

**OHIO**  
**CHILD FATALITY REVIEW**  
*ANNUAL REPORT*

**SEPTEMBER 30, 2001**

In compliance with ORC 3701.045 and OAC 3701-67-08

Respectfully Submitted by:  
Ohio Department of Health  
Children's Trust Fund

## Introduction

Child deaths are often regarded as an indicator of the health of a community. In 1999, nineteen hundred and forty-five (1945) children under the age of eighteen died in Ohio. While mortality data provide us with an overall picture of child deaths (by number and cause) it is from a careful study of each and every child's death that we can learn how best to respond to a death and how best to prevent another.

Recognizing the need to better understand why children die, the Ohio General Assembly passed Substitute House Bill Number 448 (HB 448) in July, 2000, mandating Child Fatality Review (CFR) Boards in each of Ohio's counties (or regions) to review the deaths of children under eighteen years of age. The ultimate purpose of these local review boards, as clearly described in the law, is to reduce the incidence of preventable child deaths. To accomplish this it is expected that local review teams will:

- promote cooperation, collaboration and communication between all groups that serve families and children;
- maintain a database of all child deaths to develop an understanding of the causes and incidence of those deaths;
- recommend and develop plans for implementing local service and program changes; and
- advise the department of health of aggregate data, trends and patterns found in child deaths.

The review process affords an opportunity to evaluate and understand underlying factors that may have influenced or contributed to a child's death. For example, in reviewing the case of a child who died in a house fire, factors that may have contributed to the death of the child could be smoking in bed, substandard housing, a faulty space heater, old wiring, or lack of housing inspections. Understanding these contributing factors, individuals and agencies working together can improve the response to a tragic situation. Conducting fatality investigations, and implementing prevention strategies and services, are

ways that CFR boards can help to prevent other children from dying under similar circumstances in their communities.

This first annual report to the Governor and Ohio Legislature will:

- describe the progress in implementing county/regional CFR Boards;
- provide data on the numbers and causes of child deaths in Ohio;
- present the local CFR teams' findings, including their recommendations to prevent other child deaths; and
- provide recommendations for state level support of the local review teams.

## **Progress in Establishing CFR Boards in Ohio**

### *Rule Development*

On July 6, 2000, Governor Bob Taft signed HB 448, which contains the Child Fatality Review mandate. The law required the Ohio Department of Health in consultation with Ohio's Children's Trust Fund and those CFR boards in existence prior to the effective date of the law, to develop rules to assist in the implementation of this law. The process of drafting the rules and establishing review procedures for CFR Boards began immediately in August, 2000 with monthly meetings of more than fifty individuals, groups and agencies who serve Ohio families and children. Following a public and legislative hearing process, the rules became final on June 28, 2001 (see Appendix A for a handout of this statute and attendant rules). The rules can also be accessed through the ODH web site at [www.odh.state.oh.us](http://www.odh.state.oh.us). The rules specify: definitions; guidelines for establishment and operation of the CFR boards (i.e., membership, meetings); requirements for data collection and confidentiality of records; training guidelines; development of a child fatality review information system; information about requirements for the annual report filed with ODH; and the annual report, jointly submitted to the Governor and legislative leadership by ODH and The Children's Trust Fund Board.

### *Training and Technical Assistance*

Training and technical assistance is being provided to local review teams through the Ohio Department of Health (ODH) in partnership with the Ohio Children's Trust Fund and the existing CFR teams. A team of health planners, program consultants, and epidemiologists at ODH are coordinating this statewide initiative through funding provided by the Maternal and Child Health Block Grant. The focus of this group will be to offer guidance to local CFR teams regarding the child death review process and to support a CFR information system for collecting and analyzing child death data at both the local and state levels.

In May of 2000 participants from 69 Ohio counties attended a day-long training sponsored by ODH, the Children's Trust Fund, Sudden Infant Death (SID) Network of Ohio, and the Cleveland Healthy Start Project. This training was attended by conveners, who are the health commissioners appointed by the board of county commissioners, or a CFR board that was in existence as of the effective date of the law. Lt. Governor Maureen O'Connor was the opening keynote speaker. Training focused on the CFR statute and draft rules; provided information on the status of child mortality in Ohio; and outlined the process for conducting child death reviews.

Currently six regional trainings are planned during fall 2001. These trainings are targeted to mandated CFR team members (i.e., county coroner; law enforcement; children services agency; physician; public health official; and alcohol, drug addiction, and mental health services board) and will focus on the actual process used in reviewing child deaths. Experienced CFR boards will demonstrate and new boards will practice the review process using case scenarios. A demonstration of the Ohio Child Death Review Database System developed by ODH will be presented as well as information on the annual reporting

requirements. By offering these trainings regionally it is hoped that all members of a CFR team will have an opportunity to gain first hand knowledge about the child death review process.

#### *Child Fatality Review Database System Development*

CFR Boards are required to implement a data collection system for child death reviews. ODH contracted with a software company to develop an Ohio specific web-based information system for CFR, which is an adaptation of the model currently being used in Michigan. This web site will be used by local boards to input their child death data. Boards will be able to enter data on each child death reviewed to this secure Internet site. Boards will then be able to access prepackaged reports and download their own data for analysis. ODH reports are public record and will contain an aggregate of information from the local reviews. As specified in statute, these reports will include: demographic characteristics, death-related information, and recommendations for action. Local review teams will receive training on the use of this information system in the fall 2001 regional trainings.

#### *Annual Reporting*

The law requires the CFR Board to file an annual report by the first day of April of each year. Because rules were not in place yet, the Director of Health sent a memo in February 2001 to all Health Commissioners stating that only CFR teams in existence as of January 1, 2000 would be required to submit a report this first year. The Director also indicated that those other CFR boards formed after January 1, 2000, could file a brief narrative on the process they used to establish a team and death review information if they had conducted any reviews.

In response, reports were received from 23 of Ohio's 88 counties. Of those, the following 13 counties reported child death review information: Champaign, Cuyahoga, Delaware, Erie, Franklin, Guernsey, Hamilton, Licking, Logan, Medina, Morrow, Portage, and Summit. This information is summarized later in this report.

