### LOGOLocal Child Fatality

### Prevention Team (CFPT)

**Review Guide**

Revised 2015

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**Overview of the NC Child Fatality Prevention System**

The Local Child Fatality Prevention Teams (CFPTs) were established as a statewide multi-disciplinary, multiagency child fatality prevention system consisting of the North Carolina Child Fatality Prevention Team, North Carolina Child Fatality Task Force and the Local Teams, (CFPTs and CCPTs). The purpose of the system is to assess the records of selected cases of children being served by child protective services and the records of all deaths of children in North Carolina from birth to age 17 in order to (i) develop a communitywide approach to the problem of child abuse and neglect, (ii) understand the causes of childhood deaths, (iii) identify any gaps or deficiencies that may exist in the delivery of services to children and their families by public agencies that are designed to prevent future child abuse, neglect, or death, and (iv) make and implement recommendations for changes to laws, rules, and policies that will support the safe and healthy development of our children and prevent future child abuse, neglect, and death.

Local Child Fatality Prevention Teams (CFPTs) were established in 1993 to review all “additional” child fatalities and make recommendations to state policy makers. The purpose of these reviews is to improve local and statewide systems to better protect children. CFPT recommendations are reported to the county commissioners and local boards of health. CFPT recommendations are shared with the North Carolina Child Fatality Prevention Team, which incorporates local information into recommendations made to the North Carolina Child Fatality Task Force.

Community Child Protection Teams (CCPTs) were established in 1991 to review selected active cases of child abuse/neglect and cases in which a child died as result of suspected abuse/neglect. They are established in every county of the State. The purpose of these reviews is to improve the Department of Social Services/Child Protective Services system and other community systems that protect children from abuse and neglect. CCPT recommendations are presented to the county commissioners, local boards of social services, and state-level policy makers. Any Community Child Protection Team that determines it will not review additional child fatalities shall notify the Team Coordinator.

In most counties, the local CFPT and local CCPT have merged. Based on the state statute, the first 10 members on both teams represent the same discipline such as law enforcement, mental health professional, and community action agency. The same appointed individual represents the same discipline on both Teams. A few counties still maintain separate teams.

The North Carolina Child Fatality Task Force (Task Force) is a diverse 35-member legislative study commission that studies the incidences and causes of child deaths in North Carolina and establishes a profile of child deaths. The Task Force was charged to study the incidence and causes of child deaths as well as make recommendations for changes to the legislation, rules, or policies that would promote the safety and well-being of children.

The North Carolina Child Fatality Prevention Team (State Team) shall review current deaths of children when those deaths are attributed to child abuse or neglect, or when the decedent was reported as an abused or neglected juvenile pursuant to G.S. 7B‑301 at any time before death.

The purpose of the reviews is to discover the factors contributing to child fatalities in North Carolina. The State Team reports recommendations to the Task Force. Both the local CFPTs and local CCPTs report their recommendations to the State Team.

**Section 1: The Local Child Fatality Prevention Teams**

1. **The Purpose and Goals of the Local Child Fatality Prevention Teams**

Local CFPTs review medical examiner reports, death transcripts, police reports, and other records for deceased county residents under age 18 whose fatalities are not due to abuse and neglect. Members discuss outcomes of services and circumstances surrounding the child’s death and make recommendations as needed.

The purposes of the local CFPTs are to:

* identify deficiencies in the delivery of services to children and families by public agencies;
* make and carry out recommendations for changes that will prevent future child deaths; and
* promote understanding of the causes of child deaths.

Local CFPTs and state agencies use CFPT review findings to determine trends, target prevention strategies, identify family and community needs, and support community agencies in their services to children and families. Local team recommendations are forwarded to the State Team in order to make recommendations to the Task Force.

The goals of the local CFPTs are to:

1. Involve Diverse Agencies and Disciplines: orient, inform, and involve professionals who serve children.
2. Collect Data: collect uniform, retrievable data on all child deaths.
3. Share Results: link child death patterns and trends with agencies and groups that can create and support strategies to prevent child deaths and identify system problems and make recommendations.
4. Act to Prevent Child Deaths: launch state and local action to prevent child deaths.
5. Reduce the number and rate of child deaths.
6. **Team Membership**

Each CFPT shall consist of representatives of public and nonpublic agencies in the community that provide services to children and their families and other individuals who represent the community. No single team shall encompass a geographic or governmental area larger than one county. They shall meet at least four times each year on a quarterly basis and elect a member to serve as chair at the Team’s pleasure.

Each team member shall serve a term of at least one year. There is no limit on the number of terms a member may serve. Notification of appointments by agencies or individuals named in G.S. 7B-1407(b) shall be made in writing to the chairperson, health director, or support staff. Vacancies on a Local Team shall be filled by the original appointing authority.

(see Appendix 2-1 for the Request for Appointment Form)

Each Local Team shall consist of the following persons:

* 1. The director of the county department of social services.
	2. A member of the director’s staff.
	3. A local law enforcement officer, appointed by the board of county commissioners.
	4. An attorney from the district attorney’s office, appointed by the district attorney.
	5. The executive director of the local community action agency, as defined by the Department of Health and Human Services, or the executive director’s designee.
	6. The superintendent of each local school administrative unit located in the county, or the superintendent’s designee.
	7. A member of the county board of social services, appointed by the chair of that board.
	8. A local mental health professional, appointed by the director of the area authority.
	9. The local guardian ad litem coordinator or the coordinator’s designee.
	10. The director of the local department of public health.
	11. A local health care provider, appointed by the local board of health.
	12. An emergency medical services provider or firefighter, appointed by the board of county commissioners.
	13. A district court judge, appointed by the chief district court judge in that district.
	14. A county medical examiner, appointed by the Chief Medical Examiner.
	15. A representative of a local child care facility or Head Start program, appointed by the director of the county department of social services.
	16. A parent of a child who died before reaching the child’s eighteenth birthday, to be appointed by the board of county commissioners.

The board of county commissioners may appoint a maximum of five additional members to represent county agencies or the community at large to serve on the local CFPT. The Team Coordinator shall serve as an ex officio member of each Local Team that reviews the records of additional child fatalities.

Use the County Profile Form to maintain an in-house list of team members, monitor vacancies, assess the need for additional members, and confirm each position is filled appropriately. (See Appendix 2-2)

1. **Team Roles**

**Team Coordinator:**

The Local Child Fatality Prevention Team Coordinator shall serve as liaison between the State Team and the Local Teams that review records of additional child fatalities and shall provide technical assistance to those Local Teams. The Team Coordinator provides training on local team operations monitors the work of the local CFPT and provides statistical data on child deaths to be review. (Also See Appendix 1, § 7B‑1408 for duties)

**The Director of the local Department of Public Health:**

The director of the local department of public health, upon consultation with the Team Coordinator, shall call the first meeting of the CFPT. Throughout the year, the director will distribute copies of written procedures from the Team Coordinator to the administrators and team members of all agencies represented on the CFPT, provide staff support for reviews, and report quarterly to the local board of health (or as required by the local board of health) on the activities of the CFPT. (See Appendix 1, § 7B‑1410 for duties)

**The Director of the County Department of Social Services:**

In addition to the duties of general members, the DSS director is responsible for determining cases for review (in addition to those requested by the Team Coordinator or a CFPT member); provide staff support for reviews, and report quarterly to the county board of Social Services on the activities of the CFPT. (Also See Appendix 1, § 7B‑1409 for duties)

**Review Coordinator:**

The main purpose of the Review Coordinator is to provide administrative and clerical support to the local child fatality prevention team. The Review Coordinator will work directly with the Chairperson to coordinate these activities.

1. Schedule CFPT meetings as needed.
2. Mail confidential information to team members regarding date and time of meetings, and cases to be reviewed.

3. Help identify system problems and gaps in services.

4. Help with identification of team recommendations and actions.

5. Read back identified system problems, recommendations and actions to clarify discussion for feedback and completion of the review form.

6. Record team input on the Confidential Child Fatality Report Form (see Appendix 2-8).

7. Mail completed review forms to the Team Coordinator.

8. Follow up on information, not under the purview of other team members, as requested.

9. Maintain review team records as directed by the county health director (i.e. confidentiality statements).

10. Collect and dispose of confidential memoranda after the meeting.

**Chairperson:**

The main purpose of the Chairperson is to facilitate the local CFPT review process. The chair shall schedule CFPT meetings no less often than once per quarter and often enough to allow adequate review of the cases selected for review. Within three months of election, the chair shall participate in the appropriate training developed under this Article.

