

CODING MANUAL FOR CDRT DATA COLLECTION FORM

Initial Draft: September 2000

Item Number	Item Name	Software Item Name	Item Description
I. 1	Reporting Team Reporting County	RptCnty	Name of county reporting the child death
I. 2	Name of Reporter	RptName	Name of team representative completing the form
I. 3	Date of Report	RptDate	Date report is completed
II. 1	Child Identification Child's name:	CFName CMName CLName	Child's First, M., and Last name, plus any AKAs
II. 2	Date of Birth	DOB	Child's date of birth (mm/dd/yyyy)
II. 3	Date of Death	DOD	Child's date of death (mm/dd/yyyy)
II. 4	County of Death	DthCnty	County in which death occurred
II. 5	Gender	Gender	Child's gender
II. 6	Age	Age	Needed only if no birth & death dates above; If child was over one year of age, only give age in years; If child was less than one year of age, give age in months; if less than one month, give age in days
II. 7	Residence County	ResCnty	County where child lived at time of death; If unknown, state unknown
II. 8	Zip code	Zipcode	Zip code for residence address
II. 9	Hispanic/Latino Origin	Hisp	Hispanic/Latino origin noted or not; Specify origin if available
II. 10	Race/Ethnicity	RaceAA; RaceAS; RaceC; RaceNA; RacePI; RaceOth	Check all that apply; Note specific group(s) if available
III.	Assigned Identification Number	ChildID	First 2 digits for County Number [1-58]; second 2 digits for year [00]; third 4 digits are a unique number assigned by the CDRT (e.g. Alameda's first reported case would be 01-00-0001).
IV.	Matrix for Classifying CAN Fatalities	CANInv CAH;CNH; SCA;SCN; CAR;CNR; CAC;CNC	(See Matrix and Guidelines): Use the Matrix to determine whether child abuse or neglect was involved in child's life in some way. If not, check first box and DO NOT submit form to the state. If so, check box and all the categories that apply and submit the Data Collection Form to the state
V.	CDRT Agency/Records Review	One variable per box	Check all agencies that searched their files and/or all records that were reviewed for CDRT case review
VI. A. 1	Death Investigation Information General Information Cause of Death	Four text fields	Use actual text from death certificate or autopsy report; May add relevant additional information if based upon death certificate or autopsy information
VI. A. 2	Manner of Death	Manner	Manner of death as determined by coroner or physician
VI. A. 3	Other Significant Contributing Conditions	SignCond	Other significant contributing conditions not directly related to the cause of death, as identified by coroner, physician or other investigator
VI. A. 4	Place of injury	PlaceInj	Check known or unknown; If known, check appropriate box
VI. A. 5	County of Injury	CntyInj	List county of injury if different from county of death
VI. A. 6	Date of Injury	DateInj	List date of injury if different from date of death
VI. A. 7	Scene Investigation conducted?	SceneInv	Check all agencies that conducted an investigation of the death scene
VI. A. 8	Autopsy Performed?	Autopsy	Was autopsy performed? If so, was it full or partial? By whom?

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VI. A. 9	X-Rays taken?	Xray	Were X-rays conducted on child's body? If so, list general type if available? Team may want to explore further
VI. A. 10	Toxicological Screening?	Tox	Was a toxicological screening conducted? Team may want to explore further
VI. B. 1	Supervision at time of injury/illness Relationship of primary supervisor	PrimSup	Relationship of primary person(s) responsible for supervising child at the time of injury/illness; Check all boxes that apply; Note if unknown or if no supervision was needed due to age;
VI. B. 2	Age of supervisor	AgeSup	Age of supervisor if known
VI. B. 3	Gender of supervisor	Gensup	Gender of Supervisor if known
VI. B. 4	Neglect/lack of adequate care	NeglectSup	Two levels of neglect: One based upon Matrix guidelines & one based upon some lesser level of inadequate care
VI. B. 5	Type of neglect	Neglectype	If neglect, specify type of neglect
VI. B. 6	State of supervisor	Statesup	If neglect, check all that apply
VII. A. 1	Background Information Biological parents Mother's name	Momfname Mommname Momlname MomAKAs	Name of child's biological mother and any known AKAs
VII. A. 2	Mother's DOB	MomDoB	Biological mother's date of birth if known
VII. A. 3	Mother's age	MomAge	Biological mother's age in years if date of birth is not known
VII. A. 4	Mother's Hispanic/Latino origin	MomHisp	Biological mother's origin – Hispanic/Latino or not
VII. A. 5	Mother's Race/Ethnicity	MomRace	Biological mother's race/ethnicity – check all that apply
VII. A. 6	Mother's Marital status	MomMar	Biological mother's marital status
VII. A. 7	Father's name	Fatfname Fatmname Fatlname FatAKAs	Name of child's biological father and any known AKAs
VII. A. 8	Father's DoB	FatDoB	Biological mother's date of birth if known
VII. A. 9	Father's age	FatAge	Biological mother's age in years if date of birth is not known
VII. A. 10	Father's Hispanic/Latino origin	FatHisp	Biological mother's origin – Hispanic/Latino or not
VII. A. 11	Father's Race/Ethnicity	FatRace	Biological mother's race/ethnicity – check all that apply
VII. B. 1	Infant Deaths (< 1 year old) Birth Certificate #	BCNum	Infant's birth certificate number (Use this section only if child is an infant less than 1one year of age)
VII. B. 2	Gestational Age	GestAge	Infant's gestational age at birth (full or pre term) if known
VII. B. 3	Birth weight	BW	Infant's birth weight (normal or low birth weight) if known
VII. B. 4	Number of prenatal visits	PreVisit	Number of prenatal visits for this pregnancy if known
VII. B. 5	First prenatal visit	FirstV	First prenatal visit by trimester if known
VII. B. 6	Multiple birth	Mulbirth	Was this a multiple birth? (e.g., twins)
VII. B. 7	Medical complications	Medpreg	Were there any medical complications noted during the pregnancy?
VII. B. 8	Neonatal complications	Neocomp	Were there any neonatal complications noted after birth?
VII. B. 9	Smoking during pregnancy	MomSmoke	Did mother smoke during pregnancy?
VII. B. 10	Alcohol use during pregnancy	MomAlcoh	Did mother use alcohol during pregnancy? (Note if considered significant)
VII. B. 11	Drug use during pregnancy	MomDrug	Did mother use illegal/inappropriate drugs during pregnancy? (Note if considered significant)
VII. B. 12	Medical/Public health services	PostServ	Were medical or public health services received postnatally?
VII. C. 1	Family/Child Background Relationship of Primary Caregiver	PrimCare	Relationship of the primary caregiver to the child. Check the appropriate box. May check two boxes if appropriate. If biological parent is checked, skip to #7 in section
VII. C. 2	DoB of primary caregiver	PrimDoB	Primary caregiver's date of birth if known

