Child Death Review (CDR) System Operational Guideline Outline

October 3, 2017

Japanese Society for Prevention of
Child Abuse and Neglect
Working Group for Building the CDR System

1. Purpose of the Child Death Review System

The Child Death Review (CDR) is a system for reviewing cases of child deaths. The purpose of the Child Death Review (CDR) is to prevent preventable deaths of children by identifying the causes and background factors of all child death cases, analyzing them in a specialized and multidisciplinary manner, making recommendations to the national and local governments for institutional and operational improvements based on the results, and drawing widespread attention to these issues.

[Note]

○The Society declared at the 19th Annual Meeting in Shinshu of the Japanese Society for Prevention of Child Abuse and Neglect held in December 2013 that it would work toward the implementation of the CDR within five years.

○On the CDR, a study titled "Study on Child Death Reviews in Japan" (Principal researcher: Michiko Kobayashi), was conducted from FY2010 to FY2012 (2010-2012) as part of the Research Program on Policy Planning and Evaluation category of the Ministry of Health, Labour and Welfare's Health and Labour Science Research Grant.

2. Outline of the CDR

〔1〕 On the CDR

The CDR is based on a full accounting of all child deaths. Of those, in particular, the following are extracted.

(i) Deaths suspected to be due to child maltreatment

(ii) Deaths suspected to be due to suicide

(iii) Deaths suspected to be due to preventable accidents

(iv) Other deaths considered preventable

The CDR Committee, composed of experts from multiple institutions and professions, will analyze each death in a specialized and multifaceted manner to determine what factors were behind each death, and how similar deaths can be prevented.

The CDR Committee shall then make recommendations on the prevention of recurrences to the local government- which is the entity responsible for establishing the CDR Committee. Furthermore, the

CDR Committee may also make recommendations to the national government, since it is essential that efforts be made at the national level to prevent the recurrence of preventable deaths. When necessary- such as when there has been a series of similar accidents- the CDR Committee may also be expected to issue a broad alert to the public, including parents who are responsible for the care of children.

The CDR is not for the purpose of pursuing criminal charges. It is also not intended to replace the review work currently being conducted on child maltreatment, bullying, and medically-related deaths. Therefore, in principle, where the detailed review of individual cases is concerned, such existing review work shall be respected.

In the absence of existing review work, the CDR Committee will conduct a review, conforming with the CDR objective of "preventing preventable child deaths."

In instances where a case should be reviewed by the existing review system but has not been done so sufficiently, the CDR Committee may urge that a review be conducted.

One CDR Committee shall be established in each prefecture (including government-designated cities – cities with a population greater than 500,000 delegated with many functions normally performed by the prefecture; the same shall apply hereinafter), The department in charge of child policy in each prefecture shall serve as its secretariat.

〔2〕 Overview of the CDR's activities

(1) Collection of basic information

In the event of a death of a child, the Public Health Center with jurisdiction over the child's registered residential address shall collect information on the circumstances at the time of the death, the cause of death, and any other information deemed necessary for examining the death.

[Note]

○Because of how the national demographic survey is currently being administered, the Public Health Centers are in a position to handle all cases of child deaths, since they are responsible for

receiving death report data from the municipality that has jurisdiction over the child's registered residential address and sending them to the prefecture. Therefore, it is desirable for Public Health Centers to collect basic information from the viewpoint of accounting for all child deaths.

(2) Submission to the CDR Committee

The Public Health Center shall compile a list of deaths it has identified within a certain period of time, categorize those that appear to fall under〔1〕(i) through (iv) above and those that do not, and submit all of them to the CDR Committee.

(3) Review by the CDR Committee

The Secretariat of the CDR Committee shall, after making inquiries to the relevant organizations if further information is considered necessary, convene a subcommittee of the CDR Committee tasked with selecting cases to be reviewed by the CDR Committee (hereinafter referred to as the "Target Selection Subcommittee"). In addition to the Secretariat, some members of the CDR Committee shall be assigned to the Target Selection Subcommittee.

The CDR Committee will then consider for the cases selected by the subcommittee what factors may have contributed to the deaths and how similar cases can be prevented. The deliberations will be closed to the public in consideration of privacy and personal information.

(4) Recommendations by the CDR Committee, etc.

Based on the results of the review, the CDR Committee shall be able to take the following actions to prevent similar deaths

(i) Provide institutional or operational recommendations to the prefectures in which they are established.

