Child Fatality Review Team 2025 Report to the Legislature

In Accordance with 18 V.S.A. § 1561

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From:

Child Fatality Review Team

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VERMONT

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Executive Summary

The Child Fatality Review Team (CFRT or Team) reviews and analyzes unexpected, unexplained, or preventable child fatalities of Vermont children. The goal of the CFRT is to identify system gaps and risk factors that contribute to child fatality and to develop data-informed recommendations for legislation, rules, policies, practices, training, and coordination of services to prevent future fatalities. This report highlights the CFRT's key findings and recommendations of cases reviewed from October 2024 to September 2025, activities performed in 2025 and plans for 2026. The recommendations in this report are those of the CFRT alone. They do not account for potential budget or implementation concerns.

Recommendations

- **Teen Driver Safety**: Amend Vermont Statute Title 23: Motor Vehicles, Chapter 009: Operator's Licenses Subchapter 001: General Provisions to include junior operator license nighttime driving restrictions.
- **Mental Health Promotion**: Establish a connection between schools to exchange allowable information under the Family Educational Rights and Privacy Act and hold conversations with families to sign releases to share information to improve school entry. Increase support for municipalities and community partners to identify locations where suicide deaths and attempts have occurred and to implement mitigation strategies, including the installation of safety barriers, to reduce risk.

- **Water Safety**: Invest in personal flotation device loan programs for infant, youth, and adult life vests at water access points.
- **Safety in Child Care, Camp, and Afterschool Programs**: Engage with the Department of Children and Families Child Development Division Child Care Licensing Unit to support the development of robust health and safety guidance, model plans and protocols for recreation programs that are exempt from licensure under specific guidelines under 33 V.S.A. § 3502.
- **Parental Stress**: Increase economic support and post-partum leave through the expansion of Paid Family Medical Leave and implementation of a direct cash transfer program or child tax credit for families with infants. Invest in sustainable funding for Developmental Understanding Legal Collaboration for Everyone (DULCE) sites at eight pediatric and family medicine practices and expand DULCE to additional sites throughout the state to proactively address health-related social needs by bringing together three sectors: health, legal, and the early childhood system to transform the way that families with infants experience the delivery of supports and services.
- **Social Connectivity**: Invest in the expansion of peer support models and programs for youth to engage in youth-mentor relationships. Invest in the expansion of culturally responsive third space opportunities for youth to engage in after-school activities led by community youth organizations and organized sports.
- **Postvention Response**: Expand workers' compensation benefits to include coverage for first responders, death scene investigators, school and early childhood care personnel, and professionals impacted by a child fatality.

Sustain funding to the Office of the Chief Medical Examiner for the Support Services Specialist position.

Introduction

The purpose of the Child Fatality Review Team, under 18 V.S.A. § 1561(a) is to review and analyze the deaths of Vermont children to:

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

Summary of 2025 Activities

Safe States Alliance: Using Data for Action-Tier 2 Leveraging Enhanced Recreational Boating Data for Prevention

The Team, in partnership with the Vermont State Police Boating Law Administrator, participated in a three-phased pilot project hosted by the Safe States Alliance to better leverage recreational boat injury and fatality data. The first phase, completed in 2024, involved coordination between the United States Coast Guard, state boating programs, and state injury prevention programs to improve actionability. The second phase, completed in 2025, conducted boating-related injury data analysis in Vermont through the examination of multiple data sources to more accurately capture the incidence of recreational boating accidents and injuries. Through this process, Vermont determined

characteristics of boating-related morbidity and mortality on Vermont waterways.[1] The Team will leverage this project to expand CFRT focus on data-driven prevention initiatives and to tailor intervention strategies to promote water safety.

