

# **Arkansas Infant and Child Death Review Annual Report**

A decorative graphic consisting of several overlapping, wavy, curved bands in shades of dark blue and green, flowing from the left side towards the right side of the page.

**2024 Report  
Reviewing Deaths from 2022**

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# Executive Summary

## 2024 Infant and Child Death Review

### Mission

The mission of the Arkansas Infant and Child Death Review (ICDR) is to review all unexpected infant and child deaths in the state of Arkansas. These reviews result in the development of interventions and recommendations through multidisciplinary team collaboration, community education and policy.

### Background

Established in 2010, ICDR consists of 11 regional teams that review unexpected deaths of Arkansas children ages 0-17 years. The teams cover all 75 Arkansas counties, giving the ICDR the potential to evaluate 100% of reviewable pediatric deaths, as required by ACT 1818 of 2005. All local team members work and/or reside in the area of the team they serve, which allows firsthand insight into the local environment and needs of the community.

### Goals

The ICDR Program remains committed to the goal of reducing preventable child death in Arkansas. This effort requires the steadfast commitment of all local team members and the ICDR Coordinator staying abreast of best practices regarding child death reviews. It also depends on the assistance of partner organizations for expertise in prevention strategies. Specific goals for the ICDR Program include training all local team members on death review expectations and providing team recommendations to the ICDR State Panel.

### Key Notes About This Report

Although coding guides (ICD-10) use the term “accident” as a manner of death, experts in the field refer to injuries as unintentional. The word accident imparts a sense that nothing can be done when in reality injuries are predictable and preventable. This report will utilize “accident” to be consistent with coding guidelines.

The Arkansas Department of Health Center for Health Statistics provides infant and child death records for the Infant and Child Death Review regional teams. Vital records are received and cases are reviewed approximately one to two years prior to each annual report. Therefore, deaths occurring in 2022 were reviewed between July 2023 - October 2024 with the annual report completed in December 2024.

Manner of death describes how the infant or child died, explains the cause of death, and is determined by the Arkansas State Medical Examiner’s Office. **The Arkansas Infant and Child Death Review Program does not change the Manner of Death.**

ICDR data are collected from multiple disciplines at a case review and entered into the National Center for Fatality Review and Prevention (NCFRP) data base. The data are analyzed to generate an overview and in-depth annual report on the cases reviewed by the local ICDR teams. Key data entered into the NCFRP database are derived from death/birth certificates, child health records, autopsy reports, coroner’s reports, sudden unexplained infant death investigation (SUIDI) forms, toxicology reports, witness interviews, on-scene investigation reports and any other documentation that teams identify as helpful in a review in order to make effective prevention recommendations.

# Executive Summary

## 2024 Infant and Child Death Review

### Data and Statistics Summation

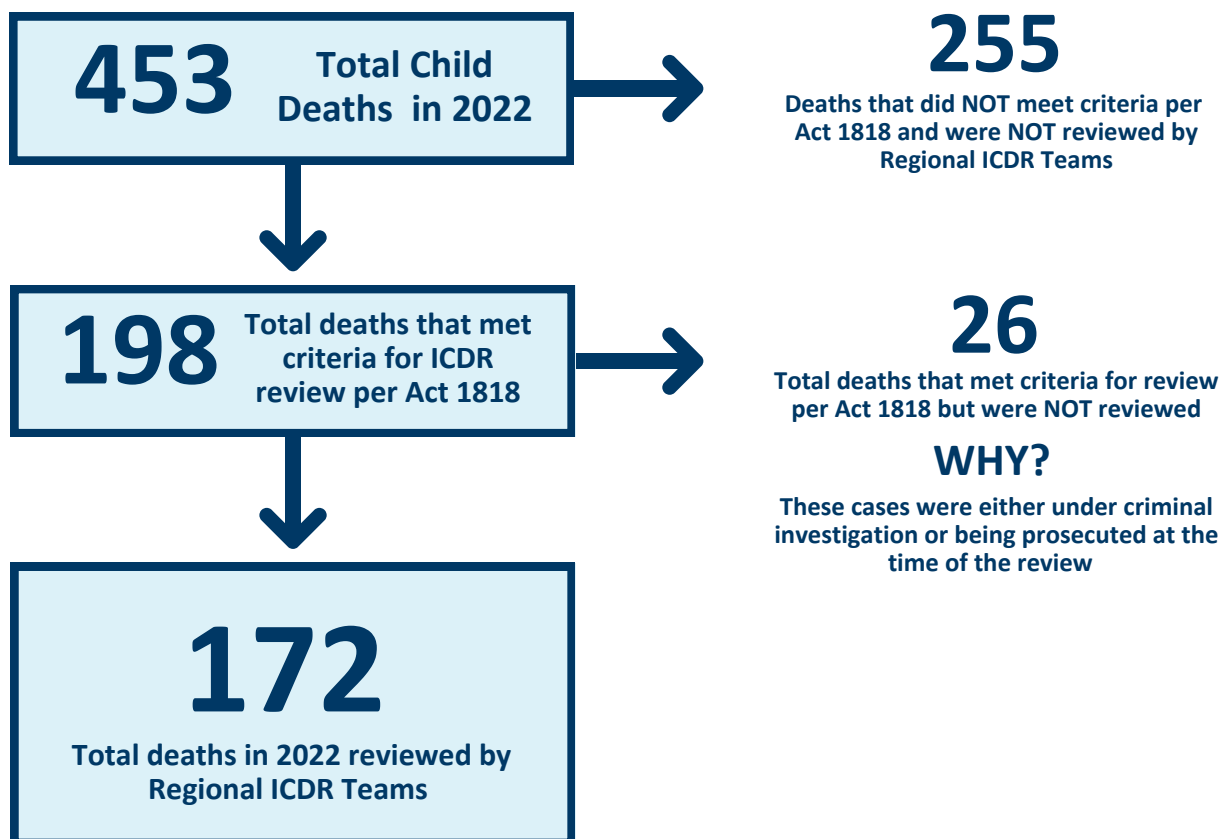
The total infant and child deaths (ages 0-17) in Arkansas for 2022 was 453. Of those, 198 met the criteria for ICDR review, and 172 of the eligible cases were reviewed. All 26 cases not reviewed were still under criminal investigation or being prosecuted.

Death statistics by manner of death for 2022 for ages 0-17 years old were calculated via rate per 100,000 deaths. Data for ages <1 years old were calculated via rate per 1,000 deaths. A rate is a ratio that compares two different quantities that have 2 different units of measure. For example, in Arkansas there are more teenagers than infants. By using rates we can determine the true burden of injury by age group, gender, or race.

### Case Selection

Under ACT 1818 of 2005, cases that are reviewable must meet the following criteria:

1. Death is not under criminal investigation or being prosecuted
2. Child was not under the care of a licensed physician for treatment of an illness/condition that contributes to the cause of death (i.e. cancer, prematurity, congenital abnormalities etc.)



# Data Sources and Methodology

## Data Methods

Data from the Arkansas Department of Health's Office of State Registrar and Vital Records were used to categorize causes of death. The Bureau of Family Health adheres to the International Classification of Diseases (ICD-10) guidelines for determination of cause of death. In addition to furnishing cause of death, death certificates were used to provide age, race, gender, date of death, and county of residence. Rates and percentages were calculated using Microsoft Excel.

## Arkansas Child Death Review Case Reporting System

Data related to Arkansas's Child Death Review is maintained in the National Center for Fatality Review and Prevention's National Fatality Review Case Reporting System at [ncfrp.org](https://ncfrp.org).



*"Every year in the United States, almost 37,000 children die before their 18th birthday. The death of a single child is a profound loss to a family and community, bringing unjust suffering and the pain of unfulfilled promises. Understandably, when a community is affected by a child's death, it wants answers and a deep understanding of how and why the child died. These answers can help communities have a clearer understanding of underlying risk factors and inequities that they may not identify otherwise."*

-- National Center for Fatality Review and Prevention

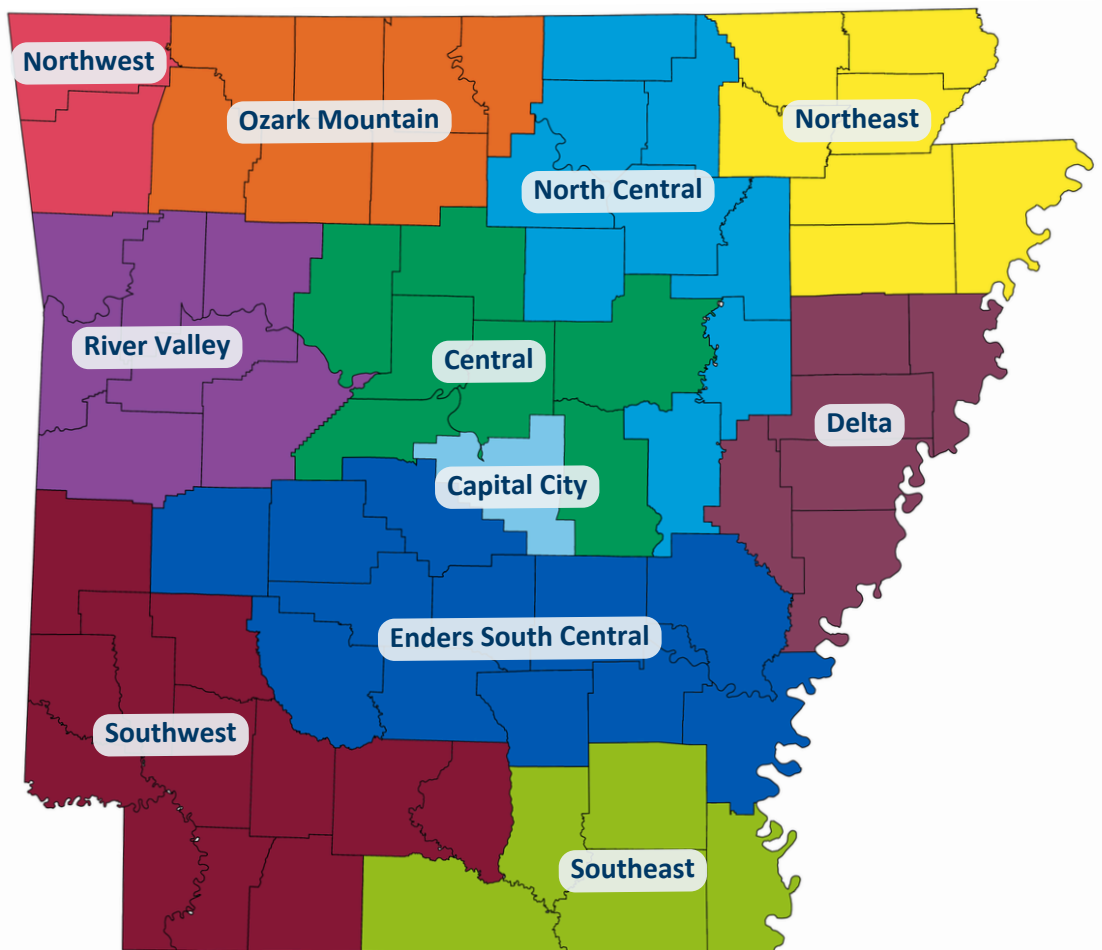
## National Data

National level data are from the Web-based Injury Statistics Query and Reporting System, CDC WISQARS. Arkansas rankings are based on national data, and national rates may vary slightly from state rates due to timing of reporting.

## Data Limitations

Many key indicators are presented at the regional level, and therefore have smaller counts. Trends based on unstable rates are not represented in this report. For counts that are less than 5, data may be suppressed in order to protect identity.

