

Firearms and Weapons

Background

Firearm deaths can be either intentional or unintentional. Unintentional deaths may occur when children play with guns or when guns fire while being cleaned, for example. Intentional deaths include homicides and suicides. Nationally, three out of five deaths attributable to homicide and suicide are caused by firearms. There are more than 200 million privately owned guns in the United States. Approximately 40 percent of U.S. households have some type of firearms and 25 percent have handguns. Nearly 3.3 million children in the United States live in homes where guns are available, loaded and unlocked.



Vital Statistics

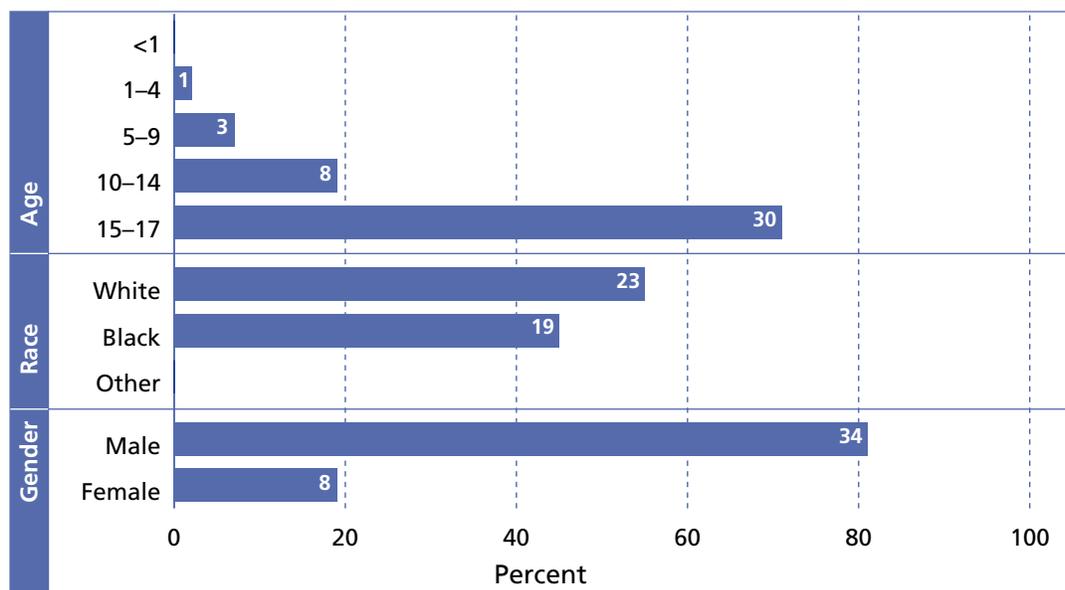
Ohio Vital Statistics reported 24 deaths from Firearms and Weapons to children in 2002.

CFR Findings

Local child fatality review (CFR) boards reviewed 42 deaths to children from Firearms and Weapons in 2002. This represents 3 percent of all deaths reviewed. Seventy-one percent were children 15-17 years of age. Twenty-seven percent of the Firearms and Weapons deaths were Suicides. There were greater percentages of Firearms and Weapons deaths among boys (55 percent) and among black children (45 percent) relative to their representation in the general population.



Firearms and Weapons Deaths by Age, Race and Gender



Note: numerals in bars equal number of cases

Examples of Local Recommendations

More than eight recommendations were made by local CFR boards for the prevention of deaths due to Firearms and Weapons. Recommendations become initiatives only when resources, priorities and authority converge to make changes happen. Recommendations included:

- Improve education to prevent the access of children to guns and ammunition.
- Gun safety education for families;
- Institute peer mediation and anger management programs for youth;
- Promote and support programs such as Block Watch to encourage the public to report suspicious activities.

Example of Local Initiatives

The Mahoning County CFR board invited a well known pastor in the community and a child advocate to present about programs for children who witness violence, and how the faith community could be mobilized for outreach and intervention programs.



Drowning and Submersion

Background

Drowning represents the second-leading cause of injury-related death among children aged 1 through 14 years in the United States. It is also the leading cause of unintentional injury death to children between the ages of 1 and 4. The majority of all drowning fatalities for children ages 1 - 4 occur in pools, often at the child's home or home of a neighbor. Infants and toddlers can drown in buckets, toilets, hot tubs and wading pools.



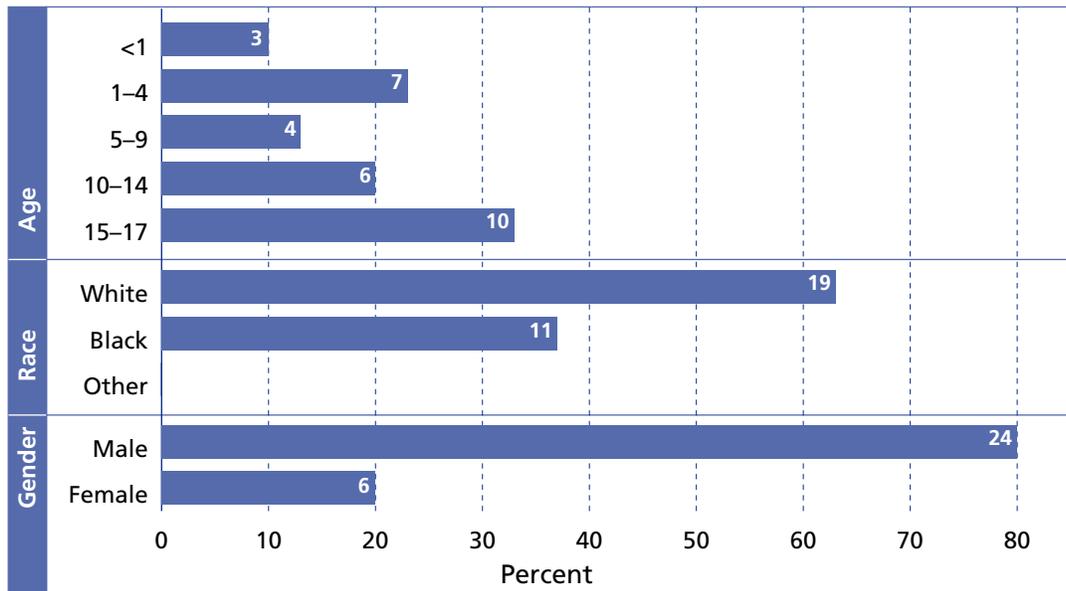
Vital Statistics

Ohio Vital Statistics reported 29 deaths from Drowning and Submersion to children in 2002. Nine drowning deaths were to children less than 5 years of age.

