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**Rules of**  
**Department of Social Services**  
**Division 40—Division of Family Services**  
**Chapter 31—Child Abuse**

<b>Title</b>	<b>Page</b>
<b>13 CSR 40-31.010</b> Perpetrator Employed by Division of Family Services (Rescinded June 11, 1984) .....	3
<b>13 CSR 40-31.011</b> Investigations Involving a Conflict of Interest .....	3
<b>13 CSR 40-31.012</b> Definition of Sexual Exploitation .....	3
<b>13 CSR 40-31.020</b> Information Released to Subject of a Report (Rescinded November 11, 1982) .....	3
<b>13 CSR 40-31.021</b> Definitions (Rescinded February 11, 1983) .....	3
<b>13 CSR 40-31.025</b> Child Abuse and Neglect Review Process .....	3
<b>13 CSR 40-31.030</b> Retention of Unsubstantiated Reports (Rescinded November 11, 1982) .....	4
<b>13 CSR 40-31.040</b> Retention of Substantiated Reports (Rescinded November 11, 1982) .....	4
<b>13 CSR 40-31.050</b> Child Fatality Review Process .....	4

**Title 13—DEPARTMENT OF  
SOCIAL SERVICES**

**Division 40—Division of Family Services  
Chapter 31—Child Abuse**

**13 CSR 40-31.010 Perpetrator Employed  
by Division of Family Services**  
(Rescinded June 11, 1984)

**13 CSR 40-31.011 Investigations Involving  
a Conflict of Interest**

*PURPOSE: This rule defines the investigation procedure used when the relationship of the subject of a report of child abuse or neglect to the Division of Family Services is such that a conflict of interest may occur.*

(1) The following categories of persons, when reported as either the victim or alleged perpetrator of child abuse or neglect, may be considered to have such a relationship to the Division of Family Services that a thorough investigation might be hindered by a conflict of interest:

(A) An employee of the Division of Family Services, the Department of Social Services central office or other Department of Social Services employees located in a Division of Family Services office;

(B) The immediate family or household member of that employee; or

(C) Children placed in foster care and in the custody of the Division of Family Services when the alleged perpetrator is a Division of Family Services licensed foster parent.

(2) Reports of abuse or neglect involving those persons, either as victims or perpetrators, should be made to the Child Abuse and Neglect Unit in the central office of the Division of Family Services. The Child Abuse and Neglect Unit will request the juvenile officers of the county or judicial circuit in which the victim resides, or in which s/he is located if the location is different from residence, to initiate and conduct the investigation. The juvenile officer will be requested to report the findings and disposition of the investigation in the following manner:

(A) For investigations involving persons in subsections (1)(A) and (B), findings and disposition should be reported back to the Child Abuse and Neglect Unit; and

(B) For investigations involving persons in subsection (1)(C), findings and dispositions should be reported to the county office.

(3) If the juvenile officer does not accept the report for investigation, the division will arrange to conduct the investigation itself in a way as to minimize the possibility of conflicting interest hindering that investigation.

*AUTHORITY: section 207.020, RSMo (1986). Original rule filed March 7, 1984, effective June 11, 1984.*

**13 CSR 40-31.012 Definition of Sexual  
Exploitation**

*PURPOSE: This rule defines the term sexual exploitation as required by P.L. 95-266 and final federal regulations 45 CFR Part 1340.*

*Editor's Note: The secretary of state has determined that the publication of this rule in its entirety would be unduly cumbersome or expensive. The entire text of the material referenced has been filed with the secretary of state. This material may be found at the Office of the Secretary of State or at the headquarters of the agency and is available to any interested person at a cost established by state law.*

(1) Sexual exploitation includes allowing, permitting or encouraging a child to engage in prostitution, as defined by state law, by a person responsible for the child's welfare and allowing, permitting, encouraging or engaging in the obscene or pornographic photographing, filming or depicting of a child as those acts are defined by state law, by a person responsible for the child's welfare.

*AUTHORITY: section 207.020, RSMo (1986). Original rule filed Jan. 9, 1984, effective April 12, 1984.*

**13 CSR 40-31.020 Information Released to  
Subject of a Report**

(Rescinded November 11, 1982)

*State ex rel. Gladfelter v. Lewis, 595 SW2d 788 (Mo. App. 1980). Mandamus will not lie to challenge the validity of 13 CSR 40-31.020, RSMo since an adequate remedy for that purpose is found at section 536.050(1) and (2), RSMo (1978).*

**13 CSR 40-31.021 Definitions**

(Rescinded February 11, 1983)

**13 CSR 40-31.025 Child Abuse and  
Neglect Review Process**

*PURPOSE: This rule establishes a Child Abuse and Neglect Review Process to provide for a review of child abuse and neglect determinations where an alleged perpetrator disagrees with the division's decision of Probable Cause.*

(1) The division will provide an opportunity for an administrative review to any alleged perpetrator who disagrees with the local division office decision of Probable Cause in a child abuse or neglect investigation.

(2) The alleged perpetrator will receive written notification as to the decision of the local division office. This notification will include a statement that if the alleged perpetrator disagrees with the Probate Cause decision, s/he may request a review.

