

FLORIDA CHILD ABUSE DEATH REVIEW INSTITUTIONAL

Reviewing Committee: _____

Record Number _____

HSn Report # _____

A. IDENTIFICATION INFORMATION

Form with fields for County of Residence, County of Illness/Injury, County of Death, Type of Death, Child's Last Name, Child's First Name/MI, Date of Birth, Date of Death, Sex, Race, Ethnicity, and Caretaker Name/DOB.

B. SOCIAL INFORMATION (Information provided by law enforcement and Department of Children and Families)

1. Check all persons in a caretaker role with the child. Indicate their relationship by filling in the age, sex and race. Also indicate by a "Y" for Yes or "N" for No and "U" for Unknown if criminal record checks were completed.

Table with columns: AGE, SEX, RACE, FCIC/NCIC (History) and rows for various caretaker roles like Foster father, Day Care Worker, DJJ Worker, etc.

C. CHILD ABUSE/NEGLECT

1. Were there abuse/neglect reports on any of the following prior to child's death?

Table with columns: YES, # OF REPORTS (In State, Out of State), NO, Not Applicable and rows for Child, Caretaker, Institution.

2. Last prior report on child at time of death? a) _____ (months) b) [] N/A (no priors)

3. Last prior report on institution at time of death a) _____ (years) _____ (months) b) [] N/A (No Priors)

4. Prior reported maltreatment(s) (child): (Check only one) a) [] Priors of abuse b) [] Priors of neglect c) [] Priors of abuse and neglect d) [] N/A (no priors)

5. Prior reported maltreatment(s) (institution): a) [] Priors of abuse b) [] Priors of neglect c) [] Priors of abuse and neglect d) [] N/A (no priors)

6. Was there an active child protection investigation report at time of death? a) [] Yes b) [] No c) [] N/A (no priors)

7. Was child previously adjudicated dependent? a) [] Yes b) [] No c) [] Unknown

8. Was child previously adjudicated delinquent? a) [] Yes b) [] No c) [] Unknown

9..Child currently/previously received mental health services | a) [] Yes | b) [] No | c) [] Unknown

10. Was child under supervision of the department at the time of or prior to death? a) [] Under supervision at time of death b) [] Previously under supervision c) [] Never under supervision d) [] Unknown

11. Deceased child was diagnosed as having one or more of the following which increased his or her vulnerability.

- a) Physical disability c) Emotional disability e) Other _____
 b) Developmental disability or delay d) Medical condition f) Not applicable (No handicaps)

12. Child, prior to death, exhibited one or more of the following behaviors that may have been indicative of abuse or neglect:

- a) Enuretic and/or encopretic i) Sexual abuse perpetrator
 b) Physical harm to self j) Expression of fear of caregiver(s) and/or others living in or frequenting the home
 c) Use of drugs or alcohol k) Excessive school absenteeism
 d) Physical aggression and/or threats l) Cruelty to animals
 e) Fire setting m) Other _____
 f) Age-inappropriate sexual behavior and/or knowledge n) No behaviors exhibited
 g) Running away from home o) Not applicable (child too young - <1) q) Criminal Activity
 h) Suicidal thoughts or threats p) Unknown

13. One or more of the following risk factors were present in the facility prior to child's death: (Please check "Yes" or "No" for those applicable to the facility).

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|-----|
| a) Other child(ren) in home/facility exhibit behaviors that may be indicative of abuse or neglect? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b) Facility Living conditions are physically hazardous to the health of the children? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c) Parent/caregiver is responsible for the death or serious injury of another child? | <input type="checkbox"/> | <input type="checkbox"/> | |
| d) Parent/caregiver's criminal history presents a potential threat of harm to the child(ren)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| e) Parent/caregiver or other subjects of report have been responsible for acts of animal cruelty? | <input type="checkbox"/> | <input type="checkbox"/> | |
| f) Parent/caregiver describes or acts toward child(ren) in negative terms or has unrealistic expectations? | <input type="checkbox"/> | <input type="checkbox"/> | |
| g) Parent/caregiver has made plausible threat that would result in serious physical harm to the child(ren)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| h) Caregiver is unable or unwilling to protect the child(ren) from abusive caregivers/paramours? | <input type="checkbox"/> | <input type="checkbox"/> | |
| i) Caregiver has not met or is unable to meet child(ren)s immediate needs for food/clothing/shelter/medical care or protection from harm? | <input type="checkbox"/> | <input type="checkbox"/> | |
| j) Caregiver's age, mental health or substance/alcohol use affects ability to adequately care for child(ren)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| k) Pattern of escalating, and/or frequency of incidents of abuse or neglect, regardless of findings? | <input type="checkbox"/> | <input type="checkbox"/> | |
| l) Prior reports involving the facility, regardless of report findings? | <input type="checkbox"/> | <input type="checkbox"/> | |

