Rules of
Department of Social Services
Division 45—Division of Legal Services
Chapter 2—State Technical Assistance Team

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Organization and Operation

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Organization and Operation
Title 13—DEPARTMENT OF
SOCIAL SERVICES
Division 45—Division of Legal Services
Chapter 2—State Technical Assistance Team

13 CSR 45-2.010 Organization and Operation

PURPOSE: This rule describes the general organization and function of the State Technical Assistance Team including its responsibilities in providing technical assistance to Child Fatality Review Program (CFRP) panels in investigating and prosecuting cases involving child abuse, child neglect, child sexual abuse, child exploitation or child fatality review. This rule also establishes and describes the functions of local (county) CFRP panels, as well as the state CFRP panel in this child protective services process.

(1) General Provisions and Authority. This rule is promulgated under the rulemaking authority granted to the Department of Social Services (DSS) pursuant to section 660.017, RSMo. Pursuant to Article IV, Section 37 of the Missouri Constitution, the director of the Department of Social Services is charged with promoting improved health and other social services to the citizens of the state as provided by law. Section 660.010.2, RSMo authorizes the DSS director to coordinate the state's programs devoted to those who are unable to provide for themselves and for victims of social disadvantage. Section 660.012.2, RSMo also entrusts the DSS director with the duty to use the resources allocated to the department to provide comprehensive programs and leadership in order to improve services and economical operations. To that end, the DSS director has determined that the transfer of the State Technical Assistance Team (STAT) from the Division of Family Services (DFS) to the Division of Legal Services (DLS) improves the efficiency and economical operations of resources and maximizes services to the citizens of this state. This rule recognizes that the transfer of STAT from DFS to DLS has been accomplished and such rule also provides a mechanism for the promulgation of procedures setting forth the function, general organization and operation of the State Technical Assistance Team. As a unit of the Division of Legal Services, STAT is responsible for performing its duties related to child fatality review pursuant to sections 210.192 to 210.196, RSMo and its duties related to providing assistance to multidisciplinary teams and law enforcement agencies in investigating and prosecuting cases involving child abuse, child neglect, child sexual abuse, child exploitation or child fatality as prescribed in sections 660.520 to 660.527, RSMo. In performing its CFRP mission, STAT is responsible for providing training, expertise and assistance to county CFRP panels for the review of child fatalities including establishing procedures for the preparation and submission of a Final Report by CFRP panels as reflected in subsection (4)(K) of this rule.

(2) Definitions.
(A) Child abuse means any physical injury or emotional abuse inflicted on a child other than by accidental means by another person, except that discipline, including spanking, administered in a reasonable manner, shall not be construed to be abuse.
(B) Child exploitation means allowing, permitting or encouraging a child, under the age of eighteen years, to engage in prostitution or sexual conduct, as defined by state law, by a person responsible for the child’s welfare or any other person involved in the act, and allowing, permitting, encouraging or engaging in the obscene or pornographic photographing, filming or depicting of a child, under the age of eighteen years, or the possession of such items, as those acts are defined by state law, by a person responsible for the child’s welfare or any other person involved in the act.
(C) Child fatality means the death of a child under the age of eighteen years as a result of any natural, intentional or unintentional act.
(D) Child neglect means the failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical or any other care necessary for the child’s well-being.
(E) Child sexual abuse means to engage in sexual intercourse or deviate sexual intercourse with a child or any touching of a child with the genitals, or any touching of the genitals, or anus of the child by another person, when the child is a person under the age of seventeen years.

(3) State Technical Assistance Team.
(A) The State Technical Assistance Team shall assist in the investigation of child abuse, child neglect, child sexual abuse, child exploitation or child fatality cases upon the request of:
1. A local law enforcement agency;
2. Prosecuting attorney;
3. Division of Family Services staff;
4. A representative of the family courts;
5. Medical examiner;
6. Coroner; or
7. Juvenile officer.
(B) Upon being requested to assist in an investigation, the State Technical Assistance Team shall notify all parties specified in subsection (3)(A) of STAT’s involvement in the investigation via U.S. Postal Service.
(C) Where STAT’s assistance has been requested by a local law enforcement agency, STAT investigators, certified as peace officers by the director of the Department of Public Safety pursuant to Chapter 590, RSMo shall be deemed to be peace officers within the jurisdiction of the requesting law enforcement agency, while acting at the request of the law enforcement agency. The power of arrest of a STAT investigator, acting as a peace officer, shall be limited to offenses involving child abuse, child neglect, child sexual abuse, child exploitation or child fatality.
(D) STAT shall assist county multidisciplinary teams in the development and implementation of protocols for the investigation and prosecution of child abuse, child neglect, child sexual abuse, child exploitation or child fatality cases.
(E) All reports and records made and maintained by the STAT or local law enforcement relating to criminal investigations conducted pursuant to this section, including arrests, shall be available in the same manner as law enforcement records, as set forth in sections 610.100 to 610.200, RSMo, and to the individuals identified in subdivision (13) of subsection 2 of section 210.150, RSMo.
(F) An individual identified in subdivision (13) of subsection 2 of section 210.150, RSMo, is a person who is a tenure-track or full-time research faculty member at an accredited institution of higher education engaged in scholarly research and who has the permission of the director of the Department of Social Services. Prior to the release of any identifying information the director of the DSS shall require the researcher to present a plan for maintaining the confidentiality of the identifying information. The researcher shall be prohibited from releasing the identifying information of individual cases.
(G) All other records shall be available in the same manner as provided in section 210.150, RSMo. Nothing in this section shall preclude the release of findings or information about cases which resulted in a child fatality or near fatality. Such release is at the sole discretion of the director of the Department of Social Services, based upon the review of the potential harm to other children with the immediate family.
(4) Local (County) Child Fatality Review Program (CFRP) Panels.

(A) The prosecuting attorney or circuit attorney shall convene a local CFRP panel in each of the state’s one hundred fourteen counties and St. Louis City to review suspicious child deaths.

(B) The Department of Social Services (DSS) shall convene a state CFRP panel appointed by the director of DSS to identify systemic problems and submit findings and recommendations on ways to prevent further child deaths.

