

**First Regular Session
Sixty-ninth General Assembly
STATE OF COLORADO**

REVISED

*This Version Includes All Amendments Adopted
on Second Reading in the Second House*

LLS NO. 13-0621.01 Jane Ritter x4342

SENATE BILL 13-255

SENATE SPONSORSHIP

Kefalas and Newell, Morse

HOUSE SPONSORSHIP

May and Singer,

Senate Committees

Health & Human Services
Appropriations

House Committees

Public Health Care & Human Services
Appropriations

A BILL FOR AN ACT

101 **CONCERNING CHILD FATALITY REVIEW TEAMS, AND, IN CONNECTION**
102 **THEREWITH, INCREASING THE CAPACITY AND RESOURCES,**
103 **CLARIFYING THE RESPONSIBILITIES AND PROCESSES OF STATE**
104 **AND LOCAL CHILD FATALITY REVIEW TEAMS IN THE**
105 **DEPARTMENTS OF PUBLIC HEALTH AND ENVIRONMENT AND**
106 **HUMAN SERVICES, AND MAKING AN APPROPRIATION.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://www.leg.state.co.us/billsummaries.>)

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.

Capital letters indicate new material to be added to existing statute.

Dashes through the words indicate deletions from existing statute.

HOUSE
Amended 2nd Reading
May 3, 2013

SENATE
3rd Reading Unamended
April 29, 2013

SENATE
Amended 2nd Reading
April 26, 2013

Sections 1 and 4 of the bill require county or district public health agencies to establish or arrange to be established local or regional child fatality prevention review teams operating under the purview of the department of public health and environment (local or regional review team). County or district public health agencies may collaborate to form a regional child fatality prevention review team.

Section 2 revises and updates language in the legislative declaration for the Colorado department of public health and environment (CDPHE) child fatality review teams.

Section 3 adds a definition of a "local or regional review team".

Section 5 details the responsibility of local or regional review teams. The local or regional review teams are required to report case review findings to public and private agencies that have responsibilities for children and make prevention recommendations. The local and regional review teams shall also enter data into the web-based data-collection system utilized by CDPHE.

Section 6 amends the membership of CDPHE's state-level child fatality prevention review team (CDPHE state review team) to include a member from the office of Colorado's child protection ombudsman and to make numerous currently nonvoting positions into voting positions.

Section 7 of the bill tasks the CDPHE state review team with the following duties:

- ! To conduct an individual case-specific review of every child abuse or neglect fatality in Colorado, if a local or regional review team has not conducted such a review;
- ! To conduct a review of systemic child welfare issues;
- ! To utilize a child fatalities data-collection system;
- ! To collaborate with the Colorado department of human services child fatality review team (CDHS review team) to make joint recommendations for the prevention of child abuse and neglect fatalities;
- ! To work directly with professionals who have information regarding the cause or circumstances leading to a child's fatality;
- ! To administer moneys to county and district public health agencies to support local and regional review teams;
- ! To provide training and technical assistance to local and regional review teams regarding the facilitation of a child fatality review process, data collection, evidence-based prevention strategies, and the development of prevention recommendations, as well as strategies for convening a local or regional review team, establishing methods of notification after a child fatality, and strategies to address conflicts of interest; and
- ! To provide an annual data report to local and regional

review teams.

Sections 8 and 9 provide conforming amendments.

Section 10 deals with the time frame in which the CDHS review team is required to conduct a review. Currently, the CDHS review team is required to conduct an in-depth case review after an incident of egregious abuse or neglect against a child, a near fatality, or a child fatality that involves a suspicion of abuse or neglect (incident) when the child or family has had previous involvement with the state or county within the previous 2 years. The bill changes that time frame to 3 years.

The CDHS review team is given the additional duty to make annual policy recommendations that address systems involved with children and to follow up on specific system recommendations. The CDHS review team is required to make annual reports to both the public and the legislature concerning such recommendations.

Current law also requires the CDHS review team to complete a draft, confidential, case-specific review report and submit the draft to any county department of social services with previous involvement with the child or family related to the incident within 30 days. That 30-day period is extended to 55 days.

Language is added to ensure that any information released to the public by the CDHS review team is not contrary to the best interests of the child who is the subject of the report, or his or her siblings, is in the public's interest, and is consistent with the federal "Child Abuse Prevention and Treatment Reauthorization Act of 2010".

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, 25-1-506, **amend** (3)
3 (b) (XIII) and (3) (b) (XIV); and **add** (3) (b) (XV) as follows:

4 **25-1-506. County or district public health agency.** (3) (b) In
5 addition to other powers and duties, an agency shall have the following
6 duties:

7 (XIII) To make necessary sanitation and health investigations and
8 inspections, on its own initiative or in cooperation with the state
9 department, for matters affecting public health that are within the
10 jurisdiction and control of the agency; ~~and~~

11 (XIV) To collaborate with the state department and the state board

1 in all matters pertaining to public health, the water quality control
2 commission in all matters pertaining to water quality, the air quality
3 control commission and the division of administration of the state
4 department in all matters pertaining to air pollution, and the solid and
5 hazardous waste commission in all matters pertaining to solid and
6 hazardous waste; AND

7 (XV) TO ESTABLISH OR ARRANGE FOR THE ESTABLISHMENT OF, BY
8 JANUARY 1, 2015, AND SUBJECT TO AVAILABLE APPROPRIATIONS, A LOCAL
9 OR REGIONAL CHILD FATALITY PREVENTION REVIEW TEAM PURSUANT TO
10 SECTION 25-20.5-404.

11 **SECTION 2.** In Colorado Revised Statutes, **amend** 25-20.5-402
12 as follows:

13 **25-20.5-402. Legislative declaration.** (1) The general assembly
14 hereby finds and declares that protection of the health and welfare of the
15 children of this state is an important goal of the citizens of this state, and
16 the injury and death of infants and children are serious public health
17 concerns that require legislative action. The general assembly further
18 finds that the prevention of ~~the~~ CHILD abuse, neglect, and ~~death of~~
19 ~~children~~ FATALITIES is a community responsibility; that professionals
20 from disparate disciplines have responsibilities to children and have
21 expertise that can promote the safety and well-being of children; and that
22 multidisciplinary reviews of ~~the~~ CHILD abuse, neglect, and ~~death of~~
23 ~~children~~ FATALITIES can lead to a greater understanding of the causes of,
24 and methods of preventing, ~~the~~ CHILD abuse, neglect, and ~~death of~~
25 ~~children~~ FATALITIES.

