

1999 HOUSE EDUCATION

HB 1030

1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 1030

House Education Committee

Conference Committee

Hearing Date January 11, 1999

Tape Number	Side A	Side B	Meter #
one	x		0.9 to 15.4
Committee Clerk Signature <i>Sarry Wagner jed</i>			

Minutes:

TIM DAWSON: I have a standard disclaimer. I am not for or against the Bill. I am here to just tell what it is about. This bill is straight forward. It requires the release of school information to the child fatality review panel or the coroner. The child fatality review panel is represented here to day by Gladys Cairns. Generally the people asking for school records to review the death of minors to determine why child died and actual suicide.

GLADYS CAIRNS, Administrator for Child Protection Services, Department of Human Services: See her written testimony. In 1996 there were 103 children deaths. In 1996 we reviewed 57 of them as being preventable. I will explain our process and explain how the educational material will be helpful. In self inflicted deaths we have wondered if it would have been helpful to know if there would have been red flags we could have picked up from in the educational information.

NOTTESTAD: What type of information and in what form are you looking for from the schools. Are you looking for the entire folder and will that be returned to the school or kept. Talk a little about the type of information and how you would go about getting it.

CAIRNS: History of the child, grades, other information. School information has been helpful to see a profile. One school sent the entire file. It would be the file they have on the child. Entire file.

DROVDAL: Is your panel subject to open records law. If so is your information open to the public.

CAIRNS: The information by law for the child fatality review panel is confidential and cannot be given out. We can give raw data but absolutely no names. It is very confidential.

THORESON: Do you have people on the panel qualified to interpret what is in the school file.

CAIRNS: That is a good question. We are missing the representative from the department of public instruction. We do have an instruction from the Fargo School system. We do have professionals on the panel.

THORESON: Do school records include counselor files, administrative files, or records that are not kept in the school files. Personal notes and that type of thing.

CAIRNS: If the counseling files were pertinent. Yes we would be expecting what would be kept in the normal file and the counseling records. We would not be expecting the Administrative file.

THORESON: This bill is just for elementary and secondary not if a person was a freshman in college.

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CAIRNS: Not unless the person were less than 18. I don't think we are asking for higher Ed records.

REP MERLE BOUCHER: See written testimony. The interim committee on criminal justice reviewed and proposed HB 1030. This bill will help identify deaths that could be prevented. Please consider a do pass. This bill expands those that must provide information to include schools.

VIVIAN SCHAFFER, CHILDREN'S CAUCUS: We support HB1030.

KELSCH: Anyone who wishes to appear in opposition of HB1030.

Hearing closed.

COMMITTEE ACTION 1-11-99 HB 1030

CHAIRMAN KELSCH: HB 1030 from this morning. Relating to the release of records to the Child Fatality Review Panel. What are the wishes of the committee Rep Thoreson

REP THORESON: What kind of records do they want and what will they do with them?

CHAIRMAN KELSCH: Looking at trends, especially suicides, something to identify with trends with the students. The panel is governed by confidentially laws.

REP THORESON: Counselors records aren't going to statistic nature.

CHAIRMAN KELSCH: True, they would be grades. More used for stress

REP THORESON: Under the current law can they be requested by the review panel?

CHAIRMAN KELSCH: They are closed records. This would not open them up to the public.
Rep Nottestad.

REP NOTTESTAD: Personal notes are not part of the child's records, unless they are seen by someone else. If seen they do become part of the record.

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CHAIRMAN KELSCH: Would the committee like more questions answered? Get the questions answered and bring this up tomorrow.

COMMITTEE ACTION 1-12-99

CHAIRMAN KELSCH: Rep Drovdal has some information on HB 1030. Discussion was held.

MOTION of a DO NOT PASS on HB 1030 by Rep Mueller and seconded by Rep Solberg.

Passed by a vote of 15 yes 0 No 0 absent Floor assignment Rep Drovdal

we will hold the bill and get back to Gladys we can pull this back into committee.

COMMITTEE ACTION HB 1030 1-13-99

CHAIRMAN KELSCH: We need to bring the bill back into committee to consider amendments.

REP DROVDAL: I move we reconvene on HB 1030.

CHAIRMAN KELSCH: There is a second. voice vote. passed We now have HB 1030 before us.

REP LUNDGREN: Met with Kim Dawson, have the school request the records.

REP DROVDAL: Ms Carns agreed with the committee action.

CHAIRMAN KELSCH: The question I have, can't this already be done?

REP HAAS: Yes, under federal law.

REP LUNDGREN: It may be that the review panel implements their own policy.

REP DROVDAL: Bill would require it to be done.

REP NOTTESTAD: School may not send records without parents permission, with or without this bill.

REP NELSON: Is it an oversight in the amendment, that the public school was mentioned and not the private?

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REP HAAS: Private schools are different in how they handle confidentiality.

REP NOWATZKI: The legal officers of the county already have access.

CHAIRMAN KELSCH: I question if we need this law. We have this bill before this.

REP BRUSEGAARD: I move DO NOT PASS

REP NELSON: second

CHAIRMAN KELSCH : It has been moved and seconded for a DO NOT PASS on HB 1030.