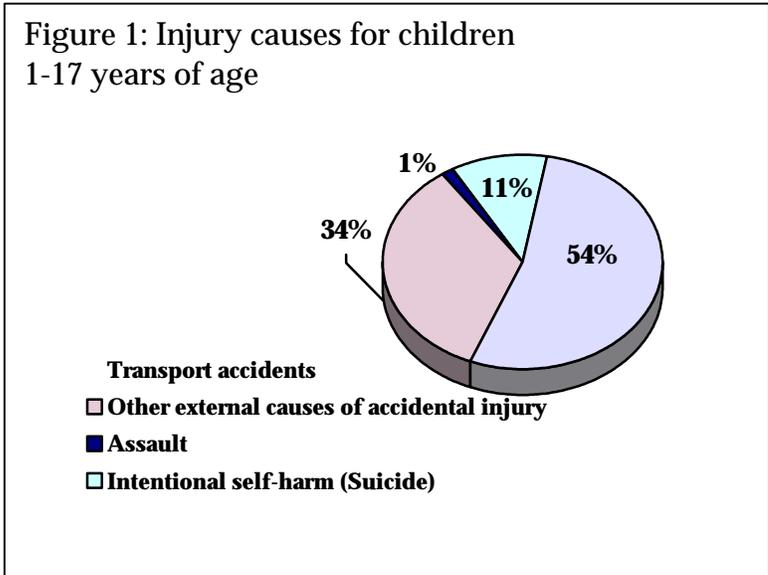
Ten counties did not review child deaths but did provide information on their progress in implementing the child death review process in their county or region. This included information on the passage of a county CFR resolution and initial organizational meeting(s). Counties submitting this type of information included Adams, Carroll, Clinton, Gallia, Hardin, Meigs, Putnam, Tuscarawas, Wood, and Wyandot. The remaining 65 counties did not submit a report this first year.

The next section of this report describes what we know about the numbers and causes of child deaths in Ohio beginning with a summary of our 1999 vital statistics data. Next, the results of what local review teams reported about the children who died in their communities are presented.

## **A Summary of 1999 Ohio Child Death Data**

In 1999 there were 1,945 deaths to children birth to 17 years of age in Ohio (see Appendix B). Analysis of the most frequent causes of death helps to identify which types of child deaths might be preventable (Figure 1). The number one cause of death to all children over the age of one year was unintentional or accidental injury, which accounted for 40% of all deaths in this age group. For children ages 5-17 years, transportation accidents, such as motor vehicle crashes, were the leading cause of death, particularly for teens aged 15-17 years. In

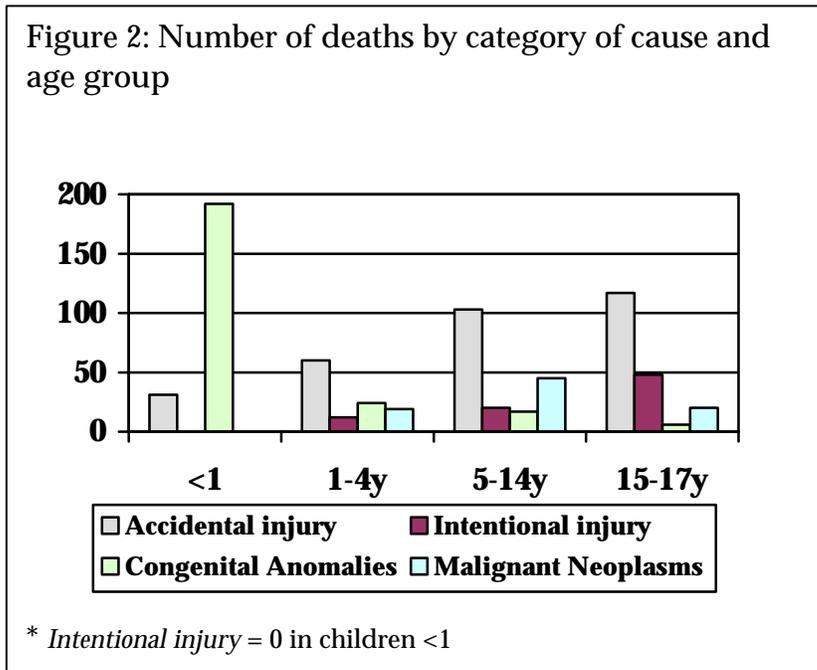
toddlers and preschoolers (ages 1-4 years), other causes of accidental injury, such as falls and drowning, were the most common cause of death.



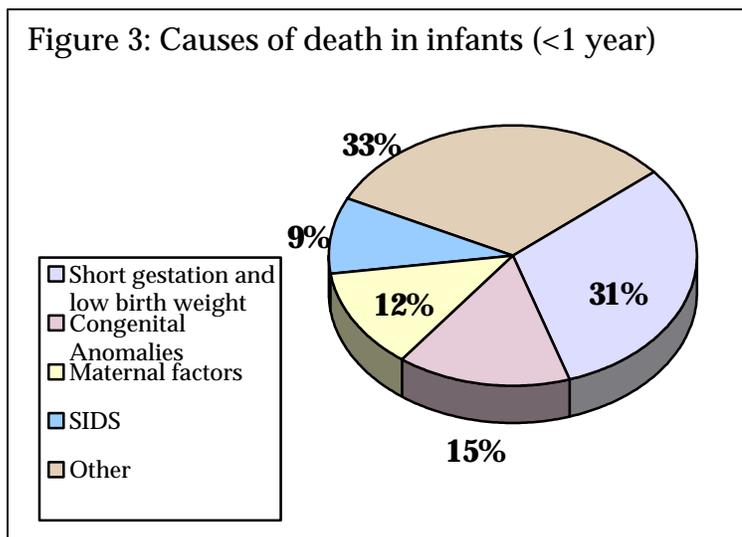
Intentional injuries, including homicide and suicide, were the second leading causes of death in the age group 15-17 years, accounting for 19% of deaths. All causes of injury (unintentional and intentional) accounted for over half (58%) of the deaths in this same age group. Many of these injury-related causes of child death are potentially preventable.

Congenital anomalies, including birth defects, were among the five most frequent causes of death (Figure 2) for all age groups except those 15-17 years. Malignant neoplasm or cancer is among the most frequent causes of death for all age groups except infants under the age of one year. It was the third most frequent cause in children ages 1-14 years. Some of these types of death are known to be preventable. For example, the risk of neural tube defects, like spina bifida, is reduced as much as 50-70% when women take adequate amounts of folic acid right before they become pregnant. Likewise, the incidence of fetal

alcohol syndrome can be totally prevented when women do not drink alcohol during pregnancy.