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

In 2023, the Vermont Department of Health (Health Department) was awarded a five-year grant from the Centers for Disease Control and Prevention (CDC) to participate in the Sudden Unexpected Infant Death (SUID) Case Registry. This participation enables the Child Fatality Review Team (CFRT) to input data into the National Fatality Review Case Reporting System (NFR-CRS), allowing for comparison of national trends with Vermont data and examination of risk factors and social determinants of health associated with SUID fatalities. During the second year of the grant, the Team actively engaged with the CDC and the National Center for Fatality Review and Prevention (NCFRP). The Team Coordinator attended the annual CDC SUID Case Registry Reverse Site Visit and hosted Vermont's first annual site visit with the NCFRP. The site visits were instrumental in strengthening the CFRT program, enhancing case identification, review, data entry, and quality assurance processes, while technical assistance from the NCFRP guided the Team in exploring national Child Death Review (CDR) practices, identifying emerging trends among child fatalities, and reinforcing the Team's commitment to preventing vicarious trauma.

In addition to participating in the SUID Case Registry, Vermont also utilizes the NFR-CRS to enter all unexpected, unexplained, and preventable child fatalities. This collaboration ensures high-quality data collection and analysis to supplement surveillance data and improve understanding of risk factors associated with these deaths. To enhance analytical capacity, the Team initiated back entry of all SUID and suicide case data from 2018 onward. These efforts will deepen the understanding of SUID and suicide risk factors, social determinants of health, and life stressors impacting Vermont children and families, guiding the identification of disparities and informing the development of strategic prevention recommendations.

[1] Vermont Department of Health. 2025. Expanding and Refining Recreational Boating Safety Data in Vermont 2019-2023 Pilot Data Report. https://www.healthvermont.gov/sites/default/files/document/hsi-recreationalboating-2025.pdf

Number of Cases Reviewed 10/2024-9/2025

The Team reviewed a total of 9 cases from October 2024 to September 2025. Cases reviewed by cause and manner of death can be found in Table 2 of Appendix B. The Team's review of case fatality data, together with Health Department surveillance data, led to the identification of areas of particular concern: teen driver safety, mental health promotion, water safety, safety in child cares, camps, and afterschool programs, parental stress, social connectivity, and postvention response, each discussed below.

Key Findings and Recommendations

The recommendations in this report are those of the CFRT alone. They do not account for potential budget or implementation concerns.

Teen Driver Safety

The Team reviewed two cases of motor vehicle crash that took place in 2024. In Vermont, from 2009 to 2024 there were 20 residents aged 16 to 17 years old that were fatally injured or died while operating a motor vehicle. Of these 20 fatalities, 7 deaths occurred during the hours of 11:00 p.m. – 4:59 a.m. The single hour with the most fatalities was 12:00 a.m. – 12:59 a.m.[2] According to reports from the National Highway Traffic Safety Administration, three-stage graduated driver licensing (GDL) systems with nighttime restrictions were adopted nationally starting in 1996. From 1996 to 2012, 49 states and Washington D.C. adopted three-stage GDL systems with nighttime restrictions. The Team identified that Vermont is the only state that has three-stage GDL systems without a nighttime driving restriction.[3]

The Team reviewed reports from the Governors Highway Safety Association (GHSA) comparing national and Vermont state-level data. According to the GHSA, from 2002 to 2021, national fatal crashes involving a young driver[4] decreased by 38%. In comparison, Vermont, fatal crashes involving a young driver only decreased by 12.5%. Data from the GHSA indicates that Vermont has the highest fatal crash rate for young

[2] Data source: Vital Records, 2009-2024. 2024 data are preliminary and subject to change.

[3] Fell, J. C., Todd, M., & Voas, R. B. 2011. A national evaluation of the nighttime and passenger restriction components of graduated driver licensing. Journal of safety research, 42(4), 283–290. https://doi.org/10.1016/j.jsr.2011.06.001

[4] Young driver is defined as a driver 15-20-years-old (GHSA Spotlight Report Young Drivers and Traffic Fatalities: 20 Years of Progress on the Road).

drivers in New England.[5] Findings from national studies conducted by the Insurance Institute for Highway Safety (IIHS) and Highway Loss Data Institute (HLDI) support strong GDL restrictions on nighttime driving, passengers, and delayed licensing age, that these restrictions reduce fatal crashes among teen drivers.[6,7]

Recommendations:

1. Amend Vermont Statute Title 23: Motor Vehicles, Chapter 009: Operator's Licenses Subchapter 001: General Provisions to include the following requirements:
    a. 23 V.S.A. § 607(a)(3)(D) No person holding a junior operator's license shall operate a motor vehicle between the hours of 12:00 a.m. and 5:00 a.m. unless accompanied by a parent or legal guardian. The holder of a junior operator's license shall have the license in their possession at all times when operating a motor vehicle.