Ask the clerk to call the roll. Passed a DO NOT PASS with 15 Yes 0 No 0 Absent Floor
assignment Rep Drovdal.

Date: 1-12-99
Roll Call Vote #: 1

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1030

House Education Committee

Subcommittee on _____
or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken Do not Pass

Motion Made By Muller Seconded By Solberg

Representatives	Yes	No	Representatives	Yes	No
Rep. ReaAnn Kelsch-Chairperson	✓		Rep. Dorvan Solberg	✓	
Rep. David Drovdal-Vice Chair	✓				
Rep. Michael D. Brandenburg	✓				
Rep. Thomas T. Brusegaard	✓				
Rep. C. B. Haas	✓				
Rep. Dennis E. Johnson	✓				
Rep. Jon O. Nelson	✓				
Rep. Darrell D. Nottestad	✓				
Rep. Laurel Thoreson	✓				
Rep. Howard Grumbo	✓				
Rep. Lyle Hanson	✓				
Rep. Deb Lundgren	✓				
Rep. Phillip Mueller	✓				
Rep. Robert E. Nowatzki	✓				

Total (Yes) 15 No 0

Absent 0

Floor Assignment Drovdal

If the vote is on an amendment, briefly indicate intent:

Date: 1-13-99
Roll Call Vote #: 2

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. ~~1831~~ 1830

House Education Committee

Subcommittee on _____
or
 Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Not Pass

Motion Made By Brusegaard Seconded By Nelson

Representatives	Yes	No	Representatives	Yes	No
Rep. ReaAnn Kelsch-Chairperson	✓		Rep. Dorvan Solberg	✓	
Rep. David Drovdal-Vice Chair	✓				
Rep. Michael D. Brandenburg	✓				
Rep. Thomas T. Brusegaard	✓				
Rep. C. B. Haas	✓				
Rep. Dennis E. Johnson	✓				
Rep. Jon O. Nelson	✓				
Rep. Darrell D. Nottestad	✓				
Rep. Laurel Thoreson	✓				
Rep. Howard Grumbo	✓				
Rep. Lyle Hanson	✓				
Rep. Deb Lundgren	✓				
Rep. Phillip Mueller	✓				
Rep. Robert E. Nowatzki	✓				

Total (Yes) 15 No 0

Absent 0

Floor Assignment Drodal

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
January 14, 1999 11:31 a.m.

Module No: HR-08-0608
Carrier: Drovdal
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HB 1030: Education Committee (Rep. R. Kelsch, Chairman) recommends DO NOT PASS
(15 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1030 was placed on the
Eleventh order on the calendar.

1999 TESTIMONY

HB 1030

TESTIMONY FOR HB 1030

Prepared by Representative Merle Boucher

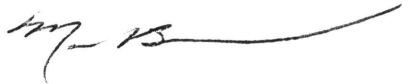
Monday, January 11, 1999

Chairman Kelsch and members of the House Education Committee. For the record I am Representative Merle Boucher from District 9, which is all of Rolette County.

With respect to the intent of HB 1030. The bill before you recommends adding (refer to lines 8 and 9) public or private institutions of learning (schools) to the list of entities required to make information available to the Child Fatality Review Panel with respect to a child when that child has died. This will allow the panel to obtain information from a school to substantiate the events, causes; and circumstances associated with the death of a child.

Chairman Kelsch and members of the House Education Committee, I recommend that your committee acts favorably upon HB 1030 and gives the bill a due pass recommendation.

Respectfully submitted by:



Representative Merle Boucher

House Education Committee
HB1030
January 11, 1999

Good morning Chairman Kelsch and members of the House Education Committee. I am Gladys Cairns and I serve as the administrator of child protection services for the Children and Family Services Division in the Department of Human Services. One of the responsibilities of my position is to act as presiding officer of the North Child Fatality Review Panel (CFRP). I am here today to provide information in support of House Bill 1030.

The North Dakota Child Fatality Review Panel legislation was added as an amendment to the state's Child Abuse and Neglect Law (NDCC 50-25.1) and became operational in January of 1996. The CFRP is required to meet at least semiannually to review the deaths of all minors and to identify trends or patterns in deaths of minors. The CFRP is responsible for making recommendations for changes in policy, practices, and law to prevent children's deaths. The process for the review of child deaths is:

A. Process for Identifying Status of Case Review

1. Sort death certificates by age requirement of < 18 years of age.

The Health Department provides a photocopy of Page 1. of the death certificates for all children who have died during the time frame identified by the CFRP.

2. **Status A Cases** for in-depth review will include any child death identified on the death certificate in the categories of:

- a. Manner of Death Categories: "Accident", "Suicide", "Homicide", "Pending Investigation", "Could not be determined."
- b. Manner of Death Category: "Natural." If manner of death is

shown as natural the Review Committee will refer to Death Certificate Item #31 to determine if the cause or **condition of death indicates the death was sudden, unexpected and/or unexplained.**

3. **Status B Cases** are any child deaths where the manner of death is "natural" and does not fall within the criteria identified in the above 2.a. or 2.b

B. Compilation Of Case Core Information/data

1. Status A Case Core Information

A Case Cover Sheet identifying the information on a child who has died will be prepared for all panel members and will include:

death certificate number, sex, date of death, race, age, cause of death, autopsy performed, coroner involved, date of injury, cause of death, manner of death, state and county of residence, state and city of death, any other available case information.

