Report to
The Vermont Legislature

Child Fatality Review Team
2024 Report to the Legislature

In Accordance with 18 V.S.A. § 1561

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

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Executive Summary

The Child Fatality Review Team (CFRT or Team) reviews and analyzes unexpected, unexplained, or preventable child fatalities of Vermont children. The goal of the CFRT is to identify system gaps and risk factors that contributed to child fatality and to develop data-informed recommendations for legislation, rules, policies, practices, training, and coordination of services to prevent future fatalities. This report highlights the CRTF's key findings and recommendations of cases reviewed from October 2023 to September 2024, 2024 activities, and plans for 2025.

Recommendations:

- **Sudden Unexpected Infant Deaths:** Increase economic support and post-partum leave through the expansion of Paid Family Medical Leave, and implementation of a direct cash transfer program or child tax credit for families with infants. Support Universal Nurse Home Visiting Programs through Strong Families Vermont Home Visiting Program to reduce the identified barrier of perceived stigma among individuals who would utilize the program.
- **Vehicle and UTV Crash:** Amend Vermont Statute Title 23: Motor Vehicles, Chapter 31: All-Terrain Vehicles. Ensure funding to support the Be Smart program access to high back and backless boosters. Support the Safe Kids Child Passenger Safety Committee in facilitating a statewide campaign on proper booster seat use.
- **Access to Lethal Means:** Ensure funding to implement a centralized distribution program for safe storage methods including gun locks, medication storage bags, and lock boxes to coordinate and implement a centralized distribution program for safe storage methods including gun locks, medication storage bags, and lock boxes. Support funding for a public awareness program on out-of-home storage of firearms at federally licensed firearms dealers in Vermont willing to accept firearms for temporary storage.
- **Substance Use:** Ensure robust and ongoing state funding for substance misuse prevention through DSU to grow and sustain prevention coalitions and enhance and expand the prevention of substance misuse across the lifespan. Expand in-state substance use treatment options for youth through counseling services, outpatient care, and residential facilities.
- **Missing Juveniles:** Adopt model policies and practices for law enforcement agencies ensuring implementation of best practices for timely notification about missing juveniles. Ensure funding for the Vermont Police Academy to provide missing people training and technical assistance to municipalities. Ensure funding to the Vermont Human Trafficking Case Manager Program to expand the state's human trafficking response workforce in high-impact areas and develop multidisciplinary teams across the state and add an additional 2-4 human trafficking case managers.
- **Exposure to Domestic and Sexual Violence:** Ensure funding for staffing to coordinate the Vermont Center for the Prevention and Treatment of Sexual Abuse. Require training for all Vermont school and early childhood care professionals to recognize and respond to

children impacted by domestic violence. The training should contain information on recognizing signs of trauma, response strategies, available community resources, and creating safe supportive classrooms.

- **Social Connectivity:** Expand peer support models and programs for youth to engage in youth-mentor relationships. Expand third space opportunities for youth to engage in after-school activities led by community youth organizations and organized sports.
- **Information Sharing Across Schools:** Establish a connection between schools to exchange allowable information under the Family Educational Rights and Privacy Act (FERPA) and hold conversations with families to sign releases to share information to improve school entry.
- **Postvention Response:** Expand workers' compensation benefits to include coverage for first responders, death scene investigators, school and early childhood care personnel, and professionals impacted by a child fatality. Sustain funding to the OCME for the Support Services Specialist position.

Introduction

The purpose of the Child Fatality Review Team (CFRT), under 18 V.S.A. § 1561(a) 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.

Key Findings and Recommendations

Sudden Unexplained Infant Death

The Team reviewed two cases of SUID that occurred in 2023. While the cause of the SUID deaths remains unexplained, unsafe sleep was identified as an extrinsic factor. The Team determined economic strain contributed to the inability to adhere to safe sleep guidelines. Vermont 2020 Pregnancy Risk Assessment Monitoring System (PRAMS) data indicates families with Medicaid insurance or in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) have lower rates of safe sleep guideline adherence.[1] The American Academy of Pediatrics (AAP) reports that longer maternity leave is associated with a decrease in infant mortality.[2] Economic support during the first six months after birth, whole family post-partum care, and high-quality early childhood care increases parent-child bonding and decreases stress.