The Chairperson will:

1. Prepare the meeting agenda.
2. Ask the Review Coordinator to record attendance, gather signatures on the confidentiality agreement, and complete the Confidential Child Fatality Report Form.
3. Ask members to introduce themselves and the agencies they represent.
4. Remind team members of the confidentiality agreement.
5. Ask all members to share information concerning the case to be reviewed; determine what information is not available and if there is a need to hold for another meeting (i.e. missing records, lack of agency search).
6. Assist the team in determining if enough information has been gathered to conduct a child fatality review.
7. Assist the team with identifying system problems, recommendations and actions.
8. Help the team determine what additional information is needed, and reschedule a meeting to continue the review, if needed.
9. Ask the Review Coordinator to review recorded system problems, recommendations and actions to clarify discussion and/or make changes.
10. Gather and provide confidential memorandum to the Review Coordinator for shredding after the meeting; schedule next CFPT meeting.

**General CFPT Members:**

The role of every CFPT member is crucial and adds essential information and perspective for every review. The basic role of all members includes the following duties:

1. Attend meetings. The General Statute requires teams to meet a minimum of four (4) times annually.

2. Check agency records for contact with parents or deceased child.

3. Notify the Review Coordinator if you are unable to attend a meeting.

4. Forward information from your agency to the Review Coordinator on cases to be reviewed when you are unable to attend.

5. Assist the team members with identifying system problems, recommendations and actions.

1. Help team members decide if more information is needed to conduct a full child fatality review.
2. Notify the Chairperson or Review Coordinator if you are unable to fulfill the responsibilities of your position on the team.
3. **Meetings**

Meetings of each local CFPT will be held at a designated, recurring time. Meetings shall be scheduled quarterly, or more frequently (if needed), to review all child deaths throughout the year. There are two options for conducting child death review meetings:

**Full Team Review Meeting:**

We recommend each local CFPT conduct a full team review of up to three child deaths at each meeting. All CFPT members provide a verbal report to the team of their agency’s records of contact with the deceased child’s family.

**Sub-Committee Review Meeting:**

CFPTs in large population counties face a special challenge in reviewing all child deaths within the county because of the large number of child deaths in their counties. More than fourteen large population counties each yield 30 or more child deaths each year. According to statute, G.S. 7B-1405.5, the State Team and Team Coordinator must develop guidelines to assist in selecting child deaths to receive full team review by local CFPTs. These guidelines apply only to local CFPTs that are unable to review all child deaths because of large population issues.To enable review of all child deaths, a sub-committee of CFPT members will be formed.

The sub-committee must consist of multi-disciplinary, multi-agency members. Suggested sub-committee membership: department of social services staff member; health department staff member; local law enforcement officer; county medical examiner or local health care provider.

Sub-committee members review the death certificate and medical examiner report (if death investigated by medical examiner) for each child. We suggest that county sub-committee members select seven to nine child deaths from each quarter for full team review. For example, if a large population county has 30 fatalities to review in one quarter, a sub-committee will review all 30 child deaths which occurred in the quarter and select seven to nine child deaths for full team review (reviewing two to three cases per month).

**Public Meetings:**

CFPT meetings are closed to the public. However, each local CFPT will schedule at least two public meetings annually, one presentation to the County Commissioners and one presentation to the board of health, according to state statute (G.S. 7B-1408.1.2 and G.S. 7B-1410.4) (Appendix 1, § 7B-1408, § 7B-1410). Additionally, the CFPT may hold periodic public meetings to discuss, in a general manner not revealing confidential information, the review findings and recommendations for preventive actions. Outcomes of individual case reviews are not to be disclosed to the public.

The following shall be included in public meeting agenda items: information about the local CFPT (including purposes, composition, confidentiality guidelines, access to records, statutory basis, frequency of meetings), information about child deaths in the county/state (number, causes, ages), number of deaths reviewed by the CFPT, system problems identified, recommendations, and action taken. No identifying information about individual child deaths may be addressed, including names, addresses, dates, or circumstances.

**Before each Meeting:**

1. Death transcripts, medical examiner reports, birth certificate information, and injury data are sent to the Review Coordinator.

2. In certain counties: optional cursory review is conducted by a Team Sub-committee, selecting 3 to 4 cases for review in Full Team.

3. A confidential memo is sent to all Team members requesting they check their agency records regarding the upcoming cases.

4. The cover of CFPT Confidential Report Form is completed by the Review Coordinator.

**During each Meeting:**

1. Cases specified in G.S. 7B-1408(1) (Appendix 1, § 7B-1408) shall be reviewed.
2. The following information, provided by the Team Coordinator shall be included in the presentation of cases to the local CFPT. Reports and copies of agency records, including medical examiner reports and death certificate transcripts should not be distributed to CFPT members:
* Death transcript information, including exact cause and manner of death.
* Birth certificate information, for children less than one year of age.
* (If death reviewed by medical examiner) Medical examiner investigative report information, including exact cause and manner of death, agencies involved, means of death, narrative summary of circumstances of death.
* Information gleaned from contact with all agencies represented on the team, as named in G.S. 7B-1407(b) (See Appendix 1, § 7B-1407).
1. The CFPT Confidential Report Form (see Appendix 2-8 and 2-9) is completed.
2. System problems are identified and recommendations made.
3. At the conclusion of the meeting, the confidential memos are collected and destroyed (See “Confidentiality” Section 2.IX).

**After each Meeting:**

It is necessary for CFPTs to issue written reports (See “Reporting, Response, and Tracking of Team Actions and Recommendations” Section 2.VII), including findings and recommendations, following their meetings. Full team reviews require a written CFPT Confidential Report Form (Appendix 2-8), submitted to the Team Coordinator within 45 days of the date of review. Regular reports provide up-to-date information on the magnitude of the problem and needs of the total system in order to accommodate any emerging trends. Regular reports also serve as an ongoing statement of progress, or lack of it, towards achievement of needed systems modification and reform. It is the responsibility of each CFPT to take action, share recommendations, and implement changes.

1. **Agreement Addendum (AA)**

Each year an AA is signed by the Health Director and the Chairperson (if different than the Health Director) and the Division of Public Health outlining the responsibilities of the Local CFPT. The CFPT service requirements are:

Each local team shall:

1. Meet a minimum of 4 times per year on a quarterly basis to review child fatalities, make recommendations to prevent child deaths, and/or develop action plans to prevent child deaths.
2. Submit team recommendations annually to the board of county commissioners and the local board of health and advocate for system improvements and needed resources.
3. Submit an annual report identifying local team accomplishments and activities. The Team Coordinator in the Children and Youth Branch will provide details as to the specific content and due date of the reports.
4. Report findings in connection with each child death review to the Team Coordinator. Findings are to be submitted on the required CFPT Confidential Report Form (Appendix 2-8) within forty-five days from the date of the review.
5. **Local Teams Funding**

Funds are allocated from the Division of Public Health, Children and Youth Branch and distributed to county health departments via the annual Agreement Addenda (AA). The AA specifically outlines how monies are to be spent on CFPT operations. For example, funds can be spent on project implementation (hosting educational seminars, printing brochures or purchasing child safety seats), refreshments for meetings or travel reimbursement for CFPT members who come from out of county.

State funding to support local CFPTs is $77, 412.000 annually. In 2002, nineteen counties chose to reduce or eliminate their funding due to a budgetary request from the Division of Public Health.

Each local team determines how funds will be spent for CFPT operations. However, the AA is somewhat flexible and if the local team decides mid-year to implement a project that is not in the signed agreement, they may do so, with the support of the local health director and the Team Coordinator. It is important for each local team to establish a plan of action, in consultation with the health director, for each funding year so that specific expenditures will be reflected in the Agreement Addenda.

**Selected Spending Activities**

Funding for approximately 80% of local team activities comes from the General Assembly. Monies can be spent on programming, hiring of staff to support the CFPT, safety equipment and child fatality trainings.

Below is a more complete list of selected spending activities.

1. Hiring of health department or Guardian Ad Litem staff to provide part-time support to the CFPT.
2. Hiring of parent of a deceased child to provide staff support to the CFPT.
3. Purchasing of smoke detectors, trigger locks or car seats for distribution to needy families.
4. Car seat installation certification fees.
5. Implementing programs that have grown out of identified system problems and recommendations, such as:
* Planning suicide prevention training seminars or safe surrender workshops that include personnel from mental health, health departments, DSS and schools.
* All day training seminars available at no charge to interested community members.
* Funding to investigate programs in other communities and receive special training regarding prevention services. Funds could also be used by CFPTs for specific training for individual team members (i.e. safe surrender, team building, child advocacy, child abuse, homicide, or child fatality).
1. Purchasing refreshments for team meetings.
2. Attending Prevent Child Abuse NC conferences.
3. Attending child fatality prevention and child safety conferences. Other conference topics may include, SIDS, Suicide, Shaken Baby Syndrome, Gang Violence, Perinatal health/prematurity.\*
4. Donating funds to Rape Crisis/Family Violence programs to support education about child abuse and neglect in the schools and battered women’s shelters (which accepts mothers and children).
5. Hosting public forums on child fatality prevention and child safety issues.
6. Providing travel reimbursements and/or stipends for CFPT members who come from out of county (medical examiners, judges, etc.) or who are not public servants (and must take leave from their jobs to participate on CFPT) in order to increase attendance.