(C) The local CFRP panel will review all deaths of children less than eighteen years of age at the time of their death where one or more of the following factors are present:

1. Sudden, unexplained death of a child under one year;  
2. Unexplained/undetermined manner;  
3. DFS reports on decedent or other persons in the residence;  
4. Decedent in DFS custody;  
5. Possible inadequate supervision of the decedent;  
6. Possible malnutrition or delay in seeking medical care;  
7. Possible suicide;  
8. Possible inflicted injury;  
9. Firearm injury;  
10. Injury not witnessed by person in charge of child at time of injury;  
11. Confinement;  
12. Suspicious/criminal activity;  
13. Drowning;  
14. Suffocation or strangulation;  
15. Poison/chemical/drug ingestion;  
16. Severe unexplained injury;  
17. Pedestrian/bicycle/driveway injury;  
18. Drug/alcohol-related vehicular injury;
19. Suspected sexual assault;  
20. Fire injury;  
21. Autopsy by certified child death pathologist;  
22. Panel discretion; or  
23. Other suspicious findings (injuries such as electrocution, crush or fall).

(D) The local CFRP panel at least shall review the following information on all suspicious deaths:

1. Findings from interviews, history or death-scene investigation;  
2. Physical evidence at the scene of injury, death, or both;  
3. Findings from physical and medical examinations;  
4. Findings from autopsy, radiological examination and laboratory evaluation;  
5. Reports of investigation/evaluation; and  
6. Relevant past history/agency involvement.

(E) The director of DSS shall appoint regional coordinators to serve as resources to local CFRP panels. The regional coordinators will provide the following services:

1. Consultation and technical assistance;  
2. Training; and  
3. Reviewing forms and provide recommendations on procedures developed by local panels.

(F) Initially, all panel members will be appointed by the prosecuting attorney. Subsequent appointments will be made by the chairperson. All members who represent a governmental agency defined as mandatory in this section will serve as long as they hold the position which made them eligible for appointment to the local CFRP panel. All other members shall serve a term which is defined in the procedures developed by the local panel. The local procedures also shall define the selection and removal processes for non-core members. The chairperson shall be elected by the review panel. The chairperson and all other members may be reappointed for consecutive terms. The local CFRP panel shall include, but not be limited to, the following core members:

1. The prosecuting or circuit attorney;  
2. Medical examiner/coroner;  
3. A law enforcement officer;  
4. A representative of the DFS;  
5. A provider of public health services;  
6. A representative of the juvenile court; and  
7. A representative of emergency medical services.

(G) If the county of residence, illness/injury/event or death are different, the CFRP panel in the county where the illness/injury/event occurred shall review the death.

1. The activated review panel may communicate with the chairperson of the CFRP panel in the county of residence and death, if different, to request necessary information.

2. The review panel in the county of death, residence, or both, may choose to review the death.

3. The Coroner/Medical Examiner Data Report (Data Form 1), which is hereby incorporated by reference as part of this rule, and shall forward the form within forty-eight hours to the DSS, STAT. If the chairperson disagrees with the coroner or medical examiner regarding the nature of the death and desires a review, the review panel can be activated.

3. The Coroner/Medical Examiner Data Report (Data Form 1), which is hereby incorporated by reference as part of this rule, and shall forward the form within forty-eight hours to the DSS, STAT. If the chairperson disagrees with the coroner or medical examiner regarding the nature of the death and desires a review, the review panel can be activated.

C. The coroner or medical examiner in the county of illness/injury/event shall notify the coroner or medical examiner immediately in the county of illness/injury/event, if different.

B. If the coroner or medical examiner in the county of illness/injury/event determines that the death of the person under age eighteen does not exhibit any suspicious circumstances as described in this section, the panel chairperson will be responsible for notifying the data form within forty-eight hours to the DSS, STAT. If the chairperson disagrees with the coroner or medical examiner regarding the nature of the death and desires a review, the review panel can be activated.

D. If the coroner or medical examiner in the county of illness/injury/event shall notify the coroner or medical examiner immediately in the county of illness/injury/event, if different.

B. If the coroner or medical examiner in the county of illness/injury/event determines that the death of the person under age eighteen does not exhibit any suspicious circumstances as described in this section, the panel chairperson will be responsible for notifying the coroner or medical examiner immediately in the county of illness/injury/event.
2. The coroner or medical examiner in the county of illness/injury/event shall notify the chairperson of the CFRP panel immediately if the death is suspicious;

3. Upon notification, the chairperson will activate the review panel within twenty-four hours to review the death.

   A. Each member of the panel shall share information and records available to that panel member.

   B. Each review panel shall operate the review based on procedures developed by the panel and based on guidelines and protocols developed by the DSS;

4. The review panel shall determine, at a minimum:

   A. The place where the injury/illness causing a death occurred;

   B. The manner and circumstances of the death;

   C. Actions taken by the agencies/persons involved with the child and his/her family;

   D. The identification of any siblings or other children in the home of the deceased child and whether they require protection; and

   E. The identification of local systemic issues or policies which enhance or detract from efforts to assist in the investigation, treatment or prevention of fatalities; and

5. The chairperson of the local CFRP panel will complete Data Form 2, which is incorporable by reference as part of this rule, and forward it through to the DSS, STAT, for linkage with death certificates. This form must be sent within sixty (60) days of the date of death.

(K) Final Report.

1. In all cases reviewed by a CFRP panel, the CFRP shall, after completing the review, prepare a Final Report which shall consist of a summary of prevention conclusions and recommendations. The Final Report shall be submitted on a form referred to as the Child Fatality Review Panel Final Report (or Final Report), which is incorporated by reference as part of this rule. Pursuant to section 210.192.3, RSMo 2000 the Final Report issued by the panel is a public record and may be obtained by submitting a written request to the following address: State Technical Assistance Team, Division of Legal Services, 2724 Merchants Drive, Jefferson City, MO 65109.

2. The CFRP panel’s Final Report will be forwarded directly to the State Technical Assistance Team, prevention coordinator, within ten (10) days of the CFRP panel review, except in cases where criminal charges are being considered or pending. In those cases, the final report of the panel will be due within ten (10) days after a criminal indictment or information is filed in the case or the local panel chair is notified of the prosecutor’s decision not to file charges.

3. The prevention coordinator will be a direct liaison with all CFRP panels, maintaining a prevention resource repository, and providing guidance and facilitation in the implementation of appropriate prevention strategies and responses.

4. Separate from data collected, the prevention coordinator will track the effectiveness of various prevention responses to specific risks, and will make this information available to the state CFRP panel and appropriate supporting agencies.

5. The state CFRP Review Panel.

(A) The state CFRP panel shall be composed of a minimum of seven members. All members will be appointed by the director of the DSS.