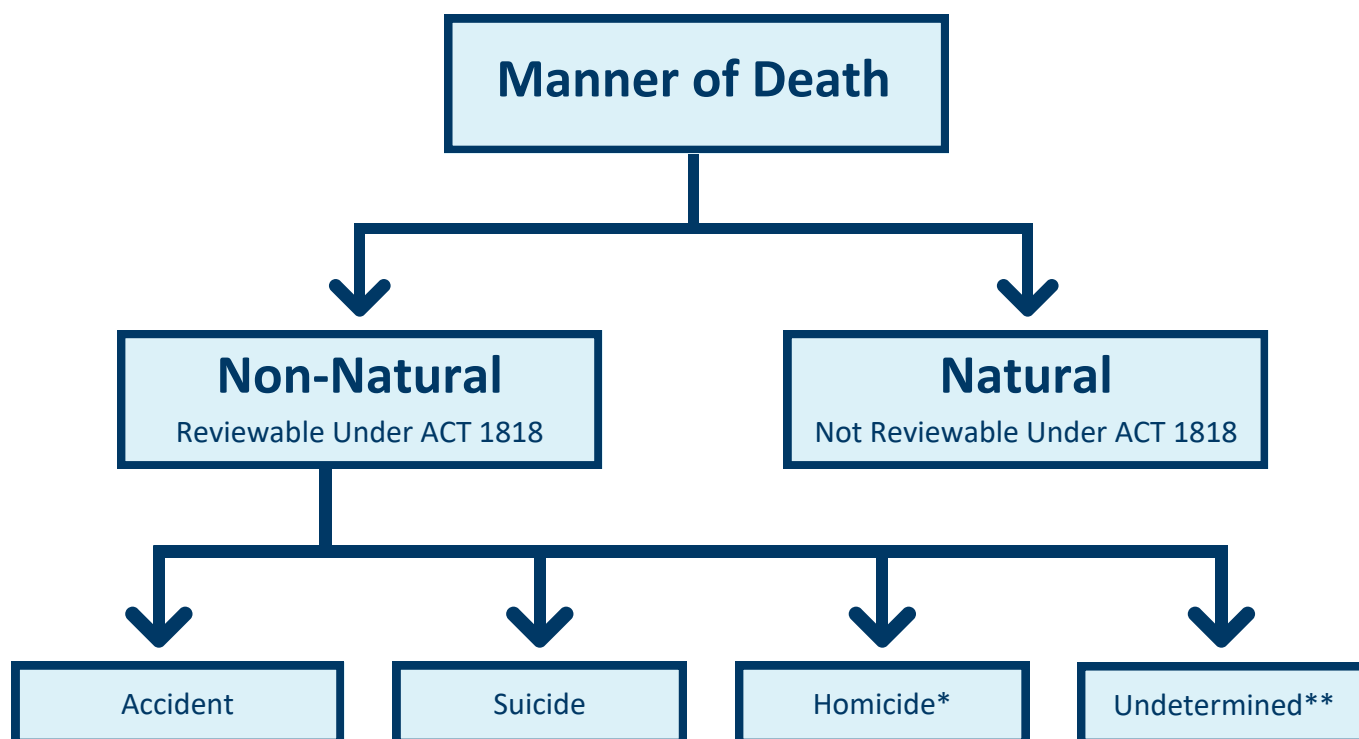
# Regional Map of ICDR Teams



Region	Counties within Region
Northwest	Benton, Washington
Ozark Mountain	Baxter, Boone, Carroll, Madison, Marion, Newton, Searcy
River Valley	Crawford, Franklin, Johnson, Logan, Scott, Sebastian, Yell
Central	Conway, Faulkner, Lonoke, Perry, Pope, Van Buren, White
North Central	Cleburne, Fulton, Independence, Izard, Jackson, Prairie, Sharp, Stone, Woodruff
Northeast	Clay, Craighead, Greene, Lawrence, Mississippi, Poinsett, Randolph
Delta	Crittenden, Cross, Lee, Monroe, Phillips, St. Francis
Capital City	Pulaski
Enders South Central	Arkansas, Clark, Cleveland, Dallas, Desha, Garland, Grant, Hot Spring, Jefferson, Lincoln, Montgomery, Saline
Southwest	Calhoun, Columbia, Hempstead, Howard, Lafayette, Little River, Miller, Nevada, Ouachita, Pike, Polk, Sevier
Southeast	Ashley, Bradley, Chicot, Drew, Union

# Manner of Death

Manner of Death is a classification that is based on the circumstance under which the death occurred (how the infant or child died). Deaths are categorized as natural or non-natural based on the manner of death. Natural deaths result from a disease process, and non-natural deaths are generally injury related. Non-natural deaths are further classified into the following groups: accident, suicide, homicide and undetermined.



## ICDR and Manner of Death

Manner of death is determined by the Arkansas State Medical Examiner's Office and/or local Coroner. The Arkansas Infant and Child Death Review teams do not change the documented Manner of Death.

The ICDR does not review natural deaths. This includes deaths occurring while under the care of a licensed physician for treatment of an illness/condition that contributes to the cause of death (i.e. cancer, prematurity, congenital abnormalities etc.).

Non-natural deaths are reviewed with the goal of reducing preventable child death in Arkansas by making effective prevention recommendations.

\*Only the cases no longer under criminal investigation or being prosecuted are reviewed by the ICDR teams, per AR Act 1818 of 2005.

\*\*Undetermined deaths include Sudden Unexpected Infant Death (SUID).



# Cause of Death

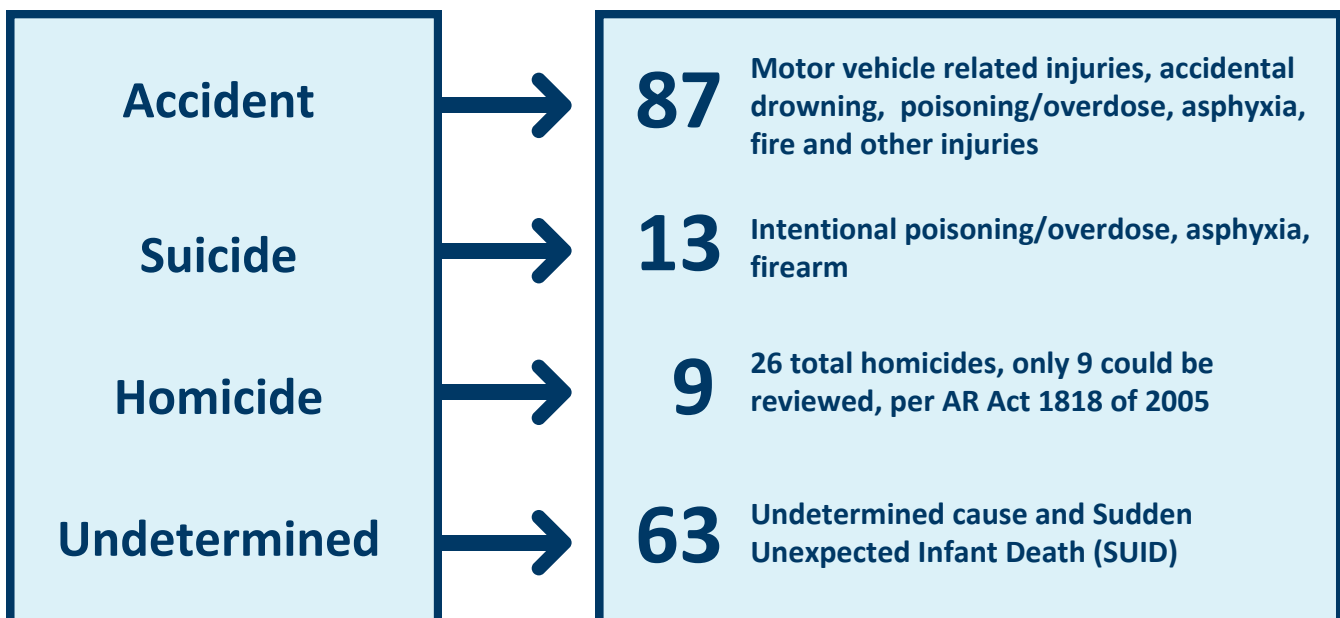
The cause of death is a medical opinion of the disease or injury that resulted in a person's death. The cause of death may be further classified as underlying (injury that initiated the events resulting in death) or immediate (final condition resulting in death).

Common causes of infant and child deaths in Arkansas include unintentional accidents such as motor vehicle related injuries, poisoning or overdose, accidental drowning, and fire related injuries.

Undetermined death is a classification used when the cause and manner of death cannot be definitively determined. This includes Sudden Unexpected Infant Death (SUID), which is the term used to describe the sudden and unexpected death of an infant younger than 1 year of age with no obvious cause before investigation. SUID is often correlated with sleep or the sleep environment and can involve accidental suffocation or strangulation.

## Manner of Death

## Cause of Death



Multi-disciplinary and multi-agency review of infant and child deaths can assist in developing a greater understanding of the incidence and causes of these deaths, understanding the methods for prevention, and identifying the gaps in services to children and families.

Recommendations from the ICDR State Panel can be found on pages 32 and 33 of this report.



# **Non-Natural Infant and Child Deaths Reviewed by Manner**

## **2022 Data**

# Manner: Accident

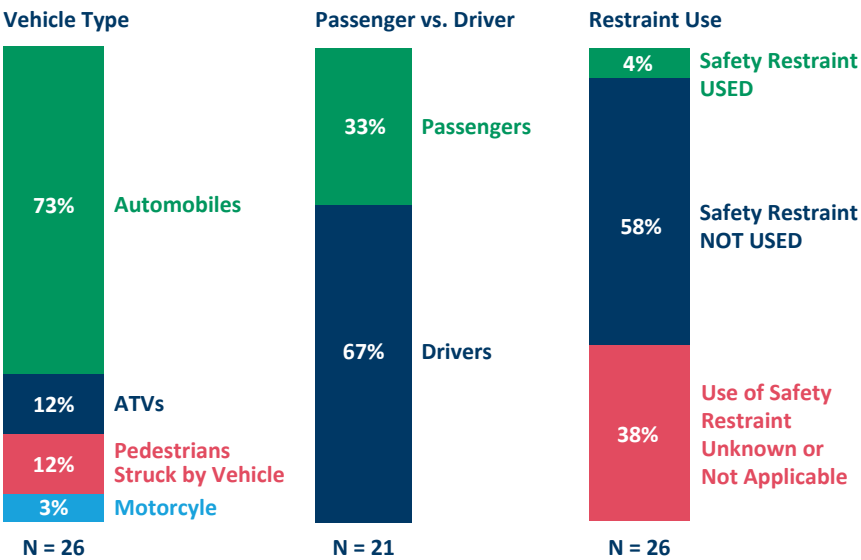
## Accident Findings

In 2022, 87 children in Arkansas died from accidents. The most common causes include motor vehicle related injuries, accidental drowning, asphyxia, poisoning/overdose and fire related injuries.

## Motor Vehicle Related Injuries

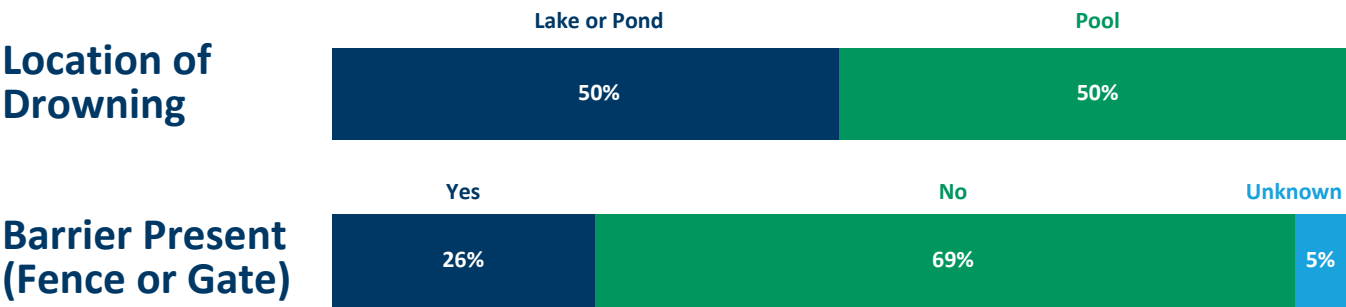
In 2022, a total of 26 infants and children in Arkansas died due to motor vehicle related injuries. Children aged 10-17 accounted for the majority of these deaths, and were most often driving the vehicle. Safety restraints, including seatbelts, boosters and car seats, were not used in more than half of the cases.