Mental Health Promotion

The 2023 Vermont Youth Risk Behavior Survey (YRBS) states that during the past 30 days, one-third of high school students (34%) and one-quarter of middle school students (25%) reported poor mental health most of the time or always.[8] The Team reviewed three cases that took place between 2022 and 2024 in which lack of mental health and behavioral supports were identified as a contributing factor. During the review of these cases, the Team found that some decedents had transferred schools prior to their deaths. The Team identified that enhanced communication between schools during the transfer process could protect children who need consistent social and emotional health services. To enhance communication, the Team determined mental and behavioral health concerns should be included with information shared between schools during the transfer process.

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[5] Governors Highway Safety Association. 2023. GHSA Spotlight Report Young Drivers and Traffic Fatalities: 20 Years of Progress on the Road. https://ghsa.org/sites/default/files/2025-03/GHSA%20Spotlight%20Report%20-%20Young%20Drivers%20and%20Traffic%20Fatalities%2010.18.23.pdf

[6] McCartt, A. T., Teoh, E. R., Fields, M., Braitman, K. A., & Hellinga, L. A. 2010. Graduated Licensing Laws and Fatal Crashes of Teenage Drivers: A National Study. *Traffic Injury Prevention*, 11(3), 240–248. https://doi.org/10.1080/15389580903578854

[7] Trempel, R.E. 2009. Graduated Driver Licensing Laws and Insurance Collision Claim Frequencies of Teenage Drivers. Highway Loss Data Institute. https://www.iihs.org/api/datastoredocument/bibliography/2022

[8] Data Source: 2023 Vermont Youth Risk Behavior Survey

The Team reviewed data from the CDC Web-based Injury Statistics Query and Reporting System (WISQARS) that showed that nationally, suicide was the second leading manner of death in 10 to 14-year-olds and in 15 to 24-year-olds from 2019 to 2023. In comparison, suicide was the leading manner of death in 10 to 14-year-olds and the second leading cause in 15 to 24-year-olds in Vermont during the same timeframe. [9] According to the 2023 Vermont YRBS, around 14% of both middle and high school students reported making a suicide plan. Furthermore, around 1 in 15 high school students reported attempting suicide at least once during the past year. This is statistically higher than the percentage of students who made a suicide plan in 2013.[8]

The Vermont Agency of Transportation's (AOT) review of the Quechee Gorge Bridge site found that suicide by fall is among the most preventable causes of death.[10] Structure-based suicide prevention, including the installation of barrier, has been effective in suicide prevention in the United States and Canada leading to over an 80% decrease in suicides at identified risk locations.[11] As reported by AOT, an overwhelming body of research suggests structured-based prevention, such as barriers or fencing, reduce suicide.[10]

Recommendations:

1. Establish a connection between schools to exchange allowable information under the Family Educational Rights and Privacy Act (FERPA) and hold conversations with families to sign releases to share information to improve school entry.
2. Increase support for municipalities and community partners to identify locations where suicide deaths and attempts have occurred and to implement mitigation strategies, including the installation of safety barriers, to reduce risk.

[9] Data Source: Web-based Injury Statistics Query and Reporting System (WISQARS), 2019-2023

[10] Vermont Agency of Transportation. 2017. Quechee Gorge Bridge Safety Issues Suicide Prevention Alternatives. QGB_SafetyIssues_FinalReport.pdf

[11] Shin, S., Pirkis, J., Clapperton, A., Spittal, M., & Too, L. S. 2024. Effectiveness of Partial Restriction of Access to Means in Jumping Suicide: Lessons from Four Bridges in Three Countries. *Epidemiology and Psychiatric Sciences,* 33(38). https://doi.org/10.1017/S2045796024000428