   1. Members mandated by this rule to be members of this panel may serve as long as they hold the position which made them eligible for appointment.

   2. The DSS shall establish procedures which define the terms for all members, reasons for the removal of members from the panel and how members will be appointed in the future.

   3. The chairperson and all members may be reappointed for consecutive terms.

(B) The director of DSS shall appoint the following persons to serve on the state CFRP panel:

   1. A prosecuting attorney or circuit attorney;

   2. A coroner or medical examiner;

   3. A law enforcement officer or official;

   4. A representative from DFS;

   5. A provider of public health care services;

   6. A representative from the Department of Health;

   7. A representative of the juvenile court; and

   8. A representative of emergency medical services.

(C) Other members of the state CFRP panel may include persons from the following agencies/groups:

   1. Division of Youth Services;

   2. Attorney General;

   3. Missouri Juvenile Justice Association;

   4. A physician experienced in examining and treating abused/neglected children;

   5. Department of Mental Health;

   6. Department of Public Safety;

   7. Department of Elementary and Secondary Education;

   8. Department of Corrections; and

   9. Any other professionals or citizens with special interest in child abuse and neglect.

(D) The state CFRP panel will meet at least biannually. DLS may reimburse the members who are not division employees for reasonable expenses, consistent with state travel rules and limitations for expenses associated with review panel business held outside their county of residence, but will not provide for any other compensation. DFS will be responsible for the reimbursement of expenses, subject to state travel rules and limitations, and compensation for its employees on the panel.

(E) The state CFRP panel shall review and discuss all relevant materials submitted by the local panels and the state implementation team. The purpose of the review will be to:

1. Review the findings of the county CFRP panels to determine the frequency and cause of child fatalities throughout the state;

2. Identify the appropriateness and comprehensiveness of current statutes, policies and procedures relevant to the management of fatal abuse/neglect cases;

3. Review data collected by the DSS, STAT to determine the accuracy of identification of fatally abused and neglected children;

4. Review reports on the status of the operations of the county CFRP panels; and

5. Recommend prevention strategies after reviewing statewide trends and actions suggested by local panels.

(F) The panel members will hold all information obtained in the course of a review in the strictest confidence and will not discuss or disclose any information regarding any case, except as permitted by applicable statutes.

(G) DSS and the state CFRP panel annually shall evaluate the following factors related to the work of the local CFRP panels:

1. Number of reviews;

2. Geographic area of reviews;

3. Results of reviews; and

4. Necessary amendments to the rules.

(H) The state CFRP panel shall submit findings and recommendations to the director of DSS, the governor, the speaker of the house of representatives, the president pro tempore of the senate, and the children’s services commission, juvenile officers and chairperson of the local CFRP panels. At a minimum, the findings shall address the following issues:

1. The number of child fatality cases reviewed by county panels;

2. Nonidentifying characteristics for perpetrators;
3. Nonidentifying characteristics for deceased children;
4. The number of fatalities by cause(s) of death and whether death was attributable to child abuse/neglect;
5. Effectiveness of local panels; and
6. Systemic issues which need to be addressed through changes in policy, procedures or statute.
MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LEGAL SERVICES
CORONER/MEDICAL EXAMINER DATA REPORT
TO BE COMPLETED FOR ALL CHILD DEATHS <18 YEARS OF AGE

INSTRUCTIONS
Notify Child Abuse/Neglect Hotline (800-392-3738) of all deaths of children <18 years of age.
If county of illness/injury/event is different from county of death, complete form with all known
information before forwarding to coroner or medical examiner of county of illness/injury/event.
Notify the panel chairperson of the death.
Complete the form with all known information and forward to the panel chairperson for
signature.

STATE USE ONLY

DATA FORM 1

STATE USE ONLY

CIFRIP CASE NO. DECEDEENT DCN

CAN INCIDENT NO.

DEATH CERTIFICATE MANNER OF DEATH
a. NATURAL b. HOMICIDE
c. ACCIDENT d. UNDETERMINED

□ MEDICAID

□ SUICIDE □ PENDING

5. DECEDEENT’S NAME (FIRST, MI, LAST)

6. DATE OF BIRTH (MM/DD/YY)

7. DATE OF DEATH (MM/DD/YY)

8. SEX □ MALE □ FEMALE

9. RACE a. WHITE b. BLACK
c. ASIAN/PACIFIC ISLANDER d. AMERICAN INDIAN/ALASKAN NATIVE

10. IS DECEDEENT OF HISPANIC ORIGIN?

□ YES □ NO

11. MOTHER’S NAME (FIRST, MAIDEN, LAST)

12. MOTHER’S DATE OF BIRTH

□ Sudden, unexplained death, age <1 year

□ Unexplained/undetermined manner

□ DFS reports on decedent or other persons in the residence

□ Decedent in DFS custody

□ Possible inadequate supervision

□ Possible malnutrition or delay in seeking medical care

□ Possible suicide

□ Possible inflicted injury

□ Firearm injury

□ Injury not witnessed by person in charge at time of injury

□ Confinement

□ Suspicious/criminal activity

□ Drowning

□ Suffocation or strangulation

□ Poison/chemical/drug ingestion

□ Severe unexplained injury

□ Pedestrian/bicycle/doorway injury

□ Motor vehicle injury

□ Suspected sexual assault

□ Fire injury

□ Autopsy by certified child death pathologist

□ Panel discretion

□ Other suspicious findngs (injuries such as electrocution, crush

□ Panel discretion

□ Other suspicious findngs (injuries such as electrocution, crush

or fall)

2. Referral to Panel (Mark one)

□ One or more of the indicators marked above apply in this fatality. The case shall be referred to the
review panel.

□ None of the indicators listed above apply in this fatality. The case is not referred to the panel.

C. CHILD ABUSE/NEGLECT HOTLINE (800-392-3738)
Notify Child Abuse/Neglect Hotline of all deaths of children <18 years of age.