D. LAW ENFORCEMENT (Information provided by law enforcement and state attorney)

1. Law enforcement has had prior involvement with the caretaker? a) Yes b) No c) Unknown
2. If yes, law enforcement involvement consisted of the following: (Check all that apply)
- a) Call to the home regarding domestic violence c) Calls to the home regarding neighbor disputes
 b) Arrest of one or more household members d) Other (specify) _____

E. DOMESTIC VIOLENCE (Information provided by law enforcement, Department of Children and Families and other agencies familiar with the family)

1. There is a history of domestic violence in the home of the caretaker (employee)? a) Yes b) No c) Unknown
2. The incidents of domestic violence were: a) documented b) undocumented c) Unknown

F. DEATH/AUTOPSY INFORMATION (Information provided by law enforcement and Medical Examiner)

1. Place of injury/illness event that resulted in death?
- a) Child's home e) Parking lot i) Other private property m) Body of water
 b) Other home f) Street j) Licensed child care facility n) Work place
 c) Hospital g) Driveway k) Unlicensed child care facility o) Other _____
 d) Highway h) Wooded area l) Child care residential facility
2. Date of injury/illness event? _____ (MM/DD/YYYY) Unknown
3. Time of injury/illness event? _____ (hours/minutes) AM PM Unknown
4. Date pronounced dead? _____ (MM/DD/YYYY)
5. Time pronounced dead? _____ (hours/minutes) AM PM Unknown
6. Autopsy performed? a) Yes b) No c) Unknown
7. Death scene investigation conducted by:
- a) Law enforcement c) Fire investigator e) Other agency
 b) Medical examiner d) EMS f) Not conducted
8. If an autopsy was performed, was there evidence of prior trauma?
 a) Yes b) No c) Unknown d) No autopsy
9. Primary cause of death? _____ ICD10 codes, if known _____
10. Secondary cause of death? _____ ICD10 codes, if known _____

11. Manner of death?

- a) Natural * b) Accident c) Homicide d) Suicide e) Undetermined f) Pending

12. If suicide, mark all that apply:

- a) Prior attempts c) Prior mental health history
 b) Suicide Ideation d) Suicide Unexpected (No indications)

G. SUPERVISION (Information provided by law enforcement and Department of Children and Families)

1. Who was in charge of watching the child at the time of injury/illness event?

- a) Foster father h) No one in charge of watching
 b) Foster mother i) Due to child's age, no one in charge
 c) Licensed babysitter/child care worker j) Detention Staff
 d) Unlicensed babysitter/child care worker k) DJJ Facility Staff
 e) Other non-relative: _____ l) Mental Health
 f) Child, age: _____ m) Day Care
 g) Hospital staff

2. Was the child adequately supervised? a) Yes b) No c) Unknown d) Not applicable

- a) At the time of the injury/illness, did the person(s) in charge appear to be:
 1) Intoxicated 3) Mentally ill/limited 5) Other _____ 7) Not impaired
 2) Under the influence of drugs 4) Otherwise impaired 6) Unknown

- b) Was the child in sight of the person in charge at the time of illness/injury event?
 1) Yes 2) No 3) Unknown

- c) At the time of illness/injury was the person(s):
 1) Distracted/preoccupied 2) Asleep 3) Unknown 4) N/A

- d) Is the person(s) responsible for supervising other children? a) Yes b) No c) Unknown

3. Was the injury/illness witnessed by anyone other than the person(s) responsible for supervision of the child?

- a) Yes b) No c) Unknown

H. PERPETRATOR INFORMATION (Complete questions 2-4 only if information from either law enforcement, state attorney or the Department of Children and Families identifies the perpetrator(s).)

1. Has the perpetrator(s) been identified? a) Yes b) No c) Unknown

2. Indicate relationship, race, sex and age of perpetrator(s) identified. (Use codes from Section A for race. Use codes "F" for female and "M" for male when identifying the sex of the perpetrator.)