CFR Findings

Local child fatality review (CFR) boards reviewed 30 deaths to children from Drowning and Submersion in 2002. The deaths represent 2 percent of all deaths reviewed. A greater percentage of Drowning and Submersion deaths occurred among black children (37 percent) relative to their representation in the general population. Of the deaths for which place of drowning was reported, 40 percent occurred in lakes, 13 percent in bathtubs, 37 percent in pools and 10 percent in other (includes buckets, wells, rivers, ponds, cisterns and drainage ditches).

Drowning and Submersion Deaths by Age, Race and Gender



Note: numerals in bars equal number of cases

Drowning and Submersion by Place of Drowning

Place of Drowning	# of Deaths	% of Deaths
Lake, River, Pond	12	40
Swimming Pool	11	37
In-Ground	9	
Above-Ground	2	
Bathtub	4	13
Other (includes wells, cisterns, buckets, drainage ditches)	3	10
Total	30	100%

Examples of Local Recommendations

Local child fatality review (CFR) boards made six recommendations for the prevention of drowning deaths. All of the recommendations involved increasing public awareness of swimming safety and improving the supervision of young children around water. Recommendations become initiatives only when resources, priorities and authority converge to make changes happen.

Examples of Local Initiatives

- The Meigs County CFR board partnered with the utilities department to enclose swimming safety messages in the summer water bills.
- In response to the Madison County CFR process, prenatal nurses include tub safety information in instructions to new and expectant parents.
- Medina County is developing a Web page for children addressing prevention and safety, beginning with water safety.



Child Abuse and Neglect

Background

Statistics show that the incidence of death related to child abuse has remained constant. However, researchers believe that the number of child deaths caused by abuse and neglect is significantly higher than the reported cases. Many child abuse and neglect deaths are reported as other causes of death, particularly unintentional injury or natural deaths. The National Child Abuse and Neglect Data System (NCANDS) reported that 3 million referrals were made to Child Protective Services (CPS) agencies in 2000 regarding the welfare of children. Of these referrals, approximately 62 percent were for possible abuse and neglect of children.

Vital Statistics

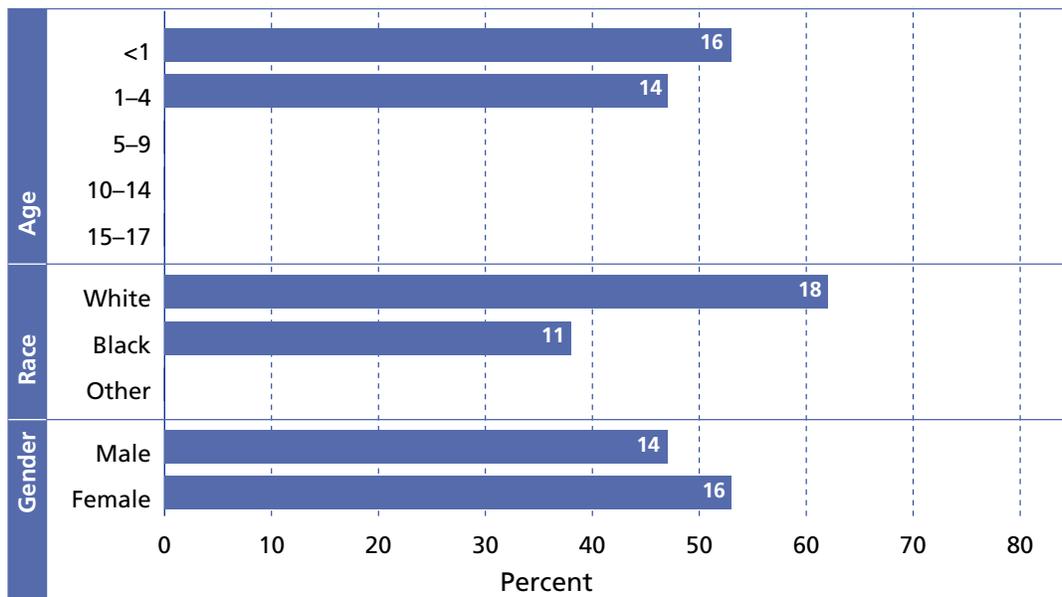
Ohio Vital Statistics reported 14 deaths from Child Abuse and Neglect to children in 2002. All abuse and neglect deaths were to children less than 5 years of age.

CFR Findings

Local child fatality review (CFR) boards reviewed 30 deaths to children from Child Abuse and Neglect in 2002. This represents 2 percent of all deaths reviewed. All Child Abuse and Neglect deaths occurred among children younger than 5 years of age. A greater percentage of Child Abuse and Neglect deaths occurred among black children (38 percent) relative to their representation in the general population.