2. Distribution of Case Core Information to Panel Members

Status A Case Information will be delivered to the selected members prior to the panel review meeting. These panel members will compile and prepare for panel presentation, information from records received as part of the process of requesting data from medical and law enforcement agencies, coroners, mental health facilities and we hope education facilities.

C. Procedures for Discussion of Case

The Panel members introduce each case scheduled for review and provide case

information for review by the panel. (See attached form) Discussion takes place on the information. The major questions the panel attempts to answer are: **Does the panel agree with the manner of death submitted on the death certificate; was the death preventable; are there policies, procedures, laws or information and educational methods to help prevent future deaths of children.**

House Bill 1030 if passed will allow the Child Fatality Review Team to request information from the child's school thus adding one more piece of information for the panel to consider when we are looking at the issue of prevention of future deaths. Questions we might begin to answer if we have education information could be, "Is there a correlation between how well a child is doing in school and the manner of death" or "Are there red flags to be noticed which might help us prevent other child deaths."

I think it is important to note that the information gathered for the Child Fatality Review Panel is confidential and remains so. The disclosure of the information obtained under the provision of Chapter 50-25.1 is a class B misdemeanor criminal offense.

In the packet of information I have provided you will find some pages from the data report from the first year's work of the Panel. We are in the process of having the report printed. If you have an interest, we will distribute the completed report to members of this committee. I have also provided a copy of a draft of a brochure which will be printed and distributed for informational purposes once we know the decision of the Legislators on allowing the educational information to be provided to the Panel. And last the piece of information is a list of the current members of the North Dakota Child Fatality Review Panel.

Thank you. I would be pleased to respond to questions.

NORTH

DAKOTA

CHILD

FATALITY

REVIEW

PANEL

What Is The Purpose of the NDCFRP?

The purpose of the NDCFRP is to:

- ▣ Identify the cause of children's deaths;
- ▣ Identify circumstances that contribute to children's deaths;
- ▣ Recommend changes in policy, practices, and law to prevent children's deaths.

How Was The NDCFRP Created?

Chapter 50-25.1 of the North Dakota Century Code was amended in 1995 by the North Dakota Legislature to create the state Child Fatality Review Panel.

Child Fatality Review Panels and Teams currently exist in over 40 states.

How Does the NDCFRP Work With Local, Regional, and Statewide Agencies?

NDCFRP members agree that no single agency or group working alone can determine how and why children are dying. The shared commitment is to *work together* to improve agency and community responses to child deaths and to implement prevention initiatives.

Strategies have been identified in North Dakota, and nationally, that will improve reporting of child deaths, death certification, and training for professionals responding to child fatalities. These strategies include:

Law Enforcement - establishment of uniform child death scene and death investigation protocols

State Forensic Examiner/Coroners - improved access to and technical assistance for thorough autopsies

Public Health - implementation of education and awareness campaigns such as "Back to Sleep", "Never Shake A Baby", safety programs for firearms, seat belts, child restraint, fire and poison prevention

What Are NDCFRP Duties?

The NDCFRP reviews deaths of all minors (under 18 years of age) which occur in the state. By sharing information and reviewing compiled data, panel members discover the circumstances surrounding a child's death and identify trends or patterns in the deaths.

The NDCFRP promotes:

- ▶ accurate identification and documentation of the cause of death
- ▶ collection of uniform and accurate statistics
- ▶ coordination among participating agencies
- ▶ improvement of criminal investigations and prosecution of child abuse homicides
- ▶ cooperative protocols for investigation of certain categories of child deaths
- ▶ identification of needed changes in legislation, policy and practice
- ▶ use of media to educate the public about child fatality prevention
- ▶ intercounty and interstate communications regarding

child deaths

- ▶ development of local child fatality review panels
- ▶ evaluation of the impact of specific risk factors on child deaths including substance abuse and domestic violence

The NDCFRP identifies:

- ▶ public health issues in the areas of prevention and intervention statewide, regional and local training needs

Who Are NDCFRP Members?

The NDCFRP is a multi disciplinary, multi-agency, member appointed panel. Each panel member serves as a liaison to their professional counterparts, provides definitions of their profession's terminology, interprets the procedures and policies for their agency and provides information from their records.

The North Dakota State Child Protection Team serves as the core membership that includes a:

- ▶ designee of the Department of Human Services who serves as the presiding officer

- ▣ physician
- ▣ representative of a child placing agency
- ▣ representative of the state Department of Health
- ▣ a representative of the attorney general's office
- ▣ a representative of the superintendent of public instruction
- ▣ a representative of the department of corrections and
- ▣ representatives of the lay community.

Other appointed members are:

- ▣ State Forensic Examiner
- ▣ ND Licensed Peace Officer
- ▣ Mental health professional
- ▣ ND Sudden Infant Death Program
- ▣ ND Injury Prevention-Dept. Of Health
- ▣ ND States Attorney's Association
- ▣ Consultants invited to assist in review of a specific case

What Is The NDCFRP Review Process?