Water Safety

The Team reviewed three cases of drowning that took place between 2023 and 2024. In 2024, 81% of emergency department visits for unintentional drowning were youth.[12] This is a 16% increase in youth emergency department visits since 2023.[13] The Team identified the lack of personal flotation device use has been found to be a factor associated with natural water or boating deaths. Life jacket use is a major evidence-based drowning prevention method.[14] Community access to United States Coast Guard-approved personal flotation devices can be increased through the creation and maintenance of life jacket loaner programs. The American Academy of Pediatrics (AAP) Drowning Chain of Survival Call to Action recommends increasing access to life jackets through life jacket loaner programs at swimming and boating sites.[14]

Recommendations:

1. Invest in personal flotation device loan programs for infant, youth, and adult life vests at water access points.

Safety in Child Care, Camp, and Afterschool Programs

The Team found that around a third of all cases reviewed were impacted by safety in unlicensed recreation programs. The Team recognizes this finding as an opportunity for the Health Department to support the health and safety needs of recreation programs which include child cares, camps, and afterschool programs that are exempt from licensure under specific guidelines under 33 V.S.A. § 3502 and are not regulated by Vermont Department for Children and Families (DCF) Child Development Division (CDD).[15] Health and safety support from the Health Department is needed as programs that meet the program licensing exemption, as they do not otherwise receive regulatory oversight and guidance from DCF CDD Licensing. The development of robust health and safety guidance including sample safety plan and protocols from the Health

[12] In the Child Fatality Review Team 2025 Report to the Legislature, youth is defined as children younger than 18 years old.

[13] Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE), 2023-2024.

[14] Council on Injury, Violence, and Poison Prevention. 2021. Prevention of Drowning. *Pediatrics*, 148(2), e2021052227. https://doi.org/10.1542/peds.2021-052227

[15] Department for Children and Families. 2022. Child Care Licensing Regulations Center Based Child Care and Preschool Programs. https://dcf.vermont.gov/cdd/laws-rules/licensing

Department will benefit program staff, children, and their families. Areas for resource development as identified by the Team include model aquatic safety policies and protocols.

Recommendations:

1. Engage with the Department of Children and Families Child Development Division Child Care Licensing Unit to support the development of robust health and safety guidance, model plans and protocols for recreation programs that are exempt from licensure under specific guidelines under 33 V.S.A. § 3502.

Parental Stress

The Team noted parental stress as a contributing factor in two of the infant and toddler deaths reviewed. The Team supports the United States Surgeon General's guidance that the mental health of parents is a public health priority which requires increased recognition.[16] The Team emphasizes that families of all socioeconomic levels are impacted by parental stress. Parental stress can have profound effects on children's emotional and cognitive development impacting a household's emotional climate, responsiveness, and caregiving consistency.[16] During early childhood, parents are disproportionately faced with stressors including the adjustment to caregiving roles for new parents, sleep disturbances, health and safety concerns, financial strain, economic instability, and difficulty balancing work with parental responsibilities.[17,18] The Team acknowledges that economic support for families, particularly Paid Family Medical Leave (PFML), can yield significant health and safety benefits for children through the reduction of emotional and financial stress. Early childhood is a unique period of development that has lifetime impacts. Early childhood development is tied to childhood physical and psychological health impacting behavior, learning, and adult health. Consequently, early childhood programs such as PFML that provide family support

[16] Office of the Surgeon General. 2024. Parents Under Pressure: The U.S. Surgeon General's Advisory on the Mental Health & Well-Being of Parents. United States Department of Health and Human Services. https://www.hhs.gov/sites/default/files/parents-under-pressure.pdf

[17] Nomaguchi, K., & Milkie, M. A. (2020). Parenthood and Well-Being: A Decade in Review. *Journal of Marriage and the Family*, 82(1), 198–223. https://doi.org/10.1111/jomf.12646

[18] Hagen, E. W., Mirer, A. G., Palta, M., & Peppard, P. E. (2013). The Sleeptime Cost of Parenting: Sleep Duration and Sleepiness among Employed Parents in the Wisconsin Sleep Cohort Study. *American Journal of Epidemiology,* 177(5), 394–401. https://doi.org/10.1093/aje/kws246

have lasting, sustained benefits on children's wellbeing.[19] Economic support during the first six months after birth, whole family post-partum care, and high-quality early childhood care increases parent-child bonding and decreases stress.

