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**Report to  
The Vermont Legislature**

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**Child Fatality Review Team  
2023 Report to the Legislature**

**In Accordance with 18 V.S.A. § 1561**

**Submitted to:       The Vermont General Assembly  
                          Governor Phil Scott**

**Submitted by:       Commissioner Mark A. Levine, MD**

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**Report Date:        December 15, 2023**



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## **Introduction**

The purpose of the Child Fatality Review Team (CFRT) is to review and analyze the deaths of Vermont children to:

1. Examine cases of child fatality in Vermont in which the fatality is either unexpected, unexplained, or preventable;
2. Identify system gaps and risk factors associated with child fatalities that are either unexpected, unexplained, or preventable;
3. Educate the public, service providers, and policymakers about unexpected, unexplained, or preventable child fatalities and strategies for intervention; and
4. Recommend legislation, rules, policies, practices, training, and coordination of services that promote interagency collaboration and prevent future unexpected, unexplained, or preventable child fatalities.

## Data Summary

Table 1: Unnatural, Undetermined, or Preventable Child Fatalities in Vermont: Manner of Death, Biological Sex, Age, and Cause of Death, 2013-2022 Vermont Vital Statistics:<sup>1</sup>

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Total
<b>Manner</b>											
<b>Accident</b>	12	4	7	5	7	6	5	6	9	9	<b>70</b>
<b>Suicide</b>	5	9	1	3	4	4	3	4	3	2	<b>38</b>
<b>Could not be determined<sup>2</sup></b>	3	3	5	4	4	12	1	1	2	8	<b>43</b>
<b>Homicide</b>	2	3	1	5	0	0	1	1	0	1	<b>14</b>
<b>Biological Sex</b>											
<b>Male</b>	15	13	9	12	11	18	4	10	9	11	<b>112</b>
<b>Female</b>	7	6	5	5	4	4	6	2	5	9	<b>53</b>
<b>Age</b>											
<b>&lt; 1 year old</b>	4	2	6	4	4	10	1	3	1	9	<b>45</b>
<b>1-11 years old</b>	5	4	3	1	6	2	6	3	6	4	<b>40</b>
<b>12-17 years old</b>	13	12	5	12	5	10	3	6	7	7	<b>80</b>
<b>Cause</b>											
<b>Suffocation</b>	8	6	2	3	3	4	1	3	3	1	<b>34</b>
<b>Motor Vehicle</b>	4	2	3	6	0	5	1	2	6	4	<b>33</b>
<b>Sudden Unexpected Infant Death</b>	2	2	2	3	2	7	0	0	1	7	<b>26</b>
<b>Firearm</b>	0	4	0	1	2	0	1	3	3	3	<b>17</b>
<b>Undetermined</b>	1	2	5	0	2	5	1	0	0	1	<b>17</b>
<b>Drowning</b>	3	0	0	3	3	1	2	1	0	1	<b>14</b>
<b>Poisoning</b>	1	0	0	1	0	0	1	1	0	2	<b>6</b>
<b>Other</b>	3	3	2	0	3	0	3	2	1	1	<b>18</b>

<sup>1</sup> Data Source: Vermont Vital Statistics 2013-2022. 2022 data are preliminary. Vermont occurrent unnatural, undetermined, or preventable deaths among people aged 17 or younger.

<sup>2</sup> The manner of death is coded as “could not be determined when there is no compelling evidence for one manner over another”. In most cases of sudden unexpected infant death, the etiology of death is unknown, undetermined, or unspecified, so the manner of death is “could not be determined”.

## Summary of 2023 Activities

### **Infant Safe Sleep Committee**

In late 2022, the Department of Health Division of Family and Child Health (Department) and the CFRT partnered with the child injury prevention coalition, Safe Kids Vermont, and created the Vermont Safe Sleep Committee Community Action Team.<sup>3</sup> The purpose of the Vermont Safe Sleep Committee Community Action Team is to implement and coordinate the recommendations developed by the CFRT. This Committee is made up of diverse communities, backgrounds, and organizations, it can address unique needs across the state. A full list of organizations that represent the Committee can be found at [UVMHealth.org/SafeSleep](https://UVMHealth.org/SafeSleep).