(A) The alleged perpetrator will be allowed sixty (60) days from the receipt of the notification to request, in writing, an administrative review.

(B) The county director will review, within fifteen (15) days of receipt of the request, all appropriate material and determine whether the decision of the division should be upheld or reversed.

(C) The county director will provide, in writing, notice to the alleged perpetrator of the decision to uphold or reverse the original finding and how to request a further review by the Child Abuse and Neglect Review Board(s), if s/he disagrees with the decision.

(3) The division will establish Child Abuse and Neglect Review Board(s) to provide for an independent review of child abuse and neglect determinations where the alleged perpetrator disagrees with the division's decision of Probable Cause.

(4) Each Child Abuse and Neglect Review Board will be composed of nine (9) members. Initially, three (3) of the board members will be appointed for three (3) years, three (3) of its board members will be appointed for two (2) years, and three (3) of its board members will be appointed for one (1) year. The members of the board(s) shall designate a chairperson.

(5) The governor may remove and/or replace, a member of the board(s) for the following reasons:

- (A) Death;
- (B) Resignation;

(C) Mental or physical incapacitation which limits the member from effectively serving on the board; or

(D) For good cause as determined by the governor.

(6) The 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 under section 210.150, RSMo.

(7) The members of the board(s) will meet at a location within Missouri regularly, depending on the number of requests for review being filed.

(8) The following process will be followed for all child abuse and neglect reviews by the board(s):

(A) The alleged perpetrator will have thirty (30) days from the receipt of notification from the county director that the decision was upheld to request, in writing, a review by the Child Abuse and Neglect Review Board(s);

(B) The Child Abuse and Neglect Review Boards(s) will notify the alleged perpetrator of the date and time of the review and provide him/her with an opportunity to attend or to submit a written statement. Attendance is not mandatory for a review to be conducted;

(C) The local division office will forward a copy of the investigation record and all relevant materials to the review board(s) after notification that the alleged perpetrator has requested a review;

(D) At the review, the division will be represented by appropriate local and area division staff and/or legal counsel;

(E) The alleged perpetrator may be represented by him/herself and/or legal counsel;

(F) The alleged perpetrator and/or the division may have witnesses present to provide statements about pertinent events, actions, etc.;

(G) The board shall notify the child or the parent, guardian, or legal representative of the child, that a review has been requested; and

(H) The review board(s) will review and discuss all relevant materials and testimony, and vote on whether to uphold or reverse the finding of Probable Cause.

1. The vote and the decision will be reported to the division.

2. The decision of the board may occur on the day of the review or within seven (7) days of the review.

(9) The decision of the board will be the final decision to uphold or reverse the finding of Probate Cause.

(10) A written copy of the decision will be sent within thirty-five (35) days to the alleged perpetrator, division director, and local division office.

(11) Annually, the department will evaluate the following factors related to the work of the Child Abuse and Neglect Review Board(s):

- (A) Number of requests;
- (B) Geographic area of requests;
- (C) Results of reviews;
- (D) Composition of the board(s); and
- (E) Necessary amendments of the rules.

*AUTHORITY: section 207.020, RSMo (1994).\* Original rule filed June 30, 1988, effective Sept. 29, 1988. Amended: Filed Sept. 26, 1989, effective Dec. 28, 1989. Amended: Filed June 14, 1996, effective Dec. 30, 1996.*

*\*Original authority 1945, amended 1961, 1965, 1977, 1981, 1982, 1986, 1993.*

**13 CSR 40-31.030 Retention of Unsubstantiated Reports**

(Rescinded November 11, 1982)

**13 CSR 40-31.040 Retention of Substantiated Reports**

(Rescinded November 11, 1982)

**13 CSR 40-31.050 Child Fatality Review Process**

*PURPOSE: This rule establishes a standardized method for identifying and collecting data for child deaths determined to be suspicious of child abuse, neglect, or both. The child fatality review process will assist state and local agencies in identifying systemic issues and policy deficiencies which must be addressed to prevent similar deaths from occurring in the future.*

(1) The prosecuting attorney or circuit attorney shall convene a local child fatality review panel in each of the state's one hundred fourteen (114) counties and St. Louis City to review suspicious child deaths.

(2) The Department of Social Services (DSS) shall convene a state child fatality review panel appointed by the director of DSS to identify systemic problems and prepare an annual report on ways to prevent further child deaths.

(3) The local child fatality review panel will review all deaths of children less than fifteen (15) years of age at the time of their death where one (1) or more of the following factors are present:

- (A) Possible inflicted injury;
- (B) Any firearm injury;
- (C) Injury not witnessed by the person in charge of child at time of the injury event;
- (D) Possible inadequate supervision;
- (E) Sudden unexplained death of a child under age one (1);
- (F) Natural cause of death possibly due to malnutrition or to delay in seeking medical care;
- (G) Death due to confinement;
- (H) Bathtub/bucket drowning;
- (I) Suffocation/strangulation;
- (J) Any poisoning;
- (K) Severe unexplained injury;
- (L) Prior Division of Family Services (DFS) substantiation on the victim or other children in the residence for similar circumstances;
- (M) Open DFS protective service case on victim;
- (N) Victim in DFS custody;
- (O) Pedestrian driveway injury;
- (P) Unexplained death or death in an undetermined manner;
- (Q) Suspected sexual assault; or
- (R) Any other suspicious findings.