(ii) Provide institutional or operational recommendations to the national government.

(iii) Provide useful information to relevant organizations (including private-sector organizations) and persons involved in the

prevention of child maltreatment, bullying, and suicides.

(iv) If the cause of death is believed to be due to a product manufactured by a business or services provided by a business, it will provide useful information to businesses which manufacture such products or provide such services.

(v) Raise awareness among members of the public.

The CDR Committee may release recommendations, information, etc. that do not infringe on the protection of personal information or privacy to the public.

3. Collection of basic information by Public Health Centers

When a child under 18 years of age dies, the Public Health Center with jurisdiction over the child's registered residential address collects death record data from the national demographic survey statistics and other information necessary for the review, makes a list, and sends the list to the child policy division of the prefectural government.

〔1〕 Information obtained from demographic statistics

(1) Name of the deceased
(2) Sex
(3) Date and time of birth
(4) Time of death
(5) Place of death
(6) Address of the deceased
(7) Nationality of the deceased
(8) Did the deceased have a husband or a wife?
(Yes, age of spouse)
(9) Did the deceased have a husband or a wife?
(No, never married, bereaved, separated N/A)
(10) Main work of the deceased's household at the time of death
(Agriculture, Self-employed, Work I employed worker (employers with1-99 employees), Work II (other than Work I), Other, Unemployed)
(11) Occupation/industry at time of death
(12) Type of place of death
(Hospitals, clinics, geriatric healthcare facilities, midwifery centers, nursing homes, other.)

(13) Name of the facility where the death occurred

(14) Cause of death

(Direct cause of death, cause of the direct cause of death)

(Name of injury or disease affecting cause of death, etc.)

(Duration of illness, onset or time of injury until death)

(Whether surgery was conducted, surgery site and principal findings)

(Date of surgery)

(Whether an autopsy was performed, key findings)

(15) Type of cause of death

Death from illness or natural causes

Unforeseen external cause of death

(Traffic accidents, falls, drowning, fire, suffocation, poisoning, etc.)

Other and unspecified deaths from external causes

(Suicide, homicide, undetermined)

Death of undetermined cause

(16) Additional items for external cause of death

When the injury occurred (Date, time)

Type of place where the injury occurred

(Residence, factories and construction sites, roads, other)

Where the injury occurred

Surgery and Status

(17) Additional items in case of death due to illness before the age of 1 year

Birth weight, singleton or multiple births, number of weeks of gestation, maternal pathology or abnormalities in pregnancy and delivery, mother's date of birth, and results of previous pregnancies.

(18) Other special matters to be noted.

4. Collecting information from medical institutions and police-commissioned physicians who were in charge of the death case

〔1〕 Filling out the Deceased Child Questionnaire

The physician involved in the child's emergency medical care or the

physician who confirmed the child's death shall complete the "Deceased Child Questionnaire" as provided in the Appendix.

Therefore, the physicians responsible for completing the Deceased Child Questionnaire will be emergency physicians, pediatricians, other attending physicians, police-commissioned physicians, medical examiners, forensic physicians, etc.

〔2〕 Methods of raising awareness of the need to submit the Deceased Child Questionnaire

In order for the CDR to function adequately, it is important to make sure these physicians know that they are required to complete the Deceased Child Questionnaire whenever a child under 18 years of age dies.

Make sure that emergency physicians, pediatricians, and other attending physicians are informed. This is to be conveyed to them through relevant academic societies and hospital associations. Police-commissioned physicians should be informed through medical associations and the Police Activity Cooperating Physicians Section (tentative name), and medical examiners and forensic physicians through the Japanese Society of Legal Medicine, etc.

〔3〕 Methods of submitting and collecting the Deceased Child Questionnaire

The Deceased Child Questionnaire completed by an emergency physician, pediatrician, other attending physician, police-commissioned physician, medical examiner, forensic physician, etc., shall be submitted to the Public Health Center that has jurisdiction over the registered residential address of the child.

Once the Public Health Center has scrutinized the death record slip of a child under 18 years of age and finds that no Deceased Child Questionnaire has been submitted by a physician for that child, it will contact the physician who completed the death certificate or postmortem inspection report and collect the Deceased Child Questionnaire.

〔4〕 Investigative authority

The completion of the Deceased Child Questionnaire by the physician and submission to the Public Health Center, and the collection of the Deceased Child Questionnaire by the Public Health Center and the supplementation of missing information or correction of incorrect information, as well as the collection of information by the Target Selection Subcommittee and the sharing of information among CDR Committee members, require legal basis.