\*Passenger vs. Driver only applies to injuries from automobile related accidents (21 of the 26 cases).



## Accidental Drowning

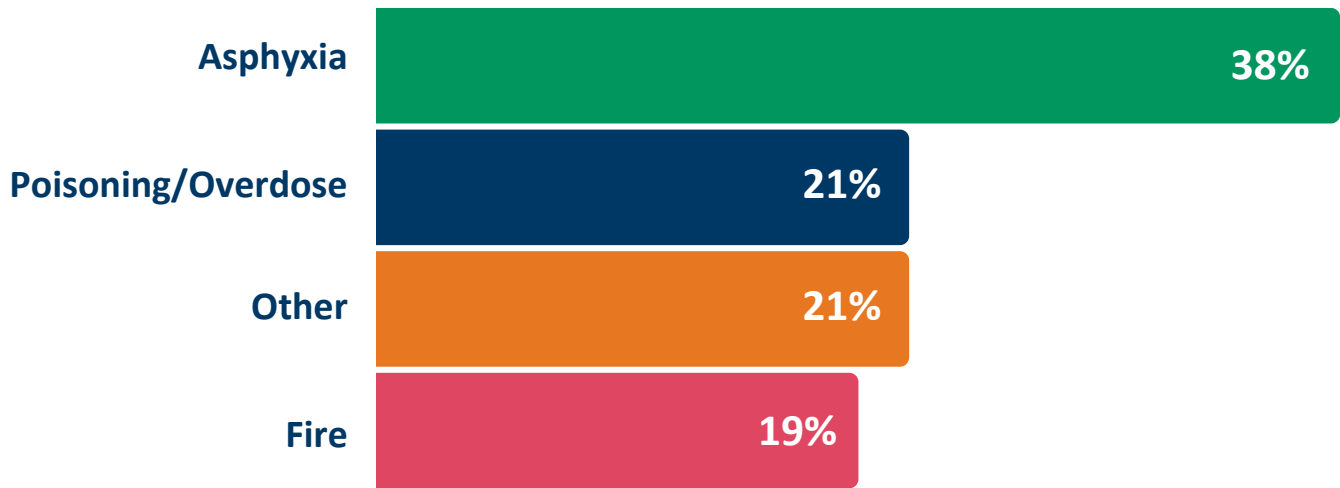
In 2022, a total of 19 infants and children in Arkansas died from unintentional drowning. This is almost twice as many as the previous year (11 drownings in 2021). Drowning was the main cause of injury-related death for children aged 1-4. While the majority of deaths occurred in both swimming pools and open water, most of the drowning locations had no barrier (such as a fence or gate) prohibiting children from entering the body of water.



# Manner: Accident

## Other Accidental Deaths

In 2022, a total of 42 infants and children died due to other accidents, including asphyxia, poisoning or overdose and fire related injuries. Other accidents include motor vehicle related heat stroke, falls, and accidental discharge of a firearm, among other causes.



## Additional Findings

The presence of a working smoke detector is unknown in all of the deaths due to fire related injuries. Proper storage and/or gun locks were not used in any of the deaths due to accidental discharge of a firearm. Of the children who died due to motor vehicle related heat stroke, each instance was determined to be unintentional. Vehicular heat stroke occurs when a child is left or trapped in a vehicle.

Of the children who died from unintentional poisoning or overdose, five of the nine were due to fentanyl, an increase from one in the previous year.



# Manner: Suicide and Homicide

## Suicide Findings

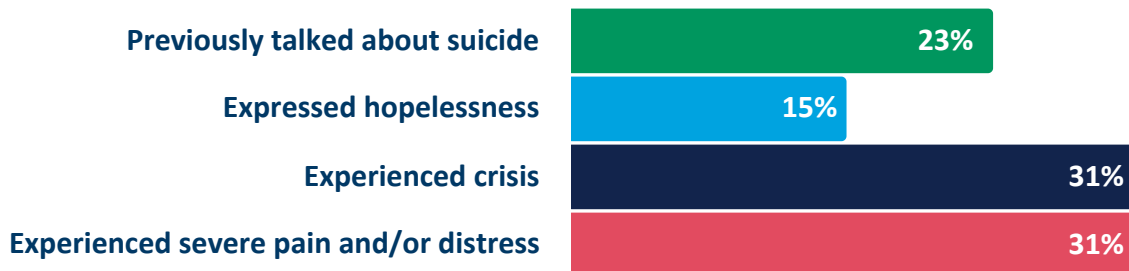
In 2022, 13 children in Arkansas died from suicide. This is 2 fewer than the previous year. More than half of the suicide deaths were completed using a firearm.

### Means of Suicide



### Reported Experiences of Children who Died by Suicide

The experiences below are not mutually exclusive, meaning two or more can occur at the same time.



## Homicide Findings

In 2022, a total of 26 infants and children in Arkansas died by homicide. Most cases were still under criminal investigation or being prosecuted, therefore the ICDR teams could only review 9 cases, per AR Act 1818 of 2005. Of these 9 cases, the majority died by use of a firearm. The data below only represents the 9 cases that were reviewed.

### Method Used in Homicide



# Manner: Undetermined

## Findings

A total of 63 infants and children died due to undetermined circumstances, which includes deaths that could not be definitively determined and Sudden Unexpected Infant Death (SUID).

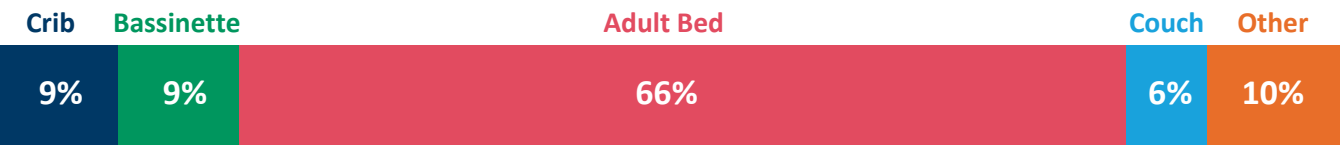
## Undetermined

A total of 9 infants and children died in undetermined circumstances, in which a medical or external cause of injury could not be determined with certainty. This manner of death is used when the Arkansas State Medical Examiner’s Office is unable to definitively categorize the death as natural, accident, suicide, or homicide.

## Sudden Unexpected Infant Death (SUID)

In 2022, 54 infants in Arkansas died from Sudden Unexpected Infant Death (SUID), which is categorized as Undetermined. Of these, 66% died co-sleeping in an adult bed with one or more adult (an increase from 47% the previous year), and 54% were placed on their side or stomach to sleep.

## Sleep Location at Death



## Position Found at Death







# **Non-Natural Infant and Child Deaths Reviewed by Age Group**

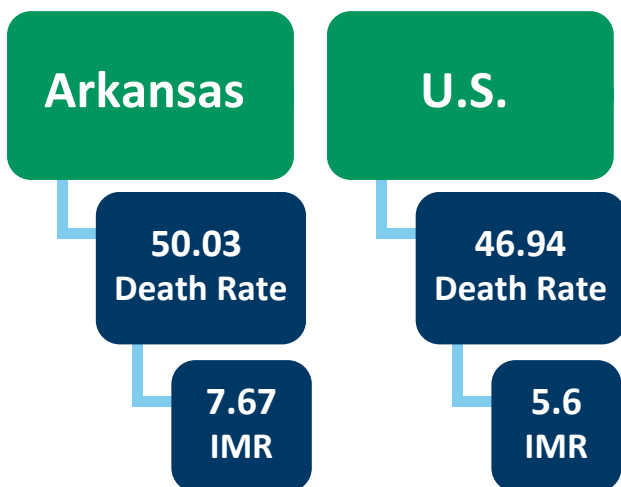
## **2022 Data**



# Infant Deaths

## Birth to Under 1 year

### National and State Data



The 2022 death rate for this age group in Arkansas for non-natural deaths was 50.03 deaths per 100,000 children. This is higher than the national rate of 46.94 per 100,000 children for the same time period.

Infant mortality is the death of an infant before his or her first birthday and is calculated per 1,000 live births. In 2022, the infant mortality rate (IMR) was 7.67 in Arkansas, compared to 5.6 in the United States for the same time period.

**In 2022, a total of 72 infant deaths were reviewed.**

### Manner:



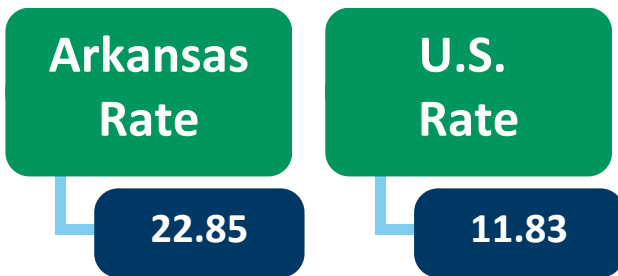
### Key Findings

- Infants under 1 year of age account for the most deaths in all age groups, representing more than one-third of all deaths reviewed by ICDR teams in 2022.
- The majority of infant deaths were classified as Sudden Unexpected Infant Death (SUID) and asphyxiation due to an unsafe sleep environment. This includes co-sleeping in an adult bed and/or the infant being placed to sleep on their side or stomach.

# Child Deaths

## 1 to 4 years

### National and State Data



The 2022 death rate for this age group in Arkansas for non-natural deaths was 22.85 deaths per 100,000 children. This is higher than the national rate of 11.83 per 100,000 children for the same time period.

In 2022, a total of 28 child deaths between the ages of 1 and 4 were reviewed.

### Manner:



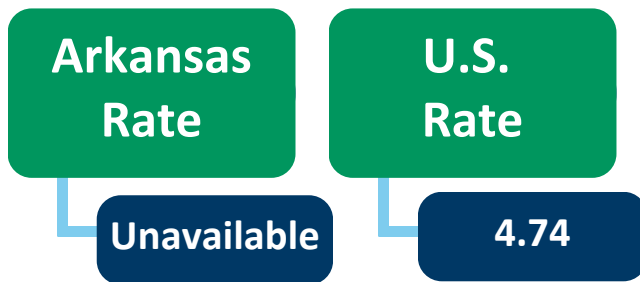
### Key Findings

- Accidental drowning was the most common cause of injury-related deaths in this age group.
- Other accidental deaths were due to falls, poisoning/overdose, drowning and fire.
- Among motor vehicle related injury deaths in this age group, all cases were either improperly restrained or not restrained.
- For this age group, lack of adequate supervision was noted in many of the cases.

# Child Deaths

## 5 to 9 years

### National and State Data



The 2022 death rate for this age group in Arkansas for non-natural deaths was unavailable at the time of this report. The U.S. rate for this age group was 4.74 per 100,000 children for the same time period.

In 2022, a total of 12 child deaths between the ages of 5 and 9 were reviewed.

### Manner:



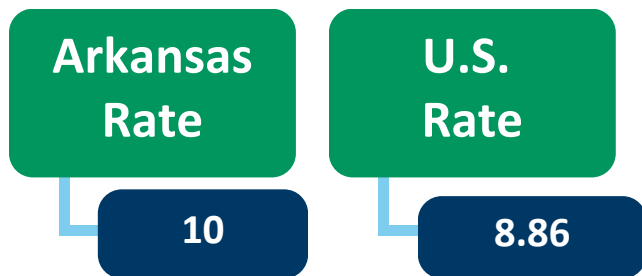
### Key Findings

- More than half of the accidental deaths in this age group were due to fire and drowning, while the remainder were due to motor vehicle related injuries.
- Accidental drownings were the most common causes of injury-related deaths in this age group, with half of the drownings occurring in a pool and half in open water, most often without a fence or gate present.
- Of the children in this age group who died due to motor vehicle related injuries, all cases were either improperly restrained or not restrained.

