Child Fatality Teams

What are Child Fatality Teams

- Multi agency
- Multidisciplinary
- Review deaths of children from various causes
- Often with emphasis on abuse and/or neglect

Why and How Child Fatality Teams are Formed

- Agencies and professionals join together
- Address the facts and follow-up to the death
- Sharing information and resources
- Support local data collection for use in development of mandates and reports
- Official protocols and policies may be changed
- Highlight recommendations aimed at prevention

Basic Team Structure

- Core Membership
  - Coroner/Medical Examiner
  - Law Enforcement
  - Prosecuting Attorney
  - Child Protective Services
  - Health Department

Review Process

- Chosen by protocol from either coroner or health records
- Often includes deaths of all children under age 18
- Members share their knowledge of the child, family and the circumstances surrounding the child's death
- Will continue the collection of information until all aspects of case management are concluded

Common Problems

- One agency won't cooperate
- Records can't be found
- Team stopped meeting and needs to restart
- Confidentiality
- Failure to write a report on team activity
- Lack of staff resources necessary to coordinate activities when reviewing a large number of cases

Common Problems

- Vulnerability of line staff who are involved with a child who dies (especially when reported in the press)
- Tribal leaders are bothered by negative statement in reports about deaths

Other Activities the Team can Take on

- Public education on the potential hazards of 5 gallon buckets to toddlers
- Infant automobile safety seat campaigns
- Child-proof drug containers
- Traffic safety campaigns
- Enacting ordinances for swimming pools, spas, river safety

Other Activities the Team can Take on

- Providing smoke detectors for all homes in community
- Parenting programs for young mothers and fathers
- Multi-agency joint home visits
- Community education on shaken baby syndrome, FAS/FAE, child abuse and neglect, etc.