Child Abuse and Neglect Deaths by Age, Race and Gender



Note: numerals in bars equal number of cases

Behavioral or Social Factors Related to Child Abuse and Neglect Deaths

Behavioral / Social Risk Factors	# of Times Identified
Prior Involvement with child protective services	9
Domestic violence	5
Low socioeconomic status	15
Inadequate supervision	6
Alcohol or drugs	5

Note: More than one factor could be identified for each death

Examples of Local Recommendations

Local child fatality review (CFR) boards made several recommendations regarding prevention of deaths due to child abuse and neglect, including:

- Educate professionals to increase awareness of mandatory reporting of suspected child abuse, and community campaigns to encourage public reporting of suspected cases;
- Strengthen licensing requirements for in-home child care providers and improve inter-agency communication to provide more rigorous background checks. Teach parents to identify responsible adults as caregivers for children;
- Continue and enhance parenting programs regarding anger management techniques and shaken baby syndrome and for programs that improve access to mental health and substance abuse services;
- Improve communication between service providers to identify at-risk families early.

Recommendations become initiatives only when resources, priorities and authority converge to make changes happen.

Examples of Local Initiatives

- The Logan County CFR board initiated Safe Beginnings, an interagency collaboration to establish a systematic process to ensure that at-risk newborns and their families receive supportive, remedial and if necessary, protective services.
- The Union County CFR board collaborated with the Department of Job and Family Services, law enforcement and Tolles Technical Center to design, publish and distribute more than 100 posters to communicate the Safe Haven Law. The Safe Haven Law encourages mothers to leave "unwanted" newborns in a safe place, without fear of legal prosecution, instead of abandoning the infants to die.
- As a result of reviewing child deaths and serious injuries due to abuse and neglect, the Summit County CFR board has initiated two programs:
 - ▼ The Failure to Thrive Protocol was developed to facilitate communication among agencies, to assure proper medical follow-up for children with failure to thrive;
 - ▼ Child Care Now is collaboration between Children Services, CFR Board, Department of Job and Family Services and 17 licensed day care centers throughout the county. The program includes a 24-hour hotline, up to five days of immediate respite child care and follow-up assessment, referral and assistance.



Fire and Burn

Background

Fatalities attributable to fires represent the third-leading cause of death among children 1–14 years of age in the United States. A disproportionate percentage (73 percent) of these fatal fires occurs in residential homes. The factor most frequently responsible for fatal house fires is cigarettes. The rate of fire fatalities is significantly higher among children and the elderly because of their slow response and increased difficulty in escaping a burning house.



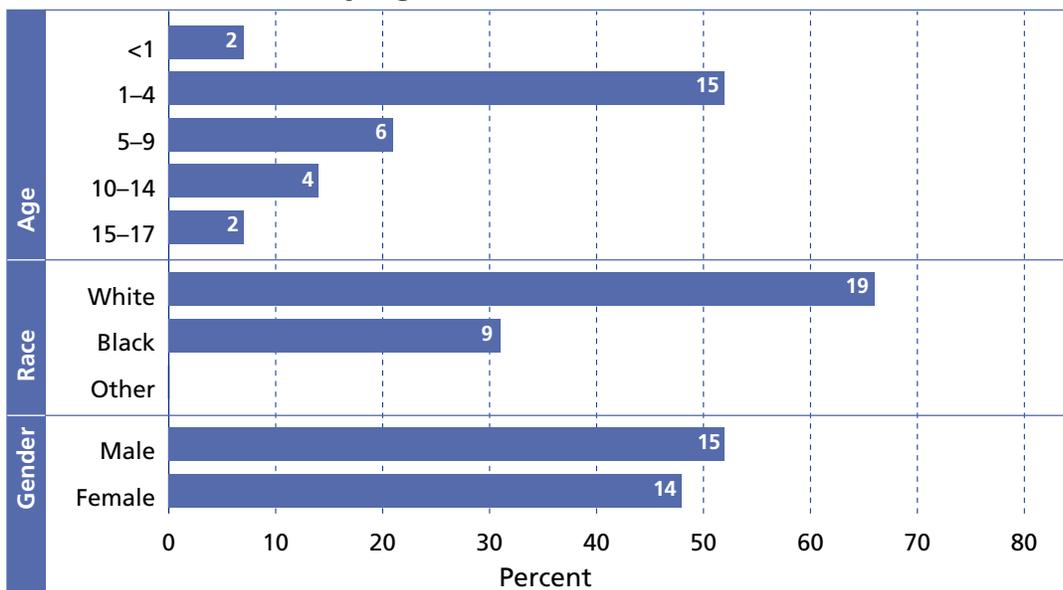
Vital Statistics

Ohio Vital Statistics reported 23 deaths from Fire and Burns to children in 2002. Thirteen (59 percent) fire and burn deaths were to children less than 5 years of age.

CFR Findings

Local child fatality review (CFR) boards reviewed 29 deaths from Fire and Burn to children in 2002. This represents 2 percent of all deaths reviewed. Slightly more than half of the deaths occurred among children 1–4 years of age. A greater percentage of Fire and Burn deaths occurred among black children (31 percent) relative to their representation in the general population.

Fire and Burn Deaths by Age, Race and Gender



Note: numerals in bars equal number of cases

Factors Associated with Fire and Burn Death Reviews

Factors Related to Fire and Burns	of Times Reported
Smoke Alarm Functioned Properly	6
Smoke Alarm Present	12
Smoke Alarm with Good Battery	7
Child Knew of a Fire Escape Plan	1
Inadequate Supervision	10
Alcohol and/or Drugs	2

Note: More than one factor could be identified with each death

Examples of Local Recommendations

Noting that smoke alarms were present and functioning properly in only six of the 29 cases of fire and burn deaths, local CFR boards made more than 10 recommendations to increase community awareness of the importance of smoke alarms and to increase availability of free smoke alarms. Other recommendations were made to increase community education about home emergency exit plans and more stringent enforcement of fire codes.

Recommendations become initiatives only when resources, priorities and authority converge to make changes happen.