For infants under the age of one year (Figure 3), the leading cause of death was short gestation (prematurity), accounting for 31% of these deaths. Congenital



anomalies accounted for 15%; maternal factors and complications of labor, 12% and Sudden Infant Death Syndrome (SIDS), 9%. These causes of infant death have potential for prevention when women have access to and utilize preconceptual and prenatal care and when appropriate high-risk neonatal care is available.

## **A Summary of Child Death Data from local CFR Boards in Ohio**

### *Results*

Thirteen Child Fatality Review (CFR) boards submitted data reviewed in calendar year 2000. Four of these boards had been in existence prior to the enactment of the CFR legislation. All of the counties reviewed year 2000 deaths except for Franklin county which reviewed 1999 deaths. (The Franklin county child death review process is such that they review deaths occurring in the previous calendar year). All counties reviewed deaths for residents of their respective counties. Reports varied in detail and method of presentation. Hence, this statewide report only reflects that information consistently reported across all 13 counties.

The 13 CFR boards reviewed a total of 776 child deaths (children 0-17 years of age) {Table 1}. Of the 776 deaths, 730 (94%) were submitted by four metropolitan counties; 27 (4%) were submitted by three suburban counties; and 19 (2%) were submitted by six rural counties (Figure 4). The deaths represented in this report are not representative of all child deaths in Ohio. Because of the contribution of metropolitan counties the information discussed in this report is more indicative of child deaths in metropolitan counties.

*Total Reporting Counties*

Of the reports for whom gender was reported or identifiable (650), 54% were male and 46% were female (Figure 5) and for the deaths for whom race was reported (662), 50% were African-American, 48% were white, and 2% were of another race (Figure 6). Reviewed deaths according to age group are presented in Figure 7 and show that most deaths (slightly over two thirds), occurred in infants.

Table 1: Child deaths reviewed by county and county designation/type

COUNTY	COUNTY TYPE	NUMBER
Champaign	Rural	3
Cuyahoga	Metro	281
Delaware	Suburban	3
Erie	Rural	2
Franklin	Metro	222
Guernsey	Rural	2
Hamilton	Metro	144
Licking	Suburban	6
Logan	Rural	7
Medina	Suburban	3
Morrow	Rural	5
Portage	Suburban	15
Summit	Metro	83
Total		776

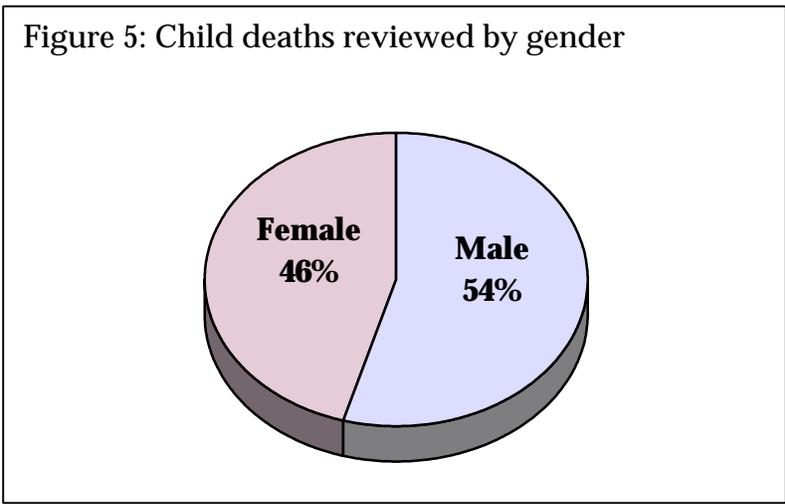
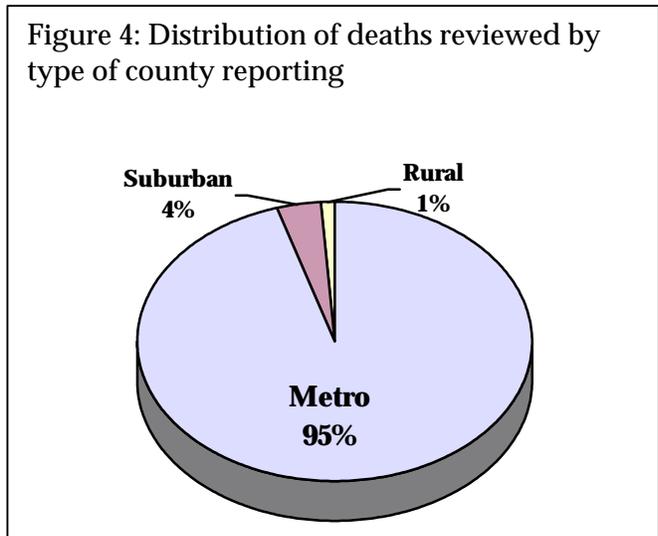