# Child Deaths

## 10 to 14 years

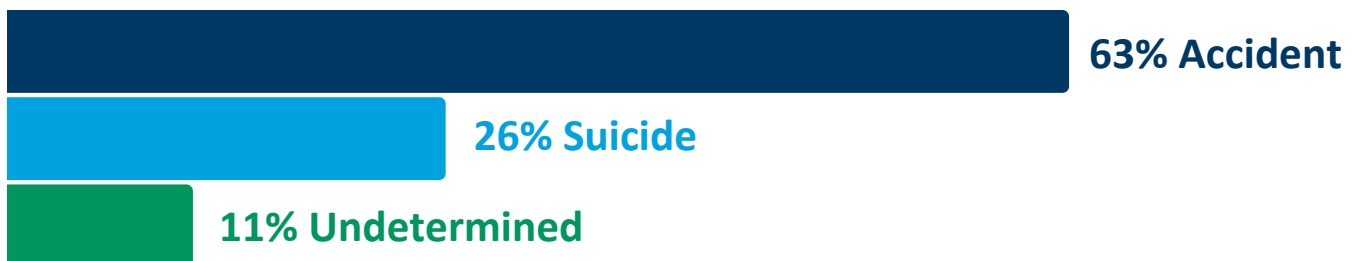
### National and State Data



The 2022 death rate for this age group in Arkansas for non-natural deaths was 10 deaths per 100,000 children. This is higher than the national rate of 8.86 per 100,000 children for the same time period.

In 2022, a total of 19 child deaths between the ages of 10 and 14 were reviewed.

### Manner:



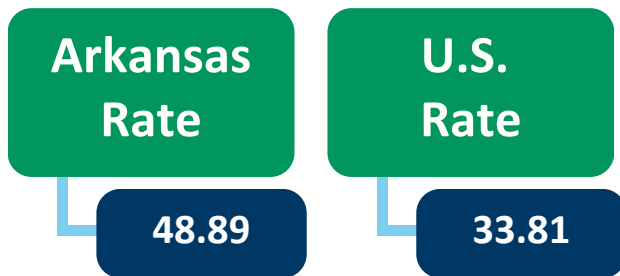
### Key Findings

- Accidents and suicides were the most common manner of death in this age group, with half of the accidents due to motor vehicle related injuries, and half due to poisoning, drowning and asphyxia.
- The suicide deaths were caused by intentional poisoning, asphyxia and firearms.
- Of the children in this age group who died due to motor vehicle related injuries, all cases were either improperly restrained or not restrained.
- In Arkansas, the number of children who are diagnosed with Autism Spectrum Disorder (ASD) is approximately 2.4%. However, the number of children with ASD who died under accidental circumstances in 2022 was close to 8%.

# Child Deaths

## 15 to 17 years

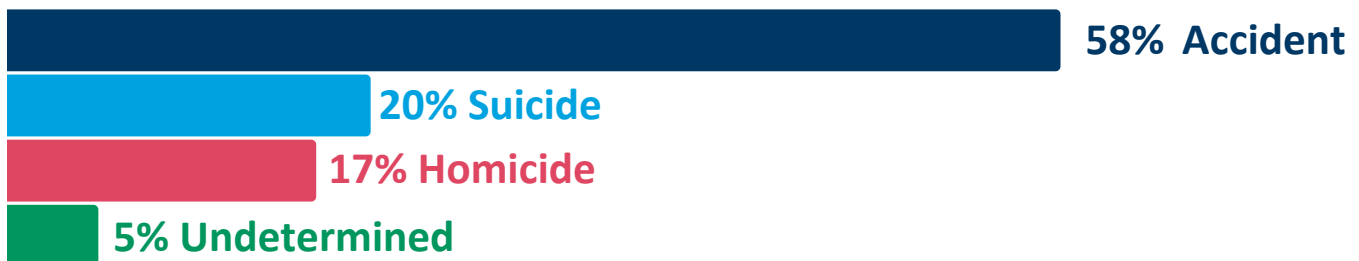
### National and State Data



The 2022 death rate for this age group in Arkansas for non-natural deaths was 48.89 deaths per 100,000 children. This is higher than the national rate of 33.81 per 100,000 children for the same time period.

In 2022, a total of 41 child deaths between the ages of 15 and 17 were reviewed.

### Manner:



### Key Findings

- Accidents, suicides and homicides were the most common manner of death in this age group.
- Among the accidental deaths, half were due to motor vehicle related injuries, and half were due to fire, poisoning, drowning and asphyxia.
- Among motor vehicle related injuries in this age group, teen drivers accounted for almost half of the deaths. Risk factors for teen drivers include the absence of or improper use of a seat belt and multiple vehicle occupants.
- In this age group, almost all of the suicides and homicides were caused by the use of a firearm.



# **Non-Natural Infant and Child Deaths Reviewed by Arkansas ICDR Team**

## **2022 Data**

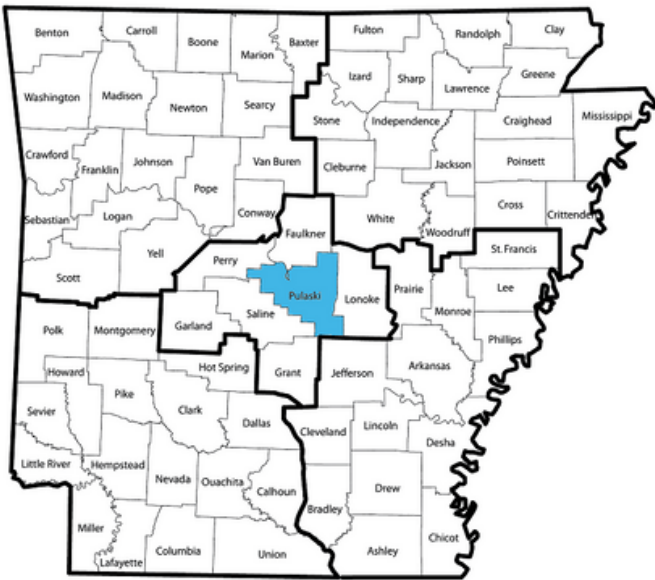
# Capital City Team

Pulaski County

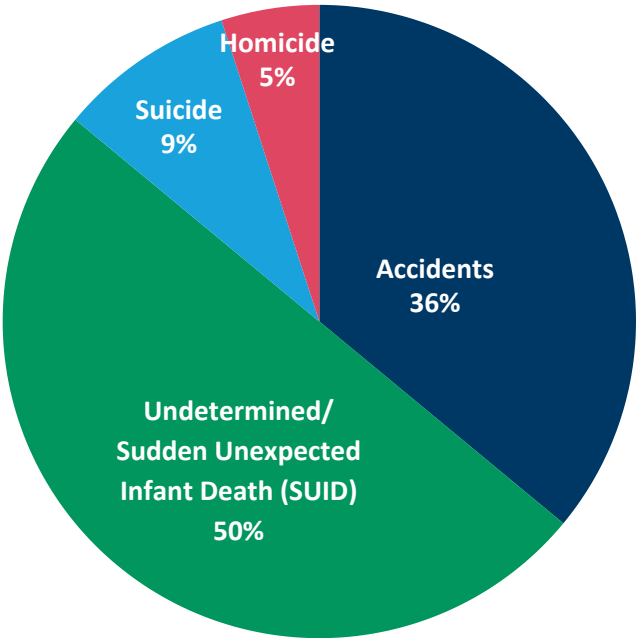


In 2022, a total of 22 of the 29\* cases were reviewed by the Capital City Team.

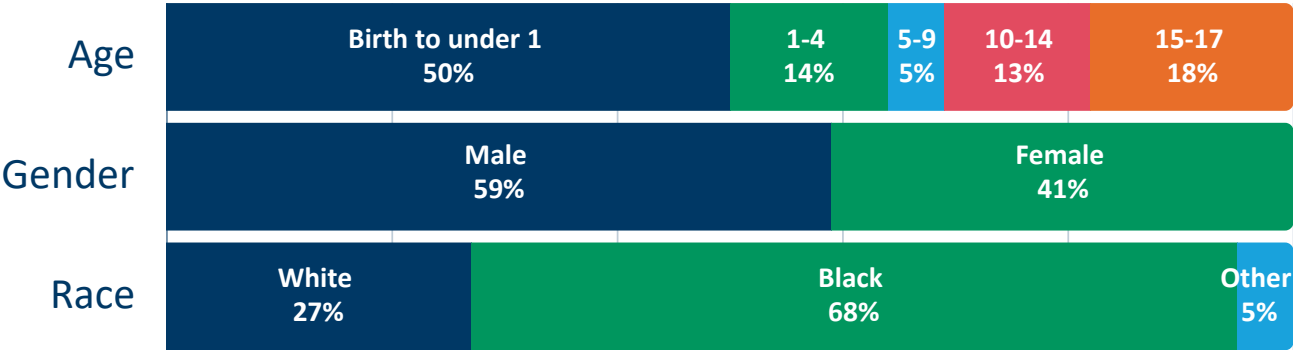
Counties Served by the Capital City Team:



Manner of Death for 2022 Reviewed Cases:



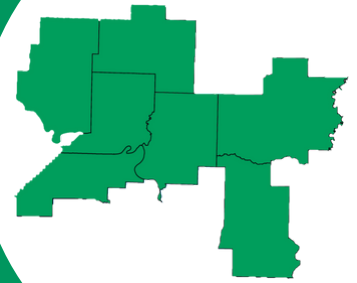
Demographics for 2022 Reviewed Cases



\*There were 7 cases that were not eligible for review, per AR Act 1818 of 2005. At the time of the reviews, these cases were still under criminal investigation or actively being prosecuted.