Example of Local Initiatives

One local CFR board sought funds from a local insurance agency to pay for smoke alarms to be distributed free of charge to Help Me Grow clients.



Other Causes of Death

Falls, Poisoning, Electrocution

Local child fatality review (CFR) boards reviewed 10 deaths from Other Causes to children in 2002: Poisoning (7 deaths); falls (2 deaths); or electrocution (1 death). This represents less than 1 percent of all deaths reviewed.

Examples of Local Recommendations

Local CFR board recommendations regarding the prevention of deaths from falls, poisoning and electrocutions focused on repeating the message of adult supervision for young children and responsibility of parents for home safety. Recommendations become initiatives only when resources, priorities and authority converge to make changes happen.

Examples of Local Initiatives

- Belmont County CFR board prompted distribution of general care and safety tips for infants in the Help Me Grow Guide to Wellness and Development magazine at WIC and other public health clinics.
- Findings of the Madison County CFR board have prompted health providers to include infant and child dose information for common over-the-counter medications in education programs for new and expectant parents.

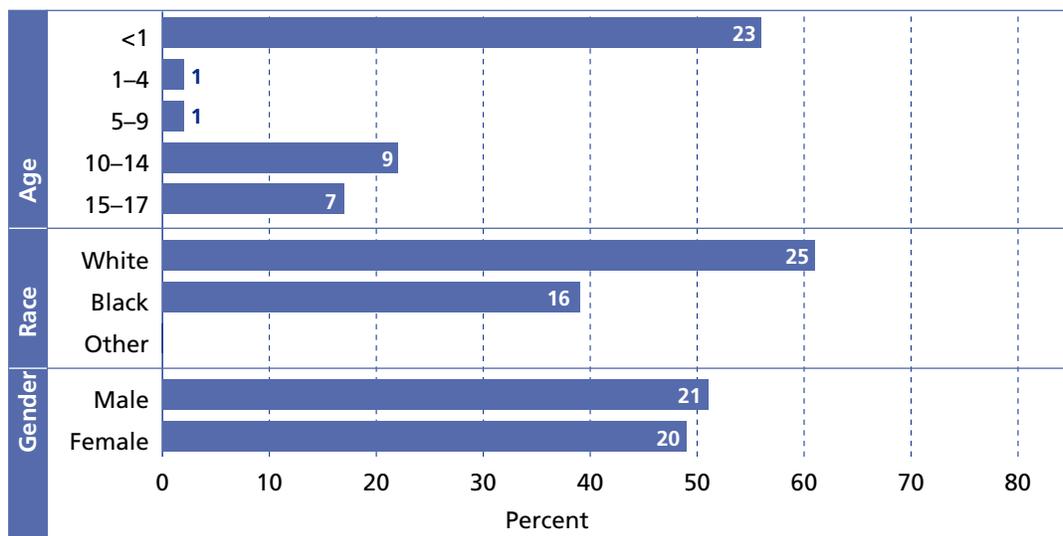


Unknown / Any Other Cause of Death

Unknown Cause of Death is reported when there is insufficient information to determine a specific cause of death or when unspecified causes of deaths outside of the main categories of death are reported.

Local child fatality review (CFR) boards reviewed 41 deaths to children in 2002 from Unknown Causes. This represents 3 percent of all deaths reviewed. Fifty-six percent of the reviews reported as Unknown occurred among children younger than 1 year; 39 percent were in the 10-17 age group.

Unknown Causes of Deaths by Age, Race and Gender



Note: numerals in bars equal number of cases

Local Recommendations and Initiatives for General Prevention

Perhaps the most frustrating cases for child fatality review (CFR) boards to review are the child deaths that could have been prevented with increased adult supervision, increased parental responsibility and the exercise of "common sense." Through the sharing of perspectives during the CFR discussions, members have learned that the often repeated health and safety messages need to be presented in new ways to reach new generations of parents and children. Recommendations become initiatives only when resources, priorities and authority converge to make changes happen.

Examples of Local Initiatives

- A group of Guernsey County service agencies sponsored the first annual baby safety shower. Topics were selected based on the recommendations of the Guernsey County CFR board, and included fire safety, poisoning, smoking, summer safety, shaken baby syndrome and food safety.
- The Cuyahoga County CFR publishes a quarterly newsletter called Protecting Our Future that features an educational message in each issue. The newsletter appears on the county Web site and is widely distributed via e-mail.
- The Hamilton County CFR board shares with Welcome Home visitors information on the environmental safety factors noted as contributing to child deaths.



Suicide

Background

Suicide is a manner of death, and is the result of intentional self-inflicted injuries from suffocation, firearms, poison or other cause. The reviews of suicide deaths are included in the discussion of these causes of death, but because suicide has unique risk factors and potential for prevention, it merits further analysis.

Suicide is the third-leading cause of death for young people ages 15-24. Only unintentional injuries and homicide claim more lives in this age group. The overall rate of suicide among youth has declined nationally since 1992, but the rate among African-American youth has increased.