26 (2) It is, therefore, the intent of the general assembly in enacting
27 this part 4 to establish a ~~statewide~~ STATE AND LOCAL multidisciplinary,

1 multi-agency child fatality prevention ~~system~~ REVIEW TEAMS. The
2 purpose of ~~the system~~ THESE TEAMS is: to:

3 (a) ~~Review specified deaths of children from birth to eighteen~~
4 ~~years of age occurring in Colorado involving circumstances in which the~~
5 ~~children are receiving services from a county department or in which~~
6 ~~there has been a report of suspected abuse or neglect in order to develop~~
7 ~~a community approach to the problem of child abuse and neglect~~ FOR
8 LOCAL OR REGIONAL REVIEW TEAMS, TO REVIEW SPECIFIC CASES OF CHILD
9 FATALITIES IN THE TEAM'S SERVICE AREA THAT OCCUR FROM BIRTH
10 THROUGH SEVENTEEN YEARS OF AGE AND INVOLVE UNINTENTIONAL
11 INJURY, VIOLENCE, MOTOR VEHICLE INCIDENTS, CHILD ABUSE OR NEGLECT,
12 SUDDEN UNEXPECTED INFANT DEATH, SUICIDE, OR UNDETERMINED CAUSES
13 AND TO PROVIDE THE STATE WITH INDIVIDUAL CASE FINDINGS TO DEVELOP
14 A COMMUNITY APPROACH TO THE SYSTEMIC ISSUES SURROUNDING CHILD
15 FATALITIES;

16 (b) ~~Review the records of all other unexpected and unexplained~~
17 ~~deaths of children from birth to eighteen years of age occurring in~~
18 ~~Colorado in order to develop a community approach to the prevention of~~
19 ~~childhood fatalities~~ FOR THE STATE REVIEW TEAM, TO REVIEW THE
20 INDIVIDUAL CASE FINDINGS OF THE LOCAL AND REGIONAL REVIEW TEAMS
21 AND TO CREATE A REPORT BASED ON THOSE FINDINGS TO MAKE SPECIFIC
22 RECOMMENDATIONS REGARDING SYSTEMIC TRENDS ACROSS THE STATE
23 THAT MAY HELP PREVENT FUTURE CHILD FATALITIES;

24 (c) TO HELP THE PEOPLE OF COLORADO understand the incidence
25 and causes of ~~childhood deaths~~ CHILD FATALITIES AND THEREFORE
26 ENCOURAGE PUBLIC ACTION TO PREVENT FURTHER CHILD FATALITIES;

27 (d) To identify services provided by public, PRIVATE, AND

1 NONPROFIT agencies to children and their families that are designed to
2 prevent, ~~child abuse, neglect, or death~~, and that are effective in
3 preventing, ~~child abuse, neglect, or death~~ FATALITIES;

4 (e) To identify ~~any~~ gaps or deficiencies that may exist in the
5 delivery of services provided by public, PRIVATE, AND NONPROFIT
6 agencies to children and their families that are designed to prevent child
7 ~~abuse, neglect, or death~~ FATALITIES; and

8 (f) To make recommendations for, act as a catalyst for, and
9 implement any changes to laws, rules, and policies that will support the
10 safe and healthy development of the children in this state and prevent
11 FUTURE child ~~abuse, neglect, and death~~ FATALITIES.

12 **SECTION 3.** In Colorado Revised Statutes, 25-20.5-403, **amend**
13 (2); and **repeal** (4) as follows:

14 **25-20.5-403. Definitions.** As used in this part 4, unless the
15 context otherwise requires:

16 (2) "Local OR REGIONAL review team" means a local OR REGIONAL
17 child fatality prevention review team established pursuant to section
18 25-20.5-404.

19 (4) ~~"Unexpected and unexplained death" means a death that, prior~~
20 ~~to investigation, appears to have been caused by trauma, suspicious or~~
21 ~~obscure circumstances, or child abuse or neglect. An "unexpected and~~
22 ~~unexplained death" includes, but is not limited to, death from vehicular~~
23 ~~trauma, fire, drowning, abuse, suicide, and unknown causes.~~

24 **SECTION 4.** In Colorado Revised Statutes, 25-20.5-404, **amend**
25 (1), (2), (3) (a) introductory portion, (3) (b) introductory portion, and (4)
26 as follows:

27 **25-20.5-404. Local and regional review teams - creation -**

1 **membership - authority.** (1) ON OR BEFORE JANUARY 1, 2015, each
2 ~~judicial district may~~ COUNTY OR DISTRICT PUBLIC HEALTH AGENCY
3 ESTABLISHED PURSUANT TO SECTION 25-1-506 SHALL establish, OR
4 ARRANGE TO BE ESTABLISHED, subject to available appropriations, a local
5 child fatality prevention review team. ~~The first meeting of a local review~~
6 ~~team shall be called by the district attorney of the judicial district in which~~
7 ~~the local review team is located.~~ COUNTY OR DISTRICT PUBLIC HEALTH
8 AGENCIES MAY COLLABORATE TO FORM A REGIONAL CHILD FATALITY
9 PREVENTION REVIEW TEAM TO FULFILL THE REQUIREMENTS OF THIS
10 SECTION.

11 (2) Each local OR REGIONAL review team shall consist of
12 representatives of public and nonpublic agencies in the ~~judicial district~~
13 COUNTY OR COUNTIES that provide services to children and their families
14 and of other individuals who represent the community.

15 (3) (a) A local OR REGIONAL review ~~teams shall~~ TEAM MUST
16 include representatives from the following entities located ~~in the judicial~~
17 ~~district~~ WITHIN THE SERVICE AREA OF THE ESTABLISHING COUNTY OR
18 DISTRICT PUBLIC HEALTH AGENCY OR AGENCIES:

19 (b) A local OR REGIONAL review ~~teams~~ TEAM may include but ~~are~~
20 IS not limited to representatives from the following entities or groups
21 located ~~in the judicial district~~ WITHIN THE SERVICE AREA OF THE
22 ESTABLISHING COUNTY OR DISTRICT PUBLIC HEALTH AGENCY OR
23 AGENCIES:

24 (4) Each local OR REGIONAL review team has the authority to
25 establish committees to review specific types of ~~childhood deaths~~ CHILD
26 FATALITIES.

27 **SECTION 5.** In Colorado Revised Statutes, **amend** 25-20.5-405

1 as follows:

2 **25-20.5-405. Local review teams - duties - authority.** (1) Each

3 The local OR REGIONAL review team shall ~~review the following types of~~
4 ~~cases:~~ CONDUCT INDIVIDUAL, CASE-SPECIFIC REVIEWS OF FATALITIES OF
5 CHILDREN FROM BIRTH THROUGH SEVENTEEN YEARS OF AGE OCCURRING
6 IN THE JURISDICTION OF THE LOCAL OR REGIONAL REVIEW TEAM FOR THE
7 PURPOSE OF IDENTIFYING PREVENTION RECOMMENDATIONS RELATED, AT
8 A MINIMUM, TO THE FOLLOWING CAUSES OF CHILD FATALITY:

9 ~~(a) A case of unexpected and unexplained death of a child~~
10 ~~eighteen years of age or younger occurring in the judicial district of the~~
11 ~~local review team;~~

12 (a) UNDETERMINED CAUSES;

13 (b) UNINTENTIONAL INJURY;

14 (c) VIOLENCE;

15 (d) MOTOR VEHICLE INCIDENTS;

16 (e) CHILD ABUSE OR NEGLECT AS DEFINED IN SECTION 19-1-103
17 (1), C.R.S., INCLUDING THE DEATH OF A CHILD WHO WAS PREVIOUSLY
18 UNKNOWN TO THE COUNTY DEPARTMENT BUT WHOSE DEATH INCLUDED
19 CIRCUMSTANCES RELATED TO CHILD ABUSE OR NEGLECT, REGARDLESS OF
20 THE OFFICIAL MANNER OF DEATH;

21 (f) SUDDEN UNEXPECTED INFANT DEATH; OR

22 (g) SUICIDE.