The Team affirms that economic support for families, particularly Paid Family Medical Leave (PFML), can yield significant health and safety benefits for children through the reduction of emotional and financial stress. Universal referrals to nurse home visiting is key to promote the health outcomes of infants. Additionally, peer support and community-based programs reduce parental stress and improve outcomes for families.

Recommendations:

1. Increase economic support and post-partum leave through the expansion of PFML, and implementation of a direct cash transfer program or child tax credit for families with infants.
2. Support Universal Nurse Home Visiting Programs through Strong Families Vermont Home Visiting Program to reduce the identified barrier of perceived stigma among individuals who would utilize the program.

[1] Data source: Vermont 2020 PRAMS.
[2] Alyse M. Carlson, James Ebert, Elizabeth Hisle-Gorman; Length of Maternity Leave Impact on Child Health Outcomes. *Pediatrics* February 2022; 149:973.

Motor Vehicle and UTV Crash

The Team reviewed four cases of motor vehicle and UTV crashes that took place between 2022 and 2024. All cases of UTV crashes had confirmed or suspected unsafe practices, including improper restraint use and lack of protective headgear. Between 2018 and 2022, there were 357 youth[3] visits to Vermont emergency departments (ED) for ATV and UTV-related injuries.[4] The AAP recommends children under 16 years of age never operate an ATV or UTV as they do not have physical or cognitive maturity, and all riders should wear protective headgear.[5]

The Team also identified a need for increased awareness of the July 2024 Vermont Child Passenger Safety law revisions.[6] Proper booster seat use reduces the risk of serious injury by 45% as compared to only seatbelt use.[7] Approximately 25% of children are not properly restrained and 80% are moved from a booster seat before they can safely ride with only a seatbelt.[8, 9] In 2023, only 54 booster seat and 52 lap shoulder belt appointments were conducted out of the 2,065 total car seat check appointments in Vermont by child passenger safety technicians.[10] This suggests that parents are utilizing child passenger safety technicians for their infant car seat needs but are not accessing critical booster seat education at the same rate.

Recommendations:

1. Amend Vermont Statute Title 23: Motor Vehicles, Chapter 31: All-Terrain Vehicles to include the following requirements:
    a. 23 V.S.A. § 3506(b)(5) An ATV or UTV shall not be operated…
    b. 23 V.S.A. § 3506(b)(5)(A) By an individual under ~~12~~ 16 years of age unless ~~he or she~~ they are wearing on ~~his or her~~ their head protective headgear of a type approved by the Commissioner [of Motor Vehicles] while operating the ATV or UTV, or riding as a passenger on the ATV or UTV and either shall…:
        i. (C)~~he or she is~~ Be under the direct supervision of an individual 18 years of age or older who does not have a suspended operator's license or privilege to operate.
        ii. (D) Any person under the age of 18 who is operating or riding an ATV or UTV must wear protective headgear.
2. Ensure funding to support the Be Smart program access to high back and backless boosters.

[3] In the Child Fatality Review Team Report to the Legislature, youth is defined as children younger than 18 years old.
[4] Data source: Vermont Uniform Hospital Discharge Dataset, 2018-2022
[5] Council on Injury, Violence, and Poison Prevention, 2019–2020 (2022). American Academy of Pediatrics Recommendations for the Prevention of Pediatric ATV-Related Deaths and Injuries. *Pediatrics*, *150*(4), e2022059279. https://doi.org/10.1542/peds.2022-059279
[6] 23 V.S.A. § 1258
[7] Centers for Disease Control and Prevention. Preventing Child Passenger Injury. Preventing Child Passenger Injury | Child Passenger Safety | CDC
[8] Boyle, L. 2023.The 2021 National Survey of the Use of Booster Seats (Report No. DOT HS 813 396). National Highway Traffic Safety Administration.
[9] SafeKids Worldwide. 2024. Booster Seat Use in the USA: Breakthroughs and Barriers. STUDY-BOOSTER SEATS 2024-1.pdf (rackcdn.com)
[10] Data Source: National Digital Car Seat Check Form (NDCF). The Vermont Child Passenger Safety (CPS) Program has exclusively used the NDCF since January 2019. The National Digital Car Seat Check Form is a free HIPAA-compliant resource available to all certified Child Passenger Safety Technicians.