(4) The local child fatality review panel at least shall review the following information on all suspicious deaths:

- (A) Findings from interviews, history or death scene investigation;
- (B) Physical evidence at the scene of injury, death, or both;
- (C) Findings from physical and medical examinations;
- (D) Findings from autopsy, radiological examination and laboratory evaluation;
- (E) Reports of investigation/evaluation; and
- (F) Relevant past history/agency involvement.

(5) The director of DSS shall appoint regional coordinators to serve as resources to local child fatality review panels. The regional coordinators will provide the following services:

- (A) Consultation and technical assistance;
- (B) Training; and
- (C) Review forms and provide recommendations on procedures developed by local panels.

(6) Initially, all 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 child fatality review 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 noncore members. The chairperson shall be elected by the review panel. The chairperson and all other members may be reappointed for consecutive terms. The local child fatality review panel shall include, but not be limited to, the following core members:

- (A) The prosecuting or circuit attorney;
- (B) Medical examiner/coroner;
- (C) A law enforcement officer;
- (D) A representative of the DFS;
- (E) A provider of public health services; and
- (F) A representative of the juvenile court.

(7) If the county of residence, injury or death are different, the child fatality review panel in the county where the injury occurred shall review the death.

(A) The activated review panel may communicate with the chairperson of the child fatality review panel in the county of residence and death, if different, to request necessary information.

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

(C) The Coroner/Medical Examiner report form must be completed on all children ages birth through fourteen (0-14) who die in Missouri, regardless of state of residence.

(D) Children injured out of state, who die in Missouri, may be reviewed at the sole discretion of the county panel, regardless of state of residence.

(8) 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.

(9) DFS will not reimburse or compensate a county child fatality review panel for expenses associated with review panel business. Expenses may be reimbursed consistent with state travel rules and limitations for required participation of DFS panel members in training. DFS will be responsible for payment of expenses, subject to state travel rules and limitations, and compensation for its employees who are members of a review panel.

(10) The following process will be followed by the county child fatality review panels:

(A) Any police officer, sheriff, law enforcement officer or official, physician, coroner/medical examiner, funeral director, hospital personnel or any person having knowledge that a person less than fifteen (15) years of age has died, shall notify the coroner or medical examiner immediately in the county of injury.

1. If the coroner or medical examiner in the county of death or residence is notified of a death, s/he shall notify the coroner or medical examiner immediately in the county of injury, if different.

2. If the coroner or medical examiner in the county of injury determines that the death of the person under age fifteen (15) does not exhibit any suspicious circumstances as described in section (3), the panel chairperson will be responsible for cosigning Form 1 and shall forward the form within forty-eight (48) hours through the regional coordinator to the Department of Health. 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 or medical examiner in the county of injury shall notify a certified child death pathologist to determine the need for an autopsy. If there is disagreement, the certified child death pathologist shall make the determination, unless the child fatality review panel, within twelve (12) hours, decides against the certified child death pathologist;

(B) The coroner or medical examiner in the county of injury shall notify the chairperson of the child fatality review panel immediately if the death is suspicious;

(C) Upon notification, the chairperson will activate the review panel within twenty-four (24) hours to review the death.

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

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

(D) The review panel shall determine, at a minimum—

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

2. The manner and circumstances of the death;

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

4. The identification of any siblings or other children in the home of the deceased

child and whether they require protection; and

5. 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

(E) The chairperson of the local child fatality review panel will complete Form 2 and forward it through the regional coordinator to the Department of Health, for linkage with death certificates. This form must be sent within forty-five (45) days of the date of death.

(11) The state child fatality review panel shall be composed of a minimum of seven (7) members. All members will be appointed by the director of the DSS.

(A) 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.

(B) 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.

(C) The chairperson and all members may be reappointed for consecutive terms.

(12) The director of DSS shall appoint the following persons to serve on the state fatality review panel:

(A) A prosecuting attorney or circuit attorney;

(B) A coroner or medical examiner;

(C) A law enforcement officer or official;

(D) A representative from DFS;

(E) A provider of public health care services;

(F) A representative from the Department of Health; and

(G) A representative of the juvenile court.

(13) Other members of the state child fatality review panel may include persons from the following agencies/groups:

(A) Division of Youth Services;

(B) Attorney General;

(C) Missouri Juvenile Justice Association;

(D) A physician experienced in examining and treating abused/neglected children;

(E) Department of Mental Health;

(F) Department of Public Safety;

(G) Department of Elementary and Secondary Education;

(H) Department of Corrections; and

(I) Any other professionals or citizens with special interest in child abuse and neglect.

(14) The state child fatality review panel will meet a minimum of once every six (6) months. DFS 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.