23 ~~(b) A case occurring in the judicial district involving the death of~~
24 ~~a child eighteen years of age or younger who was:~~

25 ~~(I) In the custody of the department of human services or the~~
26 ~~county department at the time of death;~~

27 ~~(II) The subject of an open child welfare case maintained by a~~

1 ~~county department of social services; or~~
2 (HH) ~~Reported as a child involved in an investigation of suspected~~
3 ~~abuse or neglect by a county department of social services or a law~~
4 ~~enforcement agency at any time during the twelve months preceding the~~
5 ~~child's death.~~

6 (2) With respect to each ~~case~~ CHILD FATALITY reviewed, the local
7 OR REGIONAL review team shall:

8 (a) Review the cause and manner of the ~~child's death~~ CHILD
9 FATALITY as determined by the local coroner, pathologist, or medical
10 examiner, and ~~attempt to~~ determine whether the local OR REGIONAL
11 review team concurs with the coroner's, pathologist's, or medical
12 examiner's findings. ANY INFORMATION REQUESTED FROM THE LOCAL
13 CORONER MUST BE IN COMPLIANCE WITH SECTION 30-10-606, C.R.S.

14 (b) In cases in which the local OR REGIONAL review team does not
15 concur with the cause or manner of death as determined by the local
16 coroner, pathologist, or medical examiner, forward a report of the local
17 OR REGIONAL review team's analysis of the cause and manner of the
18 ~~child's death~~ CHILD FATALITY to the local coroner, pathologist, or medical
19 examiner for his or her consideration;

20 (c) Evaluate means by which the ~~death~~ FATALITY might have been
21 prevented;

22 (d) Report case review findings, AS APPROPRIATE, to public and
23 private agencies that have responsibilities for children and make
24 PREVENTION recommendations to these agencies that may help to reduce
25 the number of child ~~deaths~~ FATALITIES;

26 (e) ~~Request from an agency a plan of action for improvements to~~
27 ~~prevent child deaths based upon a report submitted to the agency pursuant~~

1 ~~to paragraph (d) of this subsection (2) when the case review involves a~~
2 ~~child in the custody of the agency at the time of death or involves~~
3 ~~identified system problems at the agency;~~

4 (e.5) NO LATER THAN TWO MONTHS AFTER REVIEWING A CASE,
5 ENTER INFORMATION REGARDING THE CHILD FATALITY INTO A WEB-BASED
6 DATA-COLLECTION SYSTEM, UTILIZED BY THE DEPARTMENT;

7 (f) Submit to the state review team the following information:

8 (I) ~~Information about each death reviewed;~~

9 (II) A listing of any system issues identified through the review
10 process and recommendations to the state review team and the
11 appropriate agencies for system improvements and needed resources,
12 training, and information dissemination where gaps and deficiencies may
13 exist;

14 (III) Any changes, positive or negative, that appear to have
15 resulted from implementation of previous recommendations made by the
16 local OR REGIONAL review team to the state review team and appropriate
17 agencies; AND

18 (IV) Examples of services known by the local OR REGIONAL
19 review team to be provided by public OR PRIVATE agencies to children
20 and their families that are designed to prevent ~~child abuse, neglect, or~~
21 ~~death~~ CHILD FATALITIES and that are effective in preventing ~~child abuse,~~
22 ~~neglect, or death~~ SUCH FATALITIES. ~~and~~

23 (V) ~~Any additional information requested by the state review~~
24 ~~team.~~

25 (g) SECURE THE MOST RELIABLE INFORMATION POSSIBLE THAT IS
26 RELATED TO A CHILD FATALITY TO PROVIDE A THOROUGH,
27 COMPREHENSIVE REVIEW OF EACH CHILD FATALITY; AND

1 (h) REQUEST CAPACITY ASSISTANCE AS NECESSARY FROM THE
2 DEPARTMENT FOR THE PURPOSE OF CONDUCTING A CHILD FATALITY
3 REVIEW.

4 (3) Each local OR REGIONAL review team may, within existing
5 appropriations and community resources, PROMOTE CONTINUING
6 EDUCATION FOR PROFESSIONALS INVOLVED IN INVESTIGATING, TREATING,
7 AND PREVENTING CHILD ABUSE AND NEGLECT AS A MEANS OF PREVENTING
8 CHILD FATALITIES DUE TO ABUSE OR NEGLECT AND OTHER CHILD
9 FATALITIES. THE LOCAL OR REGIONAL REVIEW TEAM MAY ALSO, WITHIN
10 EXISTING RESOURCES, PROMOTE PUBLIC EDUCATION RELATED TO
11 PREVENTING CHILD FATALITIES RELATED TO ABUSE AND NEGLECT.

12 ~~(a) Promote continuing education for professionals involved in~~
13 ~~investigating, treating, and preventing child abuse and neglect as a means~~
14 ~~of preventing child deaths due to abuse or neglect; and~~

15 ~~(b) Promote public education related to preventing unexpected~~
16 ~~and unexplained child deaths and deaths related to abuse or neglect.~~

17 **SECTION 6.** In Colorado Revised Statutes, 25-20.5-406, **amend**
18 (2) (a) introductory portion, (2) (a) (VII), (2) (a) (VIII), (2) (b)
19 introductory portion, (2) (c), (2) (d), and (2) (e); and **add** (2) (a) (IX) as
20 follows:

21 **25-20.5-406. State review team - creation - membership -**
22 **vacancies.** (2) (a) On or before September 1, ~~2005~~ 2013, the governor
23 shall appoint ~~the seventeen~~ EIGHTEEN voting members of the state review
24 team specified in this paragraph (a), as follows:

25 (VII) One member who represents county attorneys within the
26 state who practice in the area of dependency and neglect; ~~and~~

27 (VIII) One member who represents county commissioners within

1 the state; AND

2 (IX) ONE MEMBER WHO REPRESENTS THE OFFICE OF COLORADO'S
3 CHILD PROTECTION OMBUDSMAN.

4 (b) The executive director of the department of human services
5 shall appoint six ~~ex officio nonvoting~~ VOTING members, as follows:

6 (c) The executive director of the department of public health and
7 environment shall appoint eight ~~ex officio nonvoting~~ VOTING members
8 who represent the department of public health and environment, one of
9 whom represents county or district public health agencies.