3. Support the Safe Kids Child Passenger Safety Committee in facilitating a statewide campaign on proper booster seat use.

Access to Lethal Means

The Team reviewed one case in which ready access to a firearm was determined to be a contributing factor in the suicide death. Between 2009 and 2023, 49% of youth suicide deaths were firearm-attributable.[11] In Vermont, 44% of households store at least one firearm in or around the home but only 49% of these households store their firearms locked and unloaded.[12] Firearms are the most lethal means of suicide and education for families on safe storage is crucial for reducing youth suicide. While the passage of Act 45 (2023), was a critical step in reducing child and youth access to lethal means, the Team identified that more widespread public awareness is needed to educate Vermonters on the resources available to safely store their firearms.

The Team supports the Suicide Strategic Plan developed by the Department of Mental Health (DMH) and efforts to reduce lethal means access. Strategy 1, Objective 1 calls for readily available statewide safe storage methods through coordinated and centralized distribution. The goals of the Suicide Strategic Plan[13] indicate there should be a minimum of three physical locations in every county to distribute gun locks, medication storage bags, and educational material on lethal means access. The Department of Health estimates the cost of accomplishing this goal by 2029 is $500,000.

Recommendations:

1. Ensure funding to implement a centralized distribution program for safe storage methods including gun locks, medication storage bags, and lock boxes.
2. Support funding for a public awareness to promote the current out-of-home storage of firearms programs at federally licensed firearms dealers (FFLs) in Vermont willing to accept firearms for temporary storage.

Substance Use

Substance use was a contributing factor in nearly one-third of the cases reviewed. Between 2018 and 2022, there were 210 youth visits to the ED for unintentional poisonings by narcotics, hallucinogens, or psychotropic drugs.[4] Compared to other states, Vermont has the highest alcohol use among minors, with nearly 25% of youth reporting alcohol use in the last 30 days. Among the youth who reported alcohol use, 14% reported binge drinking.[14] 2021 Vermont Youth Risk Behavior Survey (YRBS) data indicates 25% of high school students drank in the past 30 days, and of these students, 1 in 8 binge drank.[15] The Team acknowledges the need for primary and secondary prevention activities to combat youth substance use. The Department's Division of

[11] Data Source: Vermont Vital Statistics 2013-2023. 2023 data are preliminary. Vermont occurrent unnatural, undetermined, or preventable deaths among people aged 17 or younger.
[12] Vermont Department of Health. Firearm Storage Safety Data Brief. https://www.healthvermont.gov/sites/default/files/2023-02/HSI-Injury-Firearm-Storage-Safety-2020-Jan-23-Final.pdf
[13] Strategic_Plan_for_Suicide_Prevention_2024-2029.pdf
[14] Keech, David. OnFocus. September 19, 2024. States with Highest Use of Alcohol Among Minors- Vermont, Rhode Island, New Hampshire - OnFocus
[15] Data Source: 2021 Vermont Youth Risk Behavior Survey.

Substance Use Programs (DSU) funds prevention coalitions to implement environmental strategies that reduce risk and promote protective factors. However, increased intervention and treatment for youth using substances is needed.[16] Vermont is currently assessing capacity for substance use treatment services through a needs assessment and strategic planning process. The Team plans to use the needs assessment to determine what treatment and services are needed to best support Vermont youth and will provide recommendations when available.

Recommendations:

1. Ensure robust and ongoing state funding for substance misuse prevention through DSU to grow and sustain prevention coalitions and enhance and expand the prevention of substance misuse across the lifespan.
2. Expand in-state substance use treatment options for youth through counseling services, outpatient care, and residential facilities.