	RACE	SEX	AGE
a) <input type="checkbox"/> foster father	_____	_____	_____
b) <input type="checkbox"/> Foster mother	_____	_____	_____
c) <input type="checkbox"/> DJJ Staff	_____	_____	_____
d) <input type="checkbox"/> Detention Staff	_____	_____	_____
e) <input type="checkbox"/> Day Care Worker	_____	_____	_____
f) <input type="checkbox"/> Other Non-relative	_____	_____	_____
g) <input type="checkbox"/> Babysitter/child care worker	_____	_____	_____
h) <input type="checkbox"/> Acquaintance/Friend	_____	_____	_____
i) <input type="checkbox"/> Stranger	_____	_____	_____
j) <input type="checkbox"/> Other Child	_____	_____	_____
k) <input type="checkbox"/> Mental Health Staff	_____	_____	_____

3. Please complete the following information for each identified perpetrator. Enter a Y (Yes) N (No) or U (Unknown)

	PRIMARY PERPETRATOR (1)- RESPONSIBLE FOR DEATH	PERPETRATOR (2) - JOINTLY OR INDIRECTLY RESPONSIBLE FOR DEATH
a) Mental health history	_____	_____
b) Perpetrator of domestic violence	_____	_____
c) Victim of domestic violence	_____	_____
d) Victim of child abuse/neglect	_____	_____
e) Prior perpetrator of child abuse/neglect	_____	_____
f) History of alcohol abuse	_____	_____
g) History of substance abuse	_____	_____
h) Criminal Record	_____	_____
i) Physically/Emotionally handicapped	_____	_____
j) Prior perpetrator of Shaken baby	_____	_____

4. Status of criminal action concerning child's death:

- a) investigation still pending c) Not prosecuted or nol prossed e) Convicted g) Unknown
 b) No charges filed d) Charges filed, disposition pending f) Acquitted h) Incompetent to proceed
 i) No, perp committed suicide

5. Perpetrator's criminal charge

- a) Murder
- b) Manslaughter
- c) Child abuse
- d) Negligence
- e) Other (specify) _____
- f) Unknown

6. Perpetrator's criminal conviction:

- a) Murder
- b) Manslaughter
- c) Child abuse
- d) Negligence
- e) Other (specify) _____

I. CIRCUMSTANCES OF DEATH (Information provided by law enforcement and Medical Examiner's Office)

Check the appropriate circumstance below, then locate and complete the corresponding subsection .

- Inadequate Care/Neglect
- Child Left in Car/Vehicle
- Vehicle Crash Related Death
- Drowning
- Firearm
- Suffocation/Strangulation
- Fall/Injury
- Poisoning/Overdose
- Fire/Burn
- Inflicted Injury

INADEQUATE CARE OR NEGLECT (Mark all that apply)

- 1) Apparent lack of supervision
- 2) Apparent lack of medical care
- 3) Munchausen's Syndrome by Proxy
- 4) Failure to thrive (non-organic)
- 5) Malnutrition
- 6) Dehydration
- 7) Oral water intoxication
- 8) Delayed medical care
- 9) Inadequate medical attention
- 10) Out-of-hospital birth
- 11) Failure to Protect
- 12) Other

CHILD LEFT IN VEHICLE

- 1) Incident was Intentional Unintentional
- 2) Type of car a) Personal b) Institutional vehicle
- 3) Circumstances a) Child got in vehicle on own b) Child left in vehicle
- 4) Car/vehicle was a) Locked b) Unlocked
- 5) Institution/Facility written safety policies regarding verification/counting of children before and after transporting? a) Yes b) No
- 6) Documentation of staff reviewing and signing acknowledgement of policies? a) Yes b) No | c) Unknown
- 7) Did staff person/caretaker follow the policy, date of the incident? a) Yes b) No

VEHICLE CRASH RELATED DEATH

- 1. Vehicle crash was: Intentional | Unintentional
- 2. Incident occurred where?
 - a) On road
 - b) In driveway
 - c) In parking lot
- 3. Position of child?
 - a) Operator
 - b) Pedestrian
 - c) Front seat passenger
 - d) Back seat passenger
 - e) Bicyclist
 - f) Other
 - g) Unknown
- 4. Vehicle in which child was occupant?
 - a) Car
 - b) Truck/RV/Van
 - c) Motorcycle
 - d) Bicycle
 - e) Riding Mower
 - f) All terrain vehicle
 - g) Semi-Tractor trailer
 - h) Farm tractor
 - i) Other
 - j) Not applicable
- 5. Vehicle in which child was not occupant
 - a) Car
 - b) Truck/RV/Van
 - c) Motorcycle
 - d) Bicycle
 - e) Riding mower
 - f) All terrain vehicle
 - g) Semi-Tractor trailer
 - h) Farm tractor
 - i) Other
 - j) Not Applicable
- 6. Condition of road?
 - a) Normal
 - b) Loose gravel
 - c) Wet
 - d) Other _____
 - e) Unknown
- 7. Restraint used?
 - a) Present, not used
 - b) None in vehicle
 - c) Used correctly
 - d) Used incorrectly
 - e) Unknown
 - f) Not applicable
- 8. Helmet used?
 - a) Helmet worn
 - b) Helmet not worn
 - c) Not applicable

