

## Planning Tool



# Planning for a New Child Death Review Team or Application for a New Team

PART 1: Your readiness for child death review

PART 2: Building your team & planning your reviews

Developed by the National Center for Child Death Review  
at the Michigan Public Health Institute  
2438 Woodlake Circle, Suite 240  
Okemos, MI 48864 800-656-2434  
[www.childdeathreview.org](http://www.childdeathreview.org)  
Copyright Michigan Public Health Institute September 2005

# PART ONE

## Assessing Your Readiness for Child Death Review

1. Define the geographic area that the team will cover (local, regional, state etc.):

---



---

2. What is the total population in your community? \_\_\_\_\_

How many children are under age 18? \_\_\_\_\_

How many children are under age 10? \_\_\_\_\_

How many children are under age 5? \_\_\_\_\_

3. What is the racial and ethnic makeup of your community?

Group	Percent
Caucasian	
African American	
American Indian	
Hispanic	
Pacific Islander	
Asian	
Other	

4. How many children, ages 0-18 died in the past calendar year of all causes?

Age	Number
< 1	
1-4	
5-9	
10-14	
15-18	

5. By what manner did the children die in the past year?

Manner	Number
Natural	
Accidental/Unintentional	
Homicide	
Suicide	
Undetermined	

6. By what causes did the children die in the past year?

Cause	Number
Perinatal Conditions	
SIDS	
Other Medical Causes	
Motor Vehicle	
Fires	
Drowning	
Suffocation	
Firearm	
Poisoning	
Other	
Undetermined	

7. What additional information do you have about causes of child deaths?

8. What agencies collect data on child deaths? How is the information accessed?

Agency	Type of Data
Medical Examiner/Coroner	
Public Health	
Social Services	
Prosecutor	
Law Enforcement	
Courts	
Community Advocate Groups	
Other	

9. Are you a Medical Examiner or Coroner jurisdiction? \_\_\_\_\_

10. Who is the Medical Examiner or Coroner? \_\_\_\_\_

11. What special requirements or procedures do the Medical Examiner or Coroner follow for child deaths? Include both internal and external investigations. Attach any protocols or procedures.

12. Which law enforcement agencies operate in this jurisdiction?  
 State police \_\_\_\_\_  
 Sheriff \_\_\_\_\_  
 Police \_\_\_\_\_  
 College/University Police \_\_\_\_\_  
 School Police \_\_\_\_\_
13. What agencies have primary jurisdiction for child death investigations?
14. What special requirements or procedures (both external and internal) does this law enforcement agency follow for child deaths? Attach any protocols or procedures.
15. Which prosecutor/district attorney office(s) operate in this jurisdiction?
- Are there special prosecutors dedicated to child deaths? Name:
16. What special requirements or procedures (both external and internal) does the prosecutor follow for child deaths? Attach any protocols or procedures.
17. Which Child Protective Services agencies operate in this jurisdiction and respond to child deaths?
18. What special requirements or procedures (both external and internal) does this CPS agency follow for child deaths? Attach any protocols or procedures.
19. Does any other agency investigate child deaths? \_\_\_\_\_  
 If the answer is yes, which agencies?
20. If yes, what special requirements or procedures do these other agencies follow for child deaths?
21. Do any of the following types of reviews currently take place in your jurisdiction?
- Check the box for all that apply and identify the person who chairs or administers the team and briefly describe.
- Infant Mortality Review
- Name of Chair or Administrator: \_\_\_\_\_
- Describe:

Domestic Violence   
Name of Chair or Administrator: \_\_\_\_\_  
Describe:

Child Protection Team   
Name of Chair or Administrator: \_\_\_\_\_  
Describe:

CPS Citizens Review Panel   
Name of Chair or Administrator: \_\_\_\_\_  
Describe:

22. On a scale of 1 - 10 (poor-excellent), how would you describe interagency cooperation in your community? Describe:

23. What interagency collaborations currently exist in your community?

24. Does the Medical Examiner or Coroner have a procedure for cooperating with CPS (including exchanging information) when a child dies and vice versa? Yes \_\_\_ No \_\_\_  
If yes, briefly describe the processes. Attach any protocols or procedures.

25. Does law enforcement have a procedure for cooperating with CPS (including exchanging information) when a child dies, and vice versa? Yes \_\_\_ No \_\_\_  
If yes, briefly describe the processes. Attach any protocols or procedures.