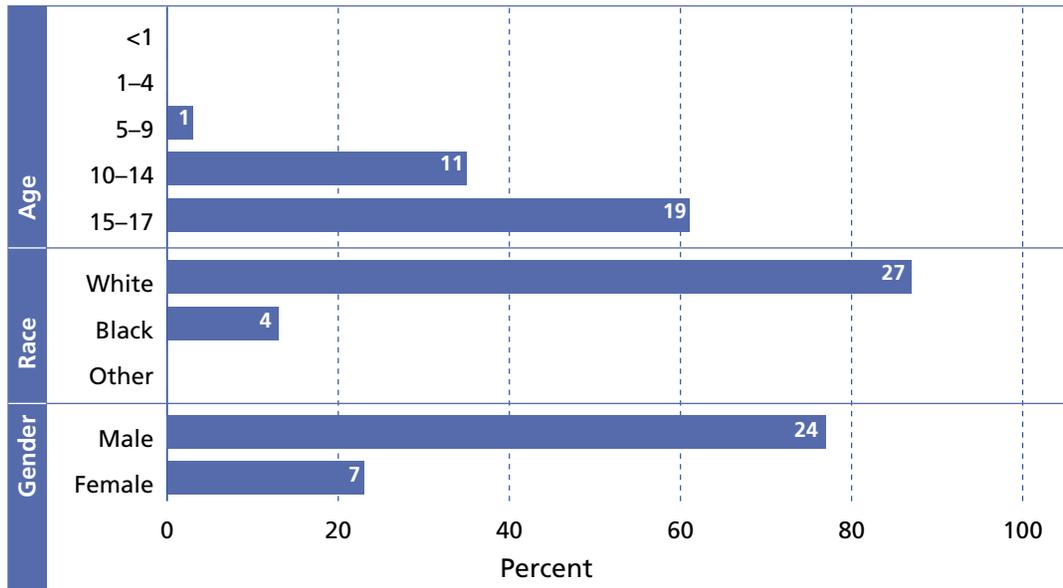
Vital Statistics

Ohio Vital Statistics reported 33 deaths to children from Suicide in 2002.

CFR Findings

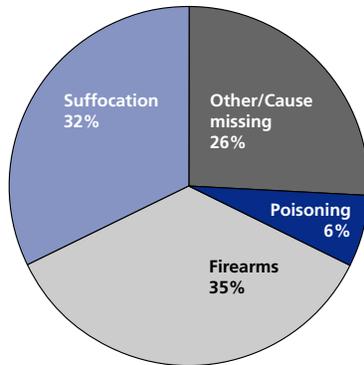
Local child fatality review (CFR) boards reviewed 31 deaths to children from Suicide in 2002. This represents 2 percent of all reviews and 10 percent of the reviews for children ages 10-17. A greater percentage of Suicide deaths occurred among boys (77 percent) relative to their representation in the general population. Firearms and Suffocation were the most frequent causes of Suicide deaths.

Suicide Deaths by Age, Race and Gender



Note: numerals in bars equal number of cases

Cause of Suicide Deaths



Factors Associated with Suicide Death Reviews

Factors Related to Suicide	Frequency identified
Domestic Violence	1
Neglect	2
Drugs & Alcohol	6
Inadequate Supervision	6
Developmental Delay / Mental Health	6
Unknown	13

Note: More than one factor may be identified for each death

Examples of Local Recommendations

More than 20 recommendations were made by local child fatality review (CFR) boards for the prevention of child suicides. Recommendations become initiatives only when resources, priorities and authority converge to make changes happen. The local recommendations include:

- Increase the availability and access to mental health services for children and teens;
- Support continuation and enhancement of suicide prevention programs in schools and communities, particularly those which increase awareness of warning signs and access to services;
- Identify at-risk teens and link them with mental health and substance abuse services;
- Develop coordinated community response to suicide deaths including information on grief and warning signs.

Examples of Local Initiatives

- Members of the Ross County CFR board had packets on depression, suicide and grief made available to EMTs, physicians, law enforcement, coroners and schools for distribution to surviving families and friends of suicide victims.
- The Madison County CFR board partnered with a local school district to increase suicide prevention programs to include all health classes.
- After reviewing suicide deaths, the Pickaway County CFR board researched existing suicide prevention programs and chose the Yellow Ribbon program to be implemented in the local school districts.



Child Fatality Review Law in Ohio

Subject	Ohio Revised Code	Ohio Administrative Code
Definitions		<p>3701-67-01 Definitions. 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>Open Meetings</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><i>(D) This section does not apply to any of the following:</i></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>3701-67-03 Child fatality review board meetings</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>Public Record</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>3701-67-07 Annual report filed with Ohio department of health.</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>Establish CFR board</p> <p>Regional CFR board</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>3701-67-02 Child fatality review boards.</p> <p>(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>Grand-fathering existing CFR bodies</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>3701-67-03 Child fatality review board meetings</p> <p>(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>

CFR board members

§ 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:

1. A county coroner or designee;
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;
3. The executive director of a public children services agency or designee;
4. A public health official or designee;
5. The executive director of a board of alcohol, drug addiction, and mental health services or designee;
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.

Additional members

(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.

Vacancy

(C) A vacancy in a child fatality review board shall be filled in the same manner as the original appointment.

No compensation

(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>Purpose of the CFR board</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> <ul style="list-style-type: none"> (A) Promoting cooperation, collaboration, and communication between all groups, professions, agencies, or entities that serve families and children; (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. (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; (D) Advising the department of health of aggregate data, trends, and patterns concerning child deaths. 	<p>3701-67-02 Child fatality review boards</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> <ul style="list-style-type: none"> (1) Promoting cooperation, collaboration and communication between all groups, professions, agencies, or entities that serve families and children. (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. (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. (4) Advising the Ohio department of health of aggregate data, trends and patterns concerning child deaths.
<p>Chairperson</p> <p>Convene meetings</p>	<p>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 Child fatality review board meetings.</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>