Standardized Response for Missing Juveniles[17]

The Team reviewed two cases of youth who were reported missing before their death. In Vermont, between 2017 and 2023, there were 2,307 missing juvenile cases entered into the National Crime Information Center.[18] Unaccompanied youth who run away or are asked or forced to leave home often have unique health needs. These youth may have learning disabilities, mental illnesses, school failure, engage with peers participating in high-risk behaviors, or experience abuse or neglect.[17] These youth are at high risk for victimization and violence, substance use, risky sexual behavior, absenteeism from school, and associated negative health consequences.[19]

The capacity of law enforcement agencies to respond to missing juvenile incidents can be increased through training and technical assistance. Currently, the Vermont State Police has highly technical resources and capacity to respond to missing people. The Team noted inconsistencies in timely notification of missing people from municipal law enforcement agencies to Vermont State Police and recommends that a more standardized response policy is established and implemented through the Law Enforcement Advisory Board. The Team has identified the Vermont Police Academy (VPA) as uniquely positioned to support training. VPA has representation from multiple agencies and entities that offer diverse perspectives inclusive of Vermont's geographic differences. Ongoing technical assistance will ensure an effective response, as missing juvenile investigation is not routinely practiced in every municipal and state law enforcement agency.

The Team identified trafficking as a major concern. Youth who run away, experience homelessness, or have unsafe or unstable housing, are at higher risk for being coerced into

[16] American Academy of Pediatrics Emphasizes Dangers of Alcohol to Children, Teens and Young Adults. HealthyChildren.Org from the American Academy of Pediatrics. American Academy of Pediatrics Emphasizes Dangers of Alcohol to Children, Teens and Young Adults - HealthyChildren.org

[17] In the Child Fatality Review Team Report to the Legislature, juvenile is defined as children younger than 18 years old.

[18] Data Source: Vermont Intelligence Center Missing Person Database

[19] Committee on Psychosocial Aspects of Child and Family Health (2020). Runaway Youth: Caring for the Nation's Largest Segment of Missing Children. *Pediatrics, 145*(2), e20193752. https://doi.org/10.1542/peds.2019-3752

trafficking situations and engaging in survival activities.[20] According to the 2021 Vermont YRBS, 43% of high school students and 22% of middle school students who usually slept away from home in the past month have at some point experienced "unwelcome sexual things".[21] The Team consulted with the two Vermont Human Trafficking Case Managers and determined more resources are required to support victim needs.

Recommendations:

1. Engage with the Law Enforcement Advisory Board to support the creation and adoption of model policies and practices for law enforcement agencies ensuring the implementation of best practices for timely notification of missing juveniles.
2. Ensure funding for VPA to provide missing persons training and technical assistance to municipalities.
3. Ensure funding to the Vermont Human Trafficking Case Manager Program to expand the state's human trafficking response workforce by 2-4 human trafficking case managers.

Exposure to Domestic and Sexual Violence

The Team identified that around half of all cases reviewed were impacted by exposure to domestic and sexual violence. In 2023, 1,537 children were served by the Vermont Network Against Domestic and Sexual Violence's 15 member organizations.[22] Children are among the most vulnerable as victims and witnesses to domestic and sexual violence, and are at higher risk for suicide, substance misuse, and becoming a victim or perpetrator of violence.[23] The Vermont Center for the Prevention and Treatment of Sexual Abuse (the Center) was established in 2009 and is a facilitator to the agencies, organizations, and individuals that have roles and responsibilities to respond to sexual violence. The Center is jointly held by the Departments for Children and Families (DCF) and Corrections. The Center is operational, though a lack of dedicated staff to coordinate efforts between departments due to resource constraints means the Center's work is not currently optimized. The Team consulted with both Departments and determined neither has sufficient staffing capacity to lead the Center. In order to do so, additional funding to support this work is required.

The Team identified the significant role of school and early childhood educators in the lives of students. Educators are uniquely positioned to recognize and respond to children impacted by domestic violence and provide resources outside of the child welfare system. The capability of educators is crucial as the child welfare system often cannot accept exposure to domestic violence cases for intervention as it does not meet the statutory definition of abuse and neglect. Comprehensive training will equip educators with the knowledge and skills necessary to recognize signs of trauma, provide resources and support, and create and foster protective environments for children impacted by violence.