10 (d) The commissioner of education shall appoint one ~~ex officio~~
11 ~~nonvoting~~ VOTING member who represents the department of education.

12 (e) The executive director of the department of public safety shall
13 appoint one ~~ex officio nonvoting~~ VOTING member who represents the
14 department of public safety.

15 **SECTION 7.** In Colorado Revised Statutes, **amend** 25-20.5-407
16 as follows:

17 **25-20.5-407. State review team - duties - definitions.** (1) The
18 state review team shall:

19 (a) Form committees to review ~~at a minimum, childhood deaths~~
20 A CHILD FATALITY CASE, IF A LOCAL OR REGIONAL CHILD FATALITY
21 REVIEW TEAM HAS NOT CONDUCTED SUCH A REVIEW OF THE CASE, IF THE
22 CHILD FATALITY OCCURRED in the state of Colorado AND WAS related to
23 ONE OR MORE OF the following causes:

24 (I) ~~Natural~~ UNDETERMINED causes;

25 (II) Unintentional injury;

26 (III) Violence;

27 (IV) Motor vehicle incidents;

1 (V) Child abuse or neglect, ~~and~~ AS DEFINED IN SECTION 19-1-103
2 (1), C.R.S.;

3 (VI) Sudden UNEXPECTED infant death; ~~syndrome~~; AND

4 (VII) SUICIDE.

5 (b) Outline trends and patterns of ~~childhood death~~ CHILD
6 FATALITIES in Colorado;

7 (c) Identify and investigate risk factors that may lead to ~~childhood~~
8 ~~death~~ CHILD FATALITIES;

9 (d) Characterize groups of children who are at risk for ~~childhood~~
10 ~~death~~ A CHILD FATALITY;

11 (e) Evaluate the services offered and the system responses to
12 children who are at risk of ~~childhood death~~ A CHILD FATALITY AND review
13 recommendations of local OR REGIONAL review teams, if any; ~~and plans~~
14 ~~of action submitted by agencies for improvements to prevent childhood~~
15 ~~deaths, if any; offer recommendations for improvement to these services~~
16 ~~and system responses; and request plans of action for improvement from~~
17 ~~agencies, when necessary;~~

18 (e.5) CONSIDER A REVIEW OF ALL SYSTEMIC CHILD-RELATED
19 ISSUES WHEN EVALUATING SERVICES OFFERED OR SYSTEM RESPONSES TO
20 CHILDREN WHO ARE AT RISK OF FATALITY. FOR PURPOSES OF THIS
21 PARAGRAPH (e.5), "SYSTEMIC CHILD-RELATED ISSUES" MEANS ANY ISSUE
22 INVOLVING ONE OR MORE AGENCIES.

23 (f) Take steps to improve the quality and scope of data obtained
24 through investigations and review of ~~childhood deaths~~ CHILD FATALITIES;

25 (f.5) UTILIZE A CHILD FATALITIES DATA-COLLECTION SYSTEM,
26 USING NATIONALLY DEVELOPED PUBLIC HEALTH GUIDELINES, TO ENSURE
27 THE PROPER IDENTIFICATION OF ALL POTENTIAL CHILD ABUSE OR NEGLECT

1 FATALITIES;

2 (g) Report to the governor and to the ~~health~~ PUBLIC HEALTH CARE
3 and human services ~~committees~~ COMMITTEE, and the judiciary
4 ~~committees~~ COMMITTEE of the house of representatives and the HEALTH
5 AND HUMAN SERVICES COMMITTEE, AND THE JUDICIARY COMMITTEE OF
6 THE senate of the Colorado general assembly, OR ANY SUCCESSOR
7 COMMITTEES, concerning any recommendations for changes to any law,
8 rule, or policy that the state review team has determined will promote the
9 safety and well-being of children. The state review team shall report
10 annually ~~within the first week of convening or reconvening the general~~
11 ~~assembly~~ ON OR BEFORE JULY 1, 2014, AND ON OR BEFORE JULY 1 EACH
12 YEAR THEREAFTER. IN ITS REPORT, THE STATE REVIEW TEAM SHALL
13 PROVIDE A LIST OF SYSTEM STRENGTHS AND WEAKNESSES IDENTIFIED
14 THROUGH THE REVIEW PROCESS AND RECOMMENDATIONS FOR PREVENTIVE
15 ACTIONS TO PROMOTE THE SAFETY AND WELL-BEING OF CHILDREN. THE
16 ANNUAL REPORT MUST INCLUDE AN ANALYSIS OF THE STATE REVIEW
17 TEAM'S RECOMMENDATIONS FROM THE PREVIOUS YEAR AND STATE WHAT
18 POLICY CHANGES, IF ANY, WERE MADE TO IMPROVE CHILD SAFETY AND
19 WELL-BEING. THE STATE REVIEW TEAM SHALL MAKE THE ANNUAL REPORT
20 PUBLICLY AVAILABLE AND WILL CONDUCT OUTREACH EFFORTS TO
21 EDUCATE MEMBERS OF THE CHILD PROTECTION COMMUNITY ON REPORT
22 FINDINGS.

23 (h) ~~Subject to available appropriations and community resources,~~
24 ~~distribute information to the public concerning risks to children and~~
25 ~~recommendations for promoting the safety and well-being of children~~
26 PROVIDE AN ANNUAL SUMMARY TO THE DEPARTMENT OF HUMAN
27 SERVICES OUTLINING THE TRENDS AND PATTERNS OF CHILD ABUSE AND

1 NEGLECT FATALITIES, INCLUDING INFORMATION REGARDING THE FINDINGS
2 FROM CASES KNOWN AND UNKNOWN TO THE COUNTY DEPARTMENTS OF
3 SOCIAL SERVICES;

4 (i) ~~Serve as a link with child death review teams throughout the~~
5 ~~country and participate in national child death review team activities; and~~
6 COLLABORATE WITH THE DEPARTMENT OF HUMAN SERVICES CHILD
7 FATALITY REVIEW TEAM, CREATED PURSUANT TO SECTION 26-1-139,
8 C.R.S., TO MAKE JOINT RECOMMENDATIONS FOR THE PREVENTION OF
9 CHILD FATALITIES;

10 (j) ~~Perform any other functions necessary to enhance the~~
11 ~~capability of the state of Colorado to reduce and prevent childhood~~
12 ~~injuries and death;~~

13 (k) SUBJECT TO AVAILABLE APPROPRIATIONS, ADMINISTER
14 MONEYS TO COUNTY OR DISTRICT PUBLIC HEALTH AGENCIES TO SUPPORT
15 LOCAL OR REGIONAL REVIEW TEAM ACTIVITIES;