To this end, the CDR must be legislated after considering which of the following legislative measures is most appropriate.

(1) Enactment of a new law on CDR

(2) Incorporate CDR in the Basic Bill for the Promotion of the Investigation of Cause of Death.

(3) Revise the Child Welfare Act to include the CDR.

5. Operation of the CDR Committee

One will be established in each prefecture, and the department in charge of children's policy in the prefectural government will serve as the secretariat.

〔1〕 Convening the Target Selection Subcommittee

(1) On the Subcommittee

The secretariat of the CDR Committee, after making inquiries to relevant organizations if it deems that more information is necessary, will convene a Target Selection Subcommittee under the CDR Committee to select cases to be reviewed by the CDR Committee.

If there is not enough information to select the cases, the Target Selection Subcommittee will collect the following information to supplement the missing information or correct incomplete information.

(i) Documents held by related organizations, etc.

(ii) Information obtained through interviews and hearings of relevant parties, etc.

(iii) Other necessary information

After consolidating this information, the Target Selection Subcommittee will submit all deaths of children under 18 years of age to the CDR Committee, after classifying those cases into those

that appear to fall into categories (i) through (iv) below, and those that do not.

(i) Deaths suspected to be due to child maltreatment

(ii) Death suspected to be due to suicide

(iii) Deaths suspected to be due to preventable accidents

(iv) Other deaths considered preventable

(2) Members of the Target Selection Subcommittee

The Target Selection Subcommittee shall be assigned some members of the CDR Committee as well as the Secretariat.

〔2〕 Convening of CDR Committee meetings

(1) On the Committee meetings

The CDR Committee will examine the cases selected by the Target Selection Subcommittee to determine what factors may have contributed to the deaths and how similar cases can be prevented. The deliberations will be closed to the public in consideration of privacy and personal information.

Based on the results of the review, the CDR Committee shall be able to take the following actions to prevent similar deaths

(i) Provide institutional or operational recommendations to the prefectures in which it has been established.

(ii) Provide institutional or operational recommendations to the national government.

(iii) Provide useful information to relevant organizations (including private organizations) and persons involved in the prevention of child maltreatment, bullying, and suicides.

(iv) If the cause of death is believed to be due to a product manufactured by a business or services provided by a business, provide useful information to businesses that manufacture such products or provide such services.

(v) Raise awareness among the public.

The CDR Committee may release recommendations, information, etc. that do not infringe upon the protection of personal information or privacy to the public.

(2) How it relates to other procedures

The CDR is not intended for the purpose of pursuing criminal charges. It is also not intended to replace review work currently being conducted regarding child maltreatment, bullying, or medically-related deaths. Therefore, for the detailed review of individual cases, such existing review work shall, in principle, be respected.

In the absence of existing review work, the CDR Committee will conduct a review in accordance with the CDR objective of "preventing preventable child deaths."

In cases where a case should be reviewed by the existing review system but has not been done so sufficiently, the CDR Committee may urge that a review be conducted.

(3) Composition of the CDR Committee

CDR committee members shall be appointed in accordance with "6. Members of the CDR Committee to be established in each prefecture."

The CDR Committee shall have one chairperson who shall be elected by the members from among themselves.

(4) Frequency of CDR Committee meetings

The CDR Committee will meet once every two to four months and issue recommendations at least once a year, depending on the actual situation in each prefecture.

6. Members of the CDR committee to be established in each prefecture

〔1〕 Members of the CDR Committee

【CDR Secretariat】

(1) Prefectural Department in charge of child policy

【Information Collection Secretariat】

(2) Division of the Prefectural Government in charge of Public Health Centers.

(3) Department of the Prefectural Government in charge of Maternal

and Child Health

(4) Division of the Prefectural Government in charge of the Prefecture's Child Guidance Centers.

(5) Prefectural Fire Department (in the case of Tokyo, the Tokyo Fire Department)

(6) Division of the Prefectural Government in charge of Child Care Centers.