(15) The state child fatality review 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—

(A) Review the findings of the county child fatality review panels to determine the frequency and cause of child fatalities throughout the state;

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

(C) Review data collected by the Department of Health to determine the accuracy of identification of fatally abused and neglected children;

(D) Review reports on the status of the operations of the county child fatality review panels; and

(E) Recommend prevention strategies after reviewing statewide trends and actions suggested by local panels.

(16) 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.

(17) DSS and the state child fatality review panel annually shall evaluate the following factors related to the work of the local child fatality review panels:

(A) Number of reviews;

(B) Geographic area of reviews;

(C) Results of reviews; and

(D) Necessary amendments to the rules.

(18) The state child fatality review panel shall submit an annual report 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. At a minimum, the report shall address the following issues:

(A) The number of child fatality cases reviewed by county panels;

(B) Nonidentifying characteristics for perpetrators;

(C) Nonidentifying characteristics for deceased children;

(D) The number of fatalities by cause(s) of death and whether death was attributable to child abuse/neglect;

(E) Effectiveness of local panels; and

(F) Systemic issues which need to be addressed through changes in policy, procedures or statute.

*AUTHORITY: section 207.020, RSMo (1986). Original rule filed June 15, 1989, effective Jan. 1, 1990. Emergency rescission and emergency rule filed Dec. 20, 1991, effective Jan. 1, 1992, expired April 29, 1992. Emergency rescission and emergency rule filed April 16, 1992, effective April 26, 1992, expired Aug. 23, 1992. Rescinded and readopted: Filed Jan. 3, 1992, effective Aug. 6, 1992.*



MISSOURI DEPARTMENT OF HEALTH  
BUREAU OF HEALTH SERVICES STATISTICS  
**CORONER/MEDICAL EXAMINER REPORT**  
To Be Completed for All Child Deaths (Age 0-14 Years)

DOH USE ONLY	
DEATH CERTIFICATE NO.	BIRTH CERTIFICATE NO.

FORM 1

<b>A. IDENTIFICATION OF THE VICTIM</b>		
1. NAME (LAST, FIRST, MI)	2. BIRTH DATE (MO/DAY/YR)	3. DEATH DATE (MO/DAY/YR)
4. COUNTY OF RESIDENCE	5. COUNTY OF INJURY/ILLNESS EVENT	6. COUNTY OF DEATH
7. INJURY/ILLNESS EVENT (MARK ONE) 1. <input type="checkbox"/> COUNTY OF INJURY/ILLNESS EVENT IS IN MISSOURI; COMPLETE ALL OF FORM 1. 2. <input type="checkbox"/> COUNTY OF INJURY/ILLNESS EVENT IS NOT IN MISSOURI; COMPLETE SECTION 1 ONLY.		