Figure 6: Child deaths reviewed by race of child

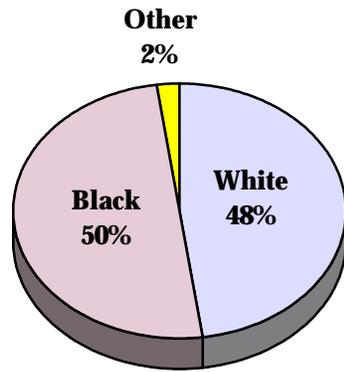


Figure 7: Child deaths reviewed by age group

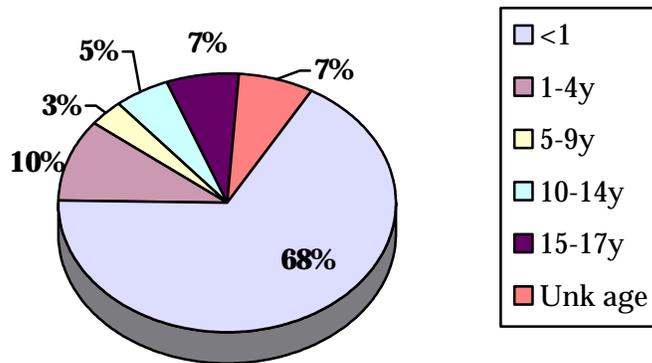
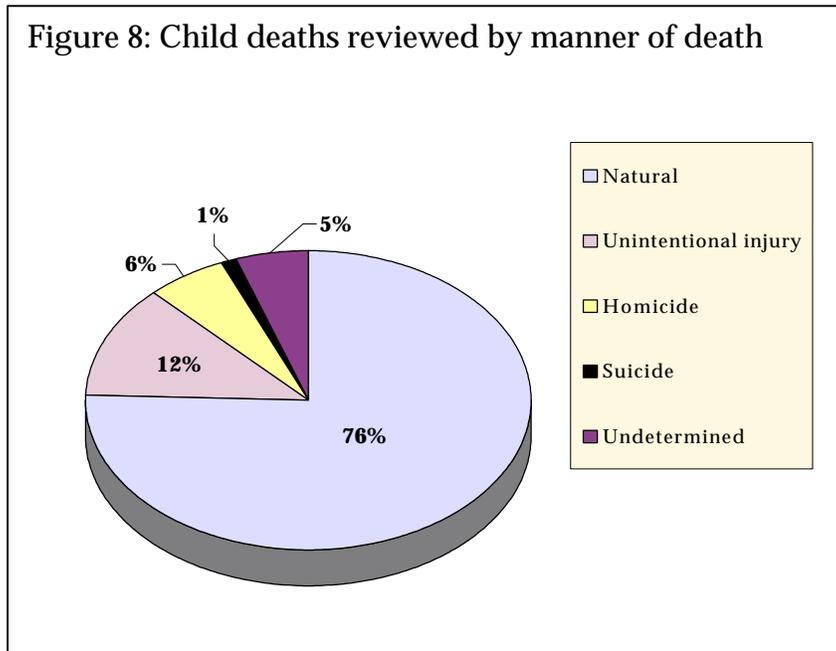


Figure 8 presents the distribution of the deaths reported from the 13 CFR boards by manner of death. Of the deaths for whom manner of death was reported (754), 76% were determined to be due to natural causes. Some causes of these natural deaths were prematurity, Sudden Infant Death Syndrome (SIDS), respiratory disease, and congenital or birth defects. Of the remaining 24%, half

were the result of unintentional injury, followed by homicide and suicide. Five percent of the child deaths reviewed had an undetermined cause.



### *Limitations*

As previously stated, the data presented represent reviews done only in 13 counties and therefore, should not be generalized to the state as a whole. Beginning in 2002, all CFR Boards will be reporting consistent and comparable data to ODH, which will offer a more comprehensive review of child deaths statewide.

### *Recommendations of CFR Boards*

A uniform and consistent process of child fatality review throughout Ohio will provide valuable information at both the local and state levels with regard to potential prevention of child fatalities. The following are examples of what was learned by local review teams as documented in their first annual report to ODH.

The reports from the 13 counties contained various observations and recommendations. Many recommendations were directed toward education of the public; and some were directed toward providers. Some addressed policy, rules, and guidelines, particularly in regard to investigative practices involving the roles and activities of coroners and law enforcement.

Suggestions related to pregnant women included:

- Providing education for women about prenatal care, parenting, child safety, domestic violence, genetic counseling;
- Promoting “best practices” for perinatal care providers, such as:
  - Regular assessment and screening of prenatal women for domestic violence, genetic disorders and counseling;
  - Encouraging improved communication with patients;
  - Encouraging more women to enter prenatal care in the first trimester of pregnancy; and
  - Identifying and enrolling women in prenatal care clinics.

Recommendations focusing on infants and children included:

- Education about SIDS,
- Parenting,
- Injury prevention, and
- Home safety and hazard reduction.

Topics suggested for teenagers included:

- Driving safety,
- Suicide prevention, and
- Mental health resources.

Recommendations directed toward the community at large were related to:

- Environmental safety of playgrounds and pools,
- SIDS campaigns,
- The “Back to Sleep” program, and
- Traffic safety campaigns, including seat belt use, speeding, drinking and driving, and pedestrian protection from the driving public.

These above recommendations represent potential areas of focus, which may lead to enhanced efforts to reduce preventable child deaths in Ohio.

This report presents a summary of what was learned during the year 2000 about child deaths in Ohio. For most of Ohio’s counties this has been a year of initiation. CFR boards have spent their time establishing their teams, holding organizational meetings and learning the actual process of reviewing child deaths. The 2002 Child Fatality Review report will include data and recommendations from all of Ohio’s CFR Boards. To assist the CFR boards in accomplishing this the following recommendations are offered.

### **Recommendations to support local CFR Boards in Ohio**

1. Provide technical assistance to local CFR Boards by attending meetings; assisting teams in identifying deaths and accessing information; and assisting in organizing and facilitating effective meetings. Utilize experienced CFR boards to provide technical assistance and mentor the newly established boards.
2. Provide regional trainings for new CFR Boards in fall, 2001.
3. Provide on-going annual training for all CFR boards regarding the child fatality review process and child death prevention.

4. Provide support to local CFR boards in the use of the Ohio Child Fatality Review Database System to collect, analyze and report their county data.
5. Monitor utilization of the Ohio Child Death Review Database System and make changes as needed.

## **APPENDIX A**

**CHILD FATALITY REVIEW  
LAW IN OHIO**

<b>Subject</b>	<b>Ohio Revised Code</b>	<b>Ohio Administrative Code</b>
<b>Definitions</b>		<p><b>3701-67-01 Definitions.</b> As used in this chapter:</p> <p>(A) "Cause of death" means the classification of death as listed in box 30 on the Ohio death certificate, or an equivalent box on future forms. Examples of causes include, but are not limited to, birth defects, drowning and submersion, electrocution, extreme prematurity, falls, fire and burn, firearms and weapons, pneumonia, poisoning, shaken baby syndrome, sudden infant death syndrome, suffocation and strangulation, vehicular, and other cause.</p> <p>(B) "Child" means any person under eighteen years of age.</p> <p>(C) "Child fatality review (CFR) board" means a county or regional board established or appointed to review deaths of children residing in the county or region for the purpose of decreasing the incidence of preventable child deaths.</p> <p>(D) "Circumstance of death" means any accompanying or surrounding details of the death beyond the cause and manner of death. Examples include, but are not limited to, drowning in a bucket or house fire in rental unit.</p> <p>(E) "Contributing factors" mean other factors beyond the cause and manner of death that may be partly responsible for the child's death. Examples of contributing factors include medical factors; alcohol use by parent, caretaker or child; drug use by parent, caretaker or child; tobacco use by parent, caretaker or child; use or non-use of safety devices; level of supervision; environmental factors; and mental or behavioral factors of parent, caretaker or child.</p> <p>(F) "County commissioners" means the board of county commissioners established under Chapter 305 of the Revised Code or an alternative form of county government established pursuant to Chapter 301 of the Revised Code with the responsibilities of county commissioners.</p> <p>(G) "County of residence" means the county of residence as identified on the Ohio death certificate.</p> <p>(H) "Department or director" means the director of the Ohio department of health or any official or employee of the department designated by the director of the Ohio department of health.</p>