\*For questions about other types of conferences please contact the CFPT Team Coordinator

1. **Performance Monitoring And Quality Assurance**

To ensure adequate performance of each team:

1. The Team Coordinator will provide technical assistance to the local team, as needed, by telephone, fax, E-mail or written correspondence.

2. The Team Coordinator will conduct telephone or site monitoring to 33 counties per year to assess the team’s progress towards meeting the service deliverables.

3. The Team Coordinator will provide a follow up letter within two weeks of the telephone or monitoring site visit identifying any non-completed activities and the action to be taken.

**Section 2: Case Review Preparation**

1. **Process for Review**

The role of every CFPT member is crucial and adds essential information and perspective for every review. CFPTs should be able to review up to 9 fatalities per quarter, and 3-4 cases per CFPT full team review meeting. Counties with more than 9 fatalities per quarter may want to consider using a subcommittee to review all cases and select 3 to 4 cases for full team review each month. Child death review information is sent to each local CFPT once a quarter during a calendar year. There are six steps or processes used for review:

1. Provision of Death Certificates and Birth Information
2. Reports of Investigation by Medical Examiner
3. Selection of Cases
4. Confidential Notification to CFPT Members
5. Case Reviews and Reports
6. Records Management
7. **Provision of Death Certificate Transcripts and Birth Information**

The Team Coordinator provides death certificate transcripts for all county resident child deaths during the review quarter. The North Carolina State Center for Health Statistics will provide each CFPT with one death certificate transcript copy for each residential child fatality.

Each death transcript contains the following information:

● Decedent’s name ● Age ● Father’s name

● All causes of death info ● Date of birth ● Mother’s name

● Date of death ● County of residence ● Address

To enhance the review of infant deaths, information from the birth certificates of infant fatalities (those less than one year of age) will also be available from the Team Coordinator. This information may include:

● Mother’s name and birth date ● Father’s name and birth date

● Number of prenatal visits ● Weeks of gestation

1. **Role of the Medical Examiner (ME)**

As a special point of interest, the **role of the Medical Examiner** is key to the NC child fatality prevention system.  The North Carolina Office of the Chief Medical Examiner investigates all deaths that occur due to injury or violence, as well as natural deaths that are suspicious, unusual, or unattended by a medical professional. County-based medical examiners are working professionals who are appointed by the Chief Medical Examiner and paid on a per-case basis. Medical examiners decide, based on a preliminary investigation, whether an autopsy should be ordered to help determine the cause and manner of death in each case. If an autopsy is necessary, the deceased is sent to a regional pathologist. It is the medical examiner’s job to investigate the death, using whatever means are necessary to collect and assimilate all the information, and to arrive at the appropriate cause and manner of death.

In 1999, the Legislature appropriated funds to support two positions for the NC Child Fatality Prevention Team. One position is a Social Research Assistant who is responsible for case reviews, monthly Team meetings, and general research activities. The other position is a Public Health Program Consultant who serves as a Child Death Scene Investigator and Trainer. The State Team originally included a Medical Director as well; however this position is no longer funded. The Chief Medical Examiner now serves at the State Team’s Director. All child deaths that fall under the jurisdiction of the Medical Examiner receive a medicolegal investigation. However, the scope of the investigation varies based on the circumstances of the death. Scene investigations, whether conducted by OCME staff or law enforcement agencies, will prompt questions about the events leading to the child’s death, and data collection will provide information to correctly certify the death. Data collection research also provides information on trends for particular kinds of child deaths. A statewide child death investigation protocol exists which counties can voluntarily implement. In addition, several courses are available to local and state agencies through the Office of the Chief Medical Examiner.

Many child deaths that are reported to the medical examiner system will require an autopsy. Every autopsy performed in the medical examiner system is a complete autopsy. In an infant death, a full body X-ray is done to identify possible healing or acute fractures or other bony abnormalities. All information and laboratory tests are incorporated into a final written report, giving the cause of death. The information in this report is used by the medical examiner to certify the cause of death, and to correctly assign the proper manner of death in each case.

1. **Selection of Cases**

Up to three deaths will be reviewed each meeting. If the county has a sub-committee, after a cursory review, the sub-committee will select deaths for review in full team. Deaths due to suspected abuse/neglect that have been reviewed by the local CCPT, deaths under open investigation, medical examiners reports that are “pending” or still open are not reviewed by the CFPT. Note: Once the Report of Investigation by the Medical Examiner is completed the case is reviewed by the local CFPT.

The review process may be delayed one year after the date of death for the following reasons:

**Incomplete Information**

Many necessary pieces of information are not regularly available for review until at least one year after the date of death. Missing information may include:

1. Missing death transcripts: death transcript information for child residents whose deaths occurred outside your county may not be available to your county health department for several months. A review of death certificates before the one year delay may not yield a complete list of child resident deaths.
2. Missing reports of investigation by medical examiner: The medical examiner system requires about two months to complete its investigation, lab analysis, documentation, and processing before reports are available for review. Deaths of a complicated nature may take longer.

Note: Reviews of deaths investigated by the county medical examiner must include the Report of Investigation by the Medical Examiner.

1. Incomplete investigations: law enforcement and CPS investigation reports are not available immediately after a child’s death. A premature review may yield conclusions and recommendations which are contradicted later by evidence discovered in such an investigation.

**CC**

**Overload of State Agency Support**

Local CFPTs that review very recent deaths will create a need for individual record requests to the Office of the Chief Medical Examiner and the State Center for Health Statistics (Vital Statistics). The review process is structured to avoid individual requests from 100 county CFPTs to these state agencies.

If your CFPT has not received a necessary Report of Investigation by Medical Examiner or death transcript, please contact the CFPT Team Coordinator, at: Division of Public Health, Children and Youth Branch, 1928 Mail Service Center, Raleigh, NC 27699-1928. Call (919) 707-5623 or fax (919) 870-4882. Please do not fax requests which contain individual children’s names.

**Data Collection Problems**

Reviews completed and submitted to the Team Coordinator that do not correspond to the period of review for all counties create a greater potential for error in entering and analyzing data correctly. The Team Coordinator can receive up to 1600 CFPT reports each year. To correct errors the Team Coordinator may be required to contact each county.

CFPT reports submitted to the Team Coordinator that reflect incomplete information will create an inaccurate representation of system problems and recommendations. Please record all information on the report form correctly such as the date of death, date of review, and death certificate number. Identify system problems by checking the appropriate box and make sure the system problems and recommendations are written in the correct sections of the report form.

1. **Notification of CFPT Members**

Prior to each meeting, the Chairperson and the Review Coordinator mail the information to all CFPT members and ask them to look for agency records related to the families of the children. CFPT members are asked to bring a summary and agency records to the next team meeting. Reports and copies of agency records, including medical examiner reports and death certificates should not be distributed to CFPT members.

1. **Case Reviews**

All CFPT members bring agency records or summaries to the meeting. Each CFPT member presents a verbal summary of their agency’s records of contact with the decedent’s family. During the review, team members identify system problems, recommendations, and actions to prevent future child deaths. The team decides if members need more information to identify system problems. If the team needs more information, the Review Coordinator and Chairperson complete the Records Request form (Appendix 2-4) to obtain police reports or hospital records (for example), and the Chairperson reschedules the review to the next meeting. If no additional information is necessary, the Review Coordinator completes the CFPT Confidential Report Form (Appendix 2-8)

The Review Coordinator mails the original report forms to the Team Coordinator **within 45 days of the review date.** The Review Coordinator keeps a copy of each completed report form.

1. **Reporting and Tracking of Team Actions and Recommendations**

It is necessary for CFPTs to issue written reports, including findings and recommendations, following their meetings. Regular reports provide up-to-date information on the magnitude of the problem and needs of the total system in order to accommodate any emerging trends. Regular reports also serve as an ongoing statement of progress, or lack of it, towards achievement of needed systems modification and reform.

**CFPT Confidential Report Forms**

The CFPT Confidential Report Form (Appendix 2-8) is completed for each child's death that receives a review from the full team.  It contains confidential information about cause of death, system problems identified, and recommendations made for prevention of future fatalities. After the Review Coordinator completes the form the original is sent to the Team Coordinator. Each Local Team keeps a copy for their files for **five** years and then destroys it.

**CFPT Subcommittee Tracking Form**

The Sub-committee Tracking Form (Appendix 2-3) is used by large-population counties such as Durham, Wake and Mecklenburg, who have 30 or more child deaths per year. This report forms gathers information such as the death certificate number, date of death, date of review and whether the case received a full-team review. After the meeting, the tracking form is sent to the Team Coordinator.