(7) Prefectural Board of Education General Affairs Division

(8) Prefectural Police Headquarters

【Essential Constituents】

(9) District Public Prosecutor's Office

(10) University medical school forensic scientist or medical examiner

(11) Police-commissioned physicians

(12) Surgeons familiar with traumatology

(13) Pediatricians familiar with child maltreatment

(14) Psychiatrists or clinical psychology professionals familiar with the psychology and psychopathology of perpetrators of abuse, child victims of abuse, and suicide victims

【Optional Constituents】

(15) Prefectural Spousal Violence Counseling and Support Centers

(16) Private organizations engaged in child maltreatment prevention, child accident prevention, domestic violence prevention, suicide prevention, and crime victim support activities

(17) Medical Associations, Dental Associations, Nursing Associations, Hospital Associations

(18) Lawyers familiar with children's rights

(19) Academic experts

【Persons who were directly involved in the case of the death and for whom the Target Selection Subcommittee or the CDR Committee determines that a hearing should be held】

(20) Police officers

(21) Child Guidance Center staff

(22) Municipal employees

(23) School and kindergarten faculty and staff
(24) Nursery school teacher
(25) Doctors, nurses, medical social workers, and other healthcare professionals
(26) Other

〔2〕 Common roles and responsibilities of each CDR member

To share the principle that the CDR can function in the region as a harmonized system only when the roles of all the professions and institutions that make up the CDR Committee are integrated and analyses are conducted in a professional and multifaceted manner, while recognizing the following as the common responsibilities of each member.

(i) Provide case records held by the member's institution.
(ii) Explain the meaning of terminology specific to the member's institution.
(iii) Explain in an easy-to-understand manner the objectives and policies of the member's institution, as well as the nature and functions of its operations.
(iv) Explain the responsibilities and limitations of the member's position.
(v) Fully understand what roles the other bodies that make up the CDR Committee should play.
(vi) Conduct committee activities with care and respect for constituents from other institutions who participate in the CDR Committee.

〔3〕 Roles of each essential member of the CDR Committee

(1) Department of the Prefectural Government in charge of child policy

The prefectural department in charge of children's policy, as the administrative secretariat of the CDR Committee, consolidates the basic information collected by Public Health Centers and through the Deceased Child Questionnaire, etc. If further information is considered necessary, it convenes the Target Selection Subcommittee to select cases to be reviewed and collects

information from relevant organizations, etc., which is then consolidated to select the cases for the CDR to review.

When the CDR Committee meets, the department shall carry out duties, including liaising and coordination, preparation of materials, etc.

(2) Division of the Prefectural Government in charge of Public Health Centers

When a child under 18 years of age dies, the Public Health Center with jurisdiction over the registered residential address of the child collects basic information such as the death record slips of the national demographic survey as well as the information necessary for the review such as the Deceased Child Questionnaire, compiles a list, and sends the list to the prefectural department in charge of child policy.

(3) Department of the Prefectural Government in charge of Maternal and Child Health

Prefectural Departments in charge of Maternal and Child Health provide the Target Selection Subcommittee and CDR Committee with information such as infant health checkup records and immunization histories through Municipal Health Centers that provide various health services. Public Health Centers may also be aware of the mental illness history of the family concerned.

If the deceased child had a history of receiving support by health institutions such as Public Health Centers, or had received home visits by Public Health Nurses, the department in charge of Maternal and Child Health should also provide the Target Selection Subcommittee and CDR Committee with the details of such history and support.

In addition, since Public Health Centers and Municipal Health Centers have information on specified pregnant women in need of assistance and children in need of assistance, the department in charge of Maternal and Child Health also provides this information to the Target Selection Subcommittee and the CDR Committee.

(4) Division of the Prefectural Government in charge of Child Guidance Centers

When a child who has been abused or neglected dies, the Child Guidance Center must examine the cause of the death, the circumstances and background leading up to the death, and must respond appropriately to the death in order to protect surviving siblings.

The Child Guidance Center shall provide the CDR Committee with detailed information regarding the deceased child and the family concerned. The Child Guidance Center may have been notified in the past about the deceased child and his/her siblings, and may have a history of providing support to the family in question. Such information will also be provided to the CDR Committee.

The Child Guidance Center may have knowledge of the family history of the family in question - such as unemployment, divorce, information on whether any of the child's siblings have died, domestic violence, substance abuse, and information on past abuse or neglect.

(5) Prefectural Fire Department (in the case of Tokyo, the Tokyo Fire Department)

Emergency medical teams of the Fire Department are often the first to arrive on the scene and therefore have very important eyewitness information regarding the condition of the child at the time of transport, the surrounding conditions, and the words and actions of those present at the scene.

The records of the emergency services' transports show where, facing which direction, and in what position the child was found at the time of arrival. Comparing them with the records of the police inspection of the scene may help determine whether objects present there were moved or not before the police arrived at the scene.