1. Were there prior reports to the Child Abuse/Neglect Hotline? □ Yes □ No

If yes, mark all that apply:

□ Involving child

□ Involving anyone else in family

□ Involving caretaker (other than family)

□ Total number of DFS reports _________

2. Current notification to Child Abuse/Neglect Hotline was accepted as:

□ Information only □ Report for investigation

3. Person reporting death to the hotline?

CONTINUE ON PAGE 2
**D. SOCIAL INFORMATION**

1. For all persons living in the residence of the decedent, indicate their relationship to the decedent, their age range, and who is head of household. (Select only one head of household) 

Use corresponding letter for appropriate age range:

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Head of Household</th>
<th>Age Range</th>
<th>Head of Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. □ Natural father</td>
<td>i. □ Other relative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. □ Natural mother</td>
<td>j. □ Other relative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. □ Adoptive father</td>
<td>k. □ Mother’s paramour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. □ Adoptive mother</td>
<td>l. □ Father’s paramour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. □ Stepfather</td>
<td>m. □ Other non-relative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. □ Stepmother</td>
<td>n. □ Another child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. □ Foster father</td>
<td>o. □ Another child</td>
<td></td>
<td></td>
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<tr>
<td>h. □ Foster mother</td>
<td>p. □ More than two children (list in narrative)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Current marital status of head of household?

a. □ Married  
b. □ Widowed  
c. □ Divorced  
d. □ Never married  
e. □ Unknown

**E. DEATH/SCENE INFORMATION**

1. Place of Injury/Event?

a. □ Decedent’s home  
b. □ Other home  
c. □ Rural road  
d. □ Highway  
e. □ Public drive  
f. □ Street  
g. □ Private drive  
h. □ Farm  
i. □ Other private property  
j. □ Licensed child care facility  
k. □ Unlicensed child care facility  
l. □ Child care residential facility  
m. □ Body of water  
n. □ Work place  
o. □ Hospital  
p. □ Other:

2. Date of injury/event?  
   a. □ _ _ / _ _ / _ _ (MM/DD/YY)  
   b. □ Unknown

3. Time of injury/event?  
   a. □ _ _ : _ _ (Hour:Minute)  
   b. □ AM  
   c. □ PM  
   d. □ Unknown

4. Time pronounced dead?  
   a. □ _ _ : _ _ (Hour:Minute)  
   b. □ AM  
   c. □ PM  
   d. □ Unknown

5. Was an autopsy performed?  
   a. □ Yes  
   b. □ No  
   c. □ Unknown

If yes:

1. □ By CFRP pathologist?

2. □ By hospital physician?

3. Name of CFRP pathologist? (Last name only)

**F. SUPERVISION**

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

a. □ Natural father  
b. □ Natural mother  
c. □ Adoptive father  
d. □ Adoptive mother  
e. □ Stepfather  
f. □ Stepmother  
g. □ Foster father  
h. □ Foster mother  
i. □ Other relative  
j. □ Parent’s male paramour  
k. □ Parent’s female paramour  
l. □ Licensed babysitter/child care worker  
m. □ Unlicensed babysitter/child care worker  

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

If no:

1. Did the person(s) in charge appear to be intoxicated, under influence of drugs, mentally ill or limited, or otherwise impaired at time of injury/event?  
   a. □ Yes  
   b. □ No  
   c. □ Unknown

2. Was the person(s) preoccupied, distracted or asleep at the time of the injury/event?  
   a. □ Yes  
   b. □ No  
   c. □ Unknown

3. Was injury/event witnessed by at least one person?  
   a. □ Yes  
   b. □ No  
   c. □ Unknown

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MO 886-3219 (10-00)
G. CAUSE OF DEATH
(Select most appropriate cause of death and if applicable, complete Section H)

1. □ INJURY (Complete questions 1 and 2 for all injuries)
   1. Was the injury inflicted? a. □ Yes  b. □ No  c. □ Unknown
      (inflicted - defined as assaultive or aggressive action)
   2. Was the injury intentional? a. □ Yes  b. □ No  c. □ Unknown
   If vehicle accident, non-reviewable, answer questions 3 through 9. If reviewable vehicle accident (pedestrian/bicycle/driveway injury, drug/alcohol related or other suspicious/criminal activity), skip the following questions and complete Section H.
   3. Position of decedent?
      a. □ Operator  c. □ Other  
      b. □ Passenger  d. □ Unknown
   4. Vehicle in which decedent was occupant?
      a. □ Car  c. □ Motorcycle/ATV  e. □ Semi/Tractor trailer unit
      b. □ Truck/RV/Van  d. □ Farm vehicle  f. □ Other
   5. Was another vehicle involved in accident? a. □ Yes  b. □ No
   6. Condition of road?
      a. □ Normal  c. □ Wet  e. □ Other
      b. □ Loose gravel  d. □ Ice or snow  f. □ Unknown
   7. Restraint used by decedent?
      a. □ Present, not used  c. □ Used correctly  e. □ Unknown
      b. □ None in vehicle  d. □ Used incorrectly  f. □ Not applicable
   8. Helmet used by decedent?
      a. □ Helmet worn  b. □ Helmet not worn  c. □ Not applicable
   9. Primary cause of accident?
      a. □ Speeding  c. □ Mechanical failure  e. □ Driver error
      b. □ Carelessness  d. □ Weather conditions  f. □ Other

2. □ ILLNESS OR OTHER NATURAL CAUSE
   1. Known condition ____________________________
   2. Was inadequate care or neglect involved in death? a. □ Yes  b. □ No
      (If yes, mark Section H, Number 2)

Complete questions 3 - 8 if death in infant <1 year of age.

3. History information provided by?  a. □ Parent  b. □ Physician/Medical facility  c. □ Other
   4. Age at death?
      a. □ 0 - 24 hours after birth  c. □ 48 hours - 6 weeks  e. □ 6 months - 1 year
      b. □ 24 - 48 hours  d. □ 6 weeks - 6 months
   5. Gestational age?
      a. □ <25 weeks  b. □ 25 - 30 weeks  c. □ 30-37 weeks  d. □ >37 weeks  e. □ Unknown
   6. Birth weight in grams (approximate lbs./oz.)?
      a. □ <750 (<1 lb. 10 oz.)  b. □ 750 - 1,499 (1 lb. 10 oz. to 3 lbs. 5 oz.)  
        c. □ 1,500 - 2,499 (3 lbs. 6 oz. to 5 lbs. 5 oz.)  d. □ >2,500 (>5 lbs. 6 oz.)
   7. Multiple birth? a. □ Yes  b. □ No
   8. Have there been other infant deaths in the immediate family? a. □ Yes  b. □ No  c. □ Unknown

3. □ UNKNOWN CAUSE (Describe in narrative. Death shall be reviewed.)
   1. Was death sudden and unexplained in infant <1 year of age, but over 1 week old? a. □ Yes  b. □ No
      (If yes, the child is required to be autopsied by child death pathologist)
      If yes, also complete Section G, Number 2, questions 3 - 8 and mark Section H, Number 1.
### H. CIRCUMSTANCES OF DEATH