- (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.
- (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.
- (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.
 - (1) Except as provided in paragraph (D)(2) of this rule, the lead CFR board shall conduct the child death review;
 - (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 board both agree that the secondary CFR board will conduct the review;
 - (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;
 - (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.
- (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>Criminal investigation/prosecution</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 deaths 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>Annual report to ODH</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"> 1. The cause of death; 2. Factors contributing to death; 3. Age; 4. Sex 5. Race 6. The geographic location of death; 7. The year of death. <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>3701-67-07 Annual report filed with Ohio department of health.</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"> (1) Demographic information, that includes: <ol style="list-style-type: none"> (a) Age of the child; (b) Sex of the child, identified as male or female; and (c) Race or ethnicity of the child, identified as Black, White, Native American, Asian, Hispanic, Bi-Racial, Multi-Racial, or unknown. (2) Death related information, that includes: <ol style="list-style-type: none"> (a) Year of child's death; (b) Geographic location of death; (c) Cause of death; and (d) Contributing factors to death. <p>(B) In addition to the information required under paragraph (A) of this rule, the CFR board shall report:</p> <ol style="list-style-type: none"> (1) The total number of child deaths in the county or region, whichever is applicable to the CFR board submitting the report; (2) The total number of child death reviews completed by the CFR board; and (3) The total number of child deaths not reviewed, including the number of child death reviews not completed. <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>

Ohio Child Fatality Review

<p>Public record</p>	<p>(B) Reports prepared under this section shall be considered public records under section 149.43 of the Revised Code.</p>	<p>(D) Reports prepared under this section are public records and subject to section 149.43 of the Revised Code.</p>
<p>Summary Sheet of information from entity who provided services to child</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>During investigation by law enforcement or prosecution</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 the prosecuting attorney has agreed pursuant to section 307.625 of the Revised Code to allow review of death.</p>	

<p>Immunity</p>	<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>	
<p>Confidentiality</p>	<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>3701-67-04 Data collection; confidentiality of records.</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"> (1) Confidentiality of information that is collected or obtained in the course of conducting child death reviews. (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. (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. (4) Storing, processing, indexing, retrieving and destroying information obtained in the course of conducting child death reviews. <p style="text-align: center;">* * *</p>
<p>Unauthorized dissemination of confidential information</p>	<p>(B) No person shall permit or encourage the unauthorized dissemination of the confidential information described in division (A) of this section</p>	
<p>Misdemeanor</p>	<p>(C) Whoever violates division (B) of this section is guilty of a misdemeanor of the second degree.</p>	

ODH rule-making authority

§ 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 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:

1. Establish the format for the annual reports required by section 307.626 of the Revised Code;
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.

See 3701-67-07 Annual Report filed with ODH (see above)

3701-67-04 Data collection; confidentiality of records.

- (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.
- (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.
- (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.
- (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:
 - (1) Confidentiality of information that is collected or obtained in the course of conducting child death reviews.
 - (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.

<p>Annual Report by ODH/ Children's Trust Fund Board</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>	<ul style="list-style-type: none"> (1) Overview of the CFR law and rules; (2) CFR board membership and maintenance; (3) CFR board operating procedures (including conducting an effective meeting); (4) Death reviews; (5) Role of courts and prosecutors; (6) Data collection; (7) Database guidelines; (8) Annual reporting guidelines; (9) Preventing child deaths. <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 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>3701-67-08 Joint annual report by Ohio department of health and children's trust fund board.</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>Local registrar to determine county of residence of dead child</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>	

Child Fatality Review Advisory Committee

Crystal Ward Allen, MSW, LSW
Public Children Services Association of Ohio

Jim Beutler, Sheriff
Putnam County Sheriff's Office

Jamie Blair, APRN, BC
Chief, Bureau of Community Health Services
and Systems Development
Ohio Department of Health

Claire Boettler, RN, BSN
Cuyahoga County CFR Board

Cheryl Boyce
Executive Director
Commission on Minority Health

Donna Bush, MSW, LSW
Office of Ohio Health Plans
Ohio Department of Job and Family Services

David Corey, MBA
Executive Director
Ohio Coroners Association

Michelle DeMacy
Ohio Attorney General's Office

Lynn Giljahn, MPH
Bureau of Health Services
Information and Operational Support
Ohio Department of Health

Virginia Haller, MD
Ohio Department of Health

Karen Hughes, MPH
Chief, Bureau of Child and Family
Health Services
Ohio Department of Health

Robert Indian, MS
Community Health Assessments
Division of Prevention
Ohio Department of Health

Betsy Johnson
Associate CEO
Ohio Association of County
Behavioral Health Authorities

Charles Johnson, MD
Columbus Children's Hospital

Cindy LaFollet
Ohio Family and Children First Council

Barbara Lattur
Sudden Infant Death Network of Ohio

Judy Linder, BSN, RN
CFR Board Chair
Gallia County Health Department

Carol L. MacDowell
RPAB Coordinator
Ohio Department of Public Safety

Pat Marquis
Executive Director
Sudden Infant Death Network of Ohio

Michael Mier, Chief
Copley Police Department

Nan Migliozi, MSN, RN
Chief, Injury Prevention Section
Ohio Department of Health

Barbara Mullan, BSN, RN
CFR Board Chair
Delaware General Health District

Jan Nishimura
Acting Chief, Bureau of Health Services
Information and Operational Support
Ohio Department of Health

Nancy Osborn
Health Commissioner
Ottawa County Health Department

Sally Pedon, LISW, LPC
Executive Director
Ohio Children's Trust Fund

T.J. Redington, MD, MBA
Medical Director
Ohio Department of Job and Family Services



Ohio Child Fatality Review

Kay Rietz
Assistant Deputy Director
Office of Children's Services and Prevention
Ohio Department of Mental Health

John Rochester
State Board of Education

David Schor, MD, MPH, FAAP
Chief, Division of Family and Community
Health Services
Ohio Department of Health

Carolyn Slack, MS, RN
Director, Maternal Child Health
Columbus Health Department

Sandra Solano-McGuire, MD, MS
Chief, Health Statistics
Ohio Department of Health

Joe Stack
Ohio SAFE KIDS and EMSC Coordinator
Ohio Department of Public Safety

Jerry Walker, PhD
Ohio Department of Education

Child Fatality Review Program Staff

Jo Bouchard, MPH
Assistant Chief
Bureau of Child and Family Health Services

Sharon Linard, MS
Epidemiologist
Bureau of Health Services Information and
Operational Support