<b>B. SOCIAL INFORMATION</b>	<b>C. LOCATION &amp; WITNESSES</b>	<b>D. INDICATIONS FOR REVIEW BY PANEL</b>																
<p><i>Mark all that apply:</i></p> <p>1. Persons living in residence of victim</p> <p>1. <input type="checkbox"/> Natural Father    5. <input type="checkbox"/> Natural Mother                  2. <input type="checkbox"/> Adoptive Father    6. <input type="checkbox"/> Adoptive Mother                  3. <input type="checkbox"/> Step Father    7. <input type="checkbox"/> Step Mother                  4. <input type="checkbox"/> Foster Father    8. <input type="checkbox"/> Foster Mother                  9. <input type="checkbox"/> Children living in residence                  10. <input type="checkbox"/> Parent's male paramour                  11. <input type="checkbox"/> Parent's female paramour                  12. <input type="checkbox"/> Other: _____                  13. <input type="checkbox"/> Unknown</p> <p>2. Children living in residence: # _____</p> <p>3. Children living in residence - ages: (Use: "&lt;1" if less than one year)                  a _____ yrs    c _____ yrs    e _____ yrs                  b _____ yrs    d _____ yrs    f _____ yrs</p> <p>4. Persons in charge of victim at time of fatal illness or injury event</p> <p>1. <input type="checkbox"/> Natural Father    5. <input type="checkbox"/> Natural Mother                  2. <input type="checkbox"/> Adoptive Father    6. <input type="checkbox"/> Adoptive Mother                  3. <input type="checkbox"/> Step Father    7. <input type="checkbox"/> Step Mother                  4. <input type="checkbox"/> Foster Father    8. <input type="checkbox"/> Foster Mother                  9. <input type="checkbox"/> Child(ren)                  10. <input type="checkbox"/> Parent's male paramour                  11. <input type="checkbox"/> Parent's female paramour                  12. <input type="checkbox"/> No one in charge                  13. <input type="checkbox"/> Other: _____                  14. <input type="checkbox"/> Unknown</p> <p>5. If child(ren) in charge - ages:                  a _____ yrs    b _____ yrs    c _____ yrs</p> <p>6. Were one or more of persons in charge intoxicated or under influence of drugs at time of fatal illness/injury event?                  1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No    3 <input type="checkbox"/> Unknown</p> <p>7. Who had legal custody of the victim of the time of the fatal illness/injury?</p> <p>1. <input type="checkbox"/> Natural Father    5. <input type="checkbox"/> Natural Mother                  2. <input type="checkbox"/> Adoptive Father    6. <input type="checkbox"/> Adoptive Mother                  3. <input type="checkbox"/> Step Father    7. <input type="checkbox"/> Step Mother                  4. <input type="checkbox"/> Foster Father    8. <input type="checkbox"/> Foster Mother                  9. <input type="checkbox"/> Other: (specify) _____</p> <p>8. If two persons are described as having legal custody, they are:                  1 <input type="checkbox"/> Currently married    3 <input type="checkbox"/> Divorced                  2 <input type="checkbox"/> Never married    4 <input type="checkbox"/> Unknown</p>	<p><i>Mark all that apply:</i></p> <p>1. Scene of illness or injury event:</p> <p>1. <input type="checkbox"/> Highway    6. <input type="checkbox"/> Public driveway                  2. <input type="checkbox"/> City street    7. <input type="checkbox"/> Private driveway                  3. <input type="checkbox"/> Rural road    8. <input type="checkbox"/> Other private prop.                  4. <input type="checkbox"/> Farm    9. <input type="checkbox"/> Resid. of victim                  5. <input type="checkbox"/> Body of water    10. <input type="checkbox"/> Other residence                  11. <input type="checkbox"/> Other: _____                  12. <input type="checkbox"/> Unknown                  If illness, skip to Section D.</p> <p>2. Date of injury event (mo/day/yr):                  ____ / ____ / ____</p> <p>3. Time of injury event ____ <input type="checkbox"/> a.m.    <input type="checkbox"/> p.m.</p> <p>4. Did anyone (other than person(s) who inflicted the injury) witness the injury event?                  1. <input type="checkbox"/> Yes    2. <input type="checkbox"/> No    3. <input type="checkbox"/> Unknown                  If NO or Unknown, continue at #5.                  If YES, skip to #7 below.</p> <p>5. How much time elapsed from the time the victim was last seen until the time of the incident?                  1. <input type="checkbox"/> Known    2. <input type="checkbox"/> Unknown                  If known: _____ hrs., _____ mins.</p> <p>6. Was the person in charge of child's care at the time of the injury event asleep at the time?                  1. <input type="checkbox"/> Yes    2. <input type="checkbox"/> No    3. <input type="checkbox"/> Unknown                  Skip to Section D.</p> <p>7. Provide information about person(s) who witnessed the injury event (other than person(s) who inflicted the injury).</p> <table border="1"> <thead> <tr> <th>Witness</th> <th>Sex</th> <th>Estimated Age</th> <th>Person in Charge of Victim?</th> </tr> </thead> <tbody> <tr> <td>a #1</td> <td>M F</td> <td>_____</td> <td>Yes No</td> </tr> <tr> <td>b #2</td> <td>M F</td> <td>_____</td> <td>Yes No</td> </tr> <tr> <td>c #3</td> <td>M F</td> <td>_____</td> <td>Yes No</td> </tr> </tbody> </table> <p>8. Approximate distance between victim and person in charge of the victim at time of fatal injury event.                  _____ (Number of)                  1. <input type="checkbox"/> Feet    3. <input type="checkbox"/> Yards                  2. <input type="checkbox"/> Blocks    4. <input type="checkbox"/> Miles                  5. <input type="checkbox"/> Not applicable</p>	Witness	Sex	Estimated Age	Person in Charge of Victim?	a #1	M F	_____	Yes No	b #2	M F	_____	Yes No	c #3	M F	_____	Yes No	<p><i>Mark all that apply:</i></p> <p>1. Indications found:</p> <p>1. <input type="checkbox"/> Possible inflicted injury                  2. <input type="checkbox"/> Any firearm injury                  3. <input type="checkbox"/> Injury not witnessed by person in charge of child at time of the injury event                  4. <input type="checkbox"/> Possible inadequate supervision                  5. <input type="checkbox"/> Sudden, unexplained death of a child under age one                  6. <input type="checkbox"/> Natural cause of death possibly due to malnutrition or to delay in seeking medical care                  7. <input type="checkbox"/> Death due to confinement                  8. <input type="checkbox"/> Bathtub/bucket drowning                  9. <input type="checkbox"/> Suffocation/strangulation                  10. <input type="checkbox"/> Any poisoning                  11. <input type="checkbox"/> Severe unexplained injury                  12. <input type="checkbox"/> Prior DFS substantiation on the victim or other children in the residence for similar circumstances                  13. <input type="checkbox"/> Open DFS protective service case on victim                  14. <input type="checkbox"/> Victim in DFS custody                  15. <input type="checkbox"/> Pedestrian driveway injury                  16. <input type="checkbox"/> Unexplained death or death in an undetermined manner                  17. <input type="checkbox"/> Suspected sexual assault                  18. <input type="checkbox"/> Other suspicious findings (describe):                  _____                  _____                  _____                  _____</p> <p>2. Do one or more of the above items apply?:                  1. <input type="checkbox"/> YES. CASE IS REFERRED TO CHILD REVIEW FATALITY PANEL.                  2. <input type="checkbox"/> NO. CASE NOT REFERRED TO CHILD FATALITY REVIEW PANEL.</p>
Witness	Sex	Estimated Age	Person in Charge of Victim?															
a #1	M F	_____	Yes No															
b #2	M F	_____	Yes No															
c #3	M F	_____	Yes No															

**E. BRIEF DESCRIPTION OF CIRCUMSTANCES AND OTHER COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DIRECTIONS**

1. CFRP Chair and Coroner/M.E.: After completion of Sections A-F as applicable, CFRP Chair and Coroner/M.E. sign form on Page 2, bottom. Coroner/M.E. retain a copy and send original of form to Regional Coordinator.