(6) Division of the Prefectural government in charge of Child Care Centers

To deal with cases of accidental deaths that take place at child

care facilities, or to find out more about victims of child maltreatment who attended the childcare facility, information held by nursery teachers is extremely important. Therefore, childcare facility information is essential for the CDR.

(7) General Affairs Division of the Prefectural Board of Education

It is very important for boards of education to participate in the CDR, because teachers and staff hold important information on cases of accidental deaths that take place at schools and suicides and homicides that occurred against the backdrop of relationships at school, such as bullying.

The Board of Education can also provide leadership in disseminating reports and recommendations issued by the CDR to the public.

(8) Prefectural Police Headquarters

The Police Department submits to the CDR Committee information on investigations of child death incidents and accidental deaths. The committee member who represents the Prefectural Police Headquarters must also function as a liaison and coordinator between the Police Department with jurisdiction and the CDR Committee members.

Police officers are the most knowledgeable of the CDR Committee members regarding the inspection of the scene and evidence corroboration, which is essential in determining the cause of death of a child.

Because of this expertise, police officers can provide very important information on death cases, and other CDR Committee members will be able to gain a great deal of knowledge about police investigations.

(9) District Public Prosecutor's Office

Article 47 of the Code of Criminal Procedure contains the following provisions

"Documents relating to a lawsuit shall not be made public prior to the opening of a trial. However, this shall not apply where it

is deemed appropriate for public interest or for other reasons."

Based on this provision, the Public Prosecutor shall make the determination as to whether the CDR Committee can handle documents related to lawsuits and provide the CDR Committee with documents and other materials and information that can be provided.

In addition, the public prosecutor is responsible for educating the CDR Committee members about criminal law and judicial procedures.

(10) University medical school forensic scientist or medical examiner

Forensic physicians and medical examiners or police-commissioned physicians play a central role, both as CDR Committee members and in supporting investigations related to child deaths.

According to Article 21 of the Medical Practitioners Law, all deaths other than natural causes are to be reported to the police as deaths from unusual causes. Forensic physicians and medical examiners are qualified to perform these forensic autopsies and are responsible for determining the cause of death based on a comprehensive evaluation of the autopsy findings, information from the police on-site inspection, and medical history.

(11) Police-commissioned physician

This physician is responsible for witnessing the inspection and on-site examination of the corpse in accordance with the provisions of the Code of Criminal Procedure, and the inquest in accordance with the provisions of the Code of Criminal Procedure and the Inquest Rules. He is also responsible for witnessing the investigation in accordance with the provisions of the Act on Investigation of Cause of Death or Identity of Dead Bodies Handled by Police and Other Persons.

Therefore, most of the postmortem inspection reports are written by police-commissioned physicians, and the cooperation of police-commissioned physicians is indispensable in determining the cause of death.

Police-commissioned physicians also assist in investigations that require medical expertise, and they have a significant role to play on the CDR Committee because of their knowledge and experience in this area.

(12) Pediatricians familiar with child maltreatment

The pediatrician is responsible for educating the CDR Committee members about the growth and development of the child and for providing a clear explanation of the medical conditions involved in each case.

It is desirable that the pediatrician serving on the CDR Committee should be an expert in child abuse and neglect. If such a pediatrician is not available in the community, at least a board-certified pediatrician should be selected.

(13) Psychiatrists or clinical psychology professionals familiar with the psychology and psychopathology of perpetrators of maltreatment, child victims of maltreatment, and suicide victims

Psychiatrists and clinical psychology professionals can provide information and insight to the CDR Committee members on what psychological issues can cause death in children.

In addition, by having psychiatrists and clinical psychology professionals become CDR Committee members, other members can learn what policies and practices mental health professionals use to carry out their duties.

7. CDR database

The database of all child deaths will enable accurate and complete epidemiological studies of child deaths, risk analysis by age, sex, place of residence, and other factors. It will also help to elucidate yearly trends in causes of death, which is expected to help reduce the number of child deaths.

8. CDR's Annual Report and Recommendations

Once a year, the CDR Committee shall prepare and submit an Annual Report to the head of the local government in which it is established. The

head of the local government shall publicize, through a website or other means, suitable items included in the Annual Report.

The Annual Report will include statistical data, a summary of the individual deaths investigated, an overview of the investigation for the year in question, and Recommendations. The Recommendations may not only be for the local government that established the CDR Committee, but also for the national government, other local governments, private organizations, and other relevant agencies.

