

Case Type: Child death
 Child near-death event
 Not born alive

Death Certificate #:

Birth Certificate #:

When Entering a Case

- Navigate to any of the data pages using the navigation bar or go to the next section using "Save and Continue"

Case Definition

A. Child Information

B. Primary Caregiver(s) Information

C. Supervisor Information

D. Incident Information

E. Investigation Information

F. Official Manner and Primary Cause of Death

G. Detailed Information by Cause of Death

H. Other Circumstances of Incident

I. Acts of Omission or Commission

J. Services to Family and Community as a Result of Death

K. Prevention Initiatives Resulting from the Review

L. The Review Meeting

M. Narrative

N. Form Completed by:

Print This Section

Save and Exit

When Entering a Case

- Data is saved as you moved from page to page or by clicking save and exit. Red asterisk means fix something before saving.
 - Do not use the "Back" button
 - Time-out for inactivity is 60 minutes

Case Definition

A. Child Information

B. Primary Caregiver(s) Information

C. Supervisor Information

D. Incident Information

E. Investigation Information

F. Official Manner and Primary Cause of Death

G. Detailed Information by Cause of Death

H. Other Circumstances of Incident

I. Acts of Omission or Commission

J. Services to Family and Community as a Result of Death

K. Prevention Initiatives Resulting from the Review

L. The Review Meeting

M. Narrative

N. Form Completed by:

Print This Section

Save and Exit

When Entering a Case

Case Definition

A. Child Information

B. Primary Caregiver(s) Information

C. Supervisor Information

D. Incident Information

E. Investigation Information

F. Official Manner and Primary Cause of Death

G. Detailed Information by Cause of Death

H. Other Circumstances of Incident

I. Acts of Omission or Commission

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K. Prevention Initiatives Resulting from the Review

L. The Review Meeting

M. Narrative

N. Form Completed by:

Print This Section

Save and Exit

When Entering a Case

Multiple Choice

No

Yes

Unknown

Fill in the Blank

pounds

Check All That Apply

White

Black, African American

Native Hawaiian

Pacific Islander

Asian

American Indian

Alaskan Native

Unknown

When Entering a Case

- Quality assurance
 - Skip patterns will hide questions not relevant to the case entered
 - Cannot enter conflicting data into some questions
 - Red asterisks will flag questions where the answer is not recognized - error messages will come up if you try to save the page

When Entering a Case

- Where the Internet differs from the paper form.
 - Skip patterns will hide questions not relevant to the case entered. For example, if there is only one Caregiver in Section B, only questions about Caregiver one will be displayed in the Internet.

Search Cases

In Version 2.0 you can also search for prevention updates.

View All Cases

23 cases returned [Print This List](#)

Case Number	Last Name	Date of Death	Edit	Print	Delete
23-01-2004-0001	Williams	10/20/2004	Edit	Print	Delete
23-01-2006-0001	Jones	12/12/2006	Edit	Print	Delete
23-01-2006-0002	Allen	5/6/2004	Edit	Print	Delete
23-01-2007-0001	Smith	8/15/2006	Edit	Print	Delete
23-01-2007-0002	Swanson	9/15/2006	Edit	Print	Delete
23-01-2007-0003	Adams	7/20/2005	Edit	Print	Delete
23-01-2007-0004	Andrews	6/10/2004	Edit	Print	Delete
23-01-2007-0005	Dee	1/5/2007	Edit	Print	Delete
23-01-2007-0006	Roberts	11/9/2006	Edit	Print	Delete
23-01-2007-0007	Sanders	2/12/2006	Edit	Print	Delete
23-01-2007-0008	Brown	3/15/2006	Edit	Print	Delete
23-01-2007-0009	Edwards	6/10/2006	Edit	Print	Delete
23-01-2007-0010	Martin	7/8/2006	Edit	Print	Delete
23-01-2007-0011	Nelson	5/2/2006	Edit	Print	Delete
23-01-2007-0012	Gates	10/20/2006	Edit	Print	Delete
23-01-2007-0013	Stevens	3/6/2006	Edit	Print	Delete
23-01-2007-0014	Diamond	12/3/2006	Edit	Print	Delete
23-01-2007-0015	James	6/7/2006	Edit	Print	Delete
23-01-2007-0016	Hanson	9/20/2006	Edit	Print	Delete
23-01-2007-0017	Iry	2/25/2006	Edit	Print	Delete

First Previous Page 1 of 2 Next Last

When Searching for a Case

- Search for Last Name
 - Enter full last name
 - Enter partial beginning of a last name
- Search for Case Number
 - Enter year and sequence
 - Enter just year
- Search for Date of Death
 - Enter a date range
 - Enter a single date

When Searching for a Case

- Search for Manner of Death
 - Unknown returns cases left blank and/or unknown manner
- Search for Cause of Death
 - Select injury only
 - Select medical only
 - Specify type of injury or medical cause

When Searching for a Case

- Search for Date of Entry
 - Enter a date range
 - Enter a single date
- Search for Entry Incomplete

Print Cases

DETAILED INFORMATION BY CAUSE OF DEATH. CHOOSE ONE SECTION ONLY including the cause of death selected above.