**Annual Reports to the Local Board of Health and County Commissioners**

Reports to the Local Board of Health and County Commissioners are required annually by each local CFPT. Reports can be made on a calendar year or fiscal year.  This type of report serves to communicate information to other entities about how children are dying in a particular county and/or if the local CFPT needs assistance with child death prevention issues or child safety issues.

**Annual Activity Summary**

The Annual Activity Summary is a requirement of the Agreement Addenda between the Division of Public Health and each local health department and is completed by each local CFPT. Announcements about the online survey to collect data for the summary are sent to each Chairperson and Review Coordinator.

1. **Records Management**

Agency information may be channeled to a specific person within the agency providing staff support to the CFPT. To ensure the security of such records, they can be returned or destroyed at the conclusion of the review process. An alternative method is to ask people to bring copies of relevant materials to the CFPT meeting. These materials are for the presenter’s use only and are not distributed in any way. Presenters then return the materials to their own agencies directly after the meeting. The only record of the team discussion may be a non-identifiable data sheet which records salient facts of the case, system problems identified, and recommendations, to be used for later aggregated data analysis. This approach is one of the most secure. If identifiable information is collected, it would have to become part of an agency record that is protected from disclosure and from discovery by a court of law. This protection from discovery is written into legislation supporting the CFPT.

CFPT records (i.e., minutes, report copies, death certificates, medical examiner’s reports) shall be maintained in a confidential manner, retained for five years and destroyed in accordance with GS 7B-141(2) and NC Records and Disposition Schedule published by the NC Division of Archive and History.

**Guidelines for Information Management of Written Reports or Memos:**

1. Each page must be labeled CONFIDENTIAL.

2. Correspondence by mail should be sealed in an envelope labeled CONFIDENTIAL.

3. Facsimile transmission should be avoided.

1. Reports and copies of agency records, including medical examiner reports and death certificates should not be distributed to CFPT members.
2. All records maintained at local sites should be labeled CONFIDENTIAL and protected.
3. Computer data should be stored on CDs, thumb drives labeled CONFIDENTIAL, or on hard drives only when access is password protected.
4. Send completed report form and, if applicable, the subcommittee tracking form to the Team Coordinator.
5. Gather records requested from the team for follow-up cases.
6. When issuing written reports: The local CFPT may release written reports including information about the local CFPT (including purposes, composition, confidentiality guidelines, access to records, statutory basis, frequency of meetings), information about child deaths in the county/state (number, causes, ages), number of deaths reviewed by the CFPT, system problems identified, recommendations, and action taken. No identifying information about individual child deaths may be released, including names, addresses, dates, or circumstances.
7. **Confidentiality**

While the CFPT may periodically release non-identifiable aggregated data, releasing case-specific information would be a serious breach of confidentiality. This issue is important not only to protect surviving family members and to avoid a lawsuit, but it is also essential to maintain federal program funding (regarding educational institutions, drug treatment programs, child protective services, etc.). It is not within the purposes of the CFPT to release any case-specific information, even when the information may be “public knowledge” (e.g., as a result of a trial). Case-specific information which is already public record may be obtained by the public through appropriate channels, which do not include the CFPT.

Confidentiality and privacy issues are major considerations in the child fatality prevention system for maximum organizational cooperation and information sharing. It is extremely important that the confidentiality of each participating organization be recognized and respected.

Each CFPT member and invited participant shall sign a statement indicating their understanding of and adherence to confidentiality requirements (Appendix 2-5), including possible civil and criminal consequences of any breach of confidentiality. Rules regarding confidentiality shall apply to any personal files that are created or maintained by any CFPT member or invited participant.

Confidentiality must be appropriately balanced against the need for information to make the prevention system operate successfully, so there are expectations about disclosure in place:

**Verbal Disclosure:**

It may be appropriate to share information with professionals who have had contact with the children and families whose cases are reviewed. These professionals may need to be included in a full case review by the CFPT. CFPTs may invite participants to share information pertaining to the case reviews (such as a first responder to the scene of the incident preceding the death). With the exception of professionals who have had contact with these children and families, the CFPT may not invite participants to learn individual case information from the CFPT review.

Workers and staff invited to participate in the CFPT review may require training and supervision regarding proper handling of information, including court testimony. Each local CFPT member must sign a confidentiality statement (Appendix 2-5). North Carolina law prevents the local CFPT from contacting, questioning, or interviewing families of deceased children as part of the review. The law protects information shared at local CFPT reviews from introduction into court proceedings, to maintain each family’s privacy.

Confidential information and records created by a CFPT in the exercise of its duties are not subject to discovery or introduction into evidence in any proceedings and may only be disclosed as necessary to carry out the purposes of the CFPT. For example, members may disclose during CFPT reviews that they have observed or suspect criminal activity by members of a child’s family whose case is being reviewed. Unless the criminal activity directly relates to the child’s death, representatives of law enforcement or the District Attorney on the CFPT may not act upon the information without the permission of the team member making the disclosure, because prosecution of criminal activity not related to a child’s death is not within the purposes of the CFPT to prevent future child fatalities. However, unless prohibited by their own agencies’ confidentiality requirements or professional ethics, CFPT members with knowledge of criminal activity should be encouraged to report it to the law enforcement or District Attorney’s representative outside of the CFPT meeting.

**Note:** As a result of CFPT reviews, team members may realize that they have cause to suspect that a child reviewed died as a result of maltreatment, or that a sibling or dependent in the child’s family is being abused and neglected. The above referenced confidentiality provisions do not prevent CFPT members, or the team themselves, from making a Child Protective Services (CPS) referral under such circumstances to the appropriate county department of social services, as required by N.C.G.S. 7A-543.

No member of a CFPT, nor any person attending a CFPT meeting, may testify in any proceeding about what transpired at the meeting, about information presented at the meeting, or about opinions formed as a result of the meetings. This statute does not prohibit a person from testifying in a civil or criminal action about matters within that person’s independent knowledge.

**Records Disclosure:**

The Health Services Commission shall adopt rules in connection with local CFPTs. In particular, these rules shall allow confidential information generated by the CFPT to be accessible for administrative or research purposes only. Release must be related to the purposes of the team.

Public health reporting mandated by law has not been changed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Local teams can continue to request medical information without requiring a patient’s written authorization for the expressed purpose of conducting child fatality reviews.

The HIPAA Privacy Acts permit the disclosures required by law. Specifically, NC General Statute 7B-1413 states: “Access to records. (a) the State Team, the Local Teams, and the Task Force during its existence, shall have access to all medical records, hospital records, and records maintained by this State, any county, or any local agency as necessary to carry out the purposes of this Article, including police investigations data, medical examiner investigative data, health records, mental health records, and social services records.”

**Potential Conflicts of Interest:**

Reviews conducted parallel to a law enforcement investigation may create a conflict between CFPT confidentiality guidelines and investigation protocols for the law enforcement or district attorney’s representative attending the review. For example, these representatives may need to use information they receive in the CFPT review as part of any ongoing investigation. This need may conflict with other CFPT members’ and private providers’ understanding about the purpose and intended use of their shared agency records.

It is the responsibility of the CFPT chairperson, staff support person, law enforcement officer, and attorney from the district attorney’s office to assure that each review is conducted only after the criminal investigation is completed.

**FAQs, Trouble Shooting or Common Questions**

1. **What do local CFPTs do?**

Local CFPTs review medical examiner reports, death certificate transcripts, police reports and other records for deceased county residents under age 18 whose fatalities are not due to abuse and neglect. Members discuss outcomes of services and circumstances surrounding the child’s death.

1. **Why do local CFPTs review child deaths?**

The purposes of the local CFPT are to:

* Identify deficiencies in the delivery of services to children and families by public agencies,
* Make and carry out recommendations for changes that will prevent future child deaths, and
* Promote understanding of the causes of child deaths.

Local CFPTs and state agencies use CFPT review findings to determine trends, target prevention strategies, identify family and community needs, and support community agencies in their services to children and families. Local team recommendations are forwarded to the State Team in order to make recommendations to the Task Force.

1. **Who serves on the local CFPT?**

Each local CFPT consists of 16 appointed representatives of public agencies, non-public agencies and the community as defined by GS § 7B‑1407 (Appendix 1, § 7B‑1407).

The board of county commissioners may appoint a maximum of five additional members to represent county agencies or the community at large to serve on the local CFPT.

1. **What are the duties of individual CFPT members?**

Team members are responsible for providing information from their agency records about each child’s death. The CFPT will rely on members to provide perspective and insight from the vantage point of their agencies and experiences.