		<p>(I) "Geographic location of death" means the county in which the child was pronounced dead.</p> <p>(J) "Health commissioner" means the health commissioner of a general, city or county health district or the individual with the responsibilities of a health commissioner in a city or county health district.</p> <p>(K) "Manner of death" means the classification of death listed in box 32 on the Ohio death certificate, or equivalent box on future forms. The classification is limited to natural, accident, homicide, suicide, and undetermined.</p> <p>(L) "Preventable" means the degree to which an individual or community could have reasonably done something that would have changed the circumstances that led to the child's death.</p> <p>(M) "Public record" means any record defined in division (a)(1) of section 149.43 of the Revised Code.</p> <p>(N) "Review" means a general assessment or examination of the death of a child. The review shall at least consider the cause of death; manner of death; circumstance of death; contributing factors; age; sex; race and ethnicity; and geographic location of death.</p>
<p><b>Open Meetings</b></p>	<p>§ 121.22 (A) This section shall be liberally construed to require public officials to take official action and to conduct all deliberations upon official business only in open meetings unless the subject matter is specifically excepted by law:</p> <p style="text-align: center;">* * *</p> <p>(D) This section does not apply to any of the following:</p> <p style="text-align: center;">* * *</p> <p>(5) Meetings of a child fatality review board established under section 307.621 of the Revised Code and meetings conducted pursuant to sections 5152.171 to 5153.173 of the Revised Code.</p>	<p><b>3701-67-03 <u>Child fatality review board meetings</u></b></p> <p style="text-align: center;">* * *</p> <p>(E) Meetings of CFR boards established under section 307.621 of the Revised Code shall not be considered public meetings and, as such, are not subject to section 121.22 of the Revised Code.</p>
<p><b>Public Record</b></p>	<p>§ 149.43(A) As used in this section:</p> <p>(1) "Public record" means any record that is kept by any public office, including, but not limited to, state, county, city, village, township, and school district units, except that "public record" does not mean any of the following:</p> <p style="text-align: center;">* * *</p> <p>(r) records provided to, statements made by review board members during meetings of, and all work products of a child fatality review board acting under sections 307.621 to 307.629 of the Revised Code, other than the report prepared pursuant to section 307.626 of the Revised Code.</p>	<p><b>3701-67-07 <u>Annual report filed with Ohio department of health.</u></b></p> <p style="text-align: center;">* * *</p> <p>(D) Reports prepared under this section are public records and subject to section 149.43 of the Revised Code.</p>

<p><b>Establish CFR board</b></p> <p><b>Regional CFR board</b></p> <p><b>Grand-fathering existing CFR bodies</b></p>	<p>§ 307.621 A board of county commissioners shall appoint a health commissioner of the board of health of a city or general health district that is entirely or partially located in the county in which the board of county commissioners is located to establish a child fatality review board to review the deaths of children under eighteen years of age. The boards of county commissioners of two or more counties may, by adopting a joint resolution passed by a majority of the members of each participating board of county commissioners, create a regional child fatality review board to serve all participating counties. The joint resolution shall appoint, for each county participating as part of the regional review board, one health commissioner from a board of health of a city or general health district located at least in part in each county. The health commissioners appointed shall select one of their number as the health commissioner to establish the regional review board. The regional review board shall be established in the same manner as provided for single county review boards.</p> <p>In any county that has a body acting as a child fatality review board on the effective date of this section, the board of county commissioners of that county, in lieu of having a health commissioner establish a child fatality review board, shall appoint that body to function as the child fatality review board for the county. The body shall have the same duties, obligations, and protections as a child fatality review board appointed by a health commissioner. The board of county commissioners or an individual designated by the board shall convene the body as required by section 307.624 of the Revised Code.</p>	<p><b>3701-67-02 Child fatality review boards.</b>  (A) In accordance with sections 307.621 and 307.622 of the Revised Code, each county in Ohio shall establish a CFR board or join a regional CFR board for the purpose of reviewing the deaths of children residing in that county.</p> <p style="text-align: center;">* * *</p> <p><b>3701-67-03 Child fatality review board meetings</b>  (A) ...In any county that has a body acting as a CFR board on the effective date of this rule, the board of county commissioners of that county, in lieu of having a health commissioner establish a CFR board, shall appoint that body to function as the CFR board for the county. The body shall have the same duties, obligations, and protections as a CFR board appointed by the health commissioner. The board of county commissioners or an individual designated by the CFR board shall convene the body as required by section 307.624 of the Revised Code.</p>
<p><b>CFR board members</b></p>	<p>§ 307.622(A) The health commissioner of the board of health of a city or a general health district who is appointed under section 307.621 of the Revised Code to establish the child fatality review board shall select six members to serve on the child fatality review board along with the commissioner. The review board shall consist of the following:</p> <ol style="list-style-type: none"> <li>1. A county coroner or designee;</li> <li>2. The chief of police of a police department or the sheriff that serves the greatest population in the county or region or a designee of the chief or sheriff;</li> <li>3. The executive director of a public children services agency or designee;</li> </ol>	