CORONER/MEDICAL EXAMINER REPORT (Continued)

FORM 1

F. PRELIMINARY CAUSE AND CIRCUMSTANCES OF THE DEATH

Mark all applicable cause categories and specific circumstances to describe the fatality, based on information presently available. More than one cause may be indicated.

1. DEATH DUE TO NATURAL CAUSE

- A. Cause of death
1. Malnutrition/dehydration
2. Delayed medical care
3. Known illness
4. Unknown

2. SUDDEN UNEXPLAINED DEATH OF A CHILD UNDER AGE ONE

3. VEHICULAR INJURY

- A. CIRCUMSTANCES UNKNOWN
B. Position of victim:
1. Occup. of vehicle
2. Driver of vehicle
3. Pedestrian
4. Other
C. Type of vehicle:
1. Car
2. Farm tractor
3. All-terrain veh.
4. Bicycle
5. Truck/RV
6. Other farm veh.
7. Riding mower
8. Motorcycle
9. Other:
D. Road condition:
1. Normal
2. Wet
3. Loose gravel
4. Ice/snow
5. Other:
6. Not applicable
E. Safety restraint (seatbelt, infant seat, etc.):
1. Used
2. None in vehicle
3. Not used
4. Unknown
5. Not applicable
F. Deceased was wearing helmet:
1. Yes
2. No
3. Not applicable
G. Operator of occupant vehicle:
1. Driving intoxicated
2. Speed/recklessness: (actual speed mph) (speed limit mph)
3. Other violation
4. Brake failure
5. No operator
6. Other mechanical failure
7. Other:
8. None of the above
H. Operator of non-occupant vehicle:
1. Driving intoxicated
2. Speed/recklessness: (actual speed mph) (speed limit mph)
3. Assault with vehicle
4. Other violation
5. Brake failure
6. No operator
7. Other mechanical failure
8. Other:
9. None of the above

4. DROWNING

- A. CIRCUMSTANCES UNKNOWN
B. Place of drowning:
1. Swimming pool
2. Wading pool
3. Bath tub
4. Bucket
5. Creek/river/pond/lake
6. Well/cistern/septic tank
7. Other:
C. Location prior to drowning:
1. Boat
2. Water edge
3. Other:
D. Wearing flotation device:
1. Yes
2. No
3. Unknown

5. POISONING OR OVERDOSE

- A. CIRCUMSTANCES UNKNOWN
B. Name of drug or chemical:

6. FIRE, BURN (non-arson)

- A. CIRCUMSTANCES UNKNOWN
B. Source of ignition/fire:
1. Matches
2. Lighter
3. Lit cigarette
4. Furnace
5. Space heater
6. Explosion of oven/stove
7. Cooking appl. used as heating source
8. Explosives/fireworks
9. Electrical wire
10. Other:
C. Source of non-fire burn:
1. Hot water (bath, etc.)
2. Appliance
3. Other:
D. Did a person start the fire?
1. Yes
2. No
3. Unknown
If yes: Age of Person: years
Activity of Person:
1. Playing
2. Smoking
3. Cooking
4. Other:

7. FIREARM INJURY

- A. CIRCUMSTANCES UNKNOWN
B. Person handling firearm was:
1. The victim
2. Other person
3. Unknown
C. Firearm involved was:
1. Handgun
2. Rifle
3. Shotgun
4. Other
D. Age of person handling firearm: years
E. Use of firearm at time of injury:
1. Cleaning
2. Hunting
3. Loading
4. Playing
5. Target shooting
6. Assault
7. Other:

8. ELECTROCUTION

- A. CIRCUMSTANCES UNKNOWN
B. Cause of electrocution:
1. Appliance defect
2. Appliance-water contact
3. Tool defect
4. Tool-water contact
5. Electrical wire defect
6. Outlet defect
7. Other electrical hazard
8. Other:

9. SUFFOCATION/STRANGULATION

- A. CIRCUMSTANCES UNKNOWN
B. Was suffocation/strangulation by another person?
1. Yes
2. No
3. Unknown
C. Object impeding breath:
D. Object strangulating:
E. Did the injury occur in a bed, crib, or other sleeping arrangement?
1. Yes
2. No
3. Unknown
If yes, check:
1. crib, functioning properly
2. crib, malfunctioning
3. Bed
4. Other sleeping arrangement (specify: )
5. Unknown