1. **What about confidentiality?**

Each local CFPT member must sign a confidentiality statement. North Carolina law prevents the local CFPT from contacting, questioning, or interviewing families of deceased children as part of the review. The law protects information shared at local CFPT reviews, even from introduction into court proceedings, to maintain each family’s privacy.

1. **What do local CFPTs do with the findings of their reviews?**

Each year, local CFPTs report to county commissioners their suggestions to prevent future child deaths. Similar reports may also be given to the board of health or introduced at a public meeting. Local CFPTs may not share any single family’s or child’s information in this report.

Local CFPTs submit review findings and data to the statewide Team Coordinator. These reports do not include names or other family or child identifying information. The Child Fatality Task Force, NC Child Fatality Prevention Team and local CFPTs use this information to form policies and laws, increase public and professional knowledge, and prevent future child deaths.

1. **What is the CCPT and how do CFPTs and CCPTs work together?**

Community child protection teams (CCPTs) were established in 1991 to review selected active cases of child abuse/neglect and cases in which a child died as result of suspected abuse/ neglect. The purpose of these reviews is to improve the Department of Social Services/Child Protective Services system and other community systems which protect children from abuse and neglect. CCPT recommendations are presented to the county commissioners, local boards of social services, and state-level policy makers.

In 1993, CFPTs were established to review all additional child fatalities and make recommendations to state policy makers. The purpose of these reviews is to improve local and statewide systems to protect children. CFPT recommendations are reported to the county commissioners and local boards of health. CFPT recommendations are shared with the North Carolina Child Fatality Prevention Team who incorporates local information into recommendations made to the North Carolina Child Fatality Task Force.

In most counties, the local CFPT and local CCPT have merged. Based on the state statute, the first 10 members represent the same discipline such as law enforcement, mental health professional or community action agency. The same appointed individual represents the same discipline on both Teams. A few counties still maintain separate teams: a CCPT reviewing only abuse and neglect cases and a CFPT reviewing all other cases.

1. **Should the CFPT review cases previously reviewed by CCPT?**

No. Because the local CCPTs have a separate system for reviewing child abuse /neglect cases and fatalities and a mechanism for forwarding recommendations to state policy makers, **CFPTs**

**do not need to review fatalities previously reviewed by CCPT.** All fatalities not reviewed by CCPT should be reviewed by CFPT.

1. **Whom do I contact to learn more about local CFPTs?**

To learn more about local CFPTs, contact:

Local CFPT Program Coordinator

N.C. Division of Public Health

Children and Youth Branch

1928 Mail Service Center

Raleigh, NC 27699-1928

Phone (919) 707-5623

Fax (919) 870-4882

Website: http://www.ncdhhs.gov/dph/wch/aboutus/childfatality.htm

**Appendix 1-1: State Statutes**

§ 7B‑1400.  Declaration of public policy.

The General Assembly finds that it is the public policy of this State to prevent the abuse, neglect, and death of juveniles. The General Assembly further finds that the prevention of the abuse, neglect, and death of juveniles is a community responsibility; that professionals from disparate disciplines have responsibilities for children or juveniles and have expertise that can promote their safety and well‑being; and that multidisciplinary reviews of the abuse, neglect, and death of juveniles can lead to a greater understanding of the causes and methods of preventing these deaths. It is, therefore, the intent of the General Assembly, through this Article, to establish a statewide multidisciplinary, multiagency child fatality prevention system consisting of the State Team established in G.S. 7B‑1404 and the Local Teams established in G.S. 7B‑1406. The purpose of the system is to assess the records of selected cases in which children are being served by child protective services and the records of all deaths of children in North Carolina from birth to age 18 in order to (i) develop a communitywide approach to the problem of child abuse and neglect, (ii) understand the causes of childhood deaths, (iii) identify any gaps or deficiencies that may exist in the delivery of services to children and their families by public agencies that are designed to prevent future child abuse, neglect, or death, and (iv) make and implement recommendations for changes to laws, rules, and policies that will support the safe and healthy development of our children and prevent future child abuse, neglect, and death. (1991, c. 689, s. 233(a); 1993, c. 321, s. 285(a); 1998‑202, s. 6.)

§ 7B‑1401.  Definitions.

The following definitions apply in this Article:

(1) Additional Child Fatality. – Any death of a child that did not result from suspected abuse or neglect and about which no report of abuse or neglect had been made to the county department of social services within the previous 12 months.

(2) Local Team. – A Community Child Protection Team or a Child Fatality Prevention Team.

(3) State Team. – The North Carolina Child Fatality Prevention Team.

(4) Task Force. – The North Carolina Child Fatality Task Force.

(5) Team Coordinator. – The Child Fatality Prevention Team Coordinator. (1991, c. 689, s. 233(a); 1993, c. 321, s. 285(a); 1998‑202, s. 6.)

§ 7B‑1402.  Task Force – creation; membership; vacancies.

(a) There is created the North Carolina Child Fatality Task Force within the Department of Health and Human Services for budgetary purposes only.

(b) The Task Force shall be composed of 35 members, 11 of whom shall be ex officio members, four of whom shall be appointed by the Governor, 10 of whom shall be appointed by the Speaker of the House of Representatives, and 10 of whom shall be appointed by the President Pro Tempore of the Senate. The ex officio members other than the Chief Medical Examiner shall be nonvoting members and may designate representatives from their particular departments, divisions, or offices to represent them on the Task Force.

The members shall be as follows:

(1) The Chief Medical Examiner;

(2) The Attorney General;

(3) The Director of the Division of Social Services;

(4) The Director of the State Bureau of Investigation;

(5) The Director of the Division of Maternal and Child Health of the Department of Health and Human Services;

(6) The Director of the Governor’s Youth Advocacy and Involvement Office;

(7) The Superintendent of Public Instruction;

(8) The Chairman of the State Board of Education;

(9) The Director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services;

(10) The Secretary of the Department of Health and Human Services;

(11) The Director of the Administrative Office of the Courts;

(12) A director of a county department of social services, appointed by the Governor upon recommendation of the President of the North Carolina Association of County Directors of Social Services;

(13) A representative from a Sudden Infant Death Syndrome counseling and education program, appointed by the Governor upon recommendation of the Director of the Division of Maternal and Child Health of the Department of Health and Human Services;

(14) A representative from the North Carolina Child Advocacy Institute, appointed by the Governor upon recommendation of the President of the Institute;

(15) A director of a local department of health, appointed by the Governor upon the recommendation of the President of the North Carolina Association of Local Health Directors;

(16) A representative from a private group, other than the North Carolina Child Advocacy Institute, that advocates for children, appointed by the Speaker of the House of Representatives upon recommendation of private child advocacy organizations;

(17) A pediatrician, licensed to practice medicine in North Carolina, appointed by the Speaker of the House of Representatives upon recommendation of the North Carolina Pediatric Society;

(18) A representative from the North Carolina League of Municipalities, appointed by the Speaker of the House of Representatives upon recommendation of the League;

(18a) A representative from the North Carolina Domestic Violence Commission, appointed by the Speaker of the House of Representatives upon recommendation of the Director of the Commission;

(19) One public member, appointed by the Speaker of the House of Representatives;

(20) A county or municipal law enforcement officer, appointed by the President Pro Tempore of the Senate upon recommendation of organizations that represent local law enforcement officers;

(21) A district attorney, appointed by the President Pro Tempore of the Senate upon recommendation of the President of the North Carolina Conference of District Attorneys;

(22) A representative from the North Carolina Association of County Commissioners, appointed by the President Pro Tempore of the Senate upon recommendation of the Association;

(22a) A representative from the North Carolina Coalition Against Domestic Violence, appointed by the President Pro Tempore of the Senate upon recommendation of the Executive Director of the Coalition;

(23) One public member, appointed by the President Pro Tempore of the Senate; and

(24) Five members of the Senate, appointed by the President Pro Tempore of the Senate, and five members of the House of Representatives, appointed by the Speaker of the House of Representatives.

(c) All members of the Task Force are voting members. Vacancies in the appointed membership shall be filled by the appointing officer who made the initial appointment. Terms shall be two years. The members shall elect a chair who shall preside for the duration of the chair’s term as member.

 In the event a vacancy occurs in the chair before the expiration of the chair’s term, the members shall elect an acting chair to serve for the remainder of the unexpired term. (1991, c. 689, s. 233(a); 1991 (Reg. Sess., 1992), c. 900, s. 169(b); 1993, c. 321, s. 285(a); 1993 (Reg. Sess., 1994), c. 769, s. 27.8(d); 1996, 2nd Ex. Sess., c. 17, s. 3.2; 1997‑443, s. 11A.98; 1997‑456, s. 27; 1998‑202, s. 6; 1998‑212, s. 12.44(a), (b); 2004‑186, s. 5.1.)

§ 7B‑1403.  Task Force – duties.