The Committee's current focus is centered around designing accessible educational materials on safe-sleep messaging while adhering to safe-sleep guidelines. The materials were written in plain language to help with ease of understanding at most reading levels and will be translated into a variety of languages before being disseminated widely throughout the community. The content focuses on practical tips to improve sleep for caregivers and babies, guidance on products to avoid, and realigns expectations around what is infant sleep. Final materials and a messaging toolkit will be distributed by partners across the state to help statewide alignment on safe sleep messaging.

### **Centers for Disease Control and Prevention Sudden Unexpected Infant Death (SUID) Case Registry Grant**

In 2023, the Vermont Department of Health was awarded a five-year grant from the Centers for Disease Control and Prevention to participate in the Sudden Unexpected Infant Death Case Registry. The participation in the Registry gives access to the CFRT to input Vermont's child fatality data into the National Center for Fatality Review and Prevention's Case Reporting System allowing the CFRT to compare national trends with Vermont data. Participation in the Case Registry improves the CFRT's understanding of trends and risk factors of sudden unexpected infant death and will subsequently improve the CFRT's recommendations for evidenced-based interventions and strategies for prevention of SUID. The participation in this analysis remains important as there were seven sudden unexpected infant deaths in Vermont in 2022 (Table 1).

### **Child Homicide Death Investigation Mapping Exercise**

Eight child homicide cases were released for review in 2022.<sup>4</sup> Upon preliminary review, the CFRT determined that in order for the CFRT to effectively review these cases, they must first understand how and when law enforcement, the Office of the Chief Medical Examiner, the State's Attorney Office, and the Department for Children and Families-Family Services Division (DCF), intersect with one another during a child homicide investigation to effectively review

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<sup>3</sup> Safe Kids Vermont is a network of professionals that provides education, resources, and programming directly to families and through community partners to prevent injuries among infants, children, adolescents, and young adults in Vermont. Safe Kids Vermont is led by the University of Vermont's Children's Hospital and works closely with the Department. For more information visit the [Safe Kids VT website](https://www.safekidsvt.org/).

<sup>4</sup> 18 V.S.A. § 1561 (f)(1)(A) "The Team's review process shall not commence until...any criminal prosecution arising out of the child fatality is concluded or the Attorney General and State's Attorney provide written notice to the Team that no criminal charges shall be filed..."

homicides cases. Consequently, a mapping exercise was conducted to identify the various stages of a child homicide investigation. The CFRT looked for opportunities to strengthen partnerships at each of these stages with the varying entities and agencies involved. Through this effort, Windham County State’s Attorney, Tracy Shriver, was invited to present, along with CFRT representatives from law enforcement, the Office of the Chief Medical Examiner, and the Department for Children and Families. The mapping exercise revealed opportunities to strengthen communication between all parties involved in the investigation. A subgroup was formed to look at policy and system changes.

**Case Review**

The CFRT changed from a bimonthly meeting cadence to monthly meetings to catch-up on the backlog of cases that had been delayed due to the Department’s COVID-19 response. From 9/2022 to 9/2023, twenty-eight cases were reviewed in total (see Table 2). The CFRT reviews deaths that are unexpected, unexplained, and/or preventable and not under active investigation or litigation. Cases under active investigation are not reviewed until once they are closed, so as not to interfere with the law enforcement activities.

**Table 2. Number of Cases Reviewed 9/2022-9/2023**

3	Drowning
3	Homicide <sup>5</sup>
9	Sudden Unexplained Infant Death
5	Suicide
	4 - Firearm
	1 - Hanging
6	Motor Vehicle Crash
2	ATV Crash
<b>28</b>	<b>Total Cases Reviewed</b>

The CFRT’s review of case fatality data, together with Vermont Department of Health surveillance data, led to the identification of several areas of particular concern: water safety, suicide prevention and postvention<sup>6</sup> response, infant safe sleep, child abuse and maltreatment, and motor vehicle and ATV safety, each discussed below.