9. Ministries and Agencies with national jurisdiction

Annual Reports and basic data from the CDRs conducted by each local government would be consolidated at the national level. For the time being, it is believed that the central government agency responsible for the CDR should be the Children and Child-Rearing Administration of the Cabinet Office (This is because it is believed that the recommendations and proposals made by the CDR would not be limited to matters that fall under the purview of, for example, the Ministry of Health, Labour and Welfare, or any one ministry or agency.)

＜Deceased Child Questionnaire＞

Date of Entry Year/Month/Day Name of physician completing this form：＿＿＿＿＿＿ Medical institution to which the physician belongs：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

＊For the choices, tick the box (☑) or circle the applicable choice

Ⅰ：Basic Information on Deceased Child

1．Name of Child＿＿＿＿＿＿＿＿ Date of Birth Year/Month/Day Date of Death Year/Month/Day

Gestational Age weeks days Weight at Birth＿＿＿＿＿g (Please enter if less than one year of age)

Address on death certificate (include up to name of municipality) ＿＿＿＿＿＿＿＿＿＿＿＿

2．Illness or Condition Resulting in Death (Column A on Death Certificate) ＿＿＿＿＿＿＿＿

→Cause of the above (Column B on Death Certificate) ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

→Underlying Cause ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Condition(s) that may have contributed to the death, while not being the cause of death. ＿＿＿＿＿＿

3．Manner of Death □ i．**Death by Illness, Natural death**

□ ii．**Death by External Cause(s)**

□ a. Accidental Death by external cause〔traffic accident・falls, falls from heights・drowning・fire-related deaths・suffocation・poisoning・other〕

□ b. Other deaths by external cause, death from unknown external cause 〔suicide, abuse, neglect, murder, other〕

□ iii．**Unexplained Death**

Ⅱ：Circumstances of emergency transport to medical institution at the time of occurrence of event that resulted in the death

□ 1．Not Applicable

□ i．Child was born in a medical facility and died before being discharged

□ ii．Child was admitted as a non-emergency walk-in case and died after admission

→☐ a． The death was expected, the cause of death clear, with no issues in how the physician's examination of the child was conducted

☐ b． Circumstances other than above

☐iii． Child was clearly dead, and therefore not transported to a medical facility – decapitated, decomposed, skeletonized, etc.

☐2． Applicable

＊Vitals during transport：State of Consciousness[JCS Japan Coma Scale]（__________）Body temperature （________℃） Heart rate （________/minute）、

Blood Pressure （____／____mmHg） respiratory rate （________/min）

＊Did emergency responders have suspicions about the scene of death or reactions of the caregiver when transporting the child

→☐none ☐Yes (specify)：____）

☐ i． Natural Death （death from illness・natural causes）

☐ a． Acute exacerbation within predicted range of the known cause of natural death （No faults identified in the way the caregiver sought medical assistance and nursed the child）

☐ b． New onset of a cause of natural death that takes a fatal course （presence of findings that can be positively diagnosed, with no findings that would negate the diagnosis.　Also, with no faults identified in the way the caregiver sought medical assistance and nursed the child. No room for suspecting MSBP）

☐ c． Natural Deaths other than above （With suspicions and ambiguities in the death, but nevertheless judged to be a natural death）

☐ ii． Death by External Cause

□ a．A death by external cause that occurred outside of the household, with third-party eyewitnesses where similar cases would be difficult to prevent, even if the appropriate environment and legislation were put in place. No problems identified in the supervision by adults and safety environment, with no possibility of suicide and murder (including abuse). No faults found in the way in which the caregiver sought medical assistance and cared for the child in the period leading up to the transport of the child.

□ b．Death by External Cause other than above

□ iii．Unexplained Death

□ a．No faults found in the way in which the caregiver sought medical assistance and care for the child in the period leading up to the transport. Emergency responders have reported that they have no suspicions – to the extent of that they were able to confirm - about the conditions in the household and the reactions of the caregiver.

□ b．Unexplained Deaths other than above

III：Family Background

1．Were there any deaths during childhood of siblings or other co-habiting persons?