The Task Force shall:

(1) Undertake a statistical study of the incidences and causes of child deaths in this State and establish a profile of child deaths. The study shall include (i) an analysis of all community and private and public agency involvement with the decedents and their families prior to death, and (ii) an analysis of child deaths by age, cause, and geographic distribution;

(2) Develop a system for multidisciplinary review of child deaths. In developing such a system, the Task Force shall study the operation of existing Local Teams. The Task Force shall also consider the feasibility and desirability of local or regional review teams and, should it determine such teams to be feasible and desirable, develop guidelines for the operation of the teams. The Task Force shall also examine the laws, rules, and policies relating to confidentiality of and access to information that affect those agencies with responsibilities for children, including State and local health, mental health, social services, education, and law enforcement agencies, to determine whether those laws, rules, and policies inappropriately impede the exchange of information necessary to protect children from preventable deaths, and, if so, recommend changes to them;

(3) Receive and consider reports from the State Team; and

(4) Perform any other studies, evaluations, or determinations the Task Force considers necessary to carry out its mandate. (1991, c. 689, s. 233(a); 1996, 2nd Ex. Sess., c. 17, s. 3.2; 1998‑202, s. 6; 1998‑212, s. 12.44(a), (c).)

§ 7B‑1404.  State Team – creation; membership; vacancies.

(a) There is created the North Carolina Child Fatality Prevention Team within the Department of Health and Human Services for budgetary purposes only.

(b) The State Team shall be composed of the following 11 members of whom nine members are ex officio and two are appointed:

(1) The Chief Medical Examiner, who shall chair the State Team;

(2) The Attorney General;

(3) The Director of the Division of Social Services, Department of Health and Human Services;

(4) The Director of the State Bureau of Investigation;

(5) The Director of the Division of Maternal and Child Health of the Department of Health and Human Services;

(6) The Superintendent of Public Instruction;

(7) The Director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, Department of Health and Human Services;

(8) The Director of the Administrative Office of the Courts;

(9) The pediatrician appointed pursuant to G.S. 7B‑1402(b) to the Task Force;

(10) A public member, appointed by the Governor; and

(11) The Team Coordinator.

The ex officio members other than the Chief Medical Examiner may designate a representative from their departments, divisions, or offices to represent them on the State Team.

(c) All members of the State Team are voting members. Vacancies in the appointed membership shall be filled by the appointing officer who made the initial appointment. (1991, c. 689, s. 233(a); 1993, c. 321, s. 285(a); 1997‑443, s. 11A.99; 1997‑456, s. 27; 1998‑202, s. 6.)

§ 7B‑1405.  State Team – duties.

The State Team shall:

(1) Review current deaths of children when those deaths are attributed to child abuse or neglect or when the decedent was reported as an abused or neglected juvenile pursuant to G.S. 7B‑301 at any time before death;

(2) Report to the Task Force during the existence of the Task Force, in the format and at the time required by the Task Force, on the State Team’s activities and its recommendations for changes to any law, rule, and policy that would promote the safety and well‑being of children;

(3) Upon request of a Local Team, provide technical assistance to the Team;

(4) Periodically assess the operations of the multidisciplinary child fatality prevention system and make recommendations for changes as needed;

(5) Work with the Team Coordinator to develop guidelines for selecting child deaths to receive detailed, multidisciplinary death reviews by Local Teams that review cases of additional child fatalities; and

(6) Receive reports of findings and recommendations from Local Teams that review cases of additional child fatalities and work with the Team Coordinator to implement recommendations. (1991, c. 689, s. 233(a); 1993, c. 321, s. 285(a); 1997‑443, s. 11A.99; 1997‑456, s. 27; 1998‑202, s. 6.)

§ 7B‑1406.  Community Child Protection Teams; Child Fatality Prevention Teams; creation and duties.

(a) Community Child Protection Teams are established in every county of the State. Each Community Child Protection Team shall:

(1) Review, in accordance with the procedures established by the director of the county department of social services under G.S. 7B‑1409:

a. Selected active cases in which children are being served by child protective services; and

b. Cases in which a child died as a result of suspected abuse or neglect, and

1. A report of abuse or neglect has been made about the child or the child’s family to the county department of social services within the previous 12 months, or

2. The child or the child’s family was a recipient of child protective services within the previous 12 months.

(2) Submit annually to the board of county commissioner’s recommendations, if any, and advocate for system improvements and needed resources where gaps and deficiencies may exist.

In addition, each Community Child Protection Team may review the records of all additional child fatalities and report findings in connection with these reviews to the Team Coordinator.

(b) Any Community Child Protection Team that determines it will not review additional child fatalities shall notify the Team Coordinator. In accordance with the plan established under G.S. 7B‑1408(1), a separate Child Fatality Prevention Team shall be established in that county to conduct these reviews. Each Child Fatality Prevention Team shall:

(1) Review the records of all cases of additional child fatalities.

(2) Submit annually to the board of county commissioners’ recommendations, if any, and advocate for system improvements and needed resources where gaps and deficiencies may exist.

(3) Report findings in connection with these reviews to the Team Coordinator.

(c) All reports to the Team Coordinator under this section shall include:

(1) A listing of the system problems identified through the review process and recommendations for preventive actions;

(2) Any changes that resulted from the recommendations made by the Local Team;

(3) Information about each death reviewed; and

(4) Any additional information requested by the Team Coordinator. (1993, c. 321, s. 285(a); 1998‑202, s. 6.)

§ 7B‑1407.  Local Teams; composition.

* + - 1. Each Local Team shall consist of representatives of public and nonpublic agencies in the community that provide services to children and their families and other individuals who represent the community. No single team shall encompass a geographic or governmental area larger than one county.

 (b) Each Local Team shall consist of the following persons:

(1) The director of the county department of social services and a member of the director’s staff;

(2) A local law enforcement officer, appointed by the board of county commissioners;

(3) An attorney from the district attorney’s office, appointed by the district attorney;

(4) The executive director of the local community action agency, as defined by the Department of Health and Human Services, or the executive director’s designee;

(5) The superintendent of each local school administrative unit located in the county, or the superintendent’s designee;

(6) A member of the county board of social services, appointed by the chair of that board;

(7) A local mental health professional, appointed by the director of the area authority established under Chapter 122C of the General Statutes;

(8) The local guardian ad litem coordinator, or the coordinator’s designee;

(9) The director of the local department of public health; and

(10) A local health care provider, appointed by the local board of health.

(c) In addition, a Local Team that reviews the records of additional child fatalities shall include the following five additional members:

(1)  An emergency medical services provider or firefighter, appointed by the board of county commissioners;

(2)  A district court judge, appointed by the chief district court judge in that district;

(3) A county medical examiner, appointed by the Chief Medical Examiner;

(4) A representative of a local child care facility or Head Start program, appointed by the director of the county department of social services; and

(5) A parent of a child who died before reaching the child’s eighteenth birthday, to be appointed by the board of county commissioners.

(d) The Team Coordinator shall serve as an ex officio member of each Local Team that reviews the records of additional child fatalities. The board of county commissioners may appoint a maximum of five additional members to represent county agencies or the community at large to serve on any Local Team. Vacancies on a Local Team shall be filled by the original appointing authority.

(e) Each Local Team shall elect a member to serve as chair at the Team’s pleasure.

(f) Each Local Team shall meet at least four times each year.

(g) The director of the local department of social services shall call the first meeting of the Community Child Protection Team. The director of the local department of health, upon consultation with the Team Coordinator, shall call the first meeting of the Child Fatality Prevention Team. Thereafter, the chair of each Local Team shall schedule the time and place of meetings, in consultation with these directors, and shall prepare the agenda. The chair shall schedule Team meetings no less often than once per quarter and often enough to allow adequate review of the cases selected for review. Within three months of election, the chair shall participate in the appropriate training developed under this Article. (1993, c. 321, s. 285(a); 1997‑443, s. 11A.100; 1997‑456, s. 27; 1997‑506, s. 52; 1998‑202, s. 6.)

§ 7B‑1408.  Child Fatality Prevention Team Coordinator; duties.

The Child Fatality Prevention Team Coordinator shall serve as liaison between the State Team and the Local Teams that review records of additional child fatalities and shall provide technical assistance to these Local Teams. The Team Coordinator shall:

(1) Develop a plan to establish Local Teams that review the records of additional child fatalities in each county.

(2) Develop model operating procedures for these Local Teams that address when public meetings should be held, what items should be addressed in public meetings, what information may be released in written reports, and any other information the Team Coordinator considers necessary.

(3) Provide structured training for these Local Teams at the time of their establishment, and continuing technical assistance thereafter.

(4) Provide statistical information on all child deaths occurring in each county to the appropriate Local Team, and assure that all child deaths in a county are assessed through the multidisciplinary system.