26. Do you foresee any difficulties obtaining team agreement on the following issues (If yes, explain.)

	Yes	No
Obtaining full core team membership	<input type="checkbox"/>	<input type="checkbox"/>
Signing an interagency agreement on confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
Sharing information between agencies	<input type="checkbox"/>	<input type="checkbox"/>
Attending a two day training	<input type="checkbox"/>	<input type="checkbox"/>
Submitting reports to the state program	<input type="checkbox"/>	<input type="checkbox"/>
Attending an annual meeting	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain:		

## Part Two Building Your Team & Planning Your Reviews

1. Person taking the lead in planning the team: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

2. Collaborating Agencies:

<b>AGENCY</b>	Did they participate in the planning?	Have they committed to the review process?
a. Medical Examiner or Coroner Name: _____ Title: _____ Address: _____ Phone/Email: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Public Health Name: _____ Title: _____ Address: _____ Phone/Email: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Social Services Name: _____ Title: _____ Address: _____ Phone/Email: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Law Enforcement Name: _____ Title: _____ Address: _____ Phone/Email: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Prosecuting Attorney Name: _____ Title: _____ Address: _____ Phone /Email: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. EMS Provider Name: _____ Title: _____ Address: _____ Phone /Email: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

AGENCY	Did they participate in the planning?	Have they committed to the review process?
g. Others Name: _____ Title: _____ Address: _____ Phone/Email: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Title: _____ Address: _____ Phone/Email: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Title: _____ Address: _____ Phone/Email: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Title: _____ Address: _____ Phone/Email: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Title: _____ Address: _____ Phone/Email: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Title: _____ Address: _____ Phone/Email: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Title: _____ Address: _____ Phone/Email: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Title: _____ Address: _____ Phone/Email: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Title: _____ Address: _____ Phone/Email: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



6. Who will facilitate the planning meeting?
7. Who will provide administrative support for the planning meeting?
8. Which of the following will take place at the initial meeting?

Activity	Presenter/Facilitator	Materials
Identification of team purpose and objectives		
Description of Child Death Review		
Discussion of our child death data		
Discussion of our current procedures for responding to child deaths		
Discussion of team goals		
Discussion of team membership		
Discussion of review population		
Discussion of review procedures (case identification, who will coordinate, etc.)		
Discussion of confidentiality and access to information		
Discussion of reporting method		
Practice review(s)		
Development of time line for implementing team		

**TEAM ORGANIZATION:** The first topic should be the team's purpose. Everything else that the team decides upon: its activities, its members, the deaths it will review, etc. will all flow from the team's purpose or purposes.

9. What purpose(s) will the team have? Check all that the team will include.

- Reviews of deaths
- Data collection and analysis
- System study
- Identification and implementation of changes to prevent future deaths
- Other (please identify)

10. What activities will the team engage in? Check all that the team will include.

- Serve as an immediate review team to help investigation
- Provide assistance and coordination to those investigating child deaths
- Otherwise evaluate individual deaths
- Identify and implement system changes
- Develop protocols for investigating or responding to child deaths
- Data collection and analysis
- Making recommendations and following up on action
- Advising government officials on changes to law, policy or practice
- Greater understanding of child deaths
- Other (please identify)

11. What will be the team's geographic scope? Check only one.

- City
- County
- Multi-County
- Judicial District
- Service District
- State
- Other

Name the geographic area: \_\_\_\_\_

12. The members of a child death review team should be those who are necessary to carry out the team's purpose and complete the team's activities. Check all that the team will include.

- Law Enforcement
  - Child Protective Services
  - Prosecutor/District Attorney
  - Medical Examiner or Coroner
  - Public Health Agency
  - Pediatrician or Pediatric Nurse Practitioner
  - Attorney for Child Protective Services Agency
- Division: \_\_\_\_\_