16 (l) PROVIDE TRAINING AND TECHNICAL ASSISTANCE TO LOCAL OR
17 REGIONAL REVIEW TEAMS REGARDING THE FACILITATION OF A CHILD
18 FATALITY REVIEW PROCESS, DATA COLLECTION, EVIDENCE-BASED
19 PREVENTION STRATEGIES, AND THE DEVELOPMENT OF PREVENTION
20 RECOMMENDATIONS. THE TRAINING AND TECHNICAL ASSISTANCE FOR
21 LOCAL OR REGIONAL REVIEW TEAMS MUST BE PROVIDED THROUGH
22 FEDERALLY FUNDED TRAINING PROGRAMS FOR IMPROVING EFFECTIVENESS
23 IN CONDUCTING CHILD FATALITY REVIEWS; EXCEPT THAT, IF SUCH
24 FEDERALLY FUNDED PROGRAMS ARE UNAVAILABLE, THE STATE, SUBJECT
25 TO AVAILABLE APPROPRIATIONS, MAY PROVIDE THE TRAINING AND
26 TECHNICAL ASSISTANCE. THE TRAINING AND TECHNICAL ASSISTANCE MAY
27 ALSO INCLUDE, BUT NEED NOT BE LIMITED TO:

- 1 (I) STRATEGIES OR ASSISTANCE WITH CONVENING AND
2 FACILITATING LOCAL AND REGIONAL REVIEW TEAMS;
- 3 (II) ESTABLISHING METHODS OF NOTIFICATION AFTER A CHILD
4 FATALITY HAS OCCURRED; AND
- 5 (III) STRATEGIES FOR MEMBERS OF STATE, LOCAL, OR REGIONAL
6 REVIEW TEAMS TO ADDRESS A CONFLICT OF INTEREST IN A CHILD FATALITY
7 REVIEW;
- 8 (m) PROVIDE AN ANNUAL DATA REPORT TO EACH LOCAL OR
9 REGIONAL REVIEW TEAM SUMMARIZING ITS LOCAL OR REGIONAL REVIEW
10 DATA ENTERED INTO THE WEB-BASED DATA-COLLECTION SYSTEM;
- 11 (n) SUBJECT TO AVAILABLE APPROPRIATIONS AND COMMUNITY
12 RESOURCES, DISTRIBUTE INFORMATION TO THE PUBLIC CONCERNING RISKS
13 TO CHILDREN AND RECOMMENDATIONS FOR PROMOTING THE SAFETY AND
14 WELL-BEING OF CHILDREN;
- 15 (o) SERVE AS A LINK WITH CHILD FATALITY REVIEW TEAMS
16 THROUGHOUT THE COUNTRY AND PARTICIPATE IN NATIONAL CHILD
17 FATALITY REVIEW TEAM ACTIVITIES; AND
- 18 (p) PERFORM ANY OTHER FUNCTIONS NECESSARY TO ENHANCE THE
19 CAPABILITY OF THE STATE OF COLORADO TO REDUCE AND PREVENT
20 CHILDHOOD INJURIES AND FATALITIES.

21 **SECTION 8.** In Colorado Revised Statutes, **amend** 25-20.5-408
22 as follows:

23 **25-20.5-408. Access to records. (1) Review team access to**
24 **records.** (a) Notwithstanding any other state law to the contrary but
25 subject to the requirements of applicable provisions of federal law, the
26 state review team and the local OR REGIONAL review teams shall have
27 access to all records and information in the possession of the department

1 of human services and the county departments of social services that are
2 relevant to the review of a child ~~death~~ FATALITY, including records and
3 information related to previous reports and investigations of suspected
4 child abuse or neglect.

5 (b) Except as otherwise provided in paragraph (c) of this
6 subsection (1), notwithstanding any other state law to the contrary, but
7 subject to the requirements of applicable provisions of federal law, the
8 state review team and the local OR REGIONAL review teams shall have
9 access to all other records and information that are relevant to a review
10 of a child ~~death~~ FATALITY and that are in the possession of a state or local
11 governmental agency. These records include, but are not limited to, birth
12 certificates, records of coroner or medical examiner investigations, and
13 records of the department of corrections.

14 (c) Mental health and substance abuse treatment records may be
15 accessed only with the written consent of appropriate parties in
16 accordance with applicable federal and state law.

17 (2) **Public access to records and information.** (a) **Open**
18 **meetings.** Meetings of the state review team and local OR REGIONAL
19 review teams shall be subject to the provisions of section 24-6-402,
20 C.R.S.

21 (b) **Confidentiality.** Each member of the state review team, each
22 member of a local OR REGIONAL review team, and each invited participant
23 at a meeting shall sign a statement indicating an understanding of and
24 adherence to confidentiality requirements. A person who knowingly
25 violates confidentiality requirements commits a class 3 misdemeanor and,
26 upon conviction, shall be punished as provided in section 18-1.3-501,
27 C.R.S.

1 (c) **Release of information.** (I) Members of the state review
2 team, members of the local OR REGIONAL review teams, a person who
3 attends a review team meeting, and a person who presents information to
4 a review team may release information to governmental agencies as
5 necessary to fulfill the requirements of this part 4.

6 (II) Members of the state review team, members of the local OR
7 REGIONAL review teams, a person who attends a review team meeting,
8 and a person who presents information to a review team shall not be
9 subject to examination, in any civil or criminal proceeding, concerning
10 information presented to members of the review team or opinions formed
11 by the review team based on that information. A person may, however,
12 be examined concerning information reviewed by the state review team
13 or a local OR REGIONAL review team that is otherwise available to the
14 public or that is required to be revealed by that person in another official
15 capacity.

16 (III) Information, documents, and records of the state review team
17 and the local OR REGIONAL review teams shall not be subject to subpoena,
18 discovery, or introduction into evidence in any civil or criminal
19 proceeding; except that information, documents, and records that would
20 otherwise be available from a person serving on the state review team or
21 a local OR REGIONAL review team or that would otherwise be required to
22 be revealed by law shall not be immune from subpoena, discovery, or
23 introduction into evidence solely because the information was presented
24 at or became available due to a proceeding of the state review team or a
25 local OR REGIONAL review team.

26 (IV) Information received by the state review team or a local OR
27 REGIONAL review team that contains information exculpatory to a person

1 charged with a criminal offense shall be subject to release pursuant to the
2 rules of criminal procedure.

3 **SECTION 9.** In Colorado Revised Statutes, 25-20.5-409, **amend**
4 (1) and (2) as follows:

5 **25-20.5-409. Administration - funding - cash fund.** (1) To the
6 extent ~~funds~~ MONEYS are available, the state review team and the local OR
7 REGIONAL review teams may hire staff or consultants to assist them in
8 completing their duties.

9 (2) Staff and consultants of the state review team or the local OR
10 REGIONAL review teams shall receive reimbursement for travel and
11 expenses to offset the costs incurred in fulfilling their duties, which shall
12 be paid from moneys appropriated to implement this part 4 and within the
13 limits of those moneys.