1. MOTOR VEHICLE AND OTHER TRANSPORT

2. CAUSE OF DEATH

3. INCIDENT INFORMATION

4. INVESTIGATION INFORMATION

5. MOTOR VEHICLE AND OTHER TRANSPORT

6. VEHICLE TYPE INVOLVED IN INCIDENT AND POSITION OF CHILD

7. RISK FACTORS OF YOUNG DRIVERS (AGES 14-21) INVOLVED IN THE CRASH

8. MOTOR VEHICLE PROTECTIVE MEASURES

Standardized Reports

Selection Criteria

All cases Cases marked as complete for data entry

Year of Review

Year of Death

Start Review Year: [dropdown]

Start Death Year: [dropdown]

End Review Year: [dropdown]

End Death Year: [dropdown]

Case Type: [Child Death dropdown]

Infant/Child Information

1. Demographics (Ethnicity/Race and Age Group by Sex)

2. Infant Death Information

3. Manner and Cause of Death by Age Group

Incident Information

4. Investigation Information

Motor Vehicle and Other Transport

5. Motor Vehicle and Other Transport Death Demographics

6. Vehicle Type Involved in Incident and Position of Child

7. Risk Factors of Young Drivers (Ages 14-21) Involved in the Crash

8. Motor Vehicle Protective Measures

Factors Involved in Sleep-Related Deaths

Review Year Range: 2005 to 2010

Multi-Racial

Child Deaths Reviewed

All Cases



	Age Group									
	0-1 Mos	2-3 Mos	4-5 Mos	6-7 Mos	8-11 Mos	1-4 Yrs	5 Yrs Up	Unk	Total	
Deaths Reviewed	0	0	0	0	0	0	0	0	0	0
Not in a crib or bassinet	0	0	0	0	0	0	0	0	0	0
Not sleeping on back	0	0	0	0	0	0	0	0	0	0
Unsafe bedding or toys	0	0	0	0	0	0	0	0	0	0
Sleeping with other people	0	0	0	0	0	0	0	0	0	0
Obese adult sleeping with child	0	0	0	0	0	0	0	0	0	0
Adult wore alcohol impairment	0	0	0	0	0	0	0	0	0	0
Adult wore drug impairment	0	0	0	0	0	0	0	0	0	0
Car caregiver (Supervisor fell asleep while bottle feeding)	0	0	0	0	0	0	0	0	0	0
Car caregiver (Supervisor fell asleep while breast feeding)	0	0	0	0	0	0	0	0	0	0

Footnote: Columns do not add up to total deaths because the factors are not mutually exclusive. If factor is unknown, it is not included in these counts. Portable cribs may inadvertently be counted as not in a crib or bassinet since they are typically coded as "other". Unsafe bedding or toys include pillow, comforter, stuffed toy, and other toy.

Data Download



Download Your Data

Download All Sections

All Tables (2 zip files)

Download a Section

Table IC Ass - Case Definition
Table IICV - Section A
Table IICV - Section B
Table IICV - Section C
Table IICV - Section D
Table IICV - Section E
Table IICV - Section F
Table IICV - Section G
Table IICV - Section H
Table IICV - Section I
Table IICV - Section J
Table IICV - Section K
Table IICV - Section L
Table IICV - Section M
Table IICV - Section N
Table IICV - Section O
Table IICV - Section P
Table IICV - Section Q
Table IICV - Section R
Table IICV - Section S
Table IICV - Section T
Table IICV - Section U
Table IICV - Section V
Table IICV - Section W
Table IICV - Section X
Table IICV - Section Y
Table IICV - Section Z

Return to Main Menu

When Downloading Data

- Supporting documents
 - Codebook: gives you the values for every item
 - Microsoft Access macro: allows you to import tables into Access

Accounts Administration

The screenshot shows the 'Accounts Administration' page. At the top, there are logos for the 'NATIONAL MCH CENTER FOR CHILD DEATH REVIEW' and 'Keeping Kids Alive Again'. Below the logos, there are navigation links: 'Return to Main Menu', 'Return to Help Page', and 'Return to Admin Menu'. The main content area has a title 'Accounts Administration' and a list of links: 'ADD A NEW USER', 'MANAGE EXISTING USERS', 'Download Contact Information', and 'Set Reports Maximum Year'. At the bottom, there is a small graphic of a child and a note about downloading files.

Administrative Features

- Add a new user
 - Username
 - Password
 - Role
 - Team type
 - State
 - County or Team
 - First name and last name

Administrative Functions

- Search for an existing user
 - By last name
 - By county
 - Edit a user
 - Delete a user
- Unlock a user
- Change a user password

Administrative Functions

- Download contact information
 - List of all users in your state
- Set reports maximum year
 - Limits statewide information viewed by local level users

Help Page

The screenshot shows the 'Help Page' interface. It features the same logos as the Accounts Administration page. The main content area is titled 'Help' and contains 'Contact Information for the National MCH Center for Child Death Review', including the address (2440 Woodlake Circle, Suite 100, Okemuncie, MI 49864), phone number (517-324-2434), fax number (517-324-7565), and email address (mch@childdeathreview.org). Below this, there are sections for 'Maintaining Your Account' with links for 'Change your Password' and 'Edit your Contact Information', and 'Supporting Documents' with a list of files and their formats (e.g., 'Child Death Review Program Manual .pdf', 'Guide for Effective Child Death Reviews .pdf', 'Child Death Review Case Report Form .pdf', 'Internet Database User Manual .pdf', 'Internet Database User Manual for State Administrators .pdf', 'Internet Database Error Report Form .pdf', 'Data Dictionary .pdf', 'Data Codebook for Download .pdf', 'Macro to Import Data into Microsoft Access .mdb'). At the bottom, there is a link for 'For Administrators: Accounts Administration'.