<p><b>Additional members</b></p> <p><b>Vacancy</b></p> <p><b>No Compensation</b></p>	<p>4. A public health official or designee;</p> <p>5. The executive director of a board of alcohol, drug addiction, and mental health services or designee;</p> <p>6. A physician who holds a certificate issued pursuant to chapter 4731. of the Revised Code authorizing the practice of medicine and surgery or osteopathic medicine and surgery, specializes in pediatric or family medicine, and currently practices pediatric or family medicine.</p> <p>(B) The majority of the members of a review board may invite additional members to serve on the review board. The additional members invited under this division shall serve for a period of time determined by the majority of the members described in division (A) of this section. An additional member shall have the same authority, duties, and responsibilities as members described in division (A) of this section.</p> <p>(C) A vacancy in a child fatality review board shall be filled in the same manner as the original appointment.</p> <p>(D) A child fatality review board member shall not receive any compensation for, and shall not be paid for any expenses incurred pursuant to, fulfilling the members' duties on the board unless compensation for, or payment for expenses incurred pursuant to, those duties is received pursuant to a member's regular employment.</p>	
<p><b>Purpose of the CFR board</b></p>	<p>§ 307.623(A) The purpose of the child fatality review board is to decrease the incidence of preventable child deaths by doing all of the following:</p> <p>(A) Promoting cooperation, collaboration, and communication between all groups, professions, agencies, or entities that serve families and children;</p> <p>(B) Maintaining a comprehensive database of all child deaths that occur in the county or region served by the child fatality review board in order to develop an understanding of the causes and incidence of those deaths.</p> <p>(C) Recommending and developing plans for implementing local service and program changes and changes to the groups, professions, agencies, or entities that serve families and children that might prevent child deaths;</p> <p>(D) Advising the department of health of aggregate data, trends, and patterns</p>	<p><b>3701-67-02 <u>Child fatality review boards</u></b></p> <p style="text-align: center;">* * *</p> <p>(B) The purpose of the CFR board is to decrease the incidence of preventable child deaths by doing all of the following:</p> <p>(1) Promoting cooperation, collaboration and communication between all groups, professions, agencies, or entities that serve families and children.</p> <p>(2) Maintaining a comprehensive database of all child deaths that occur in the county or region served by the CFR board in order to develop an understanding of the causes and incidence of those deaths.</p> <p>(3) Recommending and developing plans for implementing local service and program changes to the groups, professions, agencies or entities that serve families and children that might prevent child deaths.</p> <p>(4) Advising the Ohio department of health of aggregate data, trends and patterns concerning child deaths.</p>

	concerning child deaths.	
<b>Chairperson</b>  <b>Convene meetings</b>	<p>§ 307.624 The board of county commissioners, or if a regional child fatality review board is established, the group of health commissioners appointed to select the health commissioner to establish the regional review board, shall designate either the health commissioner that establishes the review board or a representative of the health commissioner to convene meetings and be the chairperson of the review board. If a regional review board includes a county with more than one health district, the regional review board meeting shall be convened in that county. If more than one of the counties participating on the regional review board has more than one health district, the person convening the meeting shall select one of the counties with more than one health district as the county in which to convene the meeting. The person designated to convene the review board shall convene it at least once a year to review, in accordance with this section and the rules adopted by the department of health under section 3701.045 of the Revised Code, the deaths of all children under eighteen years of age who, at the time of death were residents of the county or, if a regional review board, one of the participating counties.</p>	<p>3701-67-03 <u>Child fatality review board meetings.</u></p> <p>(A) The board of county commissioners shall designate either the health commissioner that establishes the CFR board or a representative of the health commissioner to convene and be the chairperson of the CFR board. If a regional CFR board is established, the health commissioner appointed to establish the regional CFR board or his or her designee shall convene the CFR board meetings and be the chairperson of the CFR board. In any county that has a body acting as a CFR board on the effective date of this rule, the board of county commissioners of that county, in lieu of having a health commissioner establish a CFR board, shall appoint that body to function as the CFR board for the county. The body shall have the same duties, obligations, and protections as a CFR board appointed by the health commissioner. The board of county commissioners or an individual designated by the CFR board shall convene the body as required by section 307.624 of the Revised Code.</p> <p>(B) If a regional CFR board includes a county with more than one health district, the CFR board meeting shall be convened in that county. If more than one of the counties participating in a regional CFR board has more than one health district, the person convening the meeting shall select one of the counties containing more than one health district as the county in which to convene the CFR board meeting.</p> <p>(C) Each CFR board shall be convened at least once a year to review the deaths of all children who, at the time of death, were residents of the county or, in the case of a regional board, were residents of one of the participating counties.</p> <p>(D) If a child dies in an Ohio county other than the child's county of residence, the review shall be conducted in accordance with this paragraph. For purposes of this paragraph, the CFR board with jurisdiction over the county of residence shall be referred to as the lead CFR board. The CFR board with jurisdiction over the county in which the child died shall be referred to as the secondary CFR board.</p> <p>(1) Except as provided in paragraph (D)(2) of this rule, the lead CFR board shall conduct the child death review;</p> <p>(2) The lead CFR board may delegate the responsibility for conducting a child death review to the secondary CFR board if the lead CFR board and the secondary CFR</p>