**Key Findings and Recommendations**

**Water Safety**

In Vermont from 2017-2021, unintentional drowning of children and adults, resulted in twenty-seven hospitalizations and emergency department visits annually. Of the reported twenty-seven

<sup>5</sup> While the CFRT reviewed all eight child homicide cases released for review in 2022-2023, the CFRT did a “case review” for only three of them because the remaining five child homicide cases took place in the early 2000s and were managed by policies and practices in systems that may no longer be used. Because of the outdated practices employed during the time that these child homicides took place, the CFRT chose not to develop recommendations based on practices that are no longer used.

<sup>6</sup> Postvention is an intervention conducted after a suicide in the form of support for the bereaved (family, friends, professionals and peers).

unintentional drownings resulting in hospitalizations and emergency department visits, most of them were of children under the age of 14.

In 2022-2023, there were three child drowning cases in Vermont. Based on the CFRT's review of the three unintentional drowning cases, lack of personal flotation devices, swimming lessons, and adult supervision were identified as contributing factors in two of the three cases.

Availability and access to universal formal swim lessons is a prevention strategy that can reduce drowning incidents.<sup>7</sup> Financial barriers and limited availability of instructors are major barriers to accessing swimming lessons for children and youth in Vermont. While swimming lessons help reduce the incidents of child fatality, it is critical that education about the necessity of adult supervision is included. Research has shown that as parents' perceptions of their child's swim skill increased, their belief in the child's ability to keep themselves safe in the water increased and their perception regarding the need for parental supervision decreased.<sup>8</sup> The American Academy of Pediatrics Technical Report on Prevention of Drowning states that national child death review data found that supervision was assessed to be lacking in 49% of incidents involving children drowning in pools.<sup>9</sup> The need to provide close, constant, and attentive supervision of children and poor swimmers as a prevention strategy was ranked as having an "A" level of associated evidence by the American Academy of Pediatrics.

The lack of use of personal flotation devices has been found to be a factor associated with natural water or boating deaths. Community access to US Coast Guard-approved personal flotation devices can be increased through the creation and maintenance of life jacket loaner programs. Research suggests life jacket loaner programs, usually implemented at water access points, positively impact rates of life jacket use among adult boaters.<sup>10</sup> Strategies to increase life jacket use among adults also likely increase the use of rates of life jacket use among children.

The Water Safety Action Committee is a group of volunteers with Safe Kids Vermont working to understand and address gaps, barriers, and weaknesses in Vermont related to water safety and drowning prevention. The Committee was established by a one-time grant funding opportunity to connect State Child Fatality Review Boards with their State Safe Kids Coalition. The CFRT and Safe Kids VT, in partnership, decided to use the funds to conduct a Water Safety Survey and a subsequent 2022 Report of Water Safety in Vermont.<sup>11</sup> Ongoing efforts are unfunded and driven by organizations donating employee time and efforts.

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<sup>7</sup> Denny SA, Quan L, Gilchrist J, McCallin T, Sheno R, Yusuf S, Hoffman B, Weiss J. American Academy of Pediatrics (AAP) – Council on Injury, Violence, and Poison Prevention. Policy Statement – Prevention of Drowning. *Pediatrics* 2019;143(5): e20190850.

<sup>8</sup> Morrongiello BA, Sandomierski M, Spence JR. Changes over swim lessons in parents' perceptions of children's supervision needs in drowning risk situations: "His swimming has improved so now he can keep himself safe". *Health Psychol.* 2014;33(7):608–615.

<sup>9</sup> [Prevention of Drowning | Pediatrics | American Academy of Pediatrics \(aap.org\)](https://www.aap.org/prevention/drowning)

<sup>10</sup> Mangione, T.W., Chow, W., Heitz, E., & Lisinski, H. (2015). Washington State Parks and Recreation Department 2014 Life jacket observation study. Boston, MA: JSI Research and Training Institute, Inc.

<sup>11</sup> [vermont-water-safety-report-2022.pdf \(d2ubrtwy6ww54e.cloudfront.net\)](https://d2ubrtwy6ww54e.cloudfront.net/vermont-water-safety-report-2022.pdf).