9. Alcohol and/or other drug used?

- a) Child impaired
- b) Driver of child's vehicle impaired
- c) Driver of other vehicle impaired
- d) Not applicable
- e) Unknown

10. Primary cause of accident?

- a) Speeding
- b) Mechanical failure
- c) Weather conditions
- d) Driver error
- e) Unknown
- f) Other _____

DROWNING

1. Drowning was:

- Intentional
- Unintentional

2. Place of drowning?

- a) Lake, river, pond, creek, ocean
- b) Bathtub
- c) Swimming pool
- d) Well/Cistern
- e) Bucket
- f) Wading pool
- g) Other
- h) Unknown

3. Activity at time of drowning?

- a) Boating
- b) Playing at water's edge
- c) Swimming
- d) Playing in water
- e) Other _____
- f) Unknown

4. Was child wearing a floatation device?

- a) Yes
- b) No
- c) Not applicable

5. Did child enter area of water unattended?

- a) Yes
- b) No
- c) Unknown
- d) Not applicable

6. Did parent/caregiver know CPR?

- a) Yes
- b) No
- c) Unknown
- d) Not applicable

7. Was safety equipment available in area?

- a) Yes
- b) No
- c) Unknown

8. If drowning occurred in pool:

- | | Yes | No | Unknown | Not Applicable |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Was the pool fenced? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Was lock secure? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Was yard fenced? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Was lock secure? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Could child swim?

- a) Yes
- b) No
- c) Unknown
- d) Not applicable

10. Was child under the influence of alcohol or drugs?

- a) Yes
- b) No
- c) Unknown

FIREARM

1. Shooting was:

- Intentional
- Unintentional

2. Person handling the firearm?

- a) Child
- b) Family member
- c) Acquaintance
- d) Stranger
- e) Unknown

3. Type of firearm?

- a) Handgun
- b) Rifle
- c) Shotgun
- d) Other
- e) Unknown

4. Age of person handling firearm?

- a) _____ (Indicate age)
- b) Unknown

5. Source of firearm

- a) Parent
- b) Other relative
- c) Acquaintance
- d) Stranger
- e) Unknown

6. Storage location of firearm prior to injury?

- a) Secured
- b) Unsecured
- c) Unknown

7. Use of firearm at time of injury?

- a) Shooting at other person
- b) Shooting at self
- c) Cleaning firearm
- d) Target shooting
- e) Loading firearm
- f) Hunting
- g) Playing
- h) Other
- i) Unknown

SUFFOCATION/STRANGULATION/ASPHYXIATION

1. Incident was:

- Intentional
- Unintentional

2. Cause of suffocation/strangulation/asphyxiation?

- a) Other person overlay or rolling over child
- b) Wedging
- c) Food
- d) Other person's hand
- e) Object covering child's mouth/nose
- f) Object exerting pressure on victim's neck/chest
- g) Small object or toy in mouth
- h) Hanging
- i) Trapped in confined space
- j) Other
- k) Unknown

3. Location of child when discovered?

- a) In crib/bed c) Being held e) On floor g) Unknown i) Unk
 b) On couch/chair d) In infant car seat f) Other (Specify) _____ h) Playpen

4. Child sleeping: a) Alone b) With adult/caregiver c) with another child

5. If bedding was involved:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| | Yes | No | Unknown |
| a) Was the design of the bed hazardous? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Was the child placed on soft bedding? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Was there improper use of bedding? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. If known, position of child at discovery.

- a) On Stomach, face down c) On Stomach, face position unknown e) On Side
 b) On Stomach, face to side d) On Back f) Unknown

7. If known, normal sleeping position?

- a) On Back c) On Side e) Unknown
 b) On Stomach d) Varies

8. Item in contact with child

- a) Sheet c) Bumper guard e) Other
 b) Blanket/comforter d) Plastic item

FALL INJURY

1. Fall was: Intentional Unintentional
2. Fall was from?
 a) Open window c) Natural elevation e) Man made elevation g) Unknown
 b) Furniture d) Stairs or steps f) Other (Specify) _____
3. Height of fall? a) # of feet _____ b) Unknown
4. Landing surface composition/hardness? a) Carpet b) Concrete c) Ground d) Other
5. Was child in baby walker? a) Yes b) No c) Not applicable
6. Was child thrown or pushed down? a) Yes b) No c) Unknown