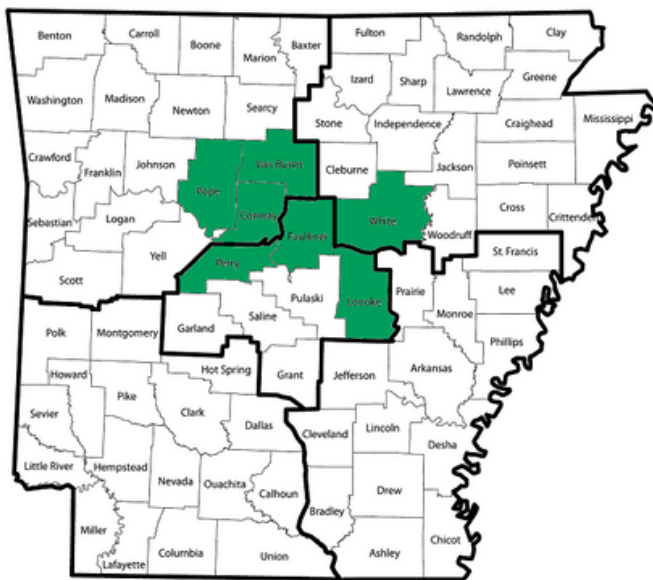
# Central Team

Conway, Faulkner, Lonoke, Perry, Pope, Van Buren and White Counties

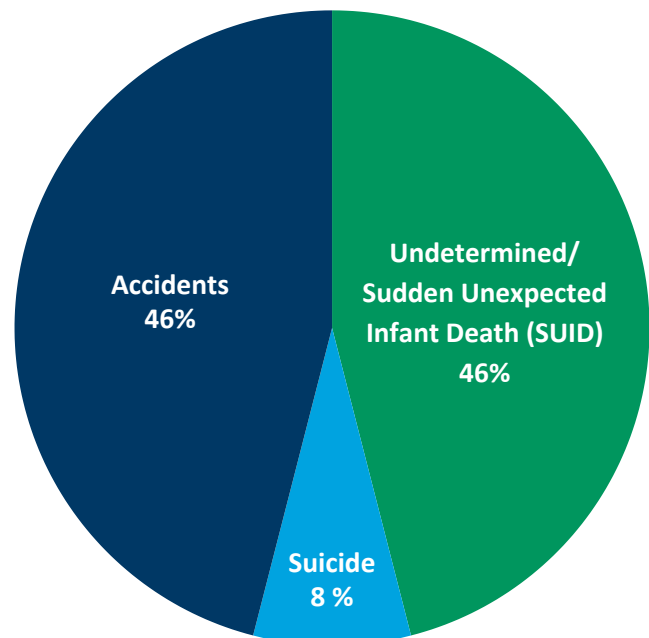


**In 2022, a total of 13 of the 14\* cases were reviewed by the Central Team.**

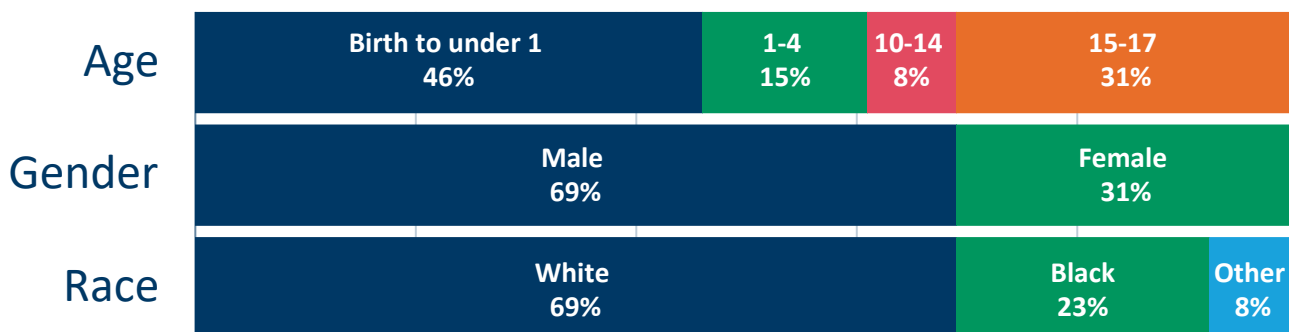
Counties Served by the Central Team:



Manner of Death for 2022 Reviewed Cases:



Demographics for 2022 Reviewed Cases

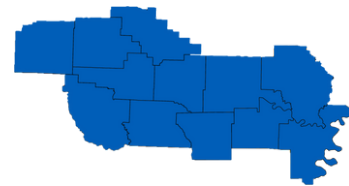


\*There was 1 case that was not eligible for review, per AR Act 1818 of 2005. At the time of the reviews, this case was still under criminal investigation or actively being prosecuted.



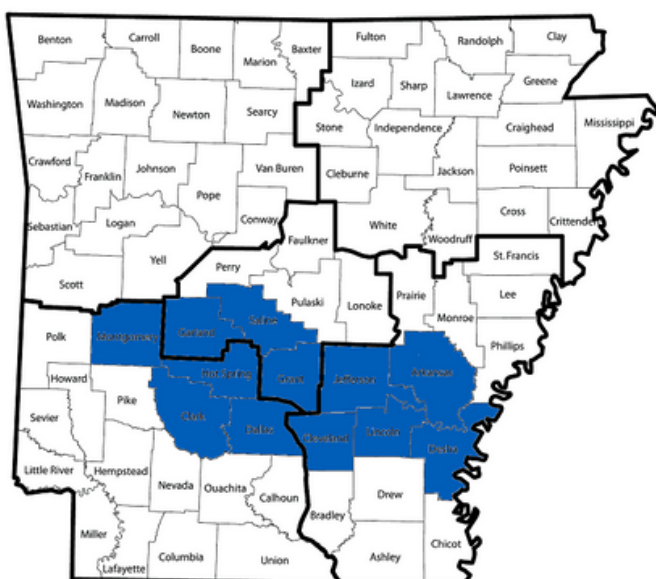
# Enders South Central Team

Arkansas, Clark, Cleveland, Dallas, Desha, Garland, Grant, Hot Spring, Jefferson, Lincoln, Montgomery and Saline Counties

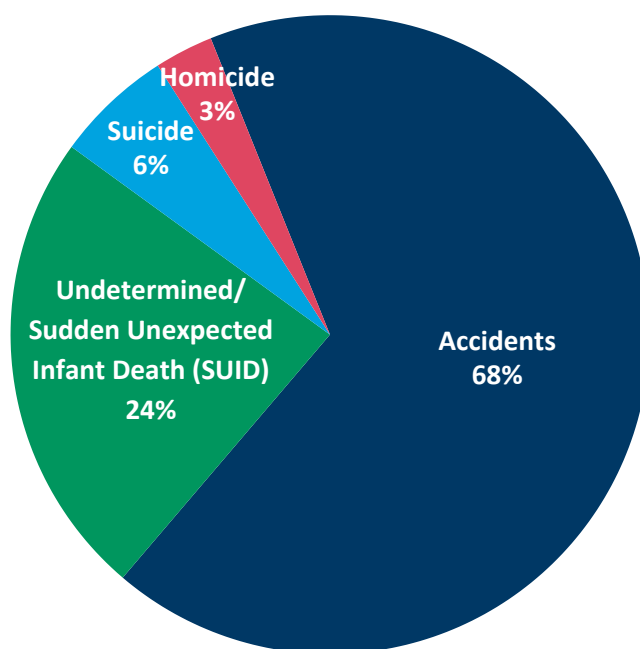


**In 2022, a total of 34 of the 44\* cases were reviewed by the Enders South Central Team.**

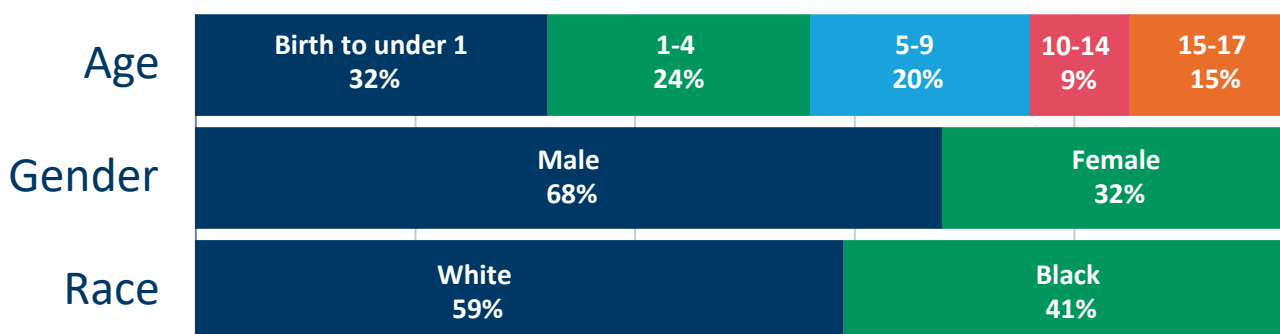
Counties Served by the Enders South Central Team:



Manner of Death for 2022 Reviewed Cases:



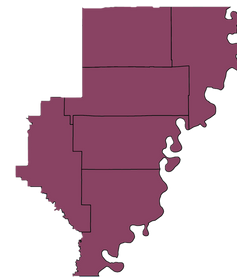
Demographics for 2022 Reviewed Cases



\*There were 10 cases that were not eligible for review, per AR Act 1818 of 2005. At the time of the reviews, these cases were still under criminal investigation or actively being prosecuted.

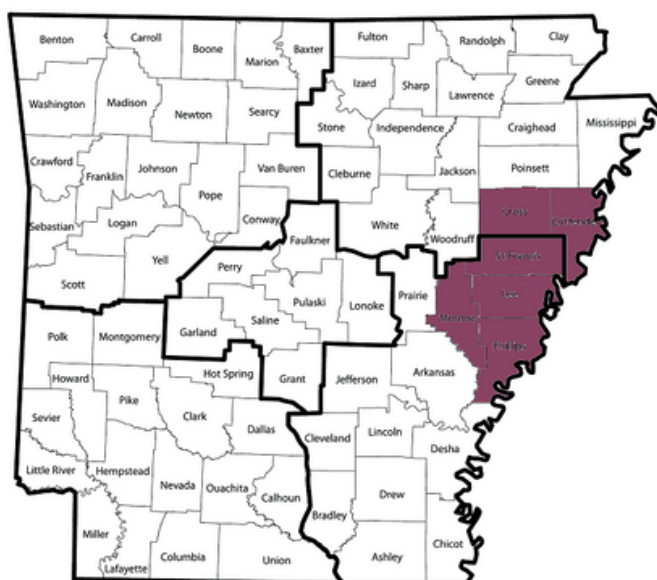
# Delta Team

Crittenden, Cross, Lee, Monroe, Phillips, and St. Francis Counties

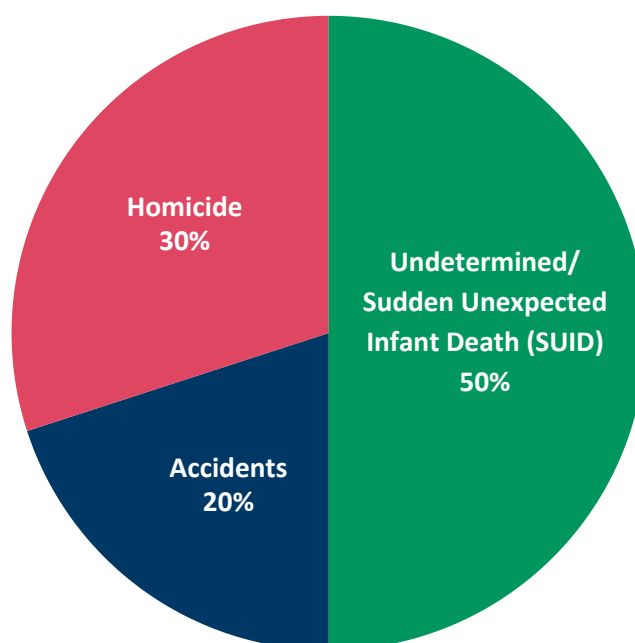


**In 2022, a total of 10 of the 14\* cases were reviewed by the Delta Team.**

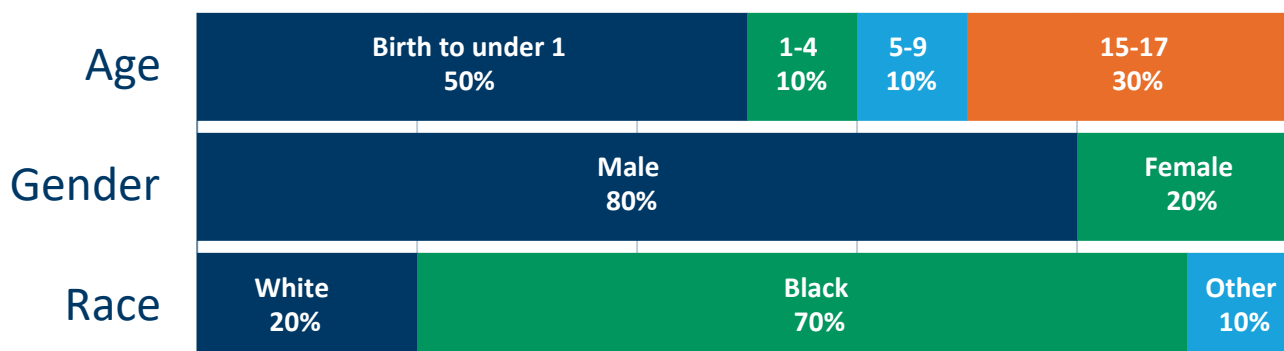
Counties Served by the  
Delta Team:



Manner of Death for 2022  
Reviewed Cases:



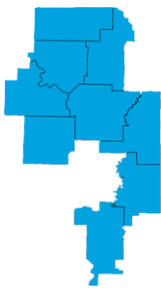
Demographics for 2022 Reviewed Cases



\*There were 4 cases that were not eligible for review, per AR Act 1818 of 2005. At the time of the reviews, these cases were still under criminal investigation or actively being prosecuted.