(5) Monitor the work of these Local Teams.

(6) Receive reports of findings, and other reports that the Team Coordinator may require, from these Local Teams.

(7) Report the aggregated findings of these Local Teams to each Local Team that reviews the records of additional child fatalities and to the State Team.

(8) Evaluate the impact of local efforts to identify problems and make changes. (1993, c. 321, s. 285(a); 1998‑202, s. 6.)

§ 7B‑1409.  Community Child Protection Teams; duties of the director of the county department of social services.

In addition to any other duties as a member of the Community Child Protection Team, and in connection with the reviews under G.S. 7B‑1406(a)(1), the director of the county department of social services shall:

(1) Assure the development of written operating procedures in connection with these reviews, including frequency of meetings, confidentiality policies, training of members, and duties and responsibilities of members;

(2) Assure that the Team defines the categories of cases that are subject to its review;

(3) Determine and initiate the cases for review;

(4) Bring for review any case requested by a Team member;

(5) Provide staff support for these reviews;

(6) Maintain records, including minutes of all official meetings, lists of participants for each meeting of the Team, and signed confidentiality statements required under G.S. 7B‑1413, in compliance with applicable rules and law; and

(7) Report quarterly to the county board of social services, or as required by the board, on the activities of the Team. (1993, c. 321, s. 285(a); 1998‑202, s. 6.)

§ 7B‑1410.  Local Teams; duties of the director of the local department of health.

In addition to any other duties as a member of the Local Team and in connection with reviews of additional child fatalities, the director of the local department of health shall:

(1) Distribute copies of the written procedures developed by the Team Coordinator under G.S. 7B‑1408 to the administrators of all agencies represented on the Local Team and to all members of the Local Team;

(2) Maintain records, including minutes of all official meetings, lists of participants for each meeting of the Local Team, and signed confidentiality statements required under G.S. 7B‑1413, in compliance with applicable rules and law;

(3) Provide staff support for these reviews; and

(4) Report quarterly to the local board of health, or as required by the board, on the activities of the Local Team. (1993, c. 321, s. 285(a); 1998‑202, s. 6.)

§ 7B‑1411.  Community Child Protection Teams; responsibility for training of team members.

The Division of Social Services, Department of Health and Human Services, shall develop and make available, on an ongoing basis, for the members of Local Teams that review active cases in which children are being served by child protective services, training materials that address the role and function of the Local Team, confidentiality requirements, an overview of child protective services law and policy, and Team record keeping. (1993, c. 321, s. 285(a); 1997‑443, s. 11A.118(a); 1998‑202, s. 6.)

§ 7B‑1412.  Task Force – reports.

The Task Force shall report annually to the Governor and General Assembly, within the first week of the convening or reconvening of the General Assembly. The report shall contain at least a summary of the conclusions and recommendations for each of the Task Force’s duties, as well as any other recommendations for changes to any law, rule, or policy that it has determined will promote the safety and well‑being of children. Any recommendations of changes to law, rule, or policy shall be accompanied by specific legislative or policy proposals and detailed fiscal notes setting forth the costs to the State. (1991, c. 689, s. 233(a); 1991 (Reg. Sess., 1992), c. 900, s. 169(a); 1993 (Reg. Sess., 1994), c. 769, s. 27.8(a); 1996, 2nd Ex. Sess., c. 17, ss. 3.1, 3.2; 1998‑202, s. 6; 1998‑212, s. 12.44(a), (d).)

**§ 7B‑1413. Access to records**.

(a) The State Team, the Local Teams, and the Task Force during its existence, shall have access to all medical records, hospital records, and records maintained by this State, any county, or any local agency as necessary to carry out the purposes of this Article, including police investigations data, medical examiner investigative data, health records, mental health records, and social services records. The State Team, the Task Force, and the Local Teams shall not, as part of the reviews authorized under this Article, contact, question, or interview the child, the parent of the child, or any other family member of the child whose record is being reviewed. Any member of a Local Team may share, only in an official meeting of that Local Team, any information available to that member that the Local Team needs to carry out its duties.

(b) Meetings of the State Team and the Local Teams are not subject to the provisions of Article 33C of Chapter 143 of the General Statutes. However, the Local Teams may hold periodic public meetings to discuss, in a general manner not revealing confidential information about children and families, the findings of their reviews and their recommendations for preventive actions. Minutes of all public meetings, excluding those of executive sessions, shall be kept in compliance with Article 33C of Chapter 143 of the General Statutes. Any minutes or any other information generated during any closed session shall be sealed from public inspection.

(c) All otherwise confidential information and records acquired by the State Team, the Local Teams, and the Task Force during its existence, in the exercise of their duties are confidential; are not subject to discovery or introduction into evidence in any proceedings; and may only be disclosed as necessary to carry out the purposes of the State Team, the Local Teams, and the Task Force. In addition, all otherwise confidential information and records created by a Local Team in the exercise of its duties are confidential; are not subject to discovery or introduction into evidence in any proceedings; and may only be disclosed as necessary to carry out the purposes of the Local Team. No member of the State Team, a Local Team, nor any person who attends a meeting of the State Team or a Local Team, may testify in any proceeding about what transpired at the meeting, about information presented at the meeting, or about opinions formed by the person as a result of the meetings. This subsection shall not, however, prohibit a person from testifying in a civil or criminal action about matters within that person’s independent knowledge.

(d) Each member of a Local Team and invited participant shall sign a statement indicating an understanding of and adherence to confidentiality requirements, including the possible civil or criminal consequences of any breach of confidentiality.

(e) Cases receiving child protective services at the time of review by a Local Team shall have an entry in the child’s protective services record to indicate that the case was received by that Team. Additional entry into the record shall be at the discretion of the director of the county department of social services.

(f) The Social Services Commission shall adopt rules to implement this section in connection with reviews conducted by Community Child Protection Teams. The Health Services Commission shall adopt rules to implement this section in connection with Local Teams that review additional child fatalities. In particular, these rules shall allow information generated by an executive session of a Local Team to be accessible for administrative or research purposes only. (1991, c. 689, s. 233(a); 1993, c. 321, s. 285(a); 1998‑202, s. 6.)

§ 7B‑1414.  Administration; funding.

(a) To the extent of funds available, the chairs of the Task Force and State Team may hire staff or consultants to assist the Task Force and the State Team in completing their duties.

(b) Members, staff, and consultants of the Task Force or State Team shall receive travel and subsistence expenses in accordance with the provisions of G.S. 138‑5 or G.S. 138‑6, as the case may be, paid from funds appropriated to implement this Article and within the limits of those funds.

(c) With the approval of the Legislative Services Commission, legislative staff and space in the Legislative Building and the Legislative Office Building may be made available to the Task Force. (1991, c. 689, s. 233(a); 1998‑202, s. 6.)

‑202, s. 6.)

**Appendix 1-2: Federal Statutes**

**Accessing Substance Abuse Records**

Federal laws regulate accessing substance abuse/chemical dependency records. Substance abuse records cannot be released without the express written consent of the participant (42 C.F. R 2.31). The statutory exceptions, which allow disclosure without consent, are medical emergencies (42 C.F.R § 2.51), research activities (C.F.R § 2.52), and audit and evaluation activities (C.F.R. § 2.53). These regulations do not allow for access to substance abuse records by local child fatality prevention teams.

**Family Educational Rights and Privacy Act (FERPA)**

**Family Policy Compliance Office (FPCO)**The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children’s education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are “eligible students.”

* Parents or eligible students have the right to inspect and review the student’s education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
* Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
* Generally, schools must have written permission from the parent or eligible student in order to release any information from a student’s education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
	+ School officials with legitimate educational interest;
	+ Other schools to which a student is transferring;
	+ Specified officials for audit or evaluation purposes;
	+ Appropriate parties in connection with financial aid to a student;
	+ Organizations conducting certain studies for or on behalf of the school;
	+ Accrediting organizations;
	+ To comply with a judicial order or lawfully issued subpoena;
	+ Appropriate officials in cases of health and safety emergencies; and
	+ State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, “directory” information such as a student’s name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information or technical assistance, you may call (202) 260-3887 (voice). Individuals who use TDD may call the Federal Information Relay Service at 1-800-877-8339. Or you may contact us at the following address: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, D.C. 20202-5920

**A Guide for Local Child Fatality Prevention Teams - FERPA**

Also known as the “Buckley Amendment”, was first enacted by Congress in 1974 and has been amended seven times since then, most recently through the Improving American’s Schools Act of 1994. This Act protects the privacy interests of parents and students with regard to “education records”, a term which FERPA defines broadly to ensure the confidentiality of a student’s personally identifiable information. The Act affects every public elementary and secondary school and virtually every postsecondary institution in the country.