From 2018 to 2024, there were 25 cases of SUID in Vermont. The Team identified that more than half of these infants had contact with a pediatrician in the 30 days prior to their death.[20] Given the high percentage of infants routinely seen in pediatric and family medicine practices, the Team has identified the program, Developmental Understanding Legal Collaboration for Everyone (DULCE), as an opportunity for universal screening and connection to services for families across Vermont. DULCE is a universal program for infants and families in eight Vermont pediatric and family medicine practices. The program proactively addresses health-related social needs by bringing together health, legal, and early childhood sectors to increase access to family supports and services. As a universal program, all families attending DULCE pediatric and family medicine practices are screened. Families are connected to an interdisciplinary team providing accelerated access to support and comprehensive services. The Team supports the expansion of DULCE across Vermont to increase the number of families connected to supports and services.

Recommendations:

1. Increase economic support and post-partum leave through the expansion of Paid Family Medical Leave (PFML), and implementation of a direct cash transfer program or child tax credit for families with infants.
2. Invest in sustainable funding for DULCE sites at eight pediatric and family medicine practices and expand DULCE to additional sites throughout the state to proactively address health-related social needs by bringing together three sectors: health, legal, and the early childhood system to transform the way that families with infants experience the delivery of supports and services.

Social Connectivity

The Team noted that critical protective factors were missing in the lives of many youths reviewed. The 2023 Vermont YRBS indicates that 31% of high school students were unsure if they had or did not have a trusted adult at school they could talk to if they had a problem, and 15% felt they did not matter to their communities.[8] The Department of Mental Health (DMH) and the Health Department Division of Family and Child Health promotes policy and programming that expand community connection opportunities for

[19] Likhar, A., Baghel, P., & Patil, M. (2022). Early Childhood Development and Social Determinants. *Cureus*, 14(9), e29500. https://doi.org/10.7759/cureus.29500

[20] Data Source: Vermont Health Information Exchange, Office of the Chief Medical Examiner, Child Fatality Review case records

youth. DMH affirms that culturally responsive supportive environments for youth provide increased feelings of social connectedness, meaning, and purpose resulting in improved mental and physical wellbeing.[21] The AAP highlights the expansion of third spaces such as community youth organizations and organized sports as an approach to promote a sense of belonging in youth.[22] The promotion of youth-mentor relationships provides a protective third space environment and is significantly associated with positive social, academic, and health-related behaviors.[23] The Team recognizes Vermont's work over the years to providing additional third-space opportunities for children, but that options for youth remain limited particularly in rural communities.

Recommendations:

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

Postvention Response

The cases reviewed in 2024 and 2025 highlight the long-term psychological impacts on first responders and those working in the aftermath of a child fatality. Professionals across sectors lack the necessary support to prevent compassion fatigue and secondary trauma. Systems, such as employee assistance programs and other employer-provided benefits, are insufficient in addressing the psychological impacts of child death.

The Office of the Chief Medical Examiner (OCME) hired a Support Services Specialist in September 2024 who engages with families experiencing a loss to assist them in understanding the medicolegal death investigation and autopsy process and connecting

[21] Vermont Department of Mental Health Mental Health Minute. Spring 2024. https://mentalhealth.vermont.gov/sites/mentalhealth/files/documents/Community_Connection_and_Youth_Mental_Health_You_Matter.pdf

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

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

to resources.[24] This position supports the Team's data collection through secondary interviews with families. This position is grant-funded and does not have guaranteed, sustained funding past the life cycle of the federal grants. Establishing the Support Services Specialist as a permanently funded state position in the OCME will have a profound and lasting impact on the wellbeing of families in Vermont.