Recommendations:

1. Invest in a personal flotation device loan programs for infant, youth, and adult life vests at water access points.
2. Invest in universal, culturally competent, formal swim lessons for families, including funding to increase the capacity of the instructor workforce.
3. Invest in the creation of educational materials on the importance of water watchers while children are in the water.
4. Invest in the Water Safety Action Committee to implement water-safety specific recommendations from the CFRT and educate Vermonters on water safety through the Committee's Water Safety Symposium, webinars, and other educational offerings.

### **Child Abuse and Maltreatment**

Infants and young toddlers are at the highest risk of death from child abuse and maltreatment compared to older children. Nationally, 66.2 percent of child fatalities from child abuse and maltreatment are of children younger than 3 years old, and close to half of those (45.6%) are of child fatalities that are younger than 1 year.<sup>12</sup> National data shows that most perpetrators are caregivers of their victims with more than 80 percent (80.3%) of child abuse and maltreatment fatalities involved parents acting alone, together, or with other individuals.<sup>13</sup>

In Vermont, based on surveillance data, from 2002 through 2022, there were 22 child homicide cases in which the child was 10 years old or younger. More than three-fourths of cases (17) involved children at age 2 years or younger, with infants (i.e., younger than one year) constituting almost half of those cases (8). Children in nearly three-fourths of cases (16) were male. In more than half of the cases (13), the child was injured or died at their residence from a traumatic injury or associated complication to the head and/or body. Perpetrator information was only available for 12 of the homicide cases, for a total of 11 unique perpetrators (one perpetrator was responsible for the death of two children in the same incident). Perpetrator sex was almost evenly split between female and male. Nearly all of the male perpetrators were in a parent-like role to the child. Of the cases with a known male perpetrator, a majority involved the child dying from traumatic injury to the head and/or body. In contrast, of the cases with a known female perpetrator, less than half involved the child dying from traumatic injury to the head and/or body.

Of the 22 child homicide cases from 2002 to 2022, the CFRT were able to review 8 of them.<sup>14</sup> Of the 8 child homicide cases that were released for review, seven of the decedents were two years old or younger, with half younger than six months of age.

Evidence-based strategies to prevent child abuse and maltreatment include enhancing and teaching parenting skills to promote healthy child development, specifically home-visiting programs, and other family relationship approaches. In Vermont, these programs are largely accessed by female-identified parents and caregivers. While there are father engagement programs in Vermont, they are often not accessible, especially in rural parts of the state.

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<sup>12</sup> [Child Maltreatment 2021 | The Administration for Children and Families \(hhs.gov\)](#)

<sup>13</sup> [Child Maltreatment 2021 | The Administration for Children and Families \(hhs.gov\)](#)

<sup>14</sup> Per 18 V.S.A. § 1561 (f)(1)(A) "The Team's review process shall not commence until...any criminal prosecution arising out of the child fatality is concluded or the Attorney General and State's Attorney provide written notice to the Team that no criminal charges shall be filed..."

Recommendations:

1. Invest in community-based programs with objectives to increase parenting skills, enhance knowledge of child development among caregivers, and aid progression of the parent/caregiver and child bond for fathers and non-biological, male-identified caregivers.

### **Sudden Unexplained Infant Death**

The Team reviewed nine cases of Sudden Unexpected Infant Death (SUID) that took place between 2021-2023. In six cases, bedsharing was identified as an extrinsic factor. According to the AAP, it is recommended that infants sleep in the parents' room, close to the parents' bed, but on a separate surface designed for infants, ideally for at least the first six months.<sup>15</sup> All six decedents who bedshared, were under six months of age. Other extrinsic factors identified include unsafe sleep surfaces, including newly banned sleep products and the presence of soft bedding. In the remaining three cases, there were no apparent trends identified by the CFRT.

Quantitative surveillance data is available to measure sleep practices among families, but limited qualitative data exists in Vermont to understand factors that influence a family's implementation of safe sleep practices and family perception of relative risk of SUID compared to other mechanisms of unintentional pediatric deaths. Understanding circumstances and barriers that families are facing will allow the Department to implement targeted intervention strategies.