14 **SECTION 10.** In Colorado Revised Statutes, 26-1-139, **amend**
15 (1), (2) (c), (3) (a), (4) (b), (4) (c), (4) (i) (I), (5) (a), (5) (b), (5) (c), (5)
16 (e), (5) (l), and (6) (f); and **add** (6.5) as follows:

17 **26-1-139. Child fatality and near fatality prevention -**
18 **legislative declaration - process - department of human services child**
19 **fatality review team - reporting - rules.** (1) The general assembly
20 hereby finds and declares that:

21 (a) It is of the utmost importance and a community responsibility
22 to mitigate the incidents of egregious abuse or neglect, near ~~deaths~~
23 FATALITIES, or ~~deaths~~ FATALITIES of children in the state due to abuse or
24 neglect. Professionals from disparate disciplines share responsibilities for
25 the safety and well-being of children as well as expertise that can promote
26 that safety and well-being. Multidisciplinary reviews of the incidents of
27 egregious abuse or neglect, near ~~deaths~~ FATALITIES, or ~~deaths~~ FATALITIES

1 of children due to abuse or neglect can lead to a better understanding of
2 the causes of such tragedies and, more importantly, methods of mitigating
3 future incidents of egregious abuse or neglect, near ~~deaths~~ FATALITIES, or
4 ~~deaths~~ FATALITIES.

5 (b) There is a need for agency transparency and accountability to
6 the public regarding an incident of egregious abuse or neglect against a
7 child, a near fatality, or a child fatality that involves a suspicion of abuse
8 or neglect when the child or family has had previous involvement, AS
9 DEFINED IN PARAGRAPH (c) OF SUBSECTION (2) OF THIS SECTION, with the
10 state or county. ~~that was directly related to the incident~~ WITHIN THREE
11 YEARS PRIOR TO THE INCIDENT.

12 (c) There is a need for a multidisciplinary team to conduct
13 in-depth case reviews after an incident of egregious abuse or neglect
14 against a child, a near fatality, or a child fatality that involves a suspicion
15 of abuse or neglect and when the child or family has had previous
16 involvement, ~~that was directly related to the incident of egregious abuse~~
17 ~~or neglect against a child, near fatality, or fatality, with a county~~
18 ~~department~~ AS DEFINED IN PARAGRAPH (c) OF SUBSECTION (2) OF THIS
19 SECTION, within ~~two~~ THREE years prior to the incident. The
20 multidisciplinary ~~review~~ REVIEWS would complement that of the review
21 conducted by the Colorado state child fatality prevention review team in
22 the department of public health and environment pursuant to article 20.5
23 of title 25, C.R.S. The goal of the multidisciplinary review shall not be to
24 affix blame, but rather to improve understanding of why the incidents of
25 egregious abuse or neglect against a child, near fatalities, or fatalities OF
26 A CHILD DUE TO ABUSE OR NEGLECT occur, TO IDENTIFY AND UNDERSTAND
27 WHERE IMPROVEMENTS CAN BE MADE IN THE DELIVERY OF CHILD

1 WELFARE SERVICES, ___ and TO develop recommendations for mitigation
2 of future incidents of egregious abuse or neglect against a child, near
3 fatalities, or fatalities OF A CHILD DUE TO ABUSE OR NEGLECT.

4 (d) It is the intent of the general assembly to codify the department
5 of human services child fatality review team as well as modify certain
6 aspects of its processes to promote an understanding of the causes of each
7 ~~child's death or near death~~ incident OF EGREGIOUS ABUSE OR NEGLECT,
8 NEAR FATALITY, OR FATALITY OF A CHILD due to abuse or neglect, identify
9 systemic deficiencies in the delivery of services and supports to children
10 and families, and recommend changes to help mitigate future incidents of
11 egregious abuse or neglect against a child, near fatalities, or ~~child deaths~~
12 FATALITIES OF CHILDREN DUE TO ABUSE OR NEGLECT.

13 (e) It is further the intent of the general assembly to comply with
14 the federal "~~Child Abuse Prevention and Treatment Act~~", ~~42 U.S.C. sec.~~
15 ~~5101 et seq.~~ "CHILD ABUSE PREVENTION AND TREATMENT
16 REAUTHORIZATION ACT OF 2010", P.L. 111-320, which requires states to
17 allow for public disclosure of the findings or information about a case of
18 child abuse or neglect that resulted in a child fatality or near fatality, AND
19 TO INCLUDE IN THE DISCLOSURE THE AGE, GENDER, AND RACE OR
20 ETHNICITY OF THE CHILD TO BETTER UNDERSTAND TRENDS AND PATTERNS
21 OF CHILD FATALITIES IN COLORADO AS THEY RELATE TO AGE, GENDER,
22 AND RACE OR ETHNICITY.

23 (2) As used in this section, unless the context otherwise requires:

24 (c) "Previous involvement" means a situation in which the county
25 department has received a referral, responded to a report, opened an
26 assessment, provided services, or opened a case in the Colorado TRAILS
27 system THAT IS RELATED TO THE PROVISION OF CHILD WELFARE SERVICES,

1 AS DEFINED IN SECTION 26-5-101 (3). ~~_____~~ except that the following
2 situations shall not be considered to be "previous involvement":

3 (I) ~~The situation did not involve abuse or neglect;~~

4 (II) ~~The situation occurred when the parent was seventeen years~~
5 ~~of age or younger and before he or she was the parent of the deceased~~
6 ~~child; or~~

7 (III) ~~The situation occurred with a different family composition~~
8 ~~and a different alleged perpetrator.~~

9 (3) There is hereby established in the state department the
10 department of human services child fatality review team. The team shall
11 have the following objectives:

12 (a) To assess the records of each case in which a suspicious
13 incident of egregious abuse or neglect against a child, near fatality, or
14 child fatality DUE TO ABUSE OR NEGLECT occurred and the child or family
15 had previous involvement, ~~with a county department that was directly~~
16 ~~related to the incident of egregious abuse or neglect against a child, near~~
17 ~~fatality, or fatality~~ AS DEFINED IN PARAGRAPH (c) OF SUBSECTION (2) OF
18 THIS SECTION, within ~~two~~ THREE years prior to the incident of egregious
19 abuse or neglect against a child, near fatality, or fatality OF A CHILD DUE
20 TO ABUSE OR NEGLECT;

21 (4) The team shall have the following duties:

22 (b) To review the services provided to the child, the child's family,
23 and the perpetrator by the county department for any county with which
24 the family has had previous involvement, ~~that was directly related to the~~
25 ~~incident of egregious abuse or neglect against a child, near fatality, or~~
26 ~~fatality in the two~~ AS DEFINED IN PARAGRAPH (c) OF SUBSECTION (2) OF
27 THIS SECTION, WITHIN THREE years prior to the incident of egregious abuse

1 or neglect against a child, near fatality, or fatality OF A CHILD DUE TO
2 ABUSE OR NEGLECT;