□unknown □None □Yes（Cause of Death：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿）

2．Who accompanied the child □father □mother □other（＿＿＿＿＿＿＿＿＿＿）

3．Things to be noted about the reactions of the caregiver to the child's condition □None □Yes

（Specify：＿＿＿＿＿＿＿＿＿＿）

IV：Physical Condition at Death

1．Whole-body nutritional status/physique □normal □abnormal（height：＿＿＿＿cm weight：＿＿＿＿kg head circumference：＿＿＿＿cm）

2．Imaging tests □not performed □performed〔□CT □MRI［head・chest・abdomen・pelvis・other（＿＿＿＿＿＿＿＿＿＿）］〕

Other tests　　☐not performed　☐performed〔☐Full-body skeletal survey　☐Ultrasound　☐Fundoscopy

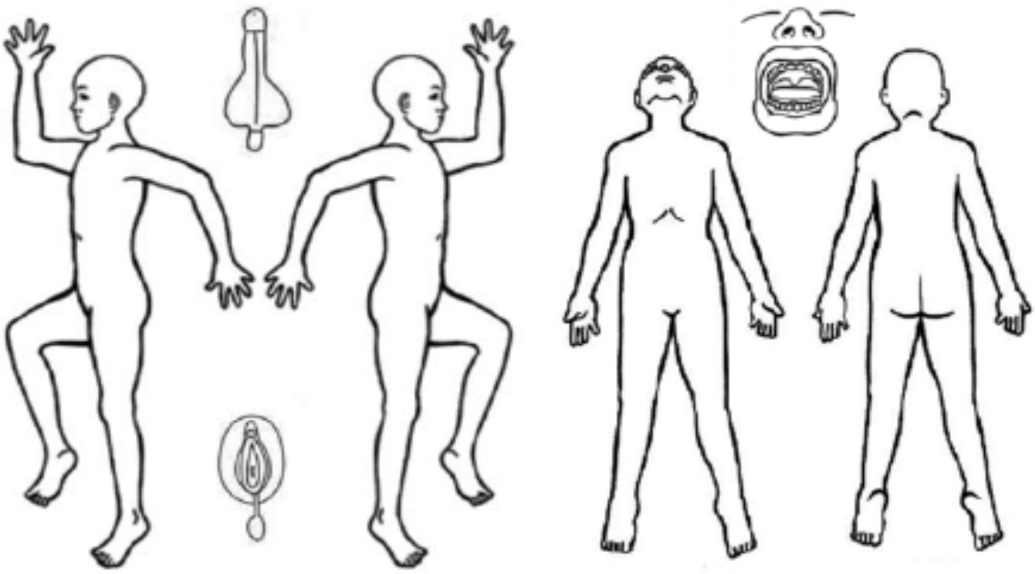
☐other（________________）〕

Imaging findings：____

____

____

3．Trauma/injuries on body surface　☐None　☐Yes（If Yes, please indicate on below drawings, marking them as A,B,C, so on）



Enter specifics in order of A, B, C ~ eg. petechiae, contusion, burns, perioral pallor）

If abnormalities were found in the imaging tests, indicate in the same way on the above body diagram

Area of injury　Specific findings　Explanation by caregiver (indicate if caregiver fails to explain, or if explanation changes)

Medical consistency

A－（____________）（______________________________）－☐None　☐Yes　☐Unknown

B－（____________）（______________________________）－☐None　☐Yes　☐Unknown

C－（____________）（______________________________）－☐None　☐Yes　☐Unknown

D－（____________）（______________________________）－☐None　☐Yes　☐Unknown

E－（____________）（______________________________）－☐None　☐Yes　☐Unknown

F－（____________）（______________________________）－☐None　☐Yes　☐Unknown

4．All tests conducted before the proclamation of death for purposes of diagnosis and treatment(check all applicable items)

□Blood gas analysis □urinalysis □blood count (CBC) □emergency biochemical test □blood sugar □ammonia □lactic・pyruvic acid □Ketone bodies(POCT) □Drug blood concentration(POCT) □Triage DOA drug test kit □Virus test(POCT) □cerebrospinal fluid test

5．Tests conducted for posthumous diagnosis(Items whose results are not obtainable on the first day)

□amino acid analysis□organic acid analysis □Ketone bodies analysis □Virus analysis

□culture tests〔□pharynx □nasal cavity □blood □urine □cerebrospinal fluid □stool □other (_____)〕

6．Specimens that were preserved

□blood serum □blood plasma □urine □dried blood spot □cerebrospinal fluid□hair with root attached □nails

□biopsy〔□liver □skin □other (_____)〕

V：Autopsy □not performed □performed〔□Forensic autopsy □autopsy by medical examiner□autopsy by consent.