Recommendations:

1. Invest in the creation of, and subsequent widespread dissemination of, new infant safe sleep educational materials developed by Safe Kids Vermont's Infant Safe Sleep Committee, that incorporates updated AAP guidelines and banned sleep products.
2. Invest in a targeted qualitative research study to increase the understanding of sleep practices among families at risk for unsafe sleep related fatalities so that education and resources are targeted more effectively.

### **Motor Vehicle and ATV Crashes**

According to the Vermont Uniform Hospital Discharge Dataset, from 2017-2021, 548 children 12 years or younger have been seen in the emergency department due to motor vehicle crash injuries. Data is not available to determine how many of these injuries involved improper restraint, however, lack of proper safety restraints contributed to one motor vehicle child fatality in 2022. The current Child Passenger Safety law does not currently reflect some of the current best practice recommendations by the National Highway Traffic Safety Administration (NHTSA) and the American Academy of Pediatrics (AAP) in transitioning children to the next step in the mode and type of child restraint system.

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<sup>15</sup> [Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment | Pediatrics | American Academy of Pediatrics \(aap.org\)](#)

From 2017-2021, there were 286 child visits to Vermont emergency departments for ATV related injuries, this is an average of 57.2 ATV related injuries each year. Improper helmet use was a contributing factor in the ATV fatalities. Vermont's helmet laws for ATVs do not apply to children over 12 years of age operating on privately owned land.<sup>16</sup> Additionally, Vermont does not currently have strong laws pertaining to age restrictions and adult supervision of youth over 12 years of age operating ATVs on private land.

Recommendations:

1. Amend Vermont's Child Passenger Safety law 23 V.S.A. § 1258(a)(1)-(3) to include the following requirements:
  - (1) A child under the age of two years old shall be properly secured in a child restraint system that is rear-facing with a 5-point harness until the child reaches the weight or height limit of the child restraint system as set by the manufacturer.
  - (2) A child under the age of four years old who is not properly secured in a rear-facing child restraint system in accordance with subsection 1 shall be properly secured in a child restraint system that is forward-facing and has a 5-point harness until the child reaches the weight or height limit of the child restraint system as set by the manufacturer.
  - (3) A child under the age of eight years old who is not properly secured in a child restraint system in accordance with subsection 1 or 2 shall be properly secured in a child booster seat.
  - (4) A child under the age of 13 years old shall be secured in the rear seat of a motor vehicle if it is practical to do so.
  - (5) No child shall be secured in a rear-facing seat in the front seat of any vehicle that is equipped with an active passenger-side airbag unless the airbag is de-activated.”
  - (6) a child eight through 17 years of age shall be restrained in a safety belt system or a child passenger restraining system.
2. Require the inclusion of child passenger restraint system information, including make and model, on the Agency of Transportation Vermont Crash report to better support data collection and case review processes.
3. Amend Vermont's ATV laws to require:
  - a) Children between ages 10 and 16 must complete a state-approved training course before they can operate an ATV or UTV.
  - b) No child under the age of 10 may operate an ATV or UTV.
  - c) Any person under 16 must be directly supervised by an adult when operating an ATV or UTV.
  - d) Any person under the age of 18 who is operating or riding an ATV or UTV must wear protective headgear.

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<sup>16</sup> 23 V.S.A. § 3506 (b)(3)(5)

## **Suicide Prevention and Postvention Response**

Suicide is the second leading cause of death among youth and young adults in Vermont. According to the 2021 Youth Risk Behavior Survey, more than one third of high school students (35%) reported that they experienced poor mental health most of the time or always during the past month. More than two in ten high school students (22%) reported hurting themselves without wanting to die, such as by cutting or burning on purpose, in the past 12 months; about one in seven (14%) made a plan about how they would attempt suicide during the past 12 months.

Youth connectedness is a protective factor in preventing youth suicide. In 2021, seven in ten high school students (70%) reported having at least one teacher or adult in their school that they could talk to if they have a problem. When feeling sad, angry, hopeless, or anxious, a third of high school students (33%) said they could always, or at least most of the time, get the kind of help they need. Nearly two in ten (19%) reported they never got the help they needed. Since the Youth Risk Behavior Survey is anonymous, some Vermont schools have chosen to implement a de-identified connectedness survey that asks each student to identify a supportive adult in their school community, and if they do not, the school requires a teacher to make a meaningful connection with that student. Implementing this type of survey in all schools could increase the connectedness protective factor and decrease the risk of suicide.

