This form is used in the child death review process to gather detailed information about children who die as the result of a fall. Its primary purpose is to enable CDOP to review all children's deaths in this category in their area in order to understand patterns and factors contributing to children's deaths. Please complete those questions on which you hold information. If you do not have information for a particular item, please tick “Not known”.

Information on this form will be shared with other professionals for the purposes of the child death review process. All professionals are entitled to share this information without contravening laws on data protection. All information gathered will be stored securely and statutory safeguards (s251) are in place to allow the legal transfer, storage, analysis of identifiable data.

**Identifying details** **- to be removed for the purposes of anonymisation prior to discussion at the CDOP:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of birth(dd/mm/yyyy) |  / /  |
| URN |  | Date and time of death | Date: / / Time: **:** (24hr) |
| Postcode |  |

|  |  |
| --- | --- |
| What was the height of the fall (in metres)? |  |
| What did the child fall from? | ☐ Open window☐ Natural elevation☐ Man-made elevation☐ Playground equipment☐ Tree☐ Stairs / steps☐ Furniture☐ Bed☐ Roof☐ Moving object *(please specify)*☐ Bridge / Overpass☐ Balcony☐ Animal *(please specify)*☐ Other |
| What surface did the child fall onto? | ☐ Cement / concrete☐ Grass☐ Gravel☐ Wood floor☐ Carpeted floor☐ Linoleum / vinyl☐ Marble / tile☐ Other *(please specify)* |
| Was there a barrier in place? *(Tick* ***ALL*** *that apply)* | ☐ No barrier in place☐ Screen☐ Other window guard☐ Fence☐ Railing☐ Stairway☐ Gate☐ Other *(please specify)* |
| Was the child in a baby walker? | ☐ Yes☐ No☐ Not known |
| Was the child being supervised at the time of the incident? | ☐ Yes☐ No☐ Not known☐ Not applicable |
| For falls whilst in the arms of an older child or adult, was the child dropped or did the person holding the child also fall? |  |
| If the child was being held at the time of the incident, did the person holding the child fall onto the child? | ☐ Yes☐ No☐ Not known |
| For falls whilst in the arms of an older child or adult, was there any injury to the person holding the child? *(If* ***yes****, please specify)* |  |