Before releasing school records or information contained therein to a party outside the school system, FERPA requires that a school obtain the consent of the student’s parents unless the student is 18 years of age or older, in which case only the student can consent to the release, or unless the release falls under one of the exceptions to the consent requirement. Obtaining the consent of a student’s parents or the student is not an alternative available to a Local Team reviewing a case. Article14, 7B-1413(a) provides that the State Team, the Task Force, and the Local Teams shall not, as part of the reviews authorized, contract, question, or interview the child, the parent of the child, or any other family member of the child whose record is being reviewed. Since a Local Team may not initiate contact with a student’s parents, the student, or a family member, it must rely on the exceptions to the prior consent requirement of FERPA when seeking educational information on the student or seek information from the school system that is not covered by the provisions of FERPA. The most noteworthy of these to a Local Team are as follows:

1. **Directory Information.** School districts must establish a policy and give notice to parents as to the specific types of directory information they intend to disclose. If after receiving notice of a school district’s intention to do so, a parent does not retain the right to consent to the disclosure of directory information pertaining to his/her child, a school may disclose directory information from the student’s education record without prior parental consent. Directory information includes, but is not limited to, data pertaining to each student such as name, address and telephone, date and place of birth, major field of study, official activities, dates of attendance, height and weight for sports, degrees and honors received, most recent previous education institution, and photograph.
2. **Oral Information.** Educators are free to share information with other agencies or individuals concerning students based on their personal knowledge or observation, provided the information does not rely on the contents of an education record. Furthermore, oral referrals to other agencies based on personal observations are not subject to the provisions of FERPA.
3. **Health or Safety Emergency.** This exception is a common-sense acknowledgment that there are situations when the immediate need for information to avert or diffuse certain unusual conditions or disruptions requires the release of information. When a health or safety emergency exists, school may share relevant information about students involved in the emergency with appropriate parties – that is , those whose knowledge of the information is necessary to protect the health or safety of the student or other individuals. Educators determine what constitutes an emergency, but FERPA requires that they construe the term strictly. An active protective services case by a county department of social services should fall within this exception, as well as the investigation of a recent child fatality by the medical examiner or local law enforcement, especially, if siblings remain in the home. For your information, the provisions of N.C.G.S. 7A-544 appear to be consistent with this exception. It provides that a Director of a county DSS or the Director’s representative may make a written demand for any information or reports, whether or not confidential, that may in the Director’s opinion be relevant to the investigation of or the provision of protective services. It further provides that upon the Director’s demand, a public or private agency or individual shall provide access to and copies of this confidential information and records to the extent permitted by federal law and regulations. Note, the delayed review of a child fatality case by a Local Team would probably not, at such a subsequent time, fall within the exception to FERPA as a health and safety emergency.
4. **Law Enforcement Unit Records.** Under FERPA, schools may disclose information from law enforcement unit records to anyone – federal, state, or local law enforcement authorities, social services agencies, or even the media – without the prior consent of the student’s parents or the student. Law enforcement unit means any individual, office, department, division, or other component of an educational agency or institution, such as a unit of commissioned police officers or non-commissioned security guards, that is officially authorized or designated by that agency or institution. FERPA specifically exempts from the definition of “education records” the records that such a law enforcement unit of a school or a school district creates and maintains for a law enforcement purpose. Note: law enforcement unit records should not be confused with the records of a school’s disciplinary actions or proceedings, which are education records.
5. **Court Order or Lawfully Issued Subpoena.** While exceptions to FERPA do not in general forbid an educational agency or institution to disclose personally identifiable information from the education records of a student, the exceptions do not require disclosure. Upon a school system’s refusal to supply the requested information, even in light of an exception and, especially after a discussion with the superintendent and the school board’s attorney, the only option available to a Local Team to acquire said information pertaining to the student is through a court order since neither the State Team, the Task Force, nor the Local Teams are provided with subpoena power under N.C.G.S. 143-571 et seg. For your information, N.C.G. S. 7A-544.1 provides that if any person obstructs or interferes with a protective services investigation, the Director of a county DSS may file a petition naming said person as respondent and requesting an order directing the respondent to cease the obstruction or interference. One of the grounds for seeking such an order form the juvenile court is a person’s refusal to allow the Director, upon request, to have access to confidential information and records which has been discussed previously. Whether the filing of an obstruction/interference petition against a principal or superintendent upon his/hers refusal to make a disclosure would have an adverse impact on the DSS’s long-term working relationship with the local school system is another matter entirely. Finally, recently enacted N.C. G. S. 7A-675(h) provides that the Chief District Court Judge in each judicial district shall designate by standing order certain agencies in the district authorized to share information on a juvenile after the filing of a juvenile petition. Agencies that may be designated as “agencies authorized to share information” include local mental health facilities, local health departments, local departments of social services, local law enforcement agencies, local school administrative units, the district’s district attorney’s office, the Division of Juvenile Services of the Administrative Office of the Courts, and the Office of Guardian ad Litem Services of the Administrative Office of the Courts. However, this provision is not limited to just the governmental agencies named therein. Thus, while a Local Team could not be included as a named agency to exchange information due to its own strict confidentiality requirements, a Local Team should explore with its Chief District Court Judge whether the standing order could also direct the named agencies to share information in their possession pertaining to a juvenile or the juvenile’s family with one another at any meeting of Local Team reviewing the protective services case. If this were accomplished, it should make each of the named agencies, all of which including the local school system are probably already represented on the Local Teams, more comfortable about sharing information since the sharing would be pursuant to a court order.

**Appendix 2-1: Request for Appointment to the Child Fatality Prevention Team**

Your Letterhead

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSIDE ADDRESS

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

As Chairperson of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Child Fatality Prevention Team (CFPT), I am writing to request your help.

Choose the appropriate request below:

1. Article 14, 7B-1407 provides for a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be appointed to the CFPT by you. Please let me know in writing as soon as is feasible who this person will be.
2. Article 14, 7B-1407 provides for a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be appointed to the CFPT by you. The Team is requesting the appointment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to fill this position. Please confirm this appointment in writing as soon as is feasible.

Role of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Because information and member participation are critical components to the development of effective recommendations to protect our county’s children, please appoint someone who will be able to participate in the majority of our meetings each year.

Our CFPT meets as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting dates for the rest of this calendar year are\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please call me at (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ if you have any questions. I look forward to your response and thank you in advance.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Chairperson

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, County CFPT

Attachment: Article 14, 7B-1407

**Appendix 2-2: County Membership Form**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Health Director or Designee**County Profile: Local Child Fatality Prevention Team County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Profile Date\_\_\_\_\_\_  | **Guardian ad Litem Coordinator**, or Designee | **Mental Health Professional** (Appointed by Director of Area MH Authority) | **DSS Board Member** (Appointed by Chair of DSS Board) | **Local School Superintendent(s)**,or Designee(s) | **Executive Director of Community Action Agency**, or Designee | **Attorney from District Attorney’s** **Office** (Appointed by District Attorney) | **Law Enforcement Officer**(Appointed by County Commissioners) | **DSS Staff Member** | **DSS Director** | **REPRESENTATIVE** | **COUNTY Membership: Local Child fatality Prevention Team****County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |  |  |  |  |  |  | **NAME and TITLE** |
|  |  |  |  |  |  |  |  |  |  | **AGENCY TELEPHONE****FAX AND E-MAIL** |
|  |  |  |  |  |  |  |  |  |  | **MAILING ADDRESS** |
|  |  |  |  |  |  |  |  |  |  | **EMAIL ADDRESS** |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Additional Member (Optional)**(Appointed by County Commissioners) | **Additional Member (Optional)**(Appointed by County Commissioners) | **Additional Member (Optional)**(Appointed by County Commissioners) | **Additional Member (Optional)**(Appointed by County Commissioners) | **Additional Member (Optional)**(Appointed by County Commissioners) | **Parent of Child Who Died Prior to 18th Birthday**(Appointed by County Commissioners) | **Representative of Local Day Care Facility or Head Start**(Appointed by DSS Director) | **County Medical Examiner**(Appointed by Chief Medical Examiner) | **District Court Judge**(Appointed by Chief District Judge) | **Emergency Medical Services Provider, or Firefighter**(Appointed by County Commissioners) | **Health Care Provider**(Appointed by the Board of Health) | **REPRESENTATIVE** |
|  |  |  |  |  |  |  |  |  |  |  | **NAME and TITLE** |
|  |  |  |  |  |  |  |  |  |  |  | **AGENCY TELEPHONE** |
|  |  |  |  |  |  |  |  |  |  |  | **MAILING ADDRESS** |
|  |  |  |  |  |  |  |  |  |  |  | **EMAIL ADDRESS** |

**Appendix 2-3: Sub Committee Tracking Form**

**Sub-Committee Selection of Child Deaths for Full Team Review**

**County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number:\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Death Certificate