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[20] Family & Youth Services Bureau. Factsheet: Human Trafficking among Runaway and Homeless Youth. FACTSHEET Human Trafficking among RHY.pdf (rhyttac.net)

[21] The term "unwelcomed sexual things" was the phrasing of the Vermont Youth Risk Behavior Survey question.

[22] Vermont Network. 2023 Data Snapshot. VTN Data Snapshot 2023_Pg1_ML (vtnetwork.org)

[23] Wolfe, D.A., Wekerle, C., Reitzel, D. and Gough, R. (1995). "Strategies to Address Violence in the Lives of High-Risk Youth." In Ending the Cycle of Violence: Community Responses to Children of Battered Women, New York, NY: Sage Publications.

Recommendations:

1. Ensure funding for staffing to coordinate the Vermont Center for the Prevention and Treatment of Sexual Abuse.
2. Require training for all Vermont school and early childhood care professionals to recognize and respond to children impacted by domestic violence. The training should contain information on recognizing signs of trauma, response strategies, available community resources, and creating safe supportive classrooms.

Social Connectivity

The Team found critical protective factors were missing in the lives of many cases reviewed. The 2021 Vermont YRBS indicates that 30% of high school students were unsure or did not have an adult at their school they could talk to if they had a problem, and 16% felt they did not matter to their communities.[14] DMH further promotes the importance of youth sense of belonging.[24] The AAP highlights third spaces such as community youth organizations and organized sports as a way to promote a sense of belonging in youth.[25] The promotion of youth-mentor relationships provides a protective third space environment and is significantly associated with positive social, academic, and health-related behaviors.[26]

Recommendations:

1. Expand peer support models and programs for youth to engage in youth-mentor relationships.
2. Expand third space opportunities for youth to engage in after-school activities led by community youth organizations and organized sports.

Information Sharing Across Schools

The Team noted in multiple cases reviewed, the decedent transferred schools prior to their death. Upon interviewing administrators, the Team learned that staff were unaware of all mental health and behavioral support needs of transfer students, identifying that while transcripts were shared between schools, mental health concerns were not. Enhanced communication between schools during the transfer process can protect children who need consistent social and emotional health services.

Recommendations:

1. Establish a connection between schools to exchange allowable information under the Family Educational Rights and Privacy Act (FERPA) and hold conversations with families to sign releases to share information to improve school entry.

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[24] Vermont Department of Mental Health Mental Health Minute. Spring 2024. Community_Connection_and_Youth_Mental_Health_You_Matter.pdf (vermont.gov)

[25] Council on Sports Medicine and Fitness. Organized Sports for Children, Preadolescents, and Adolescents. *Pediatrics*, e20190997. https://doi.org/10.1542/peds.2019-0997

[26] Sieving, R. E., McRee et al. (2017). Youth-Adult Connectedness: A Key Protective Factor for Adolescent Health. American journal of preventive medicine, 52(3 Suppl 3), S275–S278. https://doi.org/10.1016/j.amepre.2016.07.037

Postvention Response
The cases reviewed in 2023 and 2024 highlight the long-term psychological impacts on first responders and those working in the aftermath of a child fatality. Professionals across sectors lack the necessary support to prevent compassion fatigue and secondary trauma. Systems, such as employee assistance programs and other employer-provided benefits, are insufficient in addressing the psychological impacts of child death.

The Office of the Chief Medical Examiner (OCME) hired a Support Services Specialist in September 2024 who will engage with families experiencing a loss to assist them in understanding the medicolegal death investigation and autopsy process and connecting to resources.[27] This position will support the Team's data collection through secondary interviews with families. This position is grant-funded and does not have guaranteed, sustained funding past the life cycle of the federal grant. Establishing the OCME Support Services Specialist as a permanently funded state position in the OCME will have a profound and lasting impact on the well-being of families in Vermont.

Recommendations:
1. Expand workers' compensation benefits to include coverage for first responders, death scene investigators, school and early childhood care personnel, and professionals impacted by a child fatality.
2. Sustain funding to the OCME for the Support Services Specialist position.