If any of the circumstances are applicable, death shall be reviewed:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>☐ Sudden Unexplained Death of Infant &lt;1 Year</td>
</tr>
<tr>
<td>2.</td>
<td>☐ Inadequate Care or Neglect</td>
</tr>
</tbody>
</table>
| 3. | ☐ Vehicular  
   (Includes pedestrian/bicycle/driveway injury, drug/alcohol related, or other suspicious/criminal activity) |
| 4. | ☐ Drowning |
| 5. | ☐ Firearm |
| 6. | ☐ Suffocation/Strangulation |
| 7. | ☐ Electrocution |
| 8. | ☐ Fall Injury |
| 9. | ☐ Poisoning/Overdose |
| 10. | ☐ Fire/Burn |
| 11. | ☐ Crush |
| 12. | ☐ Confinement |
| 13. | ☐ Shaken/Impact Syndrome |
| 14. | ☐ Other Inflicted Injury  
   (Describe in narrative) |
| 15. | ☐ Other Circumstances  
   (Describe in narrative) |

### I. NARRATIVE DESCRIPTION OF CIRCUMSTANCES OR OTHER COMMENTS

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**SEND COMPLETED DATA FORM 1 TO:**

**STATE TECHNICAL ASSISTANCE TEAM**

2724 MERCHANTS DRIVE, JEFFERSON CITY, MO 65109  
573-751-5980 OR 800-487-1626  
FAX: 573-751-1479

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<tr>
<th>CORONER/MEDICAL EXAMINER SIGNATURE</th>
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MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LEGAL SERVICES
CHILD FATALITY REVIEW PANEL DATA REPORT
TO BE COMPLETED FOR ALL REVIEWABLE CHILD DEATHS <18 YEARS OF AGE

INSTRUCTIONS
Notify Child Abuse/Neglect Hotline (800-392-3738) of all deaths of children <18 years of age.
Complete the form with all known information and forward to the regional coordinator within forty-five days of the death.

A. IDENTIFICATION INFORMATION
1. COUNTY OF RESIDENCE
   STATE USE ONLY
2. COUNTY OF ILLNESS/INJURY/EVENT
   STATE USE ONLY
3. COUNTY OF DEATH
   STATE USE ONLY

4. DECEDENT'S NAME (FIRST, M.I., LAST)
   /

5. DATE OF BIRTH (MM/DD/YY)
   /

6. DATE OF DEATH (MM/DD/YY)
   /

7. SEX
   a. ☐ MALE
   b. ☐ FEMALE

8. RACE
   a. ☐ WHITE
   b. ☐ BLACK

9. IS DECEDENT OF HISPANIC ORIGIN?
   a. ☐ YES
   b. ☐ NO

10. MOTHER'S NAME (FIRST, MAIDEN, LAST)
    /

11. MOTHER'S DATE OF BIRTH (MM/DD/YY)
    /

B. CHILD ABUSE/NEGLECT HOTLINE (800-392-3738)
1. Were there prior reports to the Child Abuse/Neglect Hotline?  a. ☐ Yes  b. ☐ No
   If yes, mark all that apply:
   1. ☐ Involving child
   2. ☐ Involving anyone else in family
   3. ☐ Involving caretaker (other than family)
   4. ☐ Total number of DFS reports __________

2. Current notification to Child Abuse/Neglect Hotline was accepted as:
   a. ☐ Information/Referral only
   b. ☐ Report for investigation

C. SOCIAL INFORMATION
1. For all persons living in the residence of the decedent, indicate their relationship to the decedent, their age range, and who is head of household. (Select only one head of household)

Use corresponding letter for appropriate age range:


Age Range  Head of Household  Age Range  Head of Household
a. ☐ Natural father  i. ☐ Other relative
b. ☐ Natural mother  j. ☐ Other relative
c. ☐ Adoptive father  k. ☐ Mother's paramour
d. ☐ Adoptive mother  l. ☐ Father's paramour
e. ☐ Stefather  m. ☐ Other non-relative
f. ☐ Stemother  n. ☐ Another child
g. ☐ Foster father  o. ☐ Another child
h. ☐ Foster mother  p. ☐ More than two children (list in narrative)

2. Current marital status of head of household?
   a. ☐ Married  c. ☐ Divorced  e. ☐ Unknown
   b. ☐ Widowed  d. ☐ Never married

CONTINUE ON PAGE 2
### D. DEATH/SCENE INFORMATION

1. Place of death?
   - a. Decedent's home
   - b. Other home
   - c. Rural road
   - d. Highway
   - e. Public drive
   - f. Street
   - g. Private drive
   - h. Farm
   - i. Other private property
   - j. Licensed child care facility
   - k. Unlicensed child care facility
   - l. Child care residential facility
   - m. Body of water
   - n. Work place
   - o. Hospital
   - p. Other: __________________________

2. Date of injury/event?
   - a. ___/___/___ (MM/DD/YY)
   - b. Unknown

3. Time of injury/event?
   - a. ___:___ (Hour:Minute)
   - b. AM
   - c. PM
   - b. Unknown

4. Time pronounced dead?
   - a. ___:___ (Hour:Minute)
   - b. AM
   - c. PM
   - b. Unknown

5. Autopsy performed by?
   - a. CFRP Pathologist (Last Name Only)
   - b. Not performed

### E. SUPERVISION

1. Who was in charge of watching the decedent at the time of injury/event?
   - a. Natural father
   - b. Natural mother
   - c. Adoptive father
   - d. Adoptive mother
   - e. Stepfather
   - f. Stepmother
   - g. Foster father
   - h. Foster mother
   - i. Other relative
   - j. Parent's male paramour
   - k. Parent's female paramour
   - l. Licensed babysitter/child care worker
   - m. Unlicensed babysitter/child care worker
   - n. Child, age: __________
   - o. Hospital staff
   - p. Other non-relative
   - q. No one in charge of watching
   - r. Due to age, no one in charge

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

   If no:
   1. Did the person(s) in charge appear to be intoxicated, under influence of drugs, mentally ill or limited, or otherwise impaired at time of injury/event?
      - a. Yes
      - b. No
      - c. Unknown

   2. Was the person(s) preoccupied, distracted or asleep at the time of the injury/event?
      - a. Yes
      - b. No
      - c. Unknown