- |                            |                          |                                    |                          |
|----------------------------|--------------------------|------------------------------------|--------------------------|
| Child Care Licensing       | <input type="checkbox"/> | Private Non-Profit                 | <input type="checkbox"/> |
| Domestic Violence          | <input type="checkbox"/> | Court Appointed Special Advocate   | <input type="checkbox"/> |
| Education                  | <input type="checkbox"/> | Protection and Advocacy Agency     | <input type="checkbox"/> |
| Emergency Medical Services | <input type="checkbox"/> | Disabilities Expert                | <input type="checkbox"/> |
| Fire Department            | <input type="checkbox"/> | Substance Abuse Treatment Program  | <input type="checkbox"/> |
| Juvenile Justice           | <input type="checkbox"/> | Sudden Infant Death (SIDS) Program | <input type="checkbox"/> |
| Local Hospital             | <input type="checkbox"/> | Vital Records                      | <input type="checkbox"/> |
| Maternal and Child Health  | <input type="checkbox"/> | Prevention Partners                | <input type="checkbox"/> |
| Mental Health              | <input type="checkbox"/> | Others (identify)                  | <input type="checkbox"/> |
| Child Abuse Prevention     | <input type="checkbox"/> |                                    |                          |

13. **WHAT DEATHS WILL THE TEAM REVIEW?** This decision is based on what has been discussed in terms of team planning. Also needing consideration is the number of deaths that occur in the jurisdiction and how many deaths can be reviewed in one meeting. If it is determined that all deaths are to be reviewed, review procedures such as use of screenings and sub-committees that will allow the team to consider a wider number of cases may be in order. Check any and define.

A. Deaths of all children under a particular age? \_\_\_\_\_  
*What is the age?* \_\_\_\_\_

B. Deaths from certain causes? \_\_\_\_\_  
*What are the causes?* \_\_\_\_\_

C. Deaths that are ME/Coroner cases? \_\_\_\_\_  
*What deaths are these?* \_\_\_\_\_

D. Deaths of children/families known to a particular agency? \_\_\_\_\_  
*Define "known."* \_\_\_\_\_

14. What agency will sponsor the team or have lead authority?

- |                               |                          |
|-------------------------------|--------------------------|
| Public Health                 | <input type="checkbox"/> |
| Law Enforcement               | <input type="checkbox"/> |
| Social Services/CPS           | <input type="checkbox"/> |
| Prosecutor/District Attorney  | <input type="checkbox"/> |
| Medical Examiner/Coroner      | <input type="checkbox"/> |
| Child Abuse Prevention Center | <input type="checkbox"/> |
| Private Non-profit            | <input type="checkbox"/> |
| Other (identify)              | <input type="checkbox"/> |

15. How will the team identify the deaths?
- Medical examiner/coroner provides a list
  - Vital Records will provide death certificates
  - County Clerk will provide a list
  - Other

16. How will the team be notified of the deaths?

17. How will the team review individual deaths?

- Medical Examiner or others will screen cases for review
- Entire team will review all deaths
- Sub-committees review certain types of deaths
- Describe:
  
- Other
- Describe:

## CONFIDENTIALITY AND ACCESS TO INFORMATION

18. What provisions of law (statutes or ordinances, court rules, court orders or agency regulations) mandate that the team have access to information?
19. What provisions of law (statutes or ordinances, court rules, court orders, or agency regulations) or established practices will restrict team's access to case information?
20. Will the team use an interagency memorandum of agreement for the sharing of information?
21. Will the team develop any written materials to request/ensure access to records?

22. Complete the following table to address access to information on cases.

Information	Source	Mandates	Restrictions
Child Abuse/Neglect History			
Social Services Family History			
Scene Investigation			
Autopsy			
Medical Records			
Mental Health			
Substance Abuse			
Public Health Services			
Education			
Other			

23. If there are any restrictions on access to information, what approaches will be taken to secure access? Check all that apply and describe the approach.

- Changes to the law
- Confidentiality agreements
- Court order
- Attorney General's opinion
- HIPAA finding
- Other \_\_\_\_\_



26. Will the team require that access to information from the review be addressed by:

- Changes to the law?
- Confidentiality agreements?
- Court Order?
- Attorney General's Opinion?
- HIPAA Exemption Finding?
- Other?

27. Who will keep files of review information and where will the files be maintained?

28. How will review information be secured?

### **TEAM COORDINATOR AND TEAM CHAIR**

Not all teams have chairs or coordinators, the individual whose paid job or agency assignment is to administer the team. But because a team coordinator can be a valuable asset, their participation should be considered.

The team coordinator has the important job of keeping the child death review team going. Leadership is the key to developing and maintaining a committed, motivated team. The team coordinator's duties may encompass orientation of new members, team development, team meeting responsibilities, prevention activities, and team continuity.

The chair may be a person who runs the review meetings but does not perform administrative duties for the review.

28. Who will act as team:

Coordinator? \_\_\_\_\_

Chair of meetings? \_\_\_\_\_

**NOTES**