POISONING/OVERDOSE

1. Poisoning/Overdose was: Intentional Unintentional
2. Type of poisoning?
 a) Prescription medicine d) Illegal drug g) Food product
 b) Over-the-counter medicine e) Alcohol h) Other
 c) Chemical f) Carbon monoxide or other gas inhalation
3. Location of poisoning agent?
 a) In closed, secured area b) In closed, unsecured area c) In open area
4. Was substance in safety packaging?
 a) Yes b) No c) Unknown d) Not applicable
5. Poison contained in
 a) Pill bottle b) Commercial Package c) Formula Bottle d) Other _____

FIRE/BURN

1. Fire/Burn was: Intentional Unintentional
2. If fire, the source?
 a) Matches c) Cigarette e) Explosives g) Space heater i) Other
 b) Lighter d) Combustible f) Fireworks h) Faulty wiring j) Unknown
3. Smoke alarm present? a) Yes b) No c) Unknown d) Not applicable
4. Smoke alarm in working order? a) Yes b) No c) Unknown d) Not applicable
5. Fire started by?
 a) Deceased Child c) Other (Specify) _____ e) Unknown
 b) Sibling d) No one
6. Activity of person starting fire?
 a) Playing c) Cooking e) Other _____ g) Not applicable
 b) Smoking d) Suspected arson f) Unknown

8. As a result of the team review issues were identified in the following area: (check all that apply and provide brief comment)

- a) Protective investigation _____
- b) Criminal investigation _____
- c) Provision of services _____
- d) Availability of resources in the community _____
- e) Department/agency policies and practice _____
- f) Local ordinance _____
- g) State statute _____
- h) None _____
- i) Community Based Care _____

9. All appropriate information was made available to the team? a) Yes b) No (Specify)

10. Did the team encounter any problems while reviewing this child's death?

- a) Yes (Specify) _____
- b) No

K. PREVENTION

A preventable death is one in which with retrospective analysis it is determined that reasonable intervention could have prevented the death. The identification of risk factors/issues that will help in preventing similar child deaths can be accomplished through the systematic, multi-disciplinary, multi-agency and multi-modality review of child abuse and neglect deaths in Florida.

1. To what degree was this death believed to be preventable? (Any Possibly or Definitely requires explanation in the Additional Comments section below.)

- a) Not at all
- b) Possibly by Caretaker
- c) Definitely by Caretaker
- d) Possibly by System
- d) Definitely by System
- e) Definitely by both

2. Primary risk factors involved in the child's death? (Mark all that apply)

- a) Medical
- c) Economic
- e) Environmental
- g) Drugs or alcohol
- b) Social
- d) Behavioral
- f) Product safety
- h) Other

3. Could the caregiver have taken action to reduce the risk?

- a) Yes
- b) No
- c) Unknown

4. What prevention activities have been proposed as a result of this death review? (A specific recommendation must be made for each area checked)

- a) Changes in legislation or law
- b) Changes in local ordinance
- c) Community safety project
- d) Public forums
- e) Educational activities in school
- f) Educational activities in the media
- g) Consumer product safety action
- h) News services
- i) Changes in agency/department practice
- j) Other programs or activities (specify) _____
- k) None

A SPECIFIC RECOMMENDATION MUST BE MADE FOR EACH AREA CHECKED IN #4:

-
-
-

ADDITIONAL COMMENTS: (If additional space is needed use additional sheets of paper)

CHILD ABUSE DEATH REVIEW CHECKLIST
(Attach to the front of the data form)

Name:	
Date of Birth:	Date of Death:
Date reviewed by State or local team:	

Please check the following to ensure all materials have been obtained and attached to the child death data form for this child abuse death review:

1. All applicable sections of form completed
2. Death certificate
3. Birth certificate
4. Medical examiner autopsy report
5. Law enforcement report/copies of all criminal histories
6. Fire department reports/EMS reports
7. Medical/hospital records
8. Agency/Department Involvement Summary sheet
9. DCF District Child Death Review Report
10. HSn Reports– current & priors
11. DCF - Initial Assessment of Child Safety
12. Child Protection Team
13. Community Based Care
14. Child Welfare Legal Documents
15. Mental Health/Substance Abuse/Domestic Violence Information
16. Other (specify) _____

Child Abuse Death Report completed by:

_____	_____
Print Name	Signature
Address _____	
Phone _____	

(Please ensure that you sign your name and provide a phone number, so that should a question arise, you can be contacted.)