3. Was injury/event witnessed by at least one person?
   - a. Yes
   - b. No
   - c. Unknown

### F. PANEL FINDINGS

1. Date of first panel meeting?
   - a. ___/___/___ (MM/DD/YY)

2. Panel members participating?
   - a. Coroner
   - b. Prosecutor
   - c. DFS worker
   - d. Public health/Physician
   - e. EMS
   - f. Medical examiner
   - g. Law enforcement officer
   - h. Juvenile officer
   - i. Optional member
   - j. Optional member

3. Total number of meetings held?
   - a. One
   - b. Two
   - c. Three or more

4. Death scene investigation conducted? (Mark all that apply)
   - a. By law enforcement
   - b. By coroner
   - c. By medical examiner
   - d. By EMS
   - e. By fire investigator
   - f. By other agency
   - g. Not conducted

5. Investigation by law enforcement?
   - a. Conducted, no arrest
   - b. Conducted, arrest for: __________________________
   - c. Pending
   - d. Not conducted

6. Investigation/evaluation by juvenile officer?
   - a. Conducted, no action
   - b. Conducted, juvenile court action
   - c. Pending
   - d. Not conducted

7. Review of records by Department of Health?
   - a. Conducted, no action
   - b. Conducted, services provided
   - c. Pending
   - d. Not conducted
8. Review of history by Division of Family Services?
   a. □ Conducted, no action  c. □ Conducted, case investigation  e. □ Not conducted
   b. □ Conducted, services provided  d. □ Pending

9. Action by prosecutor?
   a. □ Suspected perpetrator, no charge filed  c. □ Pending or in progress
   b. □ Charge filed for:  d. □ No action

10. Review of medical/trip records by EMS?
    a. □ Conducted, no action  b. □ Conducted, services provided  c. □ Pending  d. □ Not conducted

11. Did the review lead to additional investigation?  a. □ Yes  b. □ No

12. Were additional services provided as a result of the review?  a. □ Yes  b. □ No

13. Were changes in agency policies or practices recommended as a result of the review?  a. □ Yes  b. □ No

**G. PERSON(S) ARRESTED/CHARGED**

If no arrest or charge, go to Section H

1. Number of person(s) arrested/charged?  a. □ One  b. □ Two  c. □ Three or more

2. Number of persons arrested or charged under 18 years of age?
   a. □ One  b. □ Two  c. □ Three or more  d. □ Not applicable

3. Was one or more of the persons arrested or charged responsible for supervision of the child at time of fatal illness/injury/event?
   a. □ Yes  b. □ No

4. Indicate the relationship of the person(s) arrested or charged to the decedent.
   a. □ Natural father  g. □ Foster father  m. □ Babysitter/child care worker
   b. □ Natural mother  h. □ Foster mother  n. □ Friend
   c. □ Adoptive father  i. □ Other relative  o. □ Acquaintance
   d. □ Adoptive mother  j. □ Sibling  p. □ Other non-relative
   e. □ Stepfather  k. □ Parent's male paramour  q. □ Other non-relative
   f. □ Stepmother  l. □ Parent's female paramour  r. □ Stranger

**H. CAUSE OF DEATH**

Complete Section appropriate to death

1. □ INJURY (if marked, also complete Section I)
   1. Was the injury inflicted?  a. □ Yes  b. □ No  c. □ Unknown
      (Inflicted - defined as assaultive or aggressive action)
   3. If intentional, was decedent?  a. □ Intended victim  b. □ Random victim
   4. Person(s) inflicting injury? (Mark all that apply)
      a. □ Self  e. □ Stepfather  i. □ Other relative  m. □ Sibling
      b. □ Mother  f. □ Mother's paramour  j. □ Acquaintance  n. □ Other child
      c. □ Father  g. □ Father's paramour  k. □ Friend  o. □ Stranger
      d. □ Stepmother  h. □ Foster parent  l. □ Child care worker  p. □ Unknown
   5. Age of primary person inflicting injury?  a. □ _______  b. □ Unknown
   6. Race of primary person inflicting injury?
      a. □ White  c. □ Asian/Pacific Islander  e. □ Unable to determine
      b. □ Black  d. □ American Indian/Alaskan Native  f. □ Unknown
10. If suicide: (Mark all that apply)
    a. ☐ Prior attempts  d. ☐ Had previously received mental health services
    b. ☐ Talked of suicide  e. ☐ Suicide completely unexpected
    c. ☐ Prior mental health problems

2. ☐ ILLNESS OR OTHER NATURAL CAUSE  
   (If applicable, complete Inadequate Care or Neglect in Section I)
   1. ☐ Known Condition

   Complete questions 2 - 11 if natural cause death in infant <1 year of age (INCLUDING SIDS)
   2. Age at death?
      a. ☐ 0 - 24 hours after birth  c. ☐ 48 hours - 6 weeks  e. ☐ 6 months - 1 year
      b. ☐ 24 - 48 hours  d. ☐ 6 weeks - 6 months
   3. Gestational age at birth?
      a. ☐ <25 weeks  b. ☐ 25 - 30 weeks  c. ☐ 30 - 37 weeks  d. ☐ >37 weeks  e. ☐ Unknown
   4. Birth weight in grams (approximate lbs./oz.)?
      a. ☐ < 750 (<1 lb. 10 oz.)  c. ☐ 1,500 - 2,499 (3 lbs. 6 oz. to 5 lbs. 5 oz.)  e. ☐ Unknown
      b. ☐ 750 - 1,499 (1 lb. 10 oz. to 3 lbs. 5 oz.)  d. ☐ >2,500 (>5 lbs. 6 oz.)
   5. Multiple birth?  a. ☐ Yes  b. ☐ No
   6. Total number of prenatal visits?
      a. ☐ None  b. ☐ 1 - 3  c. ☐ 4 - 6  d. ☐ 7 - 10  e. ☐ Unknown
   7. First prenatal visit occurred during?
      a. ☐ First trimester  b. ☐ Second trimester  c. ☐ Third trimester  d. ☐ Unknown

3. ☐ UNKNOWN CAUSE (Describe in narrative)

I. CIRCUMSTANCES OF DEATH
   1. ☐ SUDDEN INFANT DEATH SYNDROME (Also complete Section H-2, questions 2-11)
      1. Position of decedent 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
      2. Normal sleeping position?
      3. Location of decedent when found?
      4. Was decedent sleeping alone?
         a. ☐ Yes  b. ☐ No  c. ☐ Unknown