10. FALL INJURY

- A. CIRCUMSTANCES UNKNOWN
B. Deceased fell from:
1. Stair, steps (in baby walker)
2. Stair, steps (other)
3. Open window
4. Natural elevation
5. Furniture
6. Other:
C. Describe composition of landing surface (hardness):
D. Height of fall: feet

11. CRUSH INJURY (non-vehicular)

- A. CIRCUMSTANCES UNKNOWN
B. Other (specify):

12. CONFINEMENT

- A. CIRCUMSTANCES UNKNOWN
B. Place of confinement:
1. Refrigerator/appliance
2. Chest/box/foot locker
3. Motor vehicle
4. Room, building
5. Other:

13. OTHER INFLECTED INJURY

- A. CIRCUMSTANCES UNKNOWN
B. Type of inflicted injury:
1. Shaken
2. Thrown
3. Struck
4. Cut/Stabbed
5. Sexually assaulted
6. Immersed in water
7. Suffocated/strangled
8. Other:
C. Who inflicted the injury?
1. Self
2. Unknown
3. Other person:
D. With what was the injury inflicted?
1. Hands/feet
2. Firearm
3. Fire/arson
4. Poison
5. Body (overlying)
6. Sharp object (eg. knife, scissors)
7. Blunt object (eg. hammer, bat)
8. Vehicle (assault with vehicle)
9. Hot liquid or other substance
10. Object used for suffocation or strangulation: Specify:
11. Unknown

14. UNKNOWN CAUSE

(Describe what is known):

15. OTHER CAUSE

(Describe):

CFRP CHAIR REFER TO CFRP? 1. YES 2. NO DATE (MO/DAY/YR) CORONER/M.E. REFER TO CFRP? 1. YES 2. NO DATE (MO/DAY/YR) REGIONAL COORDINATOR DATE (MO/DAY/YR) PATHOLOGIST CONTACTED? YES NO IF YES: NAME (L. NAME) F.I.: DATE



MISSOURI DEPARTMENT OF HEALTH
DIVISION OF HEALTH RESOURCES
CHILD FATALITY REVIEW PANEL REPORT

DOH USE ONLY
DEATH CERTIFICATE NO. BIRTH CERTIFICATE NO.

FORM 2

A. IDENTIFICATION OF THE VICTIM
1. NAME (LAST, FIRST, MI) 2. BIRTH DATE (MO/DAY/YR) 3. DEATH DATE (MO/DAY/YR)
4. COUNTY OF RESIDENCE 5. COUNTY OF INJURY/ILLNESS 6. COUNTY OF DEATH

B. SOCIAL INFORMATION C. LOCATION & WITNESSES D. REVIEW PANEL FINDINGS

Mark all that apply:
B. Social Information: 1. Persons living in residence of victim, 2. Children living in residence, 3. Children living in residence - ages, 4. Persons in charge of victim at time of fatal illness or injury event, 5. If child(ren) in charge - ages, 6. Were one or more of persons in charge intoxicated or under influence of drugs at time of fatal illness/injury event?, 7. Who had legal custody of the victim of the time of the fatal illness/injury?, 8. If two persons are described as having legal custody, they are:
C. Location & Witnesses: 1. Scene of illness or injury event, 2. Date of injury event, 3. Time of injury event, 4. Did anyone (other than person(s) who inflicted the injury) witness the injury event?, 5. How much time elapsed from the time the victim was last seen until the time of the incident?, 6. Was the person in charge of child's care at the time of the injury event asleep at the time?, 7. Provide information about person(s) who witnessed the injury event, 8. Approximate distance between victim and person in charge of the victim at time of fatal injury event.
D. Review Panel Findings: 1. CFRP review meeting(s), 2. Autopsy, 3. Death scene investigation, 4. Law enforcement investigation, 5. Juvenile officer investigation, 6. Health Department inquiry, 7. DFS inquiry, 8. Prosecutor action.

E. PERSON(S) ARRESTED OR CHARGED (If no arrest or charge was made, skip to Section F.)

1. Number of persons arrested or charged: 1 One 2 Two 3 More
2. Was the person(s) arrested or charged caring for or in charge of the victim at the time of the fatal illness or injury event?
3. Person #1 arrested or charged: 1 Natural father 5 Natural mother, 2 Adoptive father 6 Adoptive mother, 3 Step father 7 Step mother, 4 Foster father 8 Foster mother, 9 Child living in residence, 10 Other living in residence (specify):
4. Person #2 arrested or charged: 1 Natural father 5 Natural mother, 2 Adoptive father 6 Adoptive mother, 3 Step father 7 Step mother, 4 Foster father 8 Foster mother, 9 Child living in residence, 10 Other living in residence (specify):
3a Sex of person: 1 Male 2 Female
3b Age of person (approx.): yrs.
3c Race (see code below):
4a Sex of person: 1 Male 2 Female
4b Age of person (approx.): yrs.
4c Race (see code below):





CHILD FATALITY REVIEW PANEL REPORT (Continued)

FORM 2

H. CAUSE AND CIRCUMSTANCES OF THE DEATH

Mark all applicable cause categories and specific circumstances to describe the fatality, based on information resulting from the Review. More than one cause and more than one circumstance may be applicable.