3 (c) To review records and interview individuals, as deemed
4 necessary and not otherwise prohibited by law, involved with or having
5 knowledge of the facts of the incident of egregious abuse or neglect
6 against a child, near fatality, or fatality OF A CHILD DUE TO ABUSE OR
7 NEGLECT, including but not limited to all other state and local agencies
8 having previous involvement, ~~with the child or family that was directly~~
9 ~~related to the incident of egregious abuse or neglect against a child, near~~
10 ~~fatality, or fatality~~ AS DEFINED IN PARAGRAPH (c) OF SUBSECTION (2) OF
11 THIS SECTION, within ~~two~~ THREE years prior to the incident of egregious
12 abuse or neglect against a child, near fatality, or fatality OF A CHILD DUE
13 TO ABUSE OR NEGLECT;

14 (i) To develop and distribute the following reports, the content of
15 which shall be determined by rules promulgated by the state department
16 pursuant to subsection (7) of this section:

17 (I) On or before ~~April 30, 2013~~ JULY 1, 2014, and ON OR BEFORE
18 each ~~April 30~~ JULY 1 thereafter, an annual child fatality and near fatality
19 review report, absent confidential information, summarizing the reviews
20 required by subsection (5) of this section conducted by the team during
21 the previous year. THE REPORT MUST ALSO INCLUDE ANNUAL POLICY
22 RECOMMENDATIONS BASED ON THE COLLECTION OF REVIEWS REQUIRED BY
23 SUBSECTION (5) OF THIS SECTION. THE RECOMMENDATIONS MUST ADDRESS
24 ALL SYSTEMS INVOLVED WITH CHILDREN AND FOLLOW UP ON SPECIFIC
25 SYSTEM RECOMMENDATIONS FROM PRIOR REPORTS THAT ADDRESS THE
26 STRENGTHS AND WEAKNESSES OF CHILD PROTECTION SYSTEMS IN
27 COLORADO. The team shall post the annual child fatality and near fatality

1 review report on the state department's web site and distribute it to the
2 Colorado state child fatality prevention review team established in the
3 department of public health and environment pursuant to section
4 25-20.5-406, C.R.S., the governor, the health and human services
5 committee of the senate, and the ~~health and environment~~ PUBLIC HEALTH
6 CARE AND HUMAN SERVICES committee of the house of representatives,
7 or any successor committees. The annual child fatality and near fatality
8 review report ~~shall~~ MUST be prepared within existing resources.

9 (5) (a) Each county department shall report to the state department
10 any suspicious incident of egregious abuse or neglect against a child, near
11 fatality, or fatality of a child DUE TO ABUSE OR NEGLECT within
12 twenty-four hours OF BECOMING AWARE of the incident of egregious
13 abuse or neglect against a child, near fatality, or fatality OF A CHILD DUE
14 TO ABUSE OR NEGLECT. If the county department has had previous
15 involvement, ~~that was directly related to the incident of egregious abuse~~
16 ~~or neglect against a child, near fatality, or child fatality~~ AS DEFINED IN
17 PARAGRAPH (c) OF SUBSECTION (2) OF THIS SECTION, within ~~two~~ THREE
18 years prior to the incident of egregious abuse or neglect against a child,
19 near fatality, or fatality OF A CHILD DUE TO ABUSE OR NEGLECT, the county
20 department shall provide the state department with all relevant reports and
21 documentation regarding its previous involvement with the child within
22 sixty calendar days after BECOMING AWARE OF the incident of egregious
23 abuse or neglect against a child, near fatality, or fatality OF A CHILD DUE
24 TO ABUSE OR NEGLECT. The state department may grant, at its discretion,
25 an extension to a county department for delays outside of the county
26 department's control regarding the receipt of all relevant reports and
27 information critical to an effective review, including but not limited to the

1 final autopsy and law enforcement reports, until such documents can be
2 made available for review by the team.

3 (b) Within three business days after receiving FROM A COUNTY
4 DEPARTMENT the information provided under paragraph (a) of this
5 subsection (5), the department shall disclose to the public that information
6 has been received, whether the department is conducting a review of the
7 incident, whether the child was in his or her own home or in foster care,
8 as defined in section 19-1-103 (51.3), C.R.S., and the child's gender and
9 age. The department may disclose the scope of the review.

10 (c) The team shall complete its review of each incident of
11 egregious abuse or neglect, near fatality, or fatality OF A CHILD DUE TO
12 ABUSE OR NEGLECT, draft a confidential, case-specific review report, and
13 submit the draft report to any county department with previous
14 involvement, AS DEFINED IN PARAGRAPH (c) OF SUBSECTION (2) OF THIS
15 SECTION, within ~~thirty~~ FIFTY-FIVE calendar days after the review team
16 meeting. Any county department with previous involvement, ~~shall have~~
17 AS DEFINED IN PARAGRAPH (c) OF SUBSECTION (2) OF THIS SECTION, HAS
18 thirty calendar days after the completion of the draft confidential,
19 case-specific review report to review the draft confidential, case-specific
20 review report and provide a written response to be included in the final
21 confidential, case-specific review report. A confidential, case-specific
22 review report ~~shall~~ MUST be finalized and submitted pursuant to
23 paragraph (e) of this subsection (5) no more than thirty calendar days
24 after the county department's response is received by the team or upon
25 confirmation in writing from the county department that a written
26 response will not be provided.

27 (e) The TEAM SHALL PROVIDE THE final confidential, case-specific

1 review report ~~shall be provided~~ to the executive director, the director for
2 any county or community agency referenced in the report, the county
3 commissioners BOARD OF HUMAN SERVICES of any county department
4 with previous involvement, AS DEFINED IN PARAGRAPH (c) OF SUBSECTION
5 (2) OF THIS SECTION, the legislative members of the team appointed
6 pursuant to paragraph (f) of subsection (6) of this section, and the
7 department of public health and environment.

8 (l) The state department or any county department may release to
9 the public any information at any time to correct any inaccurate
10 information reported in the news media, so long as the information
11 released by the state department or county department is not explicitly in
12 conflict with federal law, IS NOT CONTRARY TO THE BEST INTEREST OF THE
13 CHILD WHO IS THE SUBJECT OF THE REPORT, OR HIS OR HER SIBLINGS, IS IN
14 THE PUBLIC'S BEST INTEREST, AND IS CONSISTENT WITH THE FEDERAL
15 "CHILD ABUSE PREVENTION AND TREATMENT REAUTHORIZATION ACT OF
16 2010", P.L. 111-320.

17 (6) The team consists of up to twenty members, appointed on or
18 before September 30, 2011, as follows:

19 ~~(f) One member from the health and environment committee of~~
20 ~~the house of representatives or any successor committee, to be appointed~~
21 ~~by the speaker of the house of representatives, and one member from the~~
22 ~~health and human services committee of the senate or any successor~~
23 ~~committee, to be appointed by the president of the senate. TWO MEMBERS~~
24 ~~OF THE GENERAL ASSEMBLY, ONE APPOINTED BY THE MAJORITY LEADER~~
25 ~~OF THE SENATE AND ONE APPOINTED BY THE MAJORITY LEADER OF THE~~
26 ~~HOUSE OF REPRESENTATIVES; EXCEPT THAT, IF THE MAJORITY LEADERS~~
27 ~~ARE FROM THE SAME POLITICAL PARTY, THE MINORITY LEADER OF THE~~

1 HOUSE OF REPRESENTATIVES SHALL APPOINT THE SECOND MEMBER. The
2 members appointed pursuant to this paragraph (f) are nonvoting members
3 and are not required to be present at any meeting of the team.