CONTINUE ON PAGE 5
2. □ INADEQUATE CARE OR NEGLECT (Mark all that apply)
   a. □ Apparent lack of supervision  e. □ Malnutrition  i. □ Inadequate medical attention
   c. □ Munchausen Syndrome by Proxy  g. □ Oral water intoxication  k. □ Other
   d. □ Failure to Thrive (non-organic)  h. □ Delayed medical care

3. □ VEHICLE ACCIDENT
   1. Position of decedent?
      a. □ Operator  c. □ Passenger  e. □ Other
      b. □ Pedestrian  d. □ Bicyclist  f. □ Unknown
   2. Vehicle in which decedent was occupant?
      a. □ Car  d. □ Bicycle  g. □ Other farm vehicle  j. □ Other
      b. □ Truck/RV/Van  e. □ Riding mower  h. □ All-terrain vehicle  k. □ Not applicable
      c. □ Motorcycle  f. □ Farm tractor  i. □ Semi/Tractor trailer unit
   3. Vehicle in which decedent was not occupant?
      a. □ Car  d. □ Bicycle  g. □ Other farm vehicle  j. □ Other
      b. □ Truck/RV/Van  e. □ Riding mower  h. □ All-terrain vehicle  k. □ Not applicable
      c. □ Motorcycle  f. □ Farm tractor  i. □ Semi/Tractor trailer unit
   4. Condition of road?
      a. □ Normal  b. □ Loose gravel  c. □ Wet  d. □ Ice or snow  e. □ Other  f. □ Unknown
   5. Restraint used?
      a. □ Present, not used  c. □ Used correctly  e. □ Unknown
      b. □ None in vehicle  d. □ Used incorrectly  f. □ Not applicable
   6. Helmet used?
      a. □ Helmet worn  b. □ Helmet not worn  c. □ Not applicable
   7. Alcohol and/or other drug use?
      a. □ Decedent impaired  c. □ Driver of other vehicle impaired
      b. □ Driver of decedent's vehicle impaired  d. □ Not applicable
   8. Primary cause of accident?
      a. □ Speeding  c. □ Mechanical failure  e. □ Driver error  g. □ Unknown
      b. □ Carelessness  d. □ Weather conditions  f. □ Other

4. □ DROWNING
   1. Place of drowning?
      a. □ Lake, river, pond or creek  c. □ Swimming pool  e. □ Bucket  g. □ Other
      b. □ Bathtub  d. □ Well/Cistern  f. □ Wading pool  h. □ Unknown
   2. Activity at time of drowning?
      a. □ Boating  c. □ Swimming  e. □ Other
      b. □ Playing at water's edge  d. □ Playing  f. □ Unknown
   3. Was decedent wearing a floatation device?  a. □ Yes  b. □ No
   6. Were alcohol or drugs a factor?  a. □ Yes  b. □ No
5. **FIREARM**

1. Person handling the firearm?
   - a. Decedent  
   - b. Family member  
   - c. Acquaintance  
   - d. Stranger  
   - e. Unknown

2. Type of firearm?
   - a. Handgun  
   - b. Rifle  
   - c. Shotgun  
   - d. Other  
   - e. Unknown

3. Age of person handling firearm?
   - a.  
   - b. Unknown

4. 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

5. Did person handling firearm attend safety classes?
   - a. Yes  
   - b. No  
   - c. Unknown

6. **SUCCOFICATION/STRANGULATION**

1. Cause of suffocation/strangulation?
   - a. Other person overlaying or rolling over decedent  
   - b. Wedging  
   - c. Food  
   - d. Other person's hand(s)  
   - e. Object covering decedent's mouth/nose  
   - f. Object exerting pressure on victim's neck/chest  
   - g. Small object or toy in mouth  
   - h. Other  
   - i. Unknown

2. If sleeping, location of decedent at the time?
   - a. In crib  
   - b. In bed  
   - c. In couch/chair  
   - d. Being held  
   - e. In infant car seat  
   - f. On floor  
   - g. Other  
   - h. Unknown

3. If sleeping, was decedent sleeping alone?
   - a. Yes  
   - b. No  
   - c. Unknown

4. If bedding was involved:
   1. Was the design of bed hazardous?
      - a. Yes  
      - b. No  
   2. Was decedent placed on soft bedding?
      - a. Yes  
      - b. No  
   3. Was there improper use of bedding?
      - a. Yes  
      - b. No  
   - c. Unknown

7. **ELECTROCUTION**

1. Source of electricity?
   - a. Water contact  
   - b. Electrical wire  
   - c. Electrical outlet  
   - d. Appliance  
   - e. Tool  
   - f. Lightening  
   - g. Other  
   - h. Unknown

8. **FALL INJURY**

1. Fall was from?
   - a. Open window  
   - b. Furniture  
   - c. Natural elevation  
   - d. Stairs or steps  
   - e. Man-made elevation  
   - f. Other

2. Height of fall?
   - a. # feet  
   - b. Unknown

3. Landing surface composition/hardness?
   - a. Carpet  
   - b. Concrete  
   - c. Ground  
   - d. Other

4. Was decedent in a baby walker?
   - a. Yes  
   - b. No  
   - c. Not applicable

5. Was decedent thrown or pushed down?
   - a. Yes  
   - b. No  
   - c. Unknown
9. □ POISONING/OVERDOSE

1. 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 i. □ Unknown

2. Was substance in safety packaging?
   a. □ Yes    b. □ No    c. □ Unknown    d. □ Not applicable

3. Location of drug or chemical?
   a. □ In closed, secured area   b. □ In closed, unsecured area  c. □ In open area

10. □ FIRE/BURN

1. If fire, the source?
   a. □ Matches       c. □ Cigarette       e. □ Explosives       g. □ Space heater       i. □ Other
   b. □ Lighter       d. □ Combustibles   f. □ Fireworks        h. □ Faulty wiring   j. □ Unknown

2. Smoke alarm present?
   a. □ Yes    b. □ No    c. □ Unknown    d. □ Not applicable

3. Smoke alarm in working order?
   a. □ Yes    b. □ No    c. □ Unknown    d. □ Not applicable

4. Fire started by?
   a. □ Decedent  b. □ Other  c. □ No one  d. □ Unknown

5. Activity of person starting fire?
   a. □ Playing       c. □ Cooking       e. □ Other       g. □ Not applicable
   b. □ Smoking       d. □ Suspected arson   f. □ Unknown

6. Construction of fire site?
   a. □ Wood frame       b. □ Brick/stone     c. □ Metal       d. □ Trailer       e. □ Other       f. □ Not applicable