		<p>board both agree that the secondary CFR board will conduct the review;</p> <p>(3) The lead and secondary CFR boards shall cooperate with each other to make relevant information available for the review. The CFR board which conducts the review shall provide a complete copy of the review to the CFR board not conducting the review;</p> <p>(4) Regardless of which CFR board conducts the review, only the lead CFR board shall include the review information in its annual report to the department.</p> <p>(E) Meetings of CFR boards established under section 307.621 of the Revised Code shall not be considered public meetings and, as such, are not subject to section 121.22 of the Revised Code.</p>
<p><b>Criminal investigation / prosecution</b></p>	<p>§ 307.625 A child fatality review board may not conduct a review of the death of a child described in section 307.624 of the Revised Code while an investigation of the death or prosecution of a person for causing the death is pending unless the prosecuting attorney agrees to allow the review. The law enforcement agency conducting the criminal investigation, on the conclusion of the investigation, and the prosecuting attorney prosecuting the case, on the conclusion of the prosecution, shall notify the chairperson of the review board of the conclusion.</p>	
<p><b>Annual report to ODH</b></p>	<p>§307.626(A) By the first day of April of each year the person convening the child fatality review board shall prepare and submit to the Ohio department of health a report that includes all of the following information with respect to each child death that was reviewed by the review board in the previous calendar year:</p> <ol style="list-style-type: none"> <li>1. The cause of death;</li> <li>2. Factors contributing to death;</li> <li>3. Age;</li> <li>4. Sex</li> <li>5. Race</li> <li>6. The geographic location of death;</li> <li>7. The year of death.</li> </ol> <p>The report shall specify the number of child deaths that have not been reviewed since the effective date of this section.</p> <p>The report may include recommendations for actions that might prevent other deaths, as well as any other information the review board determines should be included.</p>	<p><b>3701-67-07 <u>Annual report filed with Ohio department of health.</u></b></p> <p>(A) By April 1 each year, each CFR board shall prepare and submit an annual report to the Ohio department of health in a manner and format that is prescribed by the director. The report shall include all of the following with respect to each child death that was reviewed by the CFR board in the previous calendar year;</p> <ol style="list-style-type: none"> <li>(1) Demographic information, that includes:       <ol style="list-style-type: none"> <li>(a) Age of the child;</li> <li>(b) Sex of the child, identified as male or female; and</li> <li>(c) Race or ethnicity of the child, identified as Black, White, Native American, Asian, Hispanic, Bi-Racial, Multi-Racial, or unknown.</li> </ol> </li> <li>(2) Death related information, that includes:       <ol style="list-style-type: none"> <li>(a) Year of child’s death;</li> <li>(b) Geographic location of death;</li> <li>(c) Cause of death; and</li> <li>(d) Contributing factors to death.</li> </ol> </li> </ol> <p>(B) In addition to the information required under paragraph (A) of this rule, the CFR board shall report:</p>

<p><b>Public record</b></p>	<p>(B) Reports prepared under this section shall be considered public records under section 149.43 of the Revised Code.</p>	<p>(1) The total number of child deaths in the county or region, whichever is applicable to the CFR board submitting the report;</p> <p>(2) The total number of child death reviews completed by the CFR board; and</p> <p>(3) The total number of child deaths not reviewed, including the number of child death reviews not completed.</p> <p>(C) The report may include recommendations for actions that might prevent other deaths, as well as any other information the CFR board determines should be included.</p> <p>(D) Reports prepared under this section are public records and subject to section 149.43 of the Revised Code.</p>
<p><b>Summary Sheet of information from entity who provided services to child</b></p> <p><b>During investigation by law enforcement or prosecution</b></p>	<p>§ 307.627(A) Notwithstanding section 3701.243 and any other section of the Revised Code pertaining to confidentiality, any individual; public children services agency, private child placing agency, or agency that provides services specifically to individuals or families; law enforcement agency; or other public or private entity that provided services to a child whose death is being reviewed by a child fatality review board, on the request of the review board, shall submit to the review board a summary sheet of information. With respect to a request made to a health care entity, the summary sheet shall contain only information available and reasonably drawn from the child's medical record created by the health care entity. With respect to a request made to any other individual or entity, the summary shall contain only information available and reasonably drawn from any record involving the child that the individual or entity develops in the normal course of business. On the request of the review board, an individual or entity may, at the individual's or entity's discretion, make any additional information, documents, or reports available to the review board. For purposes of the review, the review board shall have access to confidential information provided to the review board under this division or division (H)(4) of section 2151.421 of the Revised Code, and each member of the review board shall preserve the confidentiality of that information.</p> <p>(B) Notwithstanding division (A) of this section, no person, entity, law enforcement agency, or prosecuting attorney shall provide any information regarding the death of a child to a child fatality review board while an investigation of the death or prosecution of a person for causing the death is pending unless</p>	

	the prosecuting attorney has agreed pursuant to section 307.625 of the Revised Code to allow review of death.	
<b>Immunity</b>	<p>§ 307.628(A) An individual or public or private entity providing information, documents, or reports to a child fatality review board is immune from any civil liability for injury, death, or loss to person or property that otherwise might be incurred or imposed as a result of providing the information, documents, or reports to the review board.</p> <p>(B) Each member of a review board is immune from any civil liability for injury, death, or loss to person or property that might otherwise be incurred or imposed as a result of the member's participation on the review board.</p>	
<b>Confidentiality</b>	<p>§ 307.629(A) Except as provided in sections 5153.171 to 5153.173 of the Revised code, any information, document, or report presented to a child fatality review board, all statements made by review board members during meetings of the review board, and all work products of the review board, other than the report prepared pursuant to section 307.626 of the Revised Code, are confidential and shall be used by the review board and its members only in the exercise of the proper functions of the review board.</p>	<p><b>3701-67-04 Data collection; confidentiality of records.</b></p> <p style="text-align: center;">* * *</p> <p>(C) The CFR board shall maintain the data collected and any work product of the CFR board in a confidential manner. All confidential information shall be used by the CFR board and its members only in the exercise of the proper functions of the CFR board.</p> <p>(D) Each CFR board shall take measures to ensure the security and confidentiality of information obtained during the course of conducting child death reviews. The CFR board shall develop and maintain written policies and procedures that address the following:</p> <ol style="list-style-type: none"> <li>(1) Confidentiality of information that is collected or obtained in the course of conducting child death reviews.</li> <li>(2) A system to assure only authorized persons are allowed unsupervised access to an area where confidential records are stored, which includes access to records stored electronically.</li> <li>(3) Security measures to prevent inadvertent or unauthorized access to any records containing sufficient information that could reasonably lead to the identity of the child whose death is being reviewed.</li> <li>(4) Storing, processing, indexing, retrieving and destroying information obtained in the course of conducting child death reviews.</li> </ol> <p style="text-align: center;">* * *</p>
<b>Unauthorized dissemination of confidential information</b>	<p>(B) No person shall permit or encourage the unauthorized dissemination of the confidential information described in division (A) of this section</p>	
<b>Misdemeanor</b>	<p>(C) Whoever violates division (B) of this section is guilty of a misdemeanor of the second degree.</p>	
<b>ODH rule-making authority</b>	<p>§ 3701.045(A) The department of health, in consultation with the children's trust fund board established under section 3109.15 of the Revised Code and any bodies acting as child</p>	