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VII. C. 3	Age	PrimAge	Primary caregiver's age in years if date of birth is not known
VII. C. 4	Gender	PrimAge	Primary caregiver's gender
VII. C. 5	Hispanic/Latino origin	PrimHisp	Primary caregiver's Hispanic/Latino origin
VII. C. 6	Race/Ethnicity	PrimRace	Primary caregiver's race/ethnicity - Check all that apply
VII. C. 7	Other children in home	OthSibhm OthChHm	Number of other siblings and children living in the child's home
VII. C. 8	Medical insurance status of child	Childmed	Medical insurance status of the child
VII. C. 9	Child disabilities	Childdis Distype	Child disabilities of the child - If known, check type
VII. C. 10	Child's school history	Childsch Schprob	Child's school history - Check any problems noted in records
VII. C. 11	Child's mental health history	Childmen ChildTx Childmeds	Child's mental health history: If known, check history of problems, treatment, and medications.
VII. C. 12	Child's contact with legal system	Childleg Legtype	Child's contact with legal system: If known, check type of contact
VII. C. 13	Other life problems for child	Childlife	Other life problems – check all that apply
VII. D. 1	Family Violence History Prior CPS History	PriorCPS	Prior CPS history noted for this child – if yes, was there a referral only or a substantiated case (Note - if mother was a victim as a child, note separately)
VII. D. 2	Current CPS Activities	CurCPS	Current CPS – Open case for this or other children; Open case due to child death
VII. D. 3	Other children in family died	PtChDth	Have other children in family died? Number?
VII. D. 4	Were other deaths CAN related?	PtChCAN	Were any child deaths considered CAN related?
VII. D. 5	History of domestic/intimate partner violence	HxDV	History of domestic/intimate partner violence documented – If yes did this child witness D/IPV?
VIII.	Causes and Circumstances of Death Death due to	Dthcat	Death was due to what category of cause? Based upon response, go to appropriate section.
VIII. A. 1	Intentional Injury Cause Was injury intentional?	Injcause	If injury, was injury due to intentional (assaultive/homicide)?
VIII. A. 2	Was child intended target?	Childtar	Was child intended target?
VIII. A. 3	Who inflicted injury?	Inflict	Who inflicted injury? If self, go to Section VIII-A2. Clarify whether parent/caregiver inflicted injury.
VIII. A. 4	Method/type of assaultive injury	Methinj	Method /type of assaultive injury – check all that apply
VIII. A. 5	Precipitating events	Percip	Precipitating event – check all that apply
VIII. A. 6	Primary suspect's relationship to victim	Psrelat	Primary suspect's relationship to victim – if more than one suspect, check all that apply
VIII. A. 7	Primary suspect's characteristics	PsGen PSAge PSEth PSRace PSAKAs	Characteristics of primary suspect if known
VIII. A. 8	Name of primary suspect	Primfnam Primmnam Primlnam PrimAKAs	Name of primary suspect and any known AKAs
VIII. A. 9	Name of any other suspects (if more than one)	Osusfnam Osusmnam Osuslnam	Name of any other suspects and any known AKAs (if more than one)
VIII. A. 10	Primary suspect risk behavior	Primrisk	Did primary suspect display risk behavior? Check all that apply