Recommendations:

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

Planned Activities for 2026

The following CFRT activities are planned for 2026:

- Utilize the NFR-CRS to examine social determinants of health and better understand how fatalities impact individuals with marginalized identities. Insights from the NRS-CRS, along with an exploration of national best practices for preventing child fatalities among these populations, will help reduce bias in analysis and ensure that prevention recommendations are developed through a health equity lens.
- Promote practices that minimize Team vicarious trauma during all review meetings. This will help to protect the Team's mental wellbeing during the review process and strengthen the Team's ability to change systems for health through the practice of attributing needed changes to systems not individuals.
- Explore an opportunity for a statewide training on sudden unexpected infant death investigation in partnership with the OCME, DCF, Vermont State Police, and the Vermont Association of Chiefs of Police as these death investigations are complex, require specific considerations, and a coordinated training approach.

[24] Death Investigation Systems. Vermont Department of Health. https://www.healthvermont.gov/systems/office-chief-medical-examiner/death-investigation-systems

Appendix A – Child Fatality Review Team Membership

Organization	Statutory Requirement 18 V.S.A. § 1561	Representative
Office of the Chief Medical Examiner	(b)(1)(A)	Elizabeth Bundock, MD, PhD
Office of the Chief Medical Examiner	(b)(1)(A)	Lauri McGivern, MPH, F-ABMDI
Vermont Department of Health	(b)(1)(B)	Emily Fredette, Co-Chair
Department for Children and Families	(b)(1)(C)	Nancy Miller
Department for Children and Families	(b)(1)(C)	Aryka Radke, JD
Department of Mental Health	(b)(1)(D)	Haley McGowan, DO, MA
Department of Mental Health	(b)(1)(D)	Dana Robson, LICSW
Department of Public Safety	(b)(1)(E)	Cpt. John-Paul Schmidt
Department of Public Safety	(b)(1)(E)	Major Jeremy Hill
Agency of Education	(b)(1)(F)	Robert Evans
Attorney General's Office	(b)(1)(G)	Domenica Padula, JD Chief, Criminal Division
Vermont Chapter of the American Academy of Pediatrics	(b)(1)(H)	Rebecca Bell, MD MPH FAAP Co-Chair

Organization	Statutory Requirement 18 V.S.A. § 1561	Representative
Vermont Psychiatric Association	(b)(1)(I)	Maya Strange, MD
Vermont Association of Chiefs of Police	(b)(1)(J)	Chief James Pontbriand
Vermont State Police	(b)(1)(K)	Det. Sgt. Benjamin Katz
University of Vermont Health	(b)(1)(K)	James Metz, MD MPH
University of Vermont Health	(b)(1)(K)	Tracey Wagner, RN
Northwestern Medical Center	(b)(1)(K)	Courtney Leduc, RN
Department of Mental Health	(b)(1)(K)	Christopher Allen, LICSW
KidSafe Collaborative	(b)(1)(K)	Meghan Masterson, MA BCBA
Attorney General's Office	(b)(1)(K)	Carolyn Hanson, JD
Vermont Children's Alliance	(b)(1)(K)	Samantha Prince, MS
University of Vermont Health Safe Kids Vermont	(b)(1)(K)	Abigail Beerman, MPH
Staff Support		
VDH/Division of Family and Child Health		Julia Sarrasin, MPH
VDH/Division of Health Statistics & Informatics		Grace Yu, MPH

Appendix B - Data Summary

Table 1: Unnatural, Undetermined, or Preventable Child Fatalities in Vermont: Manner of Death, Biological Sex, Age, and Cause of Death, 2015-2024[25]

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024*	Total
Manner											
Accident	6	5	7	6	5	6	9	8	11	9	**72**
Homicide	1	5	0	0	1	1	0	1	2	1	**12**
Suicide	1	3	4	4	3	4	3	2	5	1	**30**
Could not be determined[26]	5	4	4	12	1	1	2	8	3	7	**47**
Biological Sex											
Male	8	12	11	18	4	10	9	11	15	12	**110**
Female	5	5	4	4	6	2	5	8	6	6	**51**
Age											
<1 year-old	6	4	5	10	3	4	2	9	2	6	**51**
1-11 years-old	2	1	5	2	4	2	5	3	6	3	**33**
12-17 years-old	5	12	5	10	3	6	7	7	13	9	**77**

[25] Data Source: Vermont Vital Statistics, 2015-2024. Vermont occurrent unnatural, undetermined, or preventable deaths among people aged 17 or younger.

