



CHILD FATALITY REVIEW PANEL (CFRP) FINAL REPORT

TO BE COMPLETED FOR ALL REVIEWABLE CHILD DEATHS LESS THAN 18 YEARS OF AGE

INSTRUCTIONS: Complete the form with all known information and forward to STAT within ten days of completing the panel review. While data entered into the Internet database is held as confidential, upon request, this report is subject to public release.

IDENTIFICATION INFORMATION

1. DECEDENT'S NAME (FIRST, MI, LAST)		2. SEX A. <input type="checkbox"/> MALE B. <input type="checkbox"/> FEMALE	
3. DATE OF DEATH ____/____/____	4. DATE OF BIRTH ____/____/____	5. COUNTY OF CFRP PANEL REVIEW	
6. DATE OF LAST CFRP PANEL REVIEW ____/____/____	7. CIRCUMSTANCES LEADING TO DEATH? (PRECIPITATING EVENT)		

PREVENTION CONCLUSIONS

1. KEEPING IN MIND WHAT IS KNOWN ABOUT THIS TYPE OF FATALITY, IS THERE A PREVENTION MESSAGE?
 A. Yes B. No

2. IF YES, WHAT PREVENTION MESSAGE(S) ARE APPROPRIATE?

3. HAVE PREVENTION INITIATIVES BEEN DISCUSSED?
 A. Yes B. No

4. IF YES, WHAT TYPE OF PREVENTION INITIATIVE(S)?

A. <input type="checkbox"/> Legislation, Law or Ordinance	F. <input type="checkbox"/> Consumer Product Safety Action (800-638-8095)
B. <input type="checkbox"/> Community Safety Project	G. <input type="checkbox"/> News Service
C. <input type="checkbox"/> Public Forums	H. <input type="checkbox"/> Changes in Agency Practices
D. <input type="checkbox"/> Educational Activities in School	I. <input type="checkbox"/> Other Programs or Activities
E. <input type="checkbox"/> Educational Activities in the Media	

5. BRIEFLY DESCRIBE PREVENTION INITIATIVE(S)

6. ANTICIPATED ORGANIZATIONS INVOLVED?

A. <input type="checkbox"/> Health/Medical Services	D. <input type="checkbox"/> Schools	G. <input type="checkbox"/> Other
B. <input type="checkbox"/> Social Services	E. <input type="checkbox"/> Mental Health Services	
C. <input type="checkbox"/> Law Enforcement	F. <input type="checkbox"/> Local Community Group	

7. TARGET POPULATIONS FOR PROPOSED PREVENTION INITIATIVE(S)?

A. <input type="checkbox"/> Children	D. <input type="checkbox"/> Child Protection Professionals
B. <input type="checkbox"/> General Public	E. <input type="checkbox"/> Other
C. <input type="checkbox"/> Parents/Caregivers	

8. IS STAT ASSISTANCE REQUESTED CONCERNING CURRENT OR FUTURE PREVENTION INITIATIVES; E.G., FACILITATION, RESOURCES, ETC.?
 A. Yes B. No

IF YES, POINT OF CONTACT: NAME/TITLE

AGENCY

MAIL/STREET ADDRESS

CITY/STATE/ZIP

PHONE	FAX
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EMAIL

ADDITIONAL COMMENTS/CONCERNS

(Attach extra pages, as necessary)

Send completed Final Report to:

**State Technical Assistance Team
PO Box 208, Jefferson City, MO 65102-0208
573-751-5980 or 800-487-1626
Fax: 573-751-1479**