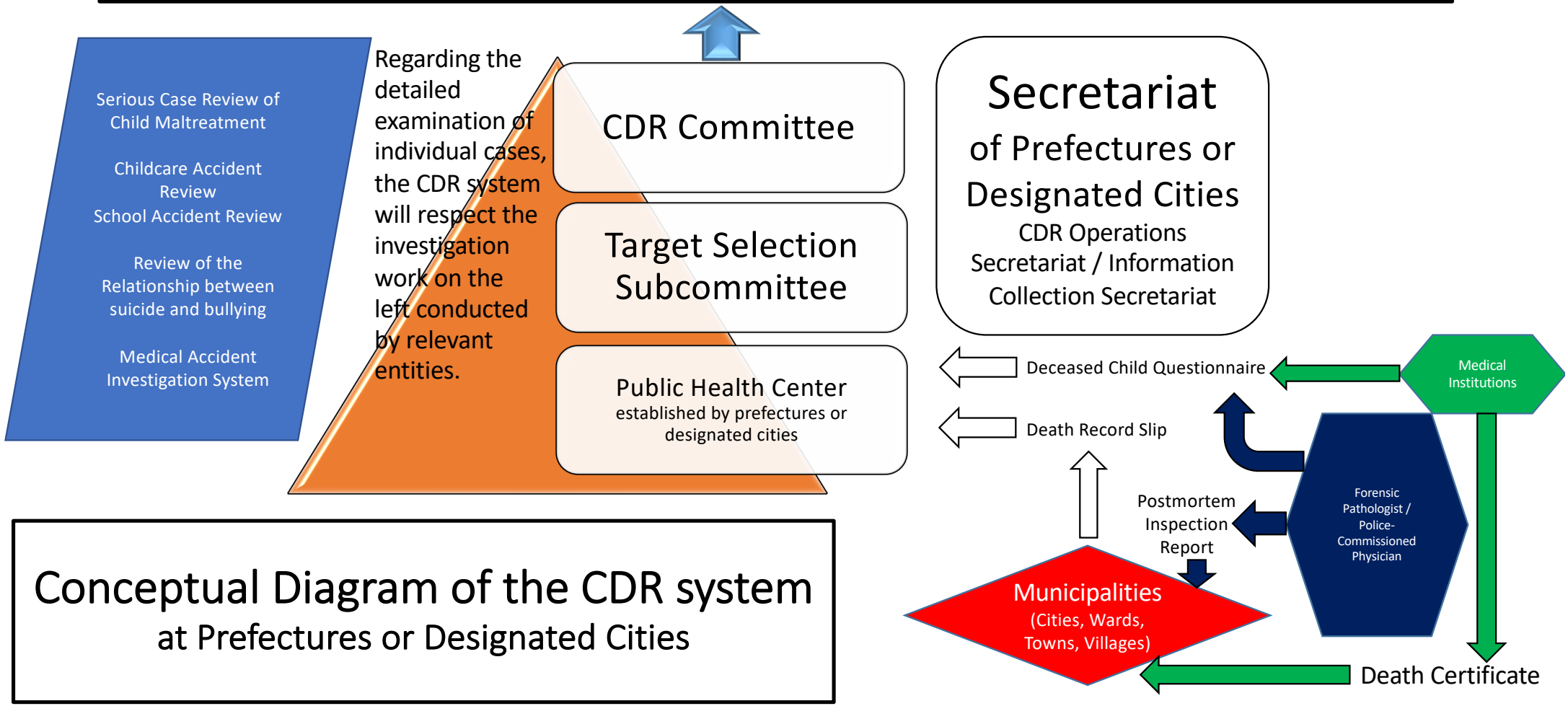
□investigative autopsy under the Act on Investigation of Cause of Death and Identity

□clinical/pathological autopsy〕

If autopsy was performed, state findings (to the best of physician's knowledge)：_____

RECOMMENDATIONS

1) Recommendations to the national government and the prefecture that has established the CDR system, on the institutional and operational aspects of the system.
2) Provision of information to organizations (including private-sector groups) and individuals that are involved in activities related to the prevention of child maltreatment, bullying and suicides.
3) In cases where the cause of death is believed to lie with products manufactured by, or services provided by a business, provision of information to the businesses that manufactured the product or provided the service.



Conceptual Diagram of the CDR system
at Prefectures or Designated Cities