Between 2021 and 2023, five youth suicide cases occurred and were reviewed by the Team. In almost all cases, feedback was solicited directly from the school that the decedent attended. Schools identified wanting more support from the State with suicide prevention and postvention response. While Act 56 (2023), an act relating to public health initiatives to address death by suicide, calls for a model suicide prevention protocol and training, it does not include financial support for suicide prevention training and professional development. Without additional funding for schools, there will continue to be inequities in how schools are implementing prevention programming and postvention response.

Through the feedback from the schools, the CFRT has come to understand the social and emotional impacts currently being felt by school leadership teams following the deaths of students and faculty members. In almost all of the case reviews, the CFRT have heard the significant and long-lasting psychological impacts of these deaths on employees of the school. With little psychological support or services for employees themselves, school staff members are responsible for leading school/districts response to a student or faculty/staff members death in the immediate aftermath of a member of their community died. These leaders are often asked to assemble psychological support for their communities, meetings with friends and families, and interviews with the law enforcement community. These requirements on staff, while vital in the aftermath of a death of a student or faculty member, have unintended psychological and emotional consequences with little to no systems in place to respond to the impacts on staff.

Each case review highlighted the long term emotional and psychological impacts on first responders and those working in the aftermath of a child fatality such as school and childcare staff, emergency service personnel, death scene investigators, etc. School administration, death scene investigators, and first responders articulated that there are limited financial and emotional supports in Vermont for individuals who respond to child fatalities. The Team found that current

systems, including employee assistance programs and other employer provided benefits are insufficient in addressing the trauma experienced by those impacted by a child death.

Four of the five youth suicides reviewed by the CFRT died by firearm. In Vermont, 44% of all households store at least one firearm in or around the home, and only half of those households store them locked and unloaded (49%).<sup>17</sup> The CFRT identified that widespread community knowledge and awareness of the passage of Act 45 (2023), an act relating to implementing mechanisms to reduce suicide and community violence, is needed. In response, the CFRT aided in the establishment of a statewide Firearms Safety Committee, hosted by Safe Kids VT. The Committee is modeled after the successful Safe Sleep and Water Safety Action Committees and is in the process of being finalized. The Firearms Safety Committee plans to coordinate communication and provide education to the community on the requirements of Act 45 (2023).

#### Recommendations:

1. Provide funding to local education authorities to cover the expenses associated with implementing the suicide prevention and postvention protocol and training requirements as outlined in Act 56 (2023), an act relating to public health initiatives to address death by suicide.
2. Increase the implementation of an evidence-based or evidence-informed psychological climate survey in Vermont schools to promote connectedness for all students.
3. Expand workers' compensation benefits to include coverage for first responders, death scene investigators, school and childcare personnel, and other professionals responding to and impacted by a child fatality.
4. Invest in the creation of educational materials and subsequent dissemination by the Firearms Safety Committee on information about Act 45 (2023) an act relating to implementing mechanisms to reduce suicide and community violence, to improve public's awareness of new firearm storage requirement in spaces where children frequent.

### **Planned Activities for 2024**

The following CFRT activities are planned for 2024:

- Partner with relevant stakeholders and community partners to implement recommendations related to child abuse and neglect, youth suicide prevention, and motor vehicle and ATV safety.
- Continue to support work conducted by partners on the Safe Sleep and Water Safety Action Committees.
- Convene a subcommittee of agencies who investigate child fatalities to develop recommendations to strengthen interagency collaboration and communication.
- Finalize the Firearm Safety Committee through Safe Kids Vermont, with representation from the Child Fatality Review Team.
- Develop and implement protocols for data input into the National Fatality Review Case Reporting System and subsequent data analysis.

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<sup>17</sup> [Data Brief \(healthvermont.gov\)](https://healthvermont.gov).