Ike Mgbatogu, MPA
Researcher
Research and Evaluation Section
Bureau of Health Services Information and
Operational Support

Adriana Pust, MSSA
Health Planning Administrator
Bureau of Child and Family Health Services

Ruth Shrock, MS, MPH
Research and Evaluation Section
Administrator
Bureau of Health Services Information and
Operational Support

Merrily Wholf, RN, MPH
CFR Coordinator
Bureau of Child and Family Health Services



Local Child Fatality Review Board Chairs



Adams

Dr. Bruce Ashley
Adams County Health Department
937-544-5547
adamcohd@gw.odh.state.oh.us



Allen

Mr. Dave Rosebrock, MPH
Allen County Health Department
419-228-4457
drosebrock@allencountyhealthdepartment.org

Ashland

Dr. Dan Daugherty
Ashland Health Department
419-289-0000
ashlandhealth@ashlandhealth.com

Ashtabula

Mr. Raymond J. Saporito
Ashtabula County Health Department
440-576-6010
rsaporit@gw.odh.state.oh.us

Athens

Dr. James R. Gaskell
Athens City-County Health Department
740-592-4431
jamesgaskell2000@yahoo.com

Auglaize

Ms. Charlotte T. Parsons
Auglaize County Health Department
419-738-3410
cparsons@auglaizehealth.org

Belmont

Mr. H. L. Vermillion
Belmont County Health Department
740-695-1202
han@1stnet.com

Brown

Dr. Christopher T. Haas
Brown County General Health District
937-378-6892
bchd@browncohd.org

Butler

Dr. Robert J. Lerer
Butler County Health Department
513-863-1770
boh@butlercountyohio.org

Carroll

Ms. Melanie Campbell
Carroll County Health Department
330-627-4866
mcampbel@gw.odh.state.oh.us

Champaign

Dr. Barry L. Paxton
Champaign Health District
937-484-1619
bpaxton@gw.odh.state.oh.us

Clark

Mr. Charles Patterson
Clark County Combined Health District
937-390-5600
cpatterson@ccchd.com

Clermont

Dr. Janet Rickabaugh
Clermont County General Health District
513-732-7499
jrickabaugh@co.clermont.oh.us

Clinton

Mr. Robert E. Derge
Clinton County Health Department
937-382-3829
bderge@clincodh.com

Columbiana

Mr. Robert D. Morehead
Columbiana County Health Department
330-424-0272

Coshocton

Ms. Rebecca J. Beiter
Coshocton County General Health District
740-622-1426
BBEITER@gw.odh.state.oh.us

Crawford

Dr. Sam Thomas
Crawford County General Health District
419-562-5871
cchc@crawford-co.org

Cuyahoga

Ms. Pamela Celinski
Department of Children and Family Services
216-881-5336
pcelins@www.cuyahoga.oh.us

Ohio Child Fatality Review

Darke

Dr. Terrence L. Holman, DVM
Darke County Health Department
937-548-4196
tholman@gw.odh.state.oh.us

Defiance

Ms. Kimberly J. Moss
Defiance County General Health District
419-784-3818
healthcommish@defiance-county.com

Delaware

Ms. Barbara Mullan
Delaware General Health District
740-203-2094
bmullan@rrohio.com

Erie

Dr. Donald C. Smith
Erie County General Health District
419-626-5623
dsmithechd@cros.net

Fairfield

Mr. Frank Hirsch
Fairfield Department of Health
740-653-4489
fhirsch@co.fairfield.oh.us

Fayette

Mr. Robert G. Vanzant
Fayette County Health Department
740-335-5910
rvanzant@odh.ohio.gov

Franklin

Ms. Julie Robbins
Columbus Health Department
614-645-7498
jrobbins@columbus.gov

Fulton

Dr. Hans Schmalzried
Fulton County Health Department
419-337-0915
hschmalz@gw.odh.state.oh.us

Gallia

Ms. Judy Linder
Gallia County Health Department
740-441-2960
jlinder@gw.odh.state.oh.us

Geauga

Mr. Robert Weisdack
Geauga County Health District
440-285-2222
bweisdack@geaugacountyhealth.org

Greene

Mr. Mark McDonnell
Combined Health District
937-374-5600

Guernsey

Dr. Janice Schram Wayne
Cambridge-Guernsey County Health
Department
740-439-3577
cgchd@cambridgeoh.com

Hamilton

Ms. Patricia Eber
Hamilton County Family
and Children First Council
513-946-4980
Patty.Eber@hamilton-co.org

Hancock

Dr. Greg Arnette
Hancock County Health Department
419-424-7869
gaarnette@co.hancock.oh.us

Hardin

Dr. Jay E. Pfeiffer
Kenton-Hardin Health Department
419-673-6230
healthdept@dbscorp.net

Harrison

Mr. Jamie Howell
Harrison County Health Department
740-942-2616
harrcohd@gw.odh.state.oh.us

Henry

Mr. Hans Schmalzvied
Henry County Health Department
419-599-5545
hschmalz@gw.odh.state.oh.us

Highland

Dr. James Vanzant
Highland Health Department
937-393-1941
jimvanzant@yahoo.com





Hocking

Ms. Kelly Taulbee
Hocking County Health District
740-385-3030
ktaulbee@hockingchd.com

Holmes

Dr. Maurice Mullet
Holmes County Health Department
330-674-5035
mmullet@holmeshealth.org

Huron

Dr. Earl McLoney
Huron County Generral Health District
419-668-1652
healthcommissioner@huroncohealth.com

Jackson

Mr. Gregory A. Ervin
Jackson County Health Department
740-286-5094
gervin@jchd.us

Jefferson

Dr. Ronald C. Agresta
Jefferson County General Health District
740-283-8530
jchd@jchealth.com