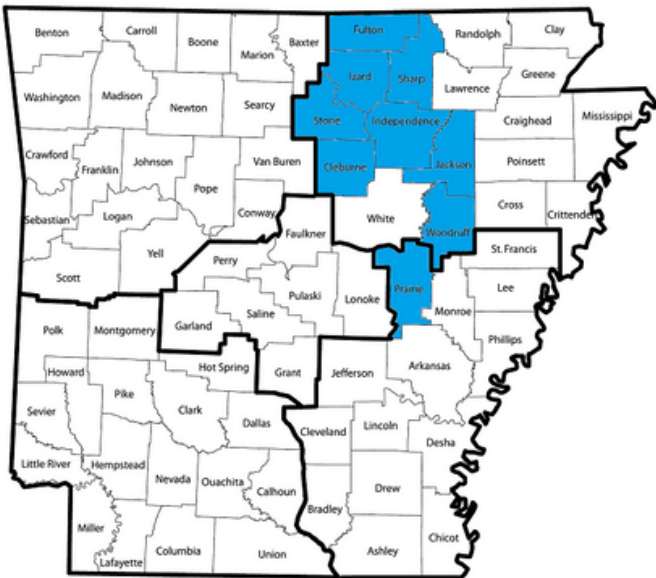
# North Central Team

Cleburne, Fulton, Independence, Izard, Jackson, Prairie, Sharp, Stone and Woodruff Counties

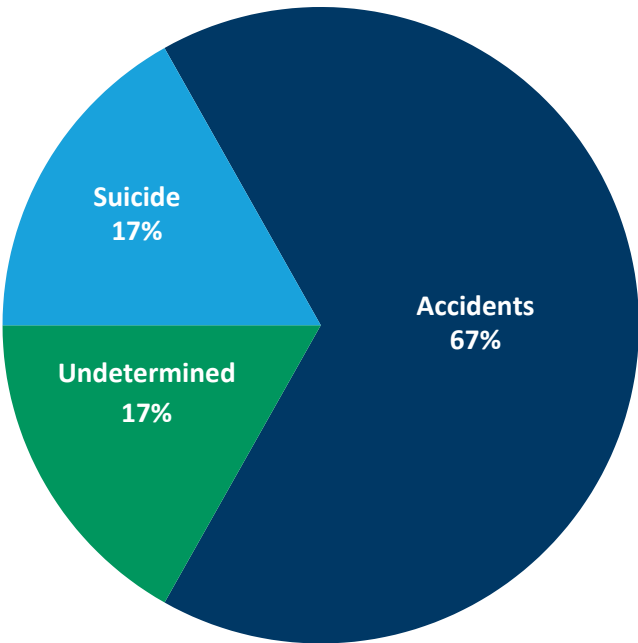


In 2022, all of the 6 cases were reviewed by the North Central Team.

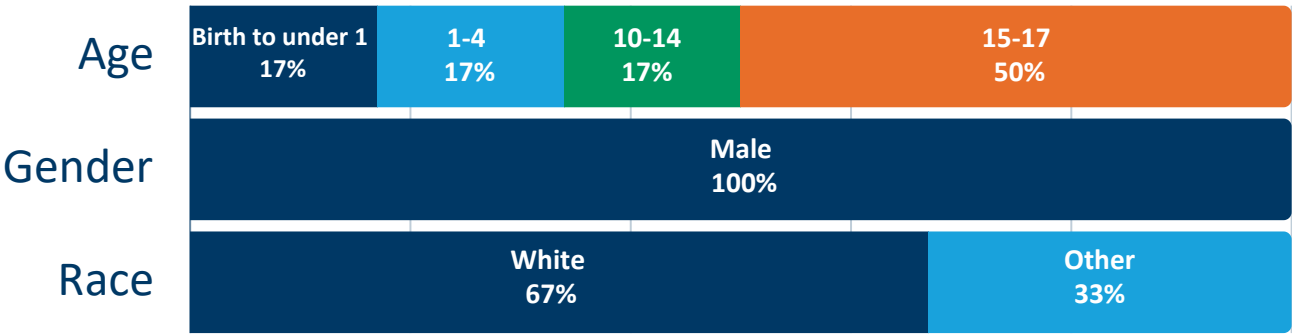
Counties Served by the North Central Team:



Manner of Death for 2022 Reviewed Cases:

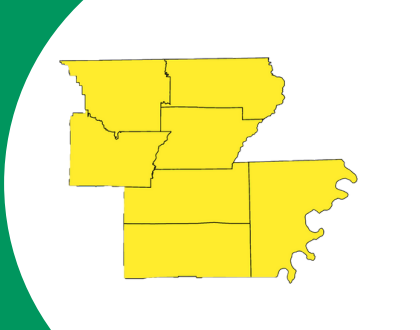


Demographics for 2022 Reviewed Cases



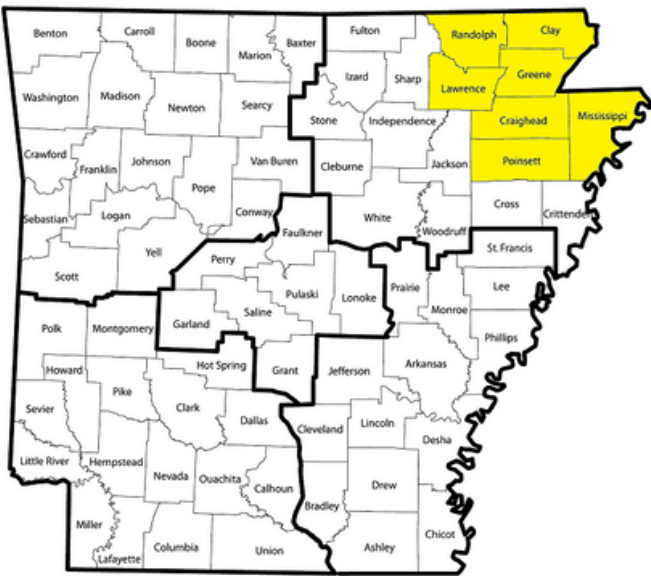
# Northeast Team

Clay, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph Counties

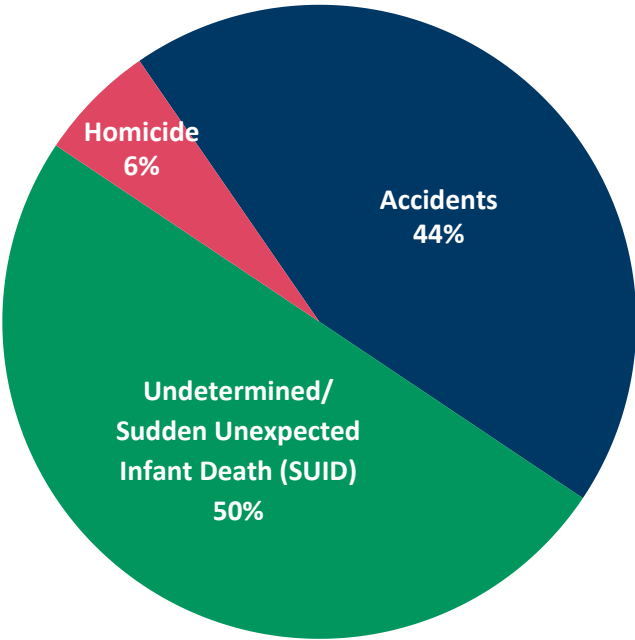


In 2022, all of the 18 cases were reviewed by the Northeast Team.

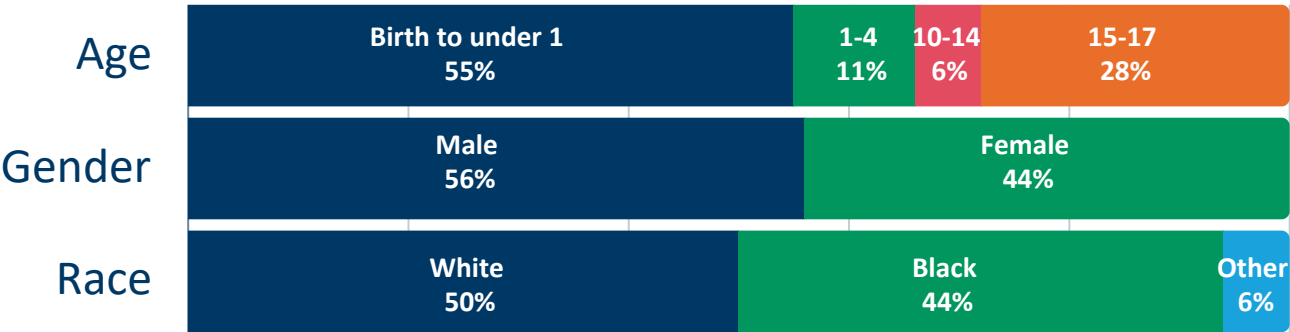
Counties Served by the Northeast Team:



Manner of Death for 2022 Reviewed Cases:

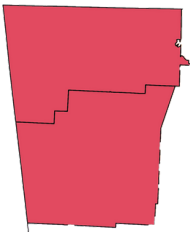


Demographics for 2022 Reviewed Cases



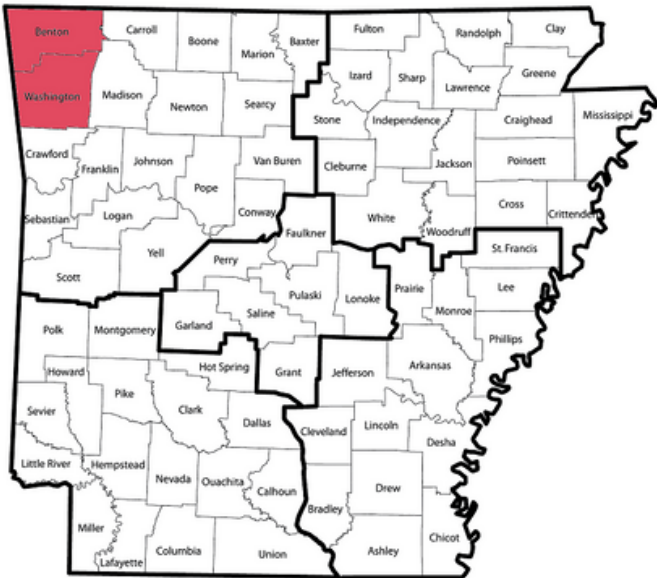
# Northwest Team

Benton and Washington Counties

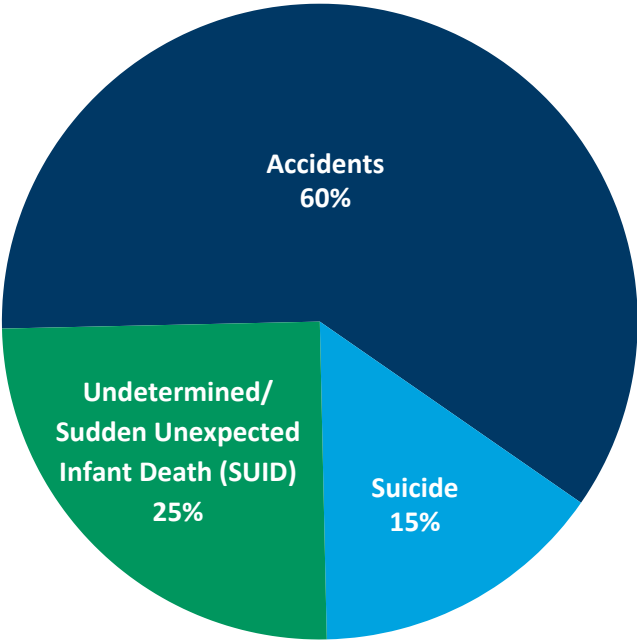


In 2022, a total of 20 of the 22\* cases were reviewed by the Northwest Team.