Summary of 2024 Activities

Safe States Alliance: Using Data for Action Leveraging Enhanced Recreational Boating Data for Prevention
The Team, in partnership with the Vermont State Police Boating Law Administrator, participated in a three-phased pilot project hosted by the Safe States Alliance to better leverage recreational boat injury and fatality data. The first phase, completed in 2024, involved coordination between the United States Coast Guard, state boating programs, and state injury prevention programs to improve actionability. As highlighted in the 2023 Report to the Legislature, the incident of water-related child fatality in Vermont is relatively small. The Team will leverage this project expand analysis to non-fatal injury data. This will enable the Team to reach their goal of making more informed data-driven prevention initiatives.

Data Input into the National Fatality Review Case Reporting System (NFR-CRS)
In 2024, Vermont executed a data-sharing agreement with the National Fatality Review and Prevention (NCFR) at the Michigan Public Health Institute to officially allow participation in the NFR-CRS. Participation ensures high-quality data and analysis to supplement surveillance data and further understand risk factors associated with all unexpected, unexplained, and preventable fatalities.

[27] Death Investigation Systems. Vermont Department of Health. Death Investigation Systems | Vermont Department of Health

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

In 2023, the Vermont Department of Health (Department) was awarded a five-year grant from the CDC to participate in the SUID Case Registry. Participation allows the input of CFRT data into the NFR-CRS to compare national trends with Vermont data and examines risk factors and social determinants of health associated with these infant deaths. A deeper understanding of SUID risk factors and associated social determinants of health will allow to the Team to better 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

Advancing Safety Science

The Team along with the Vermont Citizen's Advisory Board, and the Office of Child Youth and Family Advocate, met with experts from the NCFR and the National Partnership for Child Safety in September 2024. As an evidence-based field of discipline, safety science expands the scope of learning beyond an individual case to a systemwide comprehensive analysis. In the context of child welfare, it utilizes a standardized critical incident review process, coupled with data analysis across multiple jurisdictions to identify systemic challenges that serve as barriers to child safety. The purpose of this collaboration is to expand the scope of case review from an individual to systemwide analysis and utilize a standardized critical incident review process.

Number of Cases Reviewed 10/2023-9/2024

The Team reviewed a total of 13 cases from October 2023 to September 2024. Cases reviewed by cause and manner of death can be found in Table 2 of Appendix B. The Team's review of case fatality data, together with Department surveillance data, led to the identification of areas of particular concern: infant safe sleep, motor vehicle and All-Terrian Vehicle (ATV) and Utility Task Vehicle (UTV) safety, lethal means access, substance use, timely law enforcement agencies' response to missing juveniles, exposure to domestic and sexual violence, social connectivity, information sharing among schools, and postvention response, each discussed below.

Planned Activities for 2025

The following CFRT activities are planned for 2025:

- Implement safety science in all review meetings to conduct systemwide comprehensive analyses. Through implementation the Team will reach its goal of standardizing the critical incident review and data analysis process across multiple jurisdictions to identify systemic challenges that serve as barriers to child safety.
- Utilize NFR-CRS to review social determinants of health and how our fatalities are impacting individuals with marginalized identities. The use of NFR-CRS will reduce bias in analysis and allow for more equitable prevention recommendation development.
- Explore national best practices for preventing child fatality for youth with marginalized identities. This will ensure that prevention recommendations are incorporating a health equity lens.
- Promote practices that minimize Team vicarious trauma during all review meetings. This will help to protect the Team's mental wellbeing during the review process and strengthen

the Team's ability to change systems for health through the practice of attributing needed changes to systems not individuals.