1. DEATH DUE TO NATURAL CAUSE

- A. Cause of death
1. Malnutrition/dehydration
2. Delayed medical care
3. Known illness
4. Unknown

2. SUDDEN INFANT DEATH SYNDROME

- A. Death due to SIDS

3. VEHICULAR INJURY

- A. CIRCUMSTANCES UNKNOWN
B. Position of victim:
1. Occup. of vehicle
2. Driver of vehicle
3. Pedestrian
4. Other
C. Type of vehicle:
1. Car
2. Farm tractor
3. All-terrain veh.
4. Bicycle
5. Truck/RV
6. Other farm veh.
7. Riding mower
8. Motorcycle
D. Road condition:
1. Normal
2. Wet
3. Loose gravel
4. Ice/snow
E. Safety restraint (seatbelt, infant seat, etc.):
1. Used
2. None in vehicle
3. Not used
4. Unknown
F. Deceased was wearing helmet:
1. Yes
2. No
3. Not applicable
G. Operator of occupant vehicle:
1. Driving intoxicated
2. Speed/recklessness
3. Other violation
4. Brake failure
5. No operator
6. Other mechanical failure
7. Other
8. None of the above
H. Operator of non-occupant vehicle:
1. Driving intoxicated
2. Speed/recklessness
3. Assault with vehicle
4. Other violation
5. Brake failure
6. No operator
7. Other mechanical failure
8. Other
9. None of the above

4. DROWNING

- A. CIRCUMSTANCES UNKNOWN
B. Place of drowning:
1. Swimming pool
2. Wading pool
3. Bathtub
4. Bucket
5. Creek/river/pond/lake
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1. Boat
2. Water edge
3. Other
D. Wearing flotation device:
1. Yes
2. No
3. Unknown

5. POISONING OR OVERDOSE

- A. CIRCUMSTANCES UNKNOWN
B. Name of drug or chemical:

6. FIRE, BURN (non-arson)

- A. CIRCUMSTANCES UNKNOWN
B. Source of ignition/fire:
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2. Lighter
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4. Furnace, etc.
5. Space heater
6. Explosion of oven/stove
7. Cooking appl. used as heating source
8. Explosives/fireworks
9. Electrical wire
10. Other
C. Source of non-fire burn:
1. Hot water (bath, etc.)
2. Appliance
3. Other
D. Did a person start the fire?
1. Yes
2. No
3. Unknown
If yes: Age of Person: years
Activity of Person:
1. Playing
2. Smoking
3. Cooking
4. Other

7. FIREARM INJURY

- A. CIRCUMSTANCES UNKNOWN
B. Person handling firearm was:
1. The victim
2. Other person
3. Unknown
C. Firearm involved was:
1. Handgun
2. Rifle
3. Shotgun
4. Other
D. Age of person handling firearm: years
E. Use of firearm at time of injury:
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2. Hunting
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4. Playing
5. Target shooting
6. Assault
7. Other

8. ELECTROCUTION

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2. No
3. Unknown
C. Object impeding breath:
D. Object strangulating:
E. Did the injury occur in a bed, crib, or other sleeping arrangement?
1. Yes
2. No
3. Unknown
If yes, check:
1. crib, functioning properly
2. crib, malfunctioning
3. Bed
4. Other sleeping arrangement (specify: )
5. Unknown

10. FALL INJURY

- A. CIRCUMSTANCES UNKNOWN
B. Deceased fell from:
1. Stair, steps (in baby walker)
2. Stair, steps (other)
3. Open window
4. Natural elevation
5. Furniture
6. Other:
C. Describe composition of landing surface (hardness):
D. Height of fall: feet

11. CRUSH INJURY (non-vehicular)

- A. CIRCUMSTANCES UNKNOWN
B. Other (specify):

12. CONFINEMENT

- A. CIRCUMSTANCES UNKNOWN
B. Place of confinement:
1. Refrigerator/appliance
2. Chest/box/foot locker
3. Motor vehicle
4. Room, building
5. Other:

13. OTHER INFLICTED INJURY

- A. CIRCUMSTANCES UNKNOWN
B. Type of inflicted injury:
1. Shaken
2. Thrown
3. Struck
4. Cut/Stabbed
5. Sexually assaulted
6. Immersed in water
7. Suffocated/strangled
8. Other:
C. Who inflicted the injury?
1. Self
2. Unknown
3. Other person:
D. With what was the injury inflicted?
1. Hands/feet
2. Firearm
3. Fire/arsen
4. Poison
5. Body (overlying)
6. Sharp object (eg. knife, scissors)
7. Blunt object (eg. hammer, bat)
8. Vehicle (assault with vehicle)
9. Hot liquid or other substance
10. Object used for suffocation or strangulation: Specify:
11. Unknown

14. UNKNOWN CAUSE

(Describe what is known):

15. OTHER CAUSE

(Describe):

CFRP CHAIR, REGIONAL COORDINATOR, DATE (MO/DAY/YR), DFS REPRESENTATIVE, SEE DIRECTIONS ON PAGE 2