The NDCFRP is scheduled to meet on a regular basis. Meetings are closed to the public and all case discussions and documents, except for an annual report, are confidential.

Review of Death Certificates The State Health Department provides vital statistic records for each child who has died. Death certificates are reviewed by a panel sub-committee to determine what information and records are necessary to carry out the review regarding a deceased child.

Collection of Records The NDCFRP presiding officer is allowed under NDCC 50-25.1-04.4 to request and receive records from: any hospital, physician, medical professional, medical facility, mental health professional, mental health facility, law enforcement or social services. These entities are required to disclose all records requested by the CFRP.

Review of Records Case specific information is reviewed by NDCFRP members assigned to each case by the presiding officer. The compiled information is presented to panel members at the meeting for discussion, recommendations, and determination of preventability of death.

Data Collection A data form is maintained for each case reviewed to document panel findings and recommendations. The State Department of Health and Human Services assist in compile non-identifying, death related information that serves as the basis for an annual report and support future prevention efforts.

ND CHILD FATALITY REVIEW PANEL CASE REVIEW

DEATH CERTIFICATE # _____

NDCFRP CASE CODE # _____

DATE(S) OF PANEL REVIEW _____

DATE CASE CLOSED BY PANEL: _____

I. IDENTIFICATION OF CHILD

1. Name (Last, First, MI)		2. Sex a. <input type="checkbox"/> M b. <input type="checkbox"/> F	3. Born (mm/dd/yy)	4. Died (mm/dd/yy)	5. Age
6. Race a. <input type="checkbox"/> White b. <input type="checkbox"/> Black c. <input type="checkbox"/> Native Amer. d. <input type="checkbox"/> Other		7. Residence (City, County)		8. County Death Occurred	
9A. Scene of Injury/ Event? a. <input type="checkbox"/> Hospital b. <input type="checkbox"/> Child's Home c. <input type="checkbox"/> Other Home d. <input type="checkbox"/> Rural Road e. <input type="checkbox"/> Highway		f. <input type="checkbox"/> Public Drive g. <input type="checkbox"/> Private Drive h. <input type="checkbox"/> Street i. <input type="checkbox"/> Farm j. <input type="checkbox"/> Work Place k. <input type="checkbox"/> Body of Water l. <input type="checkbox"/> Private Property		m. <input type="checkbox"/> Licensed Child Care Fac. n. <input type="checkbox"/> Unlicensed Child Care Fac. o. <input type="checkbox"/> Residential Child Care Fac. p. <input type="checkbox"/> Other: 9.B. Did death occur at the 9A location? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> Unknown 3. <input type="checkbox"/> Other:	
12. Cause (As Listed on DC)		13. Manner (As listed on DC)		14. Death Certificate Complete? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No Explain:	
15. Autopsy a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No		16. Med. Examiner Case? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No			
17. Death Scene Investigation (Mark all that apply) a. <input type="checkbox"/> Medical Examiner b. <input type="checkbox"/> Law Enforcement c. <input type="checkbox"/> Fire Investigator		d. <input type="checkbox"/> EMS e. <input type="checkbox"/> Not Conducted f. <input type="checkbox"/> Unknown g. <input type="checkbox"/> Other		18. Other Investigation By Law Enforcement: a. <input type="checkbox"/> Not conducted b. <input type="checkbox"/> Conducted, No Arrest c. <input type="checkbox"/> Conducted, Arrest	
				d. <input type="checkbox"/> Joint CPS e. <input type="checkbox"/> Pending f. <input type="checkbox"/> Unknown g. <input type="checkbox"/> Other:	

Comments:

II. CHILD PROTECTION SERVICES

a. Not applicable

19. Prior CPS Involvement in last 5 years: a. <input type="checkbox"/> None b. <input type="checkbox"/> Yes: b1. <input type="checkbox"/> With decedent as child b2. <input type="checkbox"/> With any other child b3. <input type="checkbox"/> Open case on family prior to death c. <input type="checkbox"/> With Caretaker (if other than family)		
20. Did CPS receive/accept report as result of death? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No (If no, stop here).		
21. Status of assessment: a. <input type="checkbox"/> In progress b. <input type="checkbox"/> Completed	22. If completed, assessment findings: a. <input type="checkbox"/> No Services Recommended b. <input type="checkbox"/> Services Recommended.	c. <input type="checkbox"/> Services Required / Risk Factors: (for deceased child only): 1. <input type="checkbox"/> physical neglect: 2. <input type="checkbox"/> physical abuse 3. <input type="checkbox"/> sexual abuse 4. <input type="checkbox"/> lack of supervision 5. <input type="checkbox"/> psychological maltreatment

Comments:

III. RESPONSIBLE PARTIES INVOLVED WITH CHILD

23. Who was responsible for child at time of fatal illness/injury? a. <input type="checkbox"/> Biological Father b. <input type="checkbox"/> Adoptive Father c. <input type="checkbox"/> Step Father d. <input type="checkbox"/> Foster Father	e. <input type="checkbox"/> Biological Mother f. <input type="checkbox"/> Adoptive Mother g. <input type="checkbox"/> Step Mother h. <input type="checkbox"/> Foster Mother	k. <input type="checkbox"/> Parent's male paramour l. <input type="checkbox"/> Parent's female paramour m. <input type="checkbox"/> No One in Charge. n. <input type="checkbox"/> Not applicable o. <input type="checkbox"/> Unknown p. <input type="checkbox"/> Other:	24. Was person(s) responsible under influence of drugs / alcohol at time of fatal illness or injury? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No c. <input type="checkbox"/> Unknown
	i. <input type="checkbox"/> Sibling(s) j. <input type="checkbox"/> Babysitter		