Counties Served by the Northwest Team:



Manner of Death for 2022 Reviewed Cases:



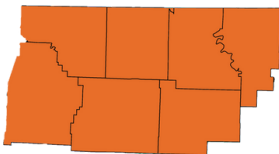
Demographics for 2022 Reviewed Cases



\*There were 2 cases that were not eligible for review, per AR Act 1818 of 2005. At the time of the reviews, these cases were still under criminal investigation or actively being prosecuted.

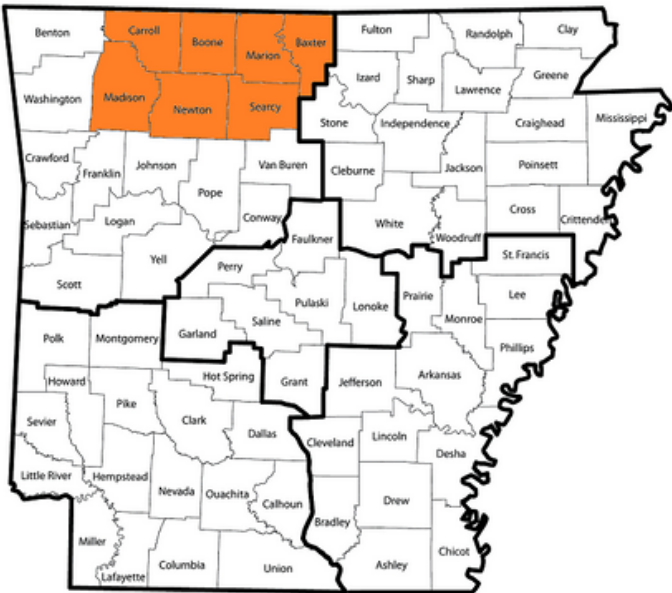
# Ozark Mountain Team

Baxter, Boone, Carroll, Madison, Marion, Newton and Searcy Counties

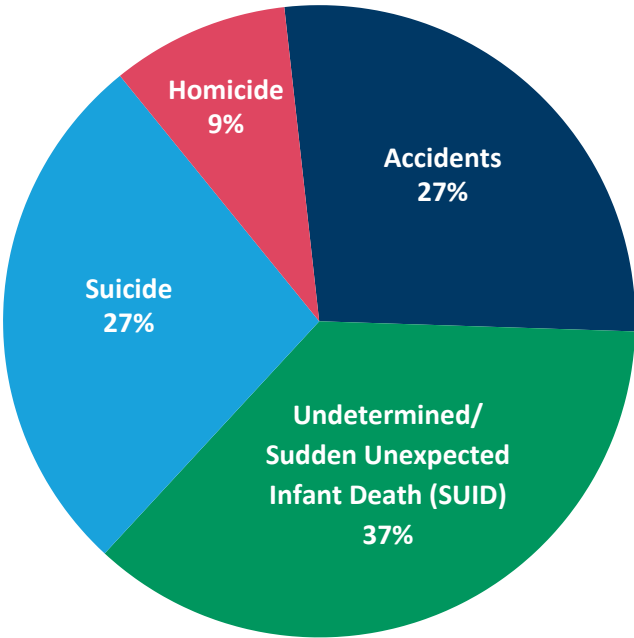


In 2022, all of the 11 cases were reviewed by the Ozark Mountain Team.

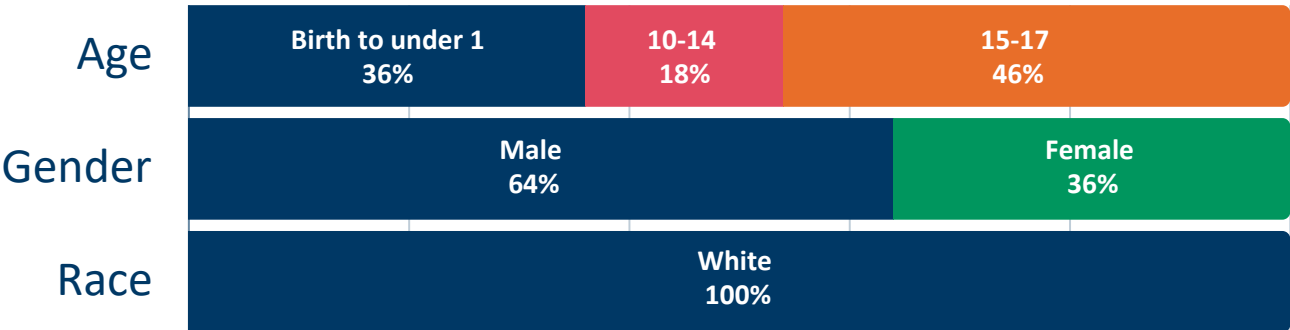
Counties Served by the Ozark Mountain Team:



Manner of Death for 2022 Reviewed Cases:

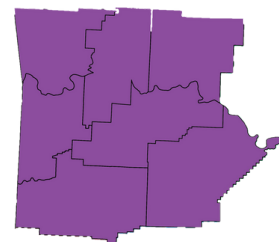


Demographics for 2022 Reviewed Cases



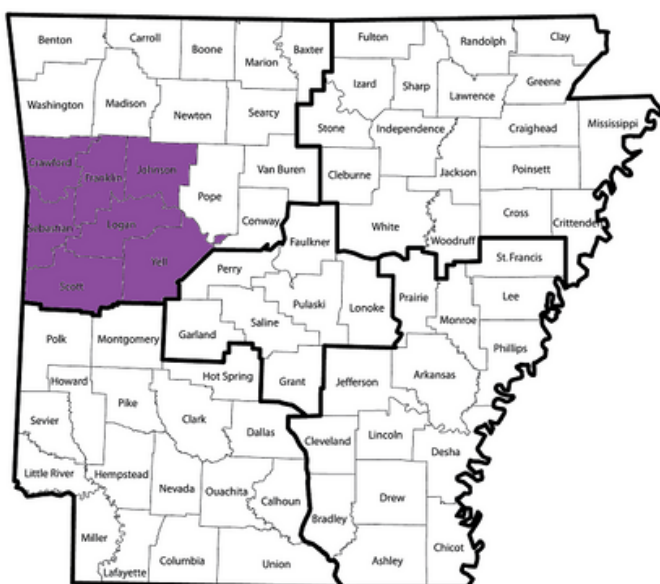
# River Valley Team

Crawford, Franklin, Johnson, Logan, Scott, Sebastian and Yell Counties

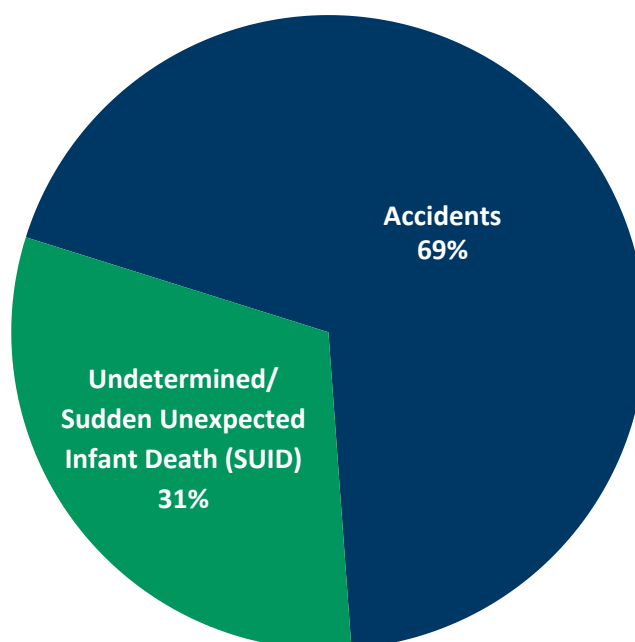


**In 2022, a total of 16 of the 17\* cases were reviewed by the River Valley Team.**

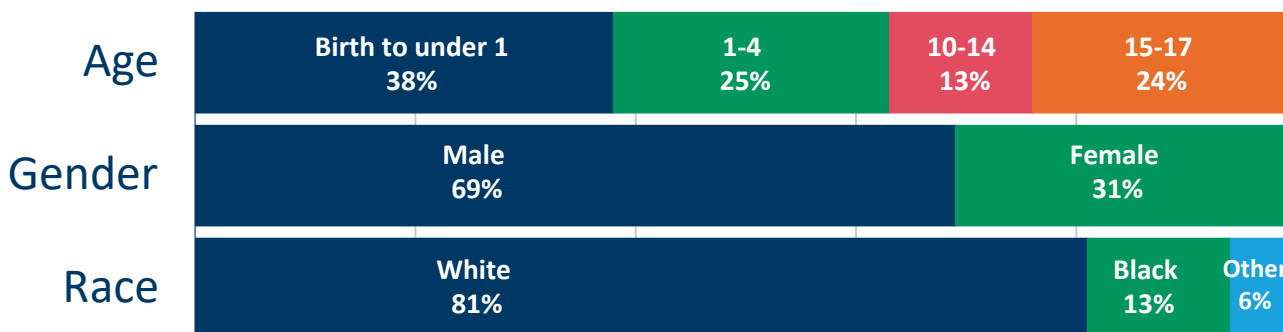
Counties Served by the River Valley Team:



Manner of Death for 2022 Reviewed Cases:



Demographics for 2022 Reviewed Cases



\*There was 1 case that was not eligible for review, per AR Act 1818 of 2005. At the time of the reviews, this case was still under criminal investigation or actively being prosecuted.



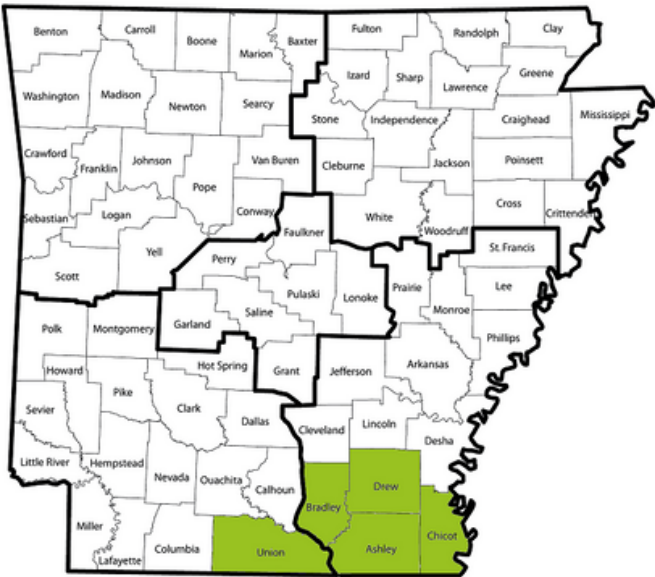
# Southeast Team

Ashley, Bradley, Chicot, Drew and Union Counties

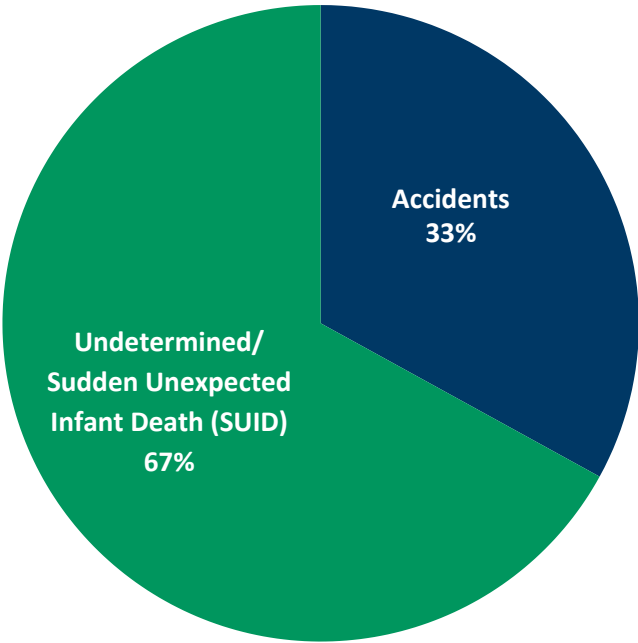


In 2022, all of the 3 cases were reviewed by the Southeast Team.