	<p>fatality review boards on the effective date of this section, shall adopt rules in accordance with chapter 119. of the Revised Code that establish a procedure for child fatality review boards to follow in conducting a review of the death of a child. The rules shall do all of the following:</p> <ol style="list-style-type: none"> <li>1. Establish the format for the annual reports required by section 307.626 of the Revised Code;</li> <li>2. Establish guidelines for a child fatality review board to follow in compiling statistics for annual reports so that the reports do not contain any information that would permit any person's identity to be ascertained from a report.</li> </ol>	<p><b><u>See 3701-67-07 Annual Report filed with ODH (see above)</u></b></p> <p><b><u>3701-67-04 Data collection; confidentiality of records.</u></b></p> <p>(A) Each CFR board shall implement a system for collecting information determined necessary by the CFR board to review the deaths of children who were residents of the county, or if a regional board, one of the participating counties, at the time of death.</p> <p>(B) The director shall develop a data collection tool for the review of child deaths. The CFR board may use the director's data collection tool in whole or in part or develop its own data collection tool. Regardless of the data collection tool used, the CFR board shall review at least the information required to be reported to the department under rule 3701-67-07 of the Administrative Code.</p> <p>(C) The CFR board shall maintain the data collected and any work product of the CFR board in a confidential manner. All confidential information shall be used by the CFR board and its members only in the exercise of the proper functions of the CFR board.</p> <p>(D) Each CFR board shall take measures to ensure the security and confidentiality of information obtained during the course of conducting child death reviews. The CFR board shall develop and maintain written policies and procedures that address the following:</p> <ol style="list-style-type: none"> <li>(1) Confidentiality of information that is collected or obtained in the course of conducting child death reviews.</li> <li>(2) A system to assure only authorized persons are allowed unsupervised access to an area where confidential records are stored, which includes access to records stored electronically.</li> <li>(3) Security measures to prevent inadvertent or unauthorized access to any records containing sufficient information that could reasonably lead to the identity of the child whose death is being reviewed.</li> <li>(4) Storing, processing, indexing, retrieving and destroying information obtained in the course of conducting child death reviews.</li> </ol>
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	<p>3. Establish guidelines for a child fatality review board to follow in creating and maintaining the comprehensive database of child deaths required by section 307.623 of the Revised Code, including provisions establishing uniform record-keeping procedures.</p> <p>4. Establish guidelines, materials, and training to help educate members of child fatality review boards about the purpose of the review process and the confidentiality of the information described in section 307.629 of the Revised Code and to make them aware that such information is not a public record under section 149.43 of the Revised Code.</p>	<p>(E) Each CFR board shall maintain child death review records for the time period required by the CFR board's retention schedule or seven years if there is no retention schedule.</p> <p>(F) The CFR board shall provide each CFR board member with a copy of the policies and procedures developed under paragraph (D) of this rule. If any task of the CFR board member is delegated to another person, the CFR board member is responsible for assuring that the person who is delegated a CFR board task is familiar with the policies and procedures and has access to such policies and procedures.</p> <p><b>3701-67-06 <u>Child fatality review information system</u></b></p> <p>(A) Each CFR board shall maintain an information system that includes, but is not limited to, the information required to be submitted to the Ohio department of health in the annual report required by rule 3701-67-07 of the Administrative Code.</p> <p>(B) The information system established by the CFR board shall have the capability of maintaining information obtained and maintained by the CFR board and any work product of the CFR board in a confidential manner and shall be secure from unauthorized users.</p> <p><b>3701-67-05 <u>Training guidelines.</u></b></p> <p>(A) The Ohio department of health shall provide an annual CFR training seminar. The Ohio department of health may provide additional seminars if the director determines such additional seminars are necessary.</p> <p>(B) The CFR training curriculum will be a combination of lectures, discussions, and team review of actual case studies and may include, but not be limited to, the following topics found in the standardized protocols/ guidelines developed by the Ohio department of health and the state CFR advisory council:</p> <ol style="list-style-type: none"> <li>(1) Overview of the CFR law and rules;</li> <li>(2) CFR board membership and maintenance;</li> <li>(3) CFR board operating procedures (including conducting an effective meeting);</li> <li>(4) Death reviews;</li> <li>(5) Role of courts and prosecutors;</li> <li>(6) Data collection;</li> <li>(7) Database guidelines;</li> <li>(8) Annual reporting guidelines;</li> <li>(9) Preventing child deaths.</li> </ol> <p>(C) Each CFR board shall require at least one member of the CFR board attend the annual seminar. The CFR board shall encourage all CFR</p>
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<p><b>Annual Report by ODH/ Children's Trust Fund Board</b></p>	<p>(B) On or before the thirtieth day of September of each year, the department of health and the children's trust fund board jointly shall prepare and publish a report organizing and setting forth the data in all the reports provided by child fatality review boards in their annual reports for the previous calendar year and recommending any changes to law and policy that might prevent future deaths. The department of and the children's trust fund board jointly shall provide a copy of the report to the governor, the speaker of the house or representatives, the president of the senate, the minority leaders of the house of representatives and the senate, each county or regional child fatality review board, and each county or regional family and children first council.</p>	<p>board members to attend. If not all members of the CFR board attend the training, the chairperson of the CFR board shall be responsible for assuring that those CFR board members who did not attend are trained or given access to the training materials.</p> <p><b><u>3701-67-08 Joint annual report by Ohio department of health and children's trust fund board.</u></b></p> <p>(A) On or before September 30 of each year, the Ohio department of health and the children's trust fund board shall jointly prepare and publish a report organizing and setting forth the data contained in all reports provided by CFR boards in their annual reports from the previous calendar year. The report shall also contain any recommended changes to law and policy that might prevent future deaths.</p> <p>(B) A copy of the report shall be provided to the governor, the speaker of the Ohio house of representatives, the president of the Ohio senate, the minority leaders of the Ohio house of representatives and Ohio senate, each Ohio county or regional CFR board and each Ohio county or regional family and children first council.</p>
<p><b>Local registrar to determine county of residence of dead child</b></p>	<p>§ 3705.071 On receipt of a death certificate of a person who was under eighteen years of age at death, the local registrar of vital statistics shall determine the county in which the person resided at the time of death. If the county of residence was other than the county in which the person died, the registrar, after registering the certificate and no later than four weeks after receiving it, shall make a copy of the certificate and send it to the local registrar of vital statistics of the county in which the person resided at the time of death.</p>	<p style="background-color: #cccccc;"></p>

## **APPENDIX B**

# 1999 Ohio Child Fatalities (Ages 0 - 17) by County