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

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024*	Total
Cause											
Drowning	0	3	3	1	2	1	0	1	1	4	**16**
Firearm	0	1	2	0	1	3	3	3	5	1	**19**
Motor Vehicle	3	6	0	5	1	2	6	4	5	4	**36**
Other	4	0	3	0	3	1	1	1	4	3	**20**
Poisoning	0	1	0	0	1	1	0	2	2	0	**7**
Sudden Unexpected Infant Death[27]	4	4	5	10	1	3	2	8	2	5	**44**
Suffocation	2	2	2	4	1	1	2	0	1	1	**16**
Undetermined	0	0	0	2	0	0	0	0	1	0	**3**
Yearly Total	**13**	**17**	**15**	**22**	**10**	**12**	**14**	**19**	**21**	**18**	

*2024 data are preliminary and subject to change.

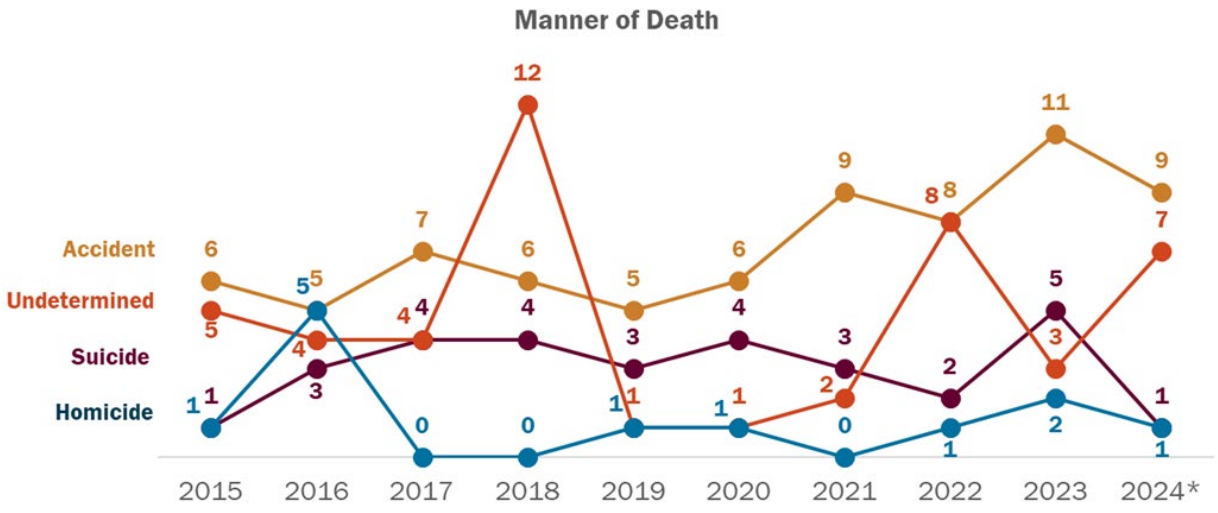
[27] Due to a change in methodology to align with the NCFRP definition for Sudden Unexpected Infant Death (SUID), some numbers may differ when compared to past iterations of the report.

Table 2. Number of Cases Reviewed 10/2024-9/2025

3	Drowning
1	Hyperthermia
2	Motor Vehicle Crash
2	Suicide
	1 – Hanging
	1 – Fall From Height
1	Sudden Unexpected Infant Death (SUID)
9	Total Cases Reviewed