Knox

Mr. Dennis G. Murray
Knox County Health Department
740-392-2200
dmurray@knoxhealth.com

Lake

Ms. Kay M. Duffy
Lake County General Health District
440-350-2554
kduffy@lcghd.org

Lawrence

Dr. Kurt Hofmann
Lawrence County Health Department
740-532-3962

Licking

Dr. Robert P. Raker
Licking County Coroner's Office
740-349-3633
lccoroner@alink.com

Logan

Dr. Boyd C. Hoddinott
Logan County Health District
937-592-3808
drhoddinott@mapleleafmed.com

Lorain

Mr. Terrence J. Tomaszewski
Lorain City Health Department
440-204-2315
terrytomaszewski@cityoflorain.org

Lucas

Dr. David Grossman
Toledo-Lucas County Health Department
419-213-4018
grossmad@co.lucas.oh.us

Madison

Dr. James Herman
Madison County-London City
Health District
740-852-3800
jherman@co.madison.oh.us

Mahoning

Mr. Matthew Stefanak
District Board of Health, Mahoning County
330-270-2855
mstefanak@mahoning-health.org

Marion

Dr. Kathy Dixon
Marion County Health Department
740-387-6520
administration@marionhealthdept.com

Medina

Dr. Daniel Raub
Medina County Health Department
330-723-9511
draub@medinahealth.org

Meigs

Mr. Larry Marshall
Meigs County Health Department
740-992-6626
Lmarshal@gw.odh.state.oh.us

Mercer

Dr. Philip Masser
Celina Family Practice
419-586-3251

Ohio Child Fatality Review

Miami

Mr. James A. Luken
Miami County Health District
937-440-5418
jluken@miamicountyhealth.net

Monroe

Ms. Cynthia J. Dix
Monroe County Health Department
740-472-1677
cdix@gw.odh.state.oh.us

Montgomery

Mr. William H. Bines
Montgomery County Health District
937-225-4395
wbines@chdmc.org

Morgan

Dr. Richard D. Clark
Morgan County Health Department
740-962-4572
morgcohd@gw.odh.state.oh.us

Morrow

Ms. Krista Wasowski
Morrow County Health Department
419-947-1545
kwasowsk@gw.odh.state.oh.us

Muskingum

Ms. Jucy King
Zanesville Muskingum County Health
Department
740-450-3275
judyk@zmchd.org

Noble

Mr. Shawn E. Ray
Noble County Health Department
740-732-4958
noblecohd@nobleco.net

Ottawa

Ms. Nancy C. Osborn
Ottawa County Health Department
419-734-6800
nosborn@cros.net

Paulding

Dr. Larry Fishbaugh
Paulding County Health Department
419-399-3921
paulcohd@gw.odh.state.oh.us

Perry

Ms. Tina Watkins
Perry County Health Department
740-342-5179
pchd@netpluscom.com

Pickaway

Ms. Denise Minor
Pickaway County General Health District
740-477-9667
dminor@pchd.org

Pike

Mr. Wally Burden
Pike County General Health District
740-947-7721
pcghd@bright.net

Portage

Dr. K. F. Rupp
Portage County Health Department
330-296-9919
Krupp@portageco.com

Preble

Dr. Mark Vosler
Preble County Health District
937-456-8187
ellen@preblecountyhealth.org

Putnam

Dr. David Lee Woodruff
Putnam County General Health District
419-523-5608
pchdcomm@nwbright.net

Richland

Mr. Stan Saalman
Mansfield/Richland County
Health Department.
419-774-4500
ssaalman@richlandhealth.org

Ross

Dr. Timothy Angel
Ross County Health District
740-779-9652

Sandusky

Mr. David G. Pollick
Sandusky County Health Department
419-334-6377
dpollick@sanduskycohd.org





Scioto

Dr. Keith Gaspich
Scioto County Health Department
740-354-3241
sciocohd@odh.ohio.gov

Seneca

Ms. Marjorie S. Broadhead
Seneca County Health Department
419-447-3691
mbroadhe@gw.odh.state.oh.us

Shelby

Mr. Robert M. Mai
Sidney-Shelby County Health Department
937-498-7249
sschd@gw.odh.state.oh.us

Stark

Mr. William J. Franks
Stark County Health Department
330-493-9904
franksb@starkhealth.org

Summit

Mr. Pat McGrath
Summit County
330-762-7481
pmcgrath@csssc.org

Trumbull

Dr. James Enyeart
Trumbull County Health Department
330-675-2489

Tuscarawas

Ms. Deb Crank
Tuscarawas County Health Department
330-343-5555
tchdcpp@tusco.net

Union

Ms. Diana D. Houdashelt
Union County Health Department
937-645-2054
dhoudash@gw.odh.state.oh.us

Van Wert

Dr. Tom Lautzenheiser
Van Wert County Health Department
419-238-0808
vwchd@vanwertcountyhealth.org

Vinton

Mr. Glen Thompson
Vinton County Health District
740-596-5233
vchdbw@ohiohills.com

Warren

Ms. Deborah Poppe
Warren County Coroner's Office
513-695-1137
coroner@co.warren.oh.us

Washington

Ms. Kathleen L. Meckstroth
Washington County Health Department
740-374-2782
healthadmin@washingtongov.org

Wayne

Dr. Gregory L. Halley
Wayne County Combined General Health
Department
330-264-9590
RTeter@wayne-Health.org

Williams

Ms. Jean Wise
Williams County Health Department
419-485-3141
williamshd@bright.net

Wood

Mr. Larry Sorells
Wood County Health Department
419-352-8402
Isorrells@co.wood.oh.us

Wyandot

Ms. Sally Stutz
Wyandot County Health Department
419-294-3852
wic@co.wyandot.oh.us