Counties Served by the Southeast Team:



Manner of Death for 2022 Reviewed Cases:



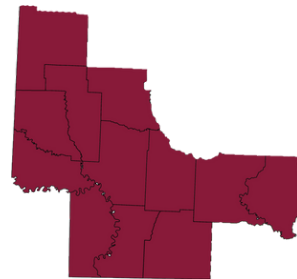
Demographics for 2022 Reviewed Cases - Suppressed to protect identity.

Age	Suppressed			
Gender	Suppressed			
Race	Suppressed			



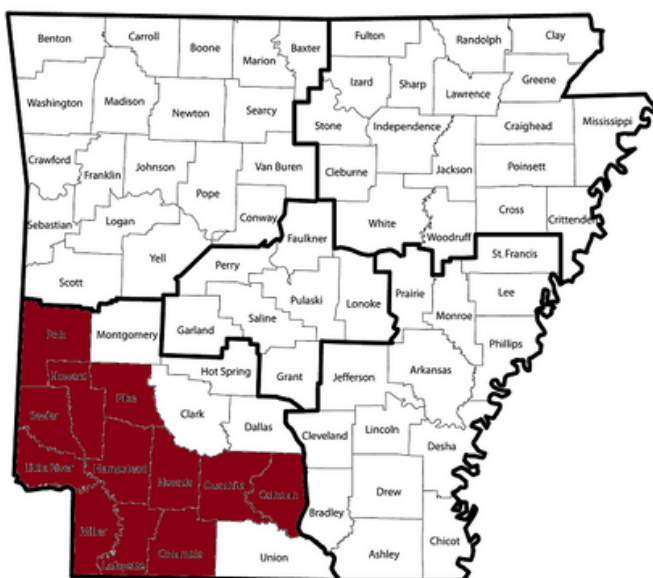
# Southwest Team

Calhoun, Columbia, Hempstead, Howard, Lafayette, Little River, Miller, Nevada, Ouachita, Pike, Polk, and Sevier Counties

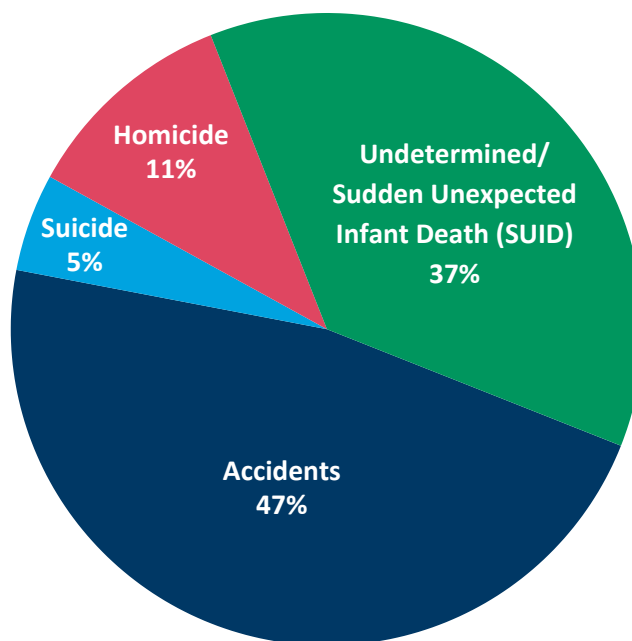


**In 2022, a total of 19 of the 20\* cases were reviewed by the Southwest Team.**

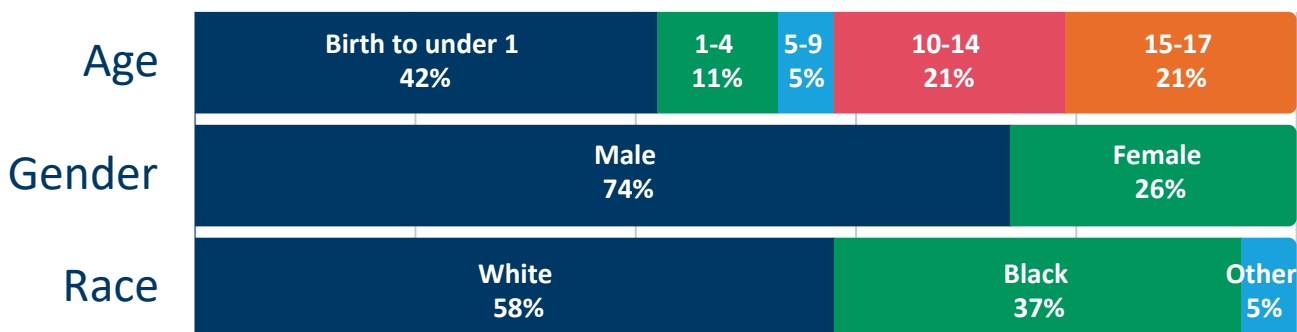
Counties Served by the Southwest Team:



Manner of Death for 2022 Reviewed Cases:



Demographics for 2022 Reviewed Cases



\*There was 1 case that was not eligible for review, per AR Act 1818 of 2005. At the time of the reviews, this case was still under criminal investigation or actively being prosecuted.

# ICDR Panel Recommendations

## **SUICIDE PREVENTION**

1. Improve early access to behavioral health resources in communities, such as campaigns that increase awareness of the 988 suicide and crisis lifeline.
2. Increase distribution of firearm lockboxes and gun locks at places where parents and gun owners can easily access them.
3. Educate parents and caregivers on the importance of safe firearm storage.
3. Make mental health services available for adolescents in schools and communities.
4. Increase screening for depression and suicidal ideation and link families to resources.

## **HOMICIDE PREVENTION**

1. Healthcare professionals should discuss secure storage of firearms with families.
2. Support violence prevention programs and consider funding community-based violence intervention programs: multidisciplinary programs that identify youth at risk of violent injury and link them with community-based resources aimed at addressing underlying risk factors for violence.

## **DROWNING PREVENTION**

1. Increase access to well maintained public swimming pools with adequate lifeguard supervision.
2. Provide free or low cost swimming instruction for low income children and adults.
3. Parents and caregivers should provide close, constant, and attentive supervision of children when near water, especially during non-swimming times.
4. Increase use of proper barriers around swimming pools and open water, such as fences and gates.

## **SAFE SLEEP**

1. Support parents who have previously lost a baby to SUID with education and social support.
2. Provide safe sleep education at all medical appointments before and after birth.
3. Provide new parent education regarding newborn and infant safety recommendations such as safe sleep environments and car seat use/installation.
4. Equip parents with education about how to talk with family and other caregivers regarding safe sleep practices.
5. Increase public education and awareness campaigns to prevent co-sleeping.
6. Implement targeted messaging to parents/caregivers or anyone who may care for an infant at any time and during specific challenging times such as during illnesses.

## **POISONING/OVERDOSE PREVENTION**

1. Families with children of all ages would benefit from interventions focused on opioid prescribing, storage, disposal, and misuse.
2. Implement public messaging for keeping all medications, including over the counter medications like iron and Tylenol, stored/locked and out of sight of children.
3. Parents and caregivers should practice safe storage of all medications and other substances that may cause harm.

# ICDR Panel Recommendations and References

## **MOTOR VEHICLE RELATED INJURY PREVENTION**

1. Increase car seat distribution and education regarding use of proper restraints such as car seats, booster seats and seatbelts.
2. Support best practice recommendations for child passenger safety.
3. Share the National Highway Traffic Safety Administration's "STOP. LOOK. LOCK." campaign to prevent hot car deaths.

## **INJURY PREVENTION FOR CHILDREN WITH SPECIAL HEALTHCARE NEEDS**

1. Promote health and wellness and timely assessments of child social-emotional health, parental and/or caregiver depression, and social drivers of health.
2. Increase community-based resources and strategies to address social drivers of health.
3. Increase access to safety equipment, injury prevention education and programming that address the unique needs of children with special healthcare needs and their families.

## **ADDITIONAL RESOURCES**

1. Suicide: Blueprint for youth suicide prevention. (n.d.). AAP. Retrieved December 4, 2023, from <https://www.aap.org/en/patient-care/blueprint-for-youth-suicide-prevention/>
2. The HAVI — What is an HVIP? | Health alliance for violence intervention. (n.d.). The HAVI. Retrieved December 4, 2023, from <https://www.thehavi.org/what-is-an-hvip>
3. Denny, S., Quan, L., Gilchrist, J., McCallin, T., Shenoi, R., Yusuf, S., & Weiss, J. (2021, August 1). Prevention of drowning. American Academy of Pediatrics. <https://publications.aap.org/pediatrics/article/148/2/e2021052227/179784/Prevention-of-Drowning?autologincheck=redirected>
4. Durbin, D., Hoffman, B., Argran, P., Denny, S., Hirsh, M., Johnston, B., Lee, L., Monroe, K., Schaechter, J., Tenebein, M., Zonfrillo, M., & Quinlan, K. (2018, November 1). Child passenger safety. American Academy of Pediatrics. <https://publications.aap.org/pediatrics/article/142/5/e20182460/38530/Child-Passenger-Safety>
5. Moon, R., Carlin, R., & Hand, I. (2022, June 21). Sleep-related infant deaths: Updated 2022 recommendations for reducing infant deaths in the sleep environment. American Academy of Pediatrics. <https://publications.aap.org/pediatrics/article/150/1/e2022057990/188304/Sleep-Related-Infant-Deaths-Updated-2022?autologincheck=redirected>
6. Warren, M., Pilkey, D., Joshi, D., & Collier, A. (2024, November 1). Fetal, Infant, and Child Death Review: A Public Health Approach to Reducing Mortality and Morbidity. <https://publications.aap.org/pediatrics/article/154/Supplement%203/e2024067043B/199733/Fetal-Infant-and-Child-Death-Review-A-Public>
7. HealthyChildren.Org. (2018, December 17). The AAP offers guidance on caring for psychosocial needs of children with special health care needs. HealthyChildren.org. <https://www.healthychildren.org/English/news/Pages/Caring-for-Psychosocial-Needs-of-Children-With-Special-Health-Care-Needs.aspx>
8. Keeping children with disabilities safe. (2024, May 15). Child Development. <https://www.cdc.gov/child-development/disability-safety/index.html>
9. Child Heatstroke Prevention: Prevent Hot Car Deaths. (n.d.). NHTSA. Retrieved December 11, 2024, from <https://www.nhtsa.gov/campaign/heatstroke#:~:text=Never%20leave%20a%20child%20in,the%20doors%20and%20walking%20away>

# Acknowledgements

**This report was compiled by the Arkansas Infant and Child Death Review (ICDR) at Arkansas Children's, contracted through the Family Health Branch of the Arkansas Department of Health.**

**This report was made possible by the contributions of coroners, law enforcement, first responders, forensic pathologists, death scene investigators, the Regional ICDR Teams, and the ICDR Panel members.**

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College of Public Health, University of Arkansas for Medical Sciences

Emergency Medical Services, Arkansas Department of Health

Center for Health Statistics, Arkansas Department of Health

Center of Public Health Practice, Arkansas Department of Health

Hometown Health Improvement, Arkansas Department of Health

Crimes Against Children Division, Arkansas State Police

Saline County Coroner, Arkansas Coroner's Association

Division of Children and Family Services, Arkansas Department of Human Services

Office of the Prosecutor

Physician Specializing in Child Abuse, Arkansas Children's

Arkansas Sheriff's Association

Arkansas Commission on Child Abuse, Rape and Domestic Violence, University of Arkansas for Medical Sciences

Arkansas State Medical Examiner's Office

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