Appendix C - Disaggregated Graphs

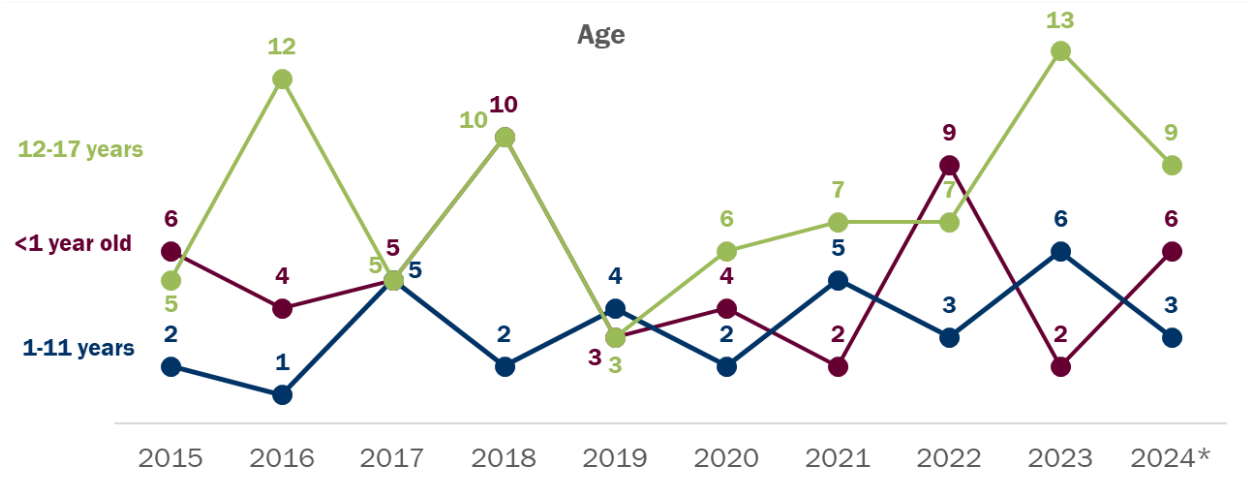
Graph 1: Manner of Death Among Unnatural, Undetermined, or Preventable Child Fatalities in Vermont, 2015-2024[28]



*2024 data are preliminary and subject to change.

[28] Data Source: Vermont Vital Statistics, 2015-2024. Vermont occurrent unnatural, undetermined, or preventable deaths among people aged 17 or younger.

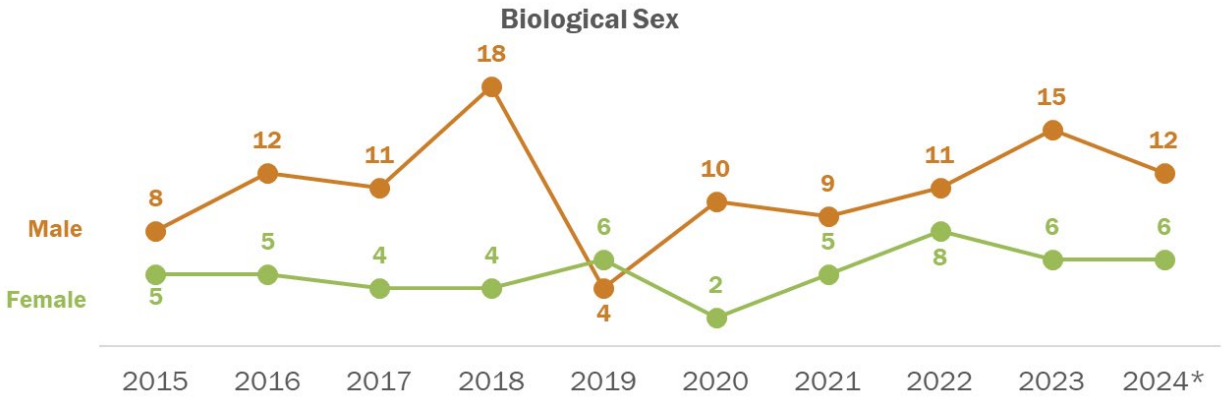
Graph 2: Age of Unnatural, Undetermined, or Preventable Child Fatalities in Vermont, 2015-2024[29]



*2024 data are preliminary and subject to change.

[29] Data Source: Vermont Vital Statistics, 2015-2024. Vermont occurrent unnatural, undetermined, or preventable deaths among people aged 17 or younger.

Graph 3: Biological Sex of Unnatural, Undetermined, or Preventable Child Fatalities in Vermont, 2015-2024[30]



*2024 data are preliminary and subject to change.

[30] Data Source: Vermont Vital Statistics, 2015-2024. Vermont occurrent unnatural, undetermined, or preventable deaths among people aged 17 or younger.