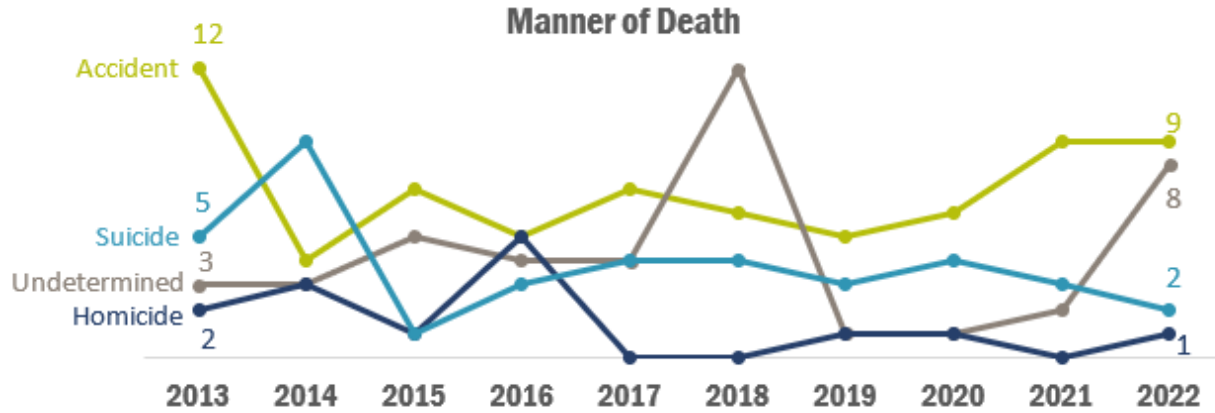
## Appendix A - CFRT Membership

Organization	Statutory Requirement 18 V.S.A. § 1561	Representative
Office of the Chief Medical Examiner	(b)(1)(A)	Elizabeth Bundock, MD, PhD
Office of the Chief Medical Examiner	(b)(1)(A)	Lauri McGivern, MPH, F-ABMDI
VDH/Division of Family and Child Health	(b)(1)(B)	Emily Fredette, Co-Chair
Department for Children and Families	(b)(1)(C)	Nancy Miller
Department for Children and Families	(b)(1)(C)	Aryka Radke
Department of Mental Health	(b)(1)(D)	Haley McGowan, DO, MA
Department of Mental Health	(b)(1)(D)	Dana Robson, LICSW
Department of Public Safety	(b)(1)(E)	Cpt. Jeremy Hill
Agency of Education	(b)(1)(F)	Rob Evans
Attorney General's Office	(b)(1)(G)	Carolyn Hanson
Pediatrics	(b)(1)(H)	Rebecca Bell, MD
Child Abuse Pediatrician	(b)(1)(H)	James Metz MD MPH
Dept. Mental Health	(b)(1)(I)	Maya Strange, MD
Vt. Assoc. of Chiefs of Police (VACOP)	(b)(1)(J)	Chief Doug Allen
Community Mental Health	(b)(1)(K)	Charlotte McCorkel, LICSW Chair