25. Was decedent under influence of drugs/alcohol at time of fatal illness/injury? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No c. <input type="checkbox"/> Unknown.	26. Have there been any other child fatalities associated with any parties indicated in #23? a. <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:
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Comments:

IV. ENVIRONMENTAL/SOCIO ECONOMIC CONDITIONS IF DEATH/INJURY OCCURED AT HOME

A. Not Applicable

B. 27. Conditions? a. <input type="checkbox"/> Overcrowding b. <input type="checkbox"/> Peeling Paint c. <input type="checkbox"/> Rodent/insect infestation d. <input type="checkbox"/> Underheated	e. <input type="checkbox"/> Overheated f. <input type="checkbox"/> Unknown g. <input type="checkbox"/> Other:	28. Unusual conditions? a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No If Yes, explain:	29. Building type? a. <input type="checkbox"/> Single family f. <input type="checkbox"/> Other: b. <input type="checkbox"/> Apartment Bld. c. <input type="checkbox"/> Duplex d. <input type="checkbox"/> Mobile home e. <input type="checkbox"/> Unknown
	30. Other children living in residence?(use "<" if under 1 yr old) a. <input type="checkbox"/> ___ yrs. b. <input type="checkbox"/> ___ yrs. c. <input type="checkbox"/> ___ yrs. d. <input type="checkbox"/> ___ yrs. e. <input type="checkbox"/> ___ yrs f. <input type="checkbox"/> ___ yrs. g. <input type="checkbox"/> unknown		

Comments:

V. OTHER INFORMATION ABOUT DECEDENT

33. Special characteristics a. <input type="checkbox"/> None b. <input type="checkbox"/> Mental Retardation c. <input type="checkbox"/> Physical Handicap	d. <input type="checkbox"/> Medical Problems e. <input type="checkbox"/> School Problems f. <input type="checkbox"/> Premature Birth g. <input type="checkbox"/> Perceived Problem h. <input type="checkbox"/> Behavior Problem i. <input type="checkbox"/> Emotional Disturbance	j. <input type="checkbox"/> Learning Disability k. <input type="checkbox"/> Unplanned Pregnancy l. <input type="checkbox"/> Unknown m. <input type="checkbox"/> Other	34. In Juv. Justice System a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No c. <input type="checkbox"/> Unknown d. <input type="checkbox"/> Other

Comments:

CAUSE AND CIRCUMSTANCE OF DEATH (Complete to indicate cause of death, fill out all that apply.)

I. A. SIDS

1. Where was child found?
a. bed b. sofa c. crib
d. waterbed e. other:

2. Was child sleeping alone?
a. Yes b. No
c. If no, specify:

3. Body position when put down?
a. face up b. face down
c. on side d. unknown
e. usual position, specify:

4. Body position when found?
a. face up b. face down
c. on side d. Unknown

5. Was child on monitoring device?
a. yes b. No c. unknown
d. if yes, what type?

6. Were there any complications during pregnancy?
a. yes b. no c. unkown
d. if yes, what type?

7. Were there any complications during delivery?
a. yes b. No c. unknown
d. what type

8. Date of last well child visit?
a. mm/dd/yy/: _____
b. Unknown

9. Last time child was fed?
a. AM b. PM Time _____
c. Unknown

10. Method of feeding?
a. breast fed b. Formula fed
c. solid food d. Unknown
e. other:

11. Was child on any medications?
a. yes b. no
c. if yes, specify:

12. Was child in its usual state of health?
a. yes b. no
c. If no, explain

13. Any previous SIDS in family?
a. yes b. no
c. If yes, explain:

14. Consistent with SIDS?
a. yes b. no
c. if no, explain:
Comments:

II. FIREARM

1. Person handling the firearm?
a. decedent
b. other person
b.1. Age _____ yrs.
b.2 Unknown
c. unknown
d. not applicable

2. Type of firearm involved?
a. handgun b. rifle
c. shotgun d. Unknown
e. other

3. Firearm/Ammunition location:
a. Locked
a.1. Loaded a.2. Unloaded
b. Unlocked
b.1. Loaded b.2. Unloaded
c. Unknown
d. Other:

4. Use of firearm at time of injury?
a. shooting at other person
b. cleaning c. target practice
d. loading e. hunting
f. playing g. assault
h. unknown i. other:

5. Site of injury:
a. Head
b. Chest
c. Abdomen
d. Extremities
e. Unknown
f. Other

6. Circumstances unknown

III. DROWNING

1. Place of drowning
a. pool
a.1 public a.2 private a.3 hotel
b. bathtub
c. wading pool d. bucket
e. creek, river, pond, lake
f. well, cistern septic tank
g. other:

2. Activity of decedent prior:
a. boating b. water edge
c. swimming d. playing
e. unknown f. other:

3. Wearing floatation device?
a. Yes a.1. Type:
b. Unknown
c. No c.1. was available
c.2. was not available

4. Swimming ability:
a. Had swimming lessons
a.1. beginning a.2. interm.
a.3. adv. a.4. unknown

5. Circumstances unknown

IV. FALL INJURY

1. Origin of fall:
a. open window b. Stairs, steps
c. Natural elevation
d. Unknown
e. Other:

2. Composition of landing surface?
a. Describe:

3. Height of fall: _____ feet

4. Did fall involve child walker?
a. Yes b. No

5. Circumstances unknown

V. ELECTROCUTION

1. Cause?
a. appliance defect
b. tool defect
c. electrical wire defect
d. appliance-water contact
e. electrical outlet
f. other:

2. Circumstances unknown

VI. VEHICULAR INJURY

a. single car b. two >

1. Position of decedent:

- a. driver
- b. occupant, back seat
- c. occupant, front seat
- d. occupant, cargo area
- e. pedestrian
- f. unknown
- g. other:

2. Type of vehicle

- a. car b. farm tractor
- c. all-terrain vehc.
- d. bicycle e. truck/RV
- f. other farm vehicle
- g. riding mower h. motorcycle
- i. snowmobile j. van
- k. other:

3. Road condition?

- a. normal b. loose gravel
- c. wet d. snow
- e. ice f. not applicable
- g. other

4. Safety Restraint

- a. none in vehicle b. not used
- c. lap belt d. shoulderbelt
- e. infant seat f. not applicable
- g. airbag h. unknown
- i. other

5. Was child wearing helmet?

- a. yes b. no
- c. not applicable d. unknown

6. Driver of vehicle was:

- a. driving intoxicated
- b. other violation
- c. speed/recklessness
- d. brake failure e. no operator
- f. other mech. failure
- g. other
- h. none of the above

7. Was child ejected from vehicle?

- a. yes b. no

8. Age of driver at fault?

- a. <16 b. 16-18 c. 19-24
- d. 26-35 e. 36-59 f. 60
- g. does not apply

9. Driver of other vehicle was:

- a. driving intoxicated
- b. speed/reckless
- c. other violation
- d. brake failure
- e. no operator
- f. other mech failure
- g. other:
- h. does not apply

10. Age of driver if other vehicle involved?

- a. <16 b. 16-18 c. 19-24
- d. 26-35 e. 36-59 f. 60
- g. does not apply

11. Circumstances Unknown

VII. CONFINEMENT

1. Place of confinement

- a. refrigerator/appliance
- b. chest/box/footlocker
- c. room/closet/building
- d. motor vehicle
- e. unknown
- f. other:

2. Circumstances unknown

VIII. SUFFOCATION

STRANGULATION

1. Circumstances of event?

- a. other person overlaying or rolling over on child
- b. Caused by other person using hands or object to suffocate
- c. child rolling on or covered by object
- d. child choking on object
- e. self inflicted by decedent
- f. other:

2. Object causing suffocation?

- a. food b. plastic bag
- c. rope or string d. bedding
- e. toy f. small object
- g. balloon h. body
- i. unknown j. other:

3. Location of child at time?

- a. in crib b. in bed alone
- c. in bed with covers
- d. being cradled e. playing
- f. other: .

4. If in bed/crib, due to?

- a. hazardous design of crib/bed
- b. Malfunction/improper use of crib/bed
- c. Placement on soft sleeping surface
- d. Unknown
- e. Other:

5. Circumstances unknown

IX. POISON OR OVERDOSE

- 1. Circumstances surrounding?
 - a. intentional
 - b. unintentional
 - c. forced to ingest
 - d. huffing
 - e. unknown
 - f. other:

- 2. Type of poison?
 - a. Prescription medicine
 - a. 1. Name: _____
 - b. Over the counter:
 - b. 1. Name: _____
 - c. Chemical:
 - c. 1. Name _____
 - d. Carbon monoxide or other gas
 - d. 1. CM detector: Yes No
 - e. Foodstuff
 - f. Other:

- 3. Safety cap on bottle
 - a. Yes b. No

- 4. Location of Drug or Chemical
 - a. In cabinet with locks or safety
 - b. In cabinet without safety lock
 - c. On counter, table or floor
 - d. Outside or in garage
 - e. Other:

- 5. Circumstances unknown

X. FIRES AND BURNS

- 1. Source of fire / burn?
 - a. matches b. cigarette
 - c. lighter d. gas explosion
 - e. explosives/fireworks
 - f. space heater g. electrical wire
 - h. cooking appliance.
 - i. furnace j. candle
 - k. hot water
 - k. 1 Temp of water heater:
 - l. Unknown
 - m. Other:

- 2. Smoke alarm present?
 - a. yes b. no

- 3. Smoke alarm in working order?
 - a. yes b. no

- 4. Fire started by?
 - a. victim b. other c. no one
 - d. Unknown

- 5. Activity of person starting fire?
 - a. playing b. smoking
 - c. cooking d. suspected arson
 - e. other:

- 6. Construction of fire site?
 - a. wood frame home
 - b. brick home c. mobile home
 - d. apartment
 - e. other:

- 7. Multiple fire injuries or deaths?
 - a. yes b. no

- 8. Where child was found?
 - a. hiding b. in bed
 - c. stairway d. close to exit
 - e. other:

- 9. Circumstances Unknown

XI. OTHER INFLICTED INJURIES

- 1. Type of inflicted injury?
 - a. shaken
 - b. struck
 - c. thrown
 - d. sexually assaulted
 - e. cut/stabbed
 - f. immersed in water
 - g. suffocated/strangled
 - h. blunt trauma
 - j. unknown
 - k. other:

- 2. If shaken, suspected trigger:
 - a. crying b. disobedience
 - c. feeding difficulty
 - d. toilet training e. unknown
 - f. other:

- 3. Circumstances Unknown

XII. SERVICES PROVIDED BY AGENCIES AS A RESULT OF THE DEATH:

- a. bereavement counseling
- b. economic support
- c. funeral arrangements
- d. emergency shelter
- e. mental health services
- f. adult foster care
- g. child foster care
- h. health care
- i. legal services
- j. unknown
- k. other

PANEL DISCUSSION/RECOMMENDATIONS:

I. Manner of Death

A. Is the manner of death as recorded on the death certificate agreed upon by NDCFRP members?

1. Yes a. natural b. accident/injury c. suicide d. abuse/maltreatment e. neglect f. undeter. g. SIDS
2. NO a. natural b. accident/injury c. suicide d. abuse/maltreatment e. neglect f. undeter. g. SIDS

II. Preventability of the Death (Select either A. Preventable or B. Non-Preventable)

A. The Death Was Preventable as indicated by the following criteria:

- | | | | |
|---|------------------------------|-----------------------------|----------------------------------|
| 1. Intentional injuries | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 2. Unintentional injuries | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 3. Medical misadventures, e.g. medical mismanagement, foreseeable complication | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 4. Lack of access to medical care (insurance problems, no medical facility, transportation, no telephone) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 5. Neglect and reckless conduct -Decedent | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 6. Neglect and reckless conduct - Others | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 7. Preventable prematurity (No prenatal care, mother drug user, known condition ignored) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 8. Religious beliefs contributed to death | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

Comments:

B. The Death was Non-preventable as indicated by the following criteria:

- | | | | |
|--|------------------------------|-----------------------------|----------------------------------|
| 1. Non preventable prematurity | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 2. Terminal medical condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 3. SIDS | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 4. Natural Disaster | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| 5. Unforeseeable medical complications | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

III. Are there any policy and/or systemic issues raised by this case? Yes No (Explain:)

IV. Follow-up Requested / Recommendations:

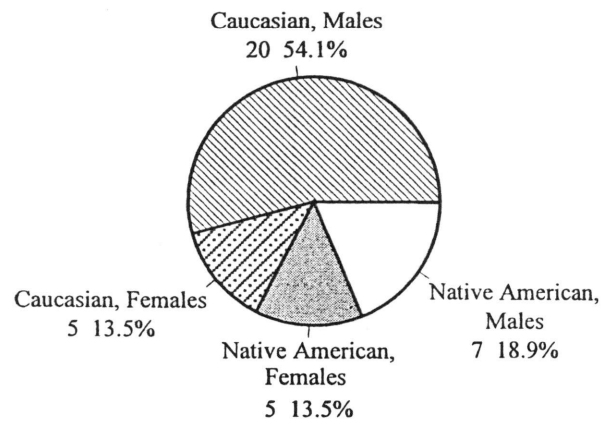
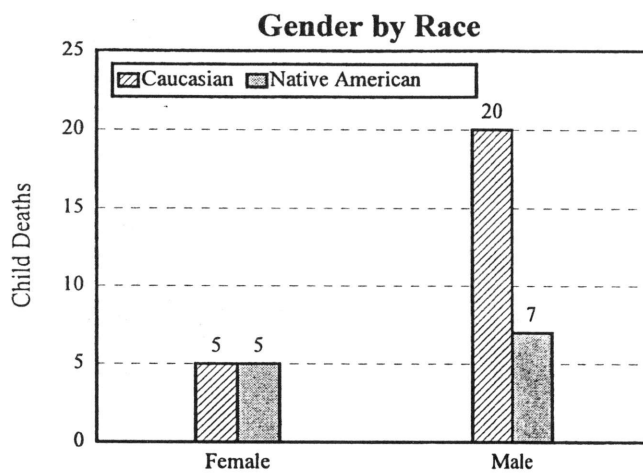
Case Closed: Signatures: Review Board Presiding Officer

Date:

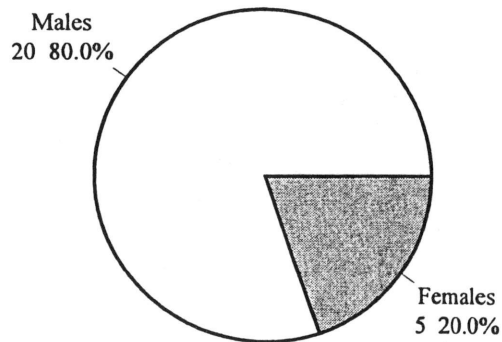
1996

Preventable Child Deaths

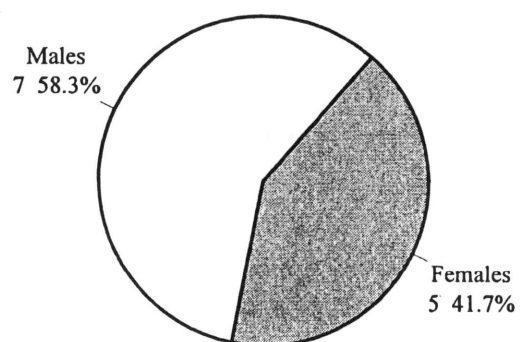
Of the 55 in-state child fatalities reviewed, 37 (67.3%) were classified as preventable by the Child Fatality Review Panel. These 37 preventable child deaths represent 35.9% of the 103 child death certificates issued in 1996.



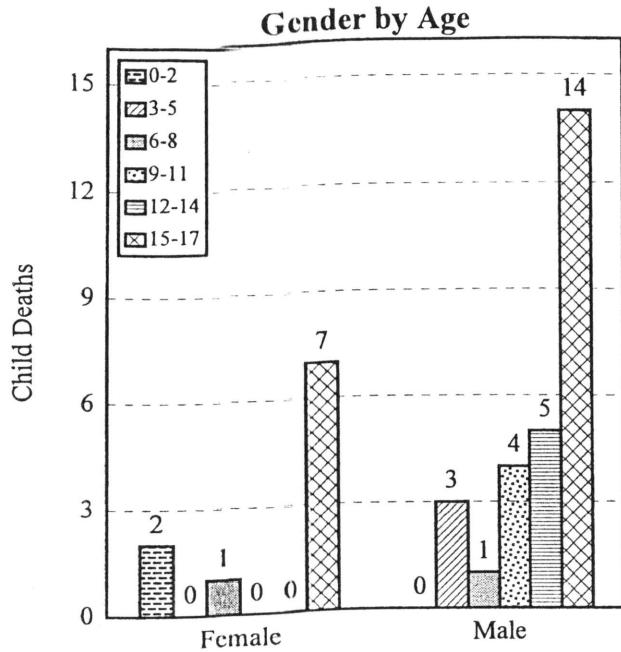
Caucasian



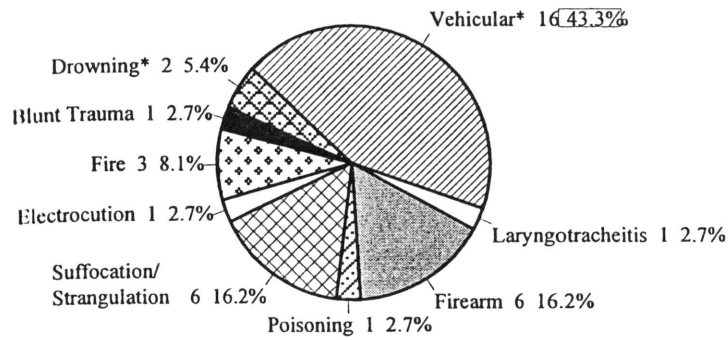
Native American



Number of Preventable Child Deaths

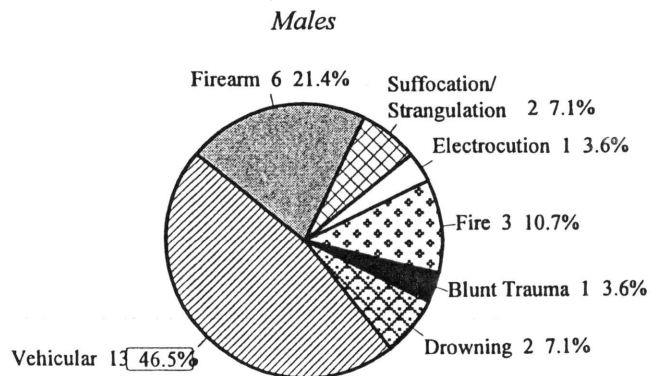
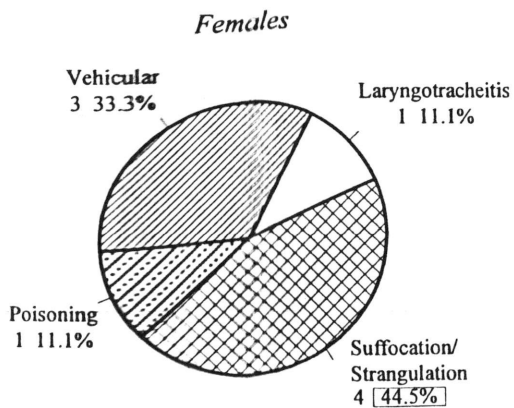


Mode of Death



*One vehicular crash death involved drowning also, (not included in Drowning counts).

Mode by Gender



NDCFRP MEMBERS - 1998

Gladys Cairns - Presiding Officer
Child Protection Services - DHS-CFS

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State Forensic Medical Examiner

Connie Cleveland
Cass County States Attorney

Sandy Anseth
State Health Department

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State Department of Corrections

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