4 (6.5) MEMBERS OF THE TEAM SERVE THREE-YEAR TERMS AND ARE
5 ELIGIBLE FOR REAPPOINTMENT UPON THE EXPIRATION OF THE TERMS.
6 VACANCIES SHALL BE FILLED IN A MANNER AND WITHIN A TIME FRAME TO
7 BE DETERMINED BY RULES PROMULGATED BY THE STATE DEPARTMENT
8 PURSUANT TO SUBSECTION (7) OF THIS SECTION; EXCEPT THAT ANY
9 VACANCY OF A MEMBER APPOINTED PURSUANT TO PARAGRAPH (f) OF
10 SUBSECTION (6) OF THIS SECTION SHALL BE FILLED BY THE APPOINTING
11 AUTHORITY.

12 **SECTION 11.** In Colorado Revised Statutes, 26-1-139, **repeal**
13 **and reenact, with amendments,** (5) (g) and (5) (h) as follows:

14 **26-1-139. Child fatality and near fatality prevention -**
15 **legislative declaration - process - department of human services child**
16 **fatality review team - reporting - rules.** (5) (g) THE CASE-SPECIFIC
17 EXECUTIVE SUMMARY FOR A CHILD WHO WAS NOT IN FOSTER CARE, AS
18 DEFINED IN SECTION 19-1-103 (51.3), C.R.S., AT THE TIME OF THE
19 FATALITY MUST INCLUDE:

20 (I) THE CHILD'S NAME, DATE OF BIRTH, AND DATE OF FATALITY;

21 (II) THE AGE, GENDER, AND RACE OR ETHNICITY OF THE CHILD AND
22 A DESCRIPTION OF THE CHILD'S FAMILY, INCLUDING THE BIRTH ORDER OF
23 THE CHILD WHOSE DEATH IS BEING REVIEWED;

24 (III) A STATEMENT OF ANY CHILD WELFARE SERVICES, AS DEFINED
25 IN SECTION 26-5-101 (3), AND ANY OTHER GOVERNMENT ASSISTANCE OR
26 SERVICES THAT WERE BEING PROVIDED TO THE CHILD AND ARE RECORDED
27 IN THE STATE'S HUMAN SERVICES CASE MANAGEMENT SYSTEMS,

1 INCLUDING TRAILS, THE COLORADO BENEFITS MANAGEMENT SYSTEM, OR
2 THE COLORADO CHILD CARE AUTOMATED TRACKING SYSTEM, ANY
3 MEMBER OF THE CHILD'S FAMILY, OR THE PERSON SUSPECTED OF THE
4 ABUSE OR NEGLECT;

5 (IV) THE DATE OF THE LAST CONTACT BETWEEN THE AGENCY
6 PROVIDING ANY CHILD WELFARE SERVICE AND THE CHILD, THE CHILD'S
7 FAMILY, OR THE PERSON SUSPECTED OF THE ABUSE OR NEGLECT; ==

8 (V) THE AGE, INCOME LEVEL, AND EDUCATION LEVEL OF THE
9 LEGAL CARETAKER AT THE TIME OF THE FATALITY;

10 (VI) INFORMATION ON THE PERSON OR PERSONS CARING FOR THE
11 CHILD AT THE TIME OF THE FATALITY; AND

12 (VII) ANY OTHER INFORMATION REQUIRED BY RULES
13 PROMULGATED BY THE STATE DEPARTMENT PURSUANT TO SUBSECTION (7)
14 OF THIS SECTION.

15 (h) THE CASE-SPECIFIC EXECUTIVE SUMMARY FOR A CHILD WHO
16 WAS IN FOSTER CARE, AS DEFINED IN SECTION 19-1-103 (51.3), C.R.S., AT
17 THE TIME OF THE INCIDENT MUST INCLUDE:

18 (I) THE CHILD'S NAME, DATE OF BIRTH, AND DATE OF FATALITY;

19 (II) THE AGE, GENDER, AND RACE OR ETHNICITY OF THE CHILD;

20 (III) A DESCRIPTION OF THE FOSTER CARE PLACEMENT;

21 (IV) THE LICENSING HISTORY OF THE FOSTER CARE PLACEMENT;

22 (V) A STATEMENT OF ANY CHILD WELFARE SERVICES, AS DEFINED
23 IN SECTION 26-5-101 (3), AND ANY OTHER GOVERNMENT ASSISTANCE OR
24 SERVICES THAT WERE BEING PROVIDED TO THE CHILD AND ARE RECORDED
25 IN THE STATE'S HUMAN SERVICES CASE MANAGEMENT SYSTEMS,
26 INCLUDING TRAILS, THE COLORADO BENEFITS MANAGEMENT SYSTEM, OR
27 THE COLORADO CHILD CARE AUTOMATED TRACKING SYSTEM, ANY

1 MEMBER OF THE CHILD'S FAMILY, OR THE PERSON SUSPECTED OF THE
2 ABUSE OR NEGLECT;

3 (VI) THE DATE OF THE LAST CONTACT BETWEEN THE AGENCY
4 PROVIDING ANY CHILD WELFARE SERVICE AND THE CHILD, THE CHILD'S
5 FAMILY, OR THE PERSON SUSPECTED OF THE ABUSE OR NEGLECT; AND

6 (VII) ANY OTHER INFORMATION REQUIRED BY RULES
7 PROMULGATED BY THE STATE DEPARTMENT PURSUANT TO SUBSECTION (7)
8 OF THIS SECTION.

9 **SECTION 12. Appropriation.** (1) In addition to any other
10 appropriation, there is hereby appropriated, out of any moneys in the
11 general fund not otherwise appropriated, to the department of public
12 health and environment, for the fiscal year beginning July 1, 2013, the
13 sum of \$456,966 and 4.0 FTE, or so much thereof as may be necessary,
14 for allocation to the prevention services division, for the child fatality
15 prevention line item for costs related to the implementation of this act.

16 (2) In addition to any other appropriation, there is hereby
17 appropriated, out of any moneys in the general fund not otherwise
18 appropriated, to the department of human services, for the fiscal year
19 beginning July 1, 2013, the sum of \$63,755 and 1.0 FTE, or so much
20 thereof as may be necessary, for allocation to the executive director's
21 office, special purpose subdivision for the administrative review unit for
22 costs related to the implementation of this act.

23 **SECTION 13. Safety clause.** The general assembly hereby finds,
24 determines, and declares that this act is necessary for the immediate
25 preservation of the public peace, health, and safety.