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VIII. A. 11	Other suspect's characteristics	Osusgen Osusage Osuseth Osusrace	If more than one suspect, characteristics of other suspects
VIII. A. 11	Number of suspects arrested	Suspnum	Number of total suspects arrested (Note: two # 11s)
VIII. A. 12	Reports submitted to state	SHRrpt CAClrpt	Was a Supplemental Homicide Report submitted to the state? Was a report submitted to the Child Abuse Central Index?
VIII. A. 13	Submitted to DA for prosecution	SubmitDA	Was the case submitted to the DA for prosecution?
VIII. A. 14	DA action taken	DAction	Did the DA take action?
VIII. A. 15	Legal outcome	LegOut	What was the legal outcome? (Update if new information becomes available)
VIII. A2. 1	Intentional Injury Cause: 2 Suicide Prior Suicide History	SuiHx	If self inflicted injury, any prior suicide history?
VIII. A2. 2	Method used	SuiMeth	Method used to commit suicide
VIII. A2. 3	Contributing conditions	Suicond	Contributing conditions – check all that apply
VIII. A2. 4	Other indicators of intent	Suintent	Other indicators of intent
VIII. A2. 5	Preventive measures	SuiPGun SuiPGUse SuiPMHA SuiPMHU SuiPHLA SuiPHLU SuiPOth	Preventive measures (if applicable): Gun safety device present/used Mental health treatment accessible/used Hotline available/used Other, specify
VIII. B. 1	Unintentional Injury Cause	UnintInj	If cause was injury was injury unintentional?
CODE BOOK STILL UNDER CONSTRUCTION			
UNINTENTIONAL INJURY CAUSES 1-10 NOT DONE			
VIII. C. 1	Natural Cause: ALL What category	NatCat	If natural cause, what category of natural death?
VIII. C. 2	SIDS and Undetermined Infant Cases	SleepPos PosFound Postomach Alone InfLoc Bedding Breathing Inflth ExpCig InfOth	For SIDS and undetermined cause of death for infants:
VIII D.	Brief Case Scenario	CaseScen	For ALL suspicious AND child abuse or neglect cases to be submitted to the state, write a brief case scenario of why case was determined to be a suspicious death or a CAN fatality
IX. 1	Conclusions from the Team Review Interagency protocols followed	AgenProt	Were interagency protocols followed? If not, include areas for improvement in the recommendation section
IX. 2	Overall investigation adequate	Invest	Was the overall investigation adequate? If not, include areas for improvement in the recommendation section
IX. 3	Death certificate appropriate	Dcappr	Was the death certificate filled out appropriately? If not, include areas for improvement in the recommendation section
IX. 4	Team agreement with manner of death	AgreeMan	Did the team agree with the manner of death assigned by the coroner/medical examiner?

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IX. 5	If not, manner of death assigned by team	Teamanner	If team did not agree, what manner of death did the team assign? (Note: Teams should use the Matrix Guidelines for making their decisions)
IX. 6	Formal designation changed	ManChang	If team did not agree, did they change (or try) to change the formal designation of manner of death
IX. 7	Was death preventable?	Prevent	Did the team judge the death to be definitely or probably preventable? Possible Criteria: in retrospect it is determined that a reasonable intervention might have prevented the death (See: Preventability Scale in Garber et al., <u>Am J. Preventive Medicine</u> , 11(3), 1995 338-44)
IX. 8	Services provided to family as a result of death	DeathSer	Were any services provided to the family as a result of the child death? Check all that apply
IX. 12	Narrative	Narrativ	Any additional information that the Team felt may be helpful to understanding the child death or review
X. 1	Recommendations and Prevention Actions Did team review lead to additional investigation?	AddInvest	This is a critical portion of the review and documentation process. We want to document the impact of the CDRT process. Did the Team review lead to additional investigation of the child death (e.g., new information to be followed up; additional people/places investigated)?
X. 1a	If yes, Explain	AddInvEx	If yes, briefly explain what additional investigation were conducted
X. 2	Policy or practice issues raised	PolIssue	Did the Team review raise any policy or practice issues for discussion?
X. 2a	If yes, Explain	PolIssEx	If yes, briefly explain what issue (Note: Report any recommendations/actions below)
X. 3	System issues raised	SysIssue	Did the Team review raise any system issues for discussion?
X. 3a	If yes, Explain	SysIssEx	If yes, briefly explain what issues (Note: Report any recommendations/actions below)
X. 4	What recommendations or prevention activities did team propose?	Recommend	What recommendations or prevention activities did the Team propose? Check all that apply.
X. 4a	Describe each recommendation	RecomDes	Describe all recommendations or activities proposed by the Team (Note: If more than one recommendation/activity, use a separate sheet to clarify separate answers to 4a –4c)
X. 4b	Target population(s)	RecTarget	For each recommendation/activity, try to identify the appropriate target population(s).
X. 4c	Lead organization identified	RecLead	For each recommendation, try to identify an appropriate lead agency/organization to carry it out.
X. 5	What changes, if any, have been made as a result?	Changes	List any and all changes that occurred as a result of this child's death. Please update later if new information becomes available.
X. 6	Were these changes due to formal/informal efforts of the team?	TeamRole	Were these changes definitely or partially due to the formal/informal efforts of the Team? Use the Team's judgement of its role.