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, JD
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
Vt. Psychiatric Association	(b)(1)(I)	Maya Strange, MD
Vt. Assoc. of Chiefs of Police	(b)(1)(J)	Chief James Pontbriand
VSP	(b)(1)(K)	Det. Sgt. Benjamin Katz
Child Abuse/ Forensic Nursing	(b)(1)(K)	Tracey Wagner, RN
UVM Medical Center Safe Kids Vermont	(b)(1)(K)	Abby Beerman, MPH Co-Chair
Northwestern Medical Center	(b)(1)(K)	Courtney Leduc, RN
Department of Mental Health	(b)(1)(K)	Chris Allen, LICSW
KidSafe Collaborative	(b)(1)(K)	Meghan Masterson, MA BCBA
Staff Support		
VDH/Division of Family and Child Health		Nancy Garvey
VDH/Division of Family and Child Health		Julia Sarrasin, MPH
VDH/Division of Health Statistics & Informatics		Mallory Staskus, MS
VDH/Division of Health Statistics & Informatics		Mike Benya

VDH/Division of Health Statistics & Informatics	Grace Yu, MPH

Appendix B - Data Summary

Table 1: Unnatural, Undetermined, or Preventable Child Fatalities in Vermont: Manner of Death, Biological Sex, Age, and Cause of Death, 2014-2023 Vermont Vital Statistics:[12]

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Total
Manner											
Accident	4	6	5	7	6	5	6	9	8	11	**67**
Suicide	9	1	3	4	4	3	4	3	2	5	**38**
Could not be determined[28]	3	5	4	4	12	1	1	2	8	3	**43**
Homicide	3	1	5	0	0	1	1	0	1	2	**14**
Biological Sex											
Male	13	8	12	11	18	4	10	9	11	15	**111**
Female	6	5	5	4	4	6	2	5	8	6	**51**
Age											
< 1 year old	4	6	4	5	10	3	4	2	9	2	**49**
1-11 years old	3	2	1	5	2	4	2	5	3	6	**33**
12-17 years old	12	5	12	5	10	3	6	7	7	13	**80**
Cause											
Suffocation	5	2	2	2	4	1	1	2	0	1	**20**
Motor Vehicle	2	3	6	0	5	1	2	6	4	5	**34**
Sudden Unexpected Infant Death[29]	4	3	4	5	10	1	2	2	7	2	**40**
Firearm	4	0	1	2	0	1	3	3	3	5	**22**
Undetermined	0	0	3	3	1	2	1	0	1	1	**12**
Drowning	1	0	1	0	0	1	1	0	2	2	**8**
Poisoning	0	0	0	0	2	0	0	0	0	1	**3**
Other	3	5	0	3	0	3	2	1	2	4	**23**
Yearly Total	**19**	**13**	**17**	**15**	**22**	**10**	**12**	**14**	**19**	**21**	**162**

[28] 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."

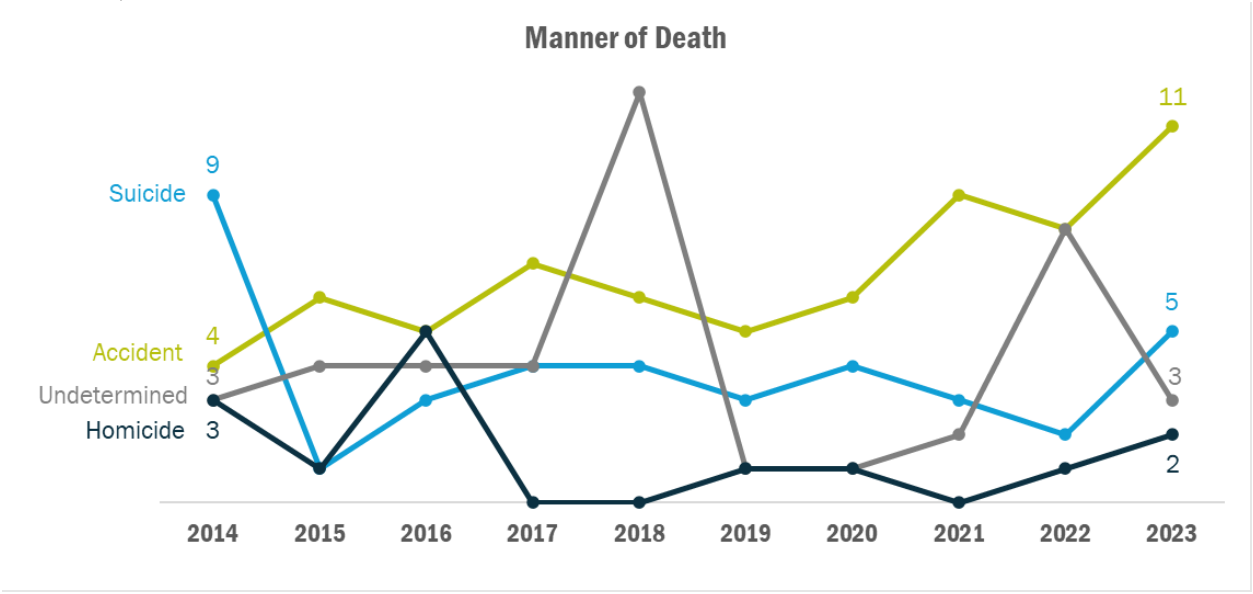
[29] Due to new methodology and to align with the NC-FRP definition of Sudden Unexpected Infant Death, some numbers on the table may have changed when compared to previous iterations of the report.