7. Multiple fire injuries or deaths?
   a. □ Yes    b. □ No

8. For structure fire, where was decedent found?
   a. □ Hiding  b. □ In bed  c. □ Stairway  d. □ Close to exit  e. □ Other

9. Did decedent know of a fire escape plan?
   a. □ Yes    b. □ No    c. □ Unknown    d. □ Not applicable

10. If burn, the source?

11. □ CRUSH (Non-vehicle) (Describe in narrative)

   1. Where did crush occur?
      a. □ Indoors    b. □ Outdoors

12. □ CONFINEMENT

   1. Place of confinement?
      a. □ Refrigerator/Appliance  c. □ Chest/Box/Locker     e. □ Other
      b. □ Motor vehicle  d. □ Room/Building

13. □ SHAKEN/IMPACT SYNDROME

   1. Prior history of abuse?
      a. □ Yes    b. □ No

   2. Suspected cause?
      a. □ Crying     b. □ Disobedience     c. □ Feeding difficulty    d. □ Toilet training  e. □ Other  f. □ Unknown

CONTINUE ON PAGE 8
14. □ OTHER INFLICTED INJURY

1. Manner of injury?
   a. □ Cut/stabbed   b. □ Struck   c. □ Thrown   d. □ Other   e. □ Unknown

2. Injury inflicted with?
   a. □ Sharp object (e.g., knife, scissors)   b. □ Blunt object (e.g., hammer, bat)   c. □ Hands/feet   d. □ Other   e. □ Unknown

15. □ OTHER CAUSE (Describe in narrative)

J. NARRATIVE DESCRIPTION OF CIRCUMSTANCES OR OTHER COMMENTS

K. SERVICES PROVIDED

1. List services provided by agencies as a result of the death. (Mark all that apply)
   a. □ Bereavement counseling   b. □ Emergency shelter   c. □ Health care   d. □ No services
   e. □ Economic support   f. □ Mental health services   g. □ Legal services
   h. □ Funeral arrangements   i. □ Social services   j. □ Other

L. PREVENTION

1. To what degree was this death believed to be preventable?
   a. □ Not at all   b. □ Possibly   c. □ Definitely

2. Primary risk factors involved in the child's death? (Mark all that apply)
   f. □ Product safety   g. □ Drugs or alcohol   h. □ Other

3. Were these risk factors identified in your community prior to the death? a. □ Yes   b. □ No

4. Was any action taken in your community to address the risk factors prior to this death? a. □ Yes   b. □ No

5. Could the family or child have taken actions to reduce the risk? a. □ Yes   b. □ No   c. □ Unknown

6. What prevention activities have been proposed since the death? (Mark all that apply)
   a. □ Legislation, law or ordinance   b. □ Community safety project   c. □ Public forums
   d. □ Educational activities in school   e. □ Educational activities in the media
   f. □ Consumer product safety action (800-638-8095)   g. □ News services
   h. □ Changes in agency practice   i. □ Other programs or activities
   j. □ None

7. Target populations for prevention activities? (Mark all that apply)
   e. □ Others

8. Estimated costs for prevention?
   a. □ No cost involved   b. □ All services donated   c. □ <$100   d. □ $100 - $500
   e. □ >$500   f. □ Unknown

9. Lead organization?
   a. □ Health/Medical services   b. □ Social services   c. □ Law enforcement
   d. □ Schools   e. □ Mental health services   f. □ Local community group
   g. □ Other

CFFP CHAIR SIGNATURE

REGIONAL COORDINATOR SIGNATURE

DATE (MM/DD/YY)

PAGE 8
CHILD FATALITY REVIEW PANEL (CFRP) FINAL REPORT
TO BE COMPLETED FOR ALL REVIEWABLE CHILD DEATHS LESS THAN 18 YEARS OF AGE

INSTRUCTIONS: Complete the form with all known information and forward to the prevention coordinator within ten days.

IDENTIFICATION INFORMATION
1. DECEDEENT'S NAME (FIRST, M'I, LAST)  2. SEX
   A. ☐ MALE    B. ☐ FEMALE

3. DATE OF DEATH  4. DATE OF BIRTH     5. COUNTY OF CFRP PANEL REVIEW
   __/__/____  __/__/____  __/__/____

6. DATE OF LAST CFRP PANEL REVIEW
   __/__/____

7. CIRCUMSTANCES LEADING TO DEATH? (PRECIPITATING EVENT)
   __/__/____

PREVENTION CONCLUSIONS
1. KEEPING IN MIND WHAT IS KNOWN ABOUT THIS TYPE OF FATALITY, IS THERE A PREVENTION MESSAGE?
   A. ☐ Yes    B. ☐ No

2. IF YES, WHAT PREVENTION MESSAGE(S) ARE APPROPRIATE?

3. HAVE PREVENTION INITIATIVES BEEN DISCUSSED?
   A. ☐ Yes    B. ☐ No

4. IF YES, WHAT TYPE OF PREVENTION INITIATIVE(S)?
   A. ☐ Legislation, Law or Ordinance   F. ☐ Consumer Product Safety Action (800-638-8095)
   B. ☐ Community Safety Project   G. ☐ News Service
   C. ☐ Public Forums   H. ☐ Changes in Agency Practices
   D. ☐ Educational Activities in School   I. ☐ Other Programs or Activities
   E. ☐ Educational Activities in the Media

5. BRIEFLY DESCRIBE PREVENTION INITIATIVE(S)

6. ANTICIPATED ORGANIZATIONS INVOLVED?
   A. ☐ Health/Medical Services   D. ☐ Schools   G. ☐ Other
   B. ☐ Social Services   E. ☐ Mental Health Services
   C. ☐ Law Enforcement   F. ☐ Local Community Group

7. TARGET POPULATIONS FOR PROPOSED PREVENTION INITIATIVE(S)?
   A. ☐ Children   D. ☐ Child Protection Professionals
   B. ☐ General Public   E. ☐ Other
   C. ☐ Parents/Caregivers

8. IS STAT PREVENTION COORDINATOR ASSISTANCE REQUESTED CONCERNING CURRENT OR FUTURE PREVENTION INITIATIVES, E.G., FACILITATION, RESOURCES, ETC.?
   A. ☐ Yes    B. ☐ No

IF YES, POINT OF CONTACT NAME/TITLE

AGENCY

MAIL/STREET ADDRESS

CITY/STATE/ZIP

PHONE  FAX

EMAIL

MO 886-3883 (10-06)