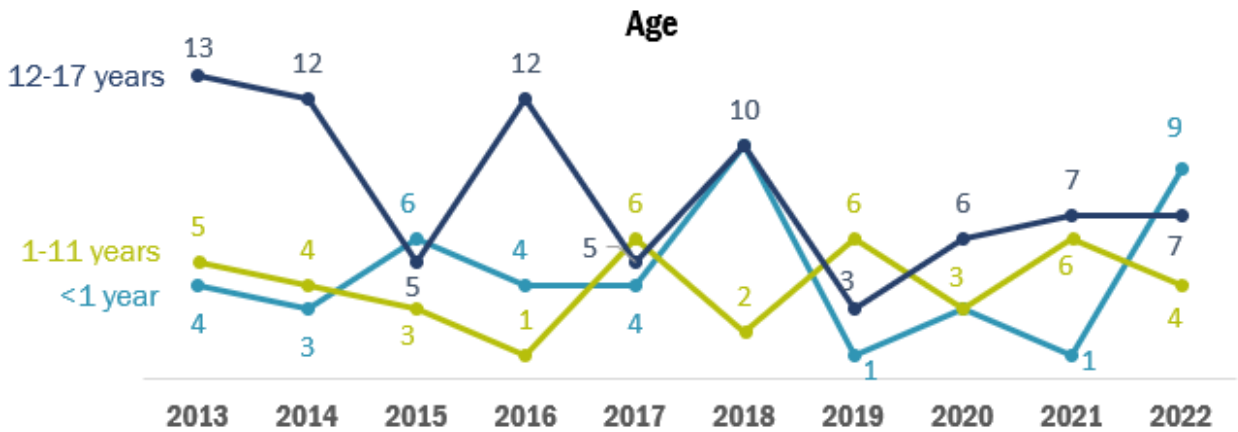
VSP	(b)(1)(K)	Benjamin Katz
VCAB	(b)(1)(K)	Sally Borden
Child Abuse/ Forensic Nursing	(b)(1)(K)	Tracey Wagner, RN
Community Mental Health and Crisis Support	(b)(1)(K)	Kirk Postlewaite
UVM Medical Center Safe Kids Vermont	(b)(1)(K)	Abby Beerman, MPH
Northwestern Medical Center	(b)(1)(K)	Courtney Leduc, RN
VDH, Division of Family and Child Health	(B)(1)(K)	Molly McClintock
<b>Staff Support</b>		
VDH/Commissioner's Office		Karen Lapan
VDH/Division of Family and Child Health		Nancy Garvey

## Appendix B – Disaggregated Graphs

Graph 1: Manner of Death Among Unnatural, Undetermined, or Preventable Child Fatalities in Vermont, 2013-2022 Vermont Vital Statistics<sup>18</sup>



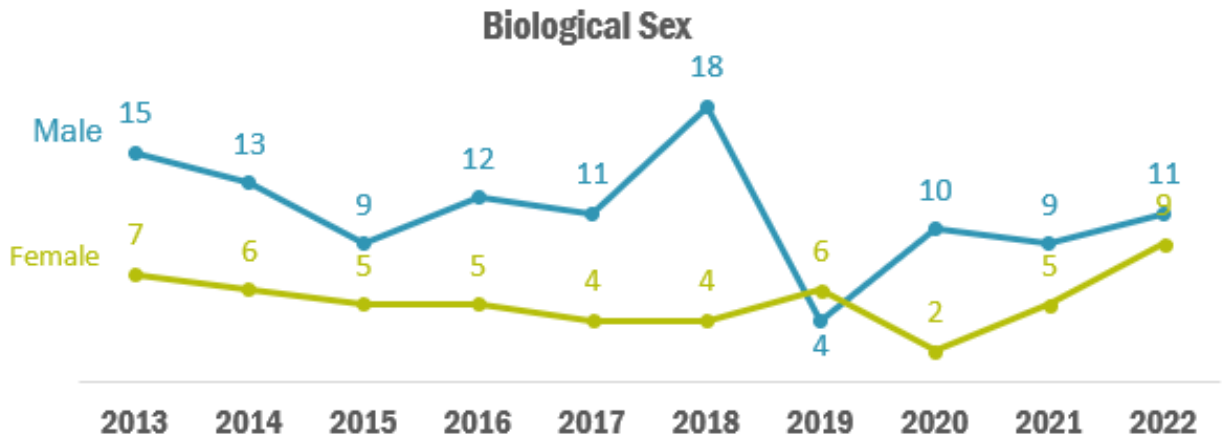
Graph 2: Age of Unnatural, Undetermined, or Preventable Child Fatalities in Vermont, 2013-2022 Vermont Vital Statistics<sup>19</sup>



<sup>18</sup> Data Source of Disaggregated Graphs: Vermont Vital Statistics 2013-2022. 2022 data are preliminary. Vermont occurrent unnatural, undetermined, or preventable deaths among people aged 17 or younger.

<sup>19</sup> Ibid.

Graph 3: Biological Sex of Unnatural, Undetermined, or Preventable Child Fatalities in Vermont, 2013-2022 Vermont Vital Statistics<sup>20</sup>



<sup>20</sup> Data Source of Disaggregated Graphs: Vermont Vital Statistics 2013-2022. 2022 data are preliminary. Vermont occurrent unnatural, undetermined, or preventable deaths among people aged 17 or younger.