Table 2. Number of Cases Reviewed 10/2023-9/2024

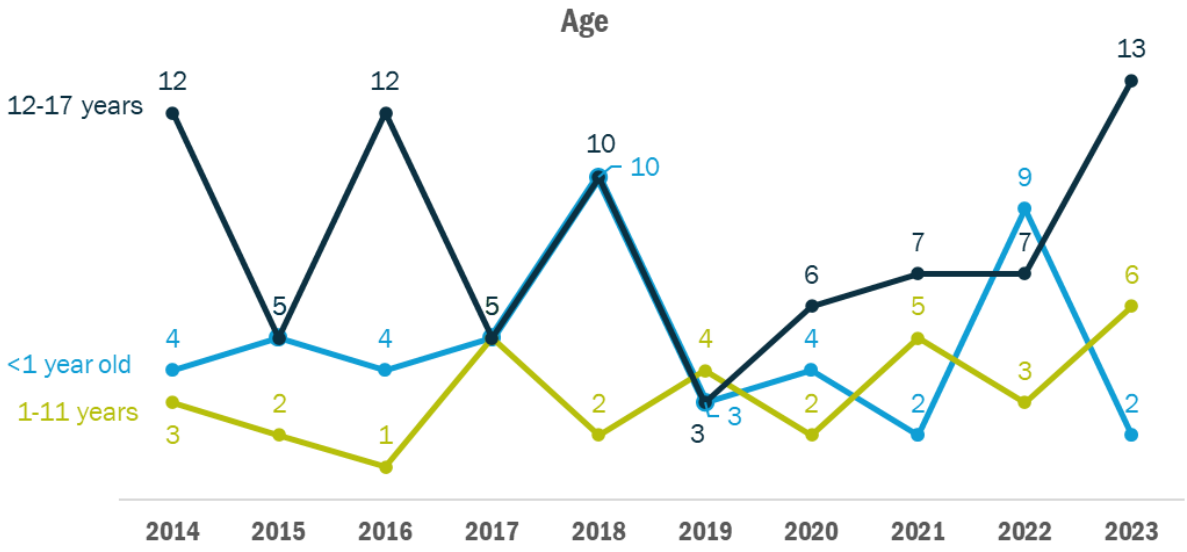
2	Sudden Unexplained Infant Death (SUID)
2	Suicide
	1 - Firearm
	1 - Hanging
3	Overdose
	2 – Acute Mixed Intoxication
	1 – Alcohol Intoxication
2	Motor Vehicle Crash
2	Utility Task Vehicle (UTV) Crash
1	Hypothermia
1	Blunt force trauma
13	**Total Cases Reviewed**

Appendix C - Disaggregated Graphs

Graph 1: Manner of Death Among Unnatural, Undetermined, or Preventable Child Fatalities in Vermont, 2014-2023 Vermont Vital Statistics[12]



Graph 2: Age of Unnatural, Undetermined, or Preventable Child Fatalities in Vermont, 2014-2023 Vermont Vital Statistics[12]



Graph 3: Biological Sex of Unnatural, Undetermined, or Preventable Child Fatalities in Vermont, 2014-2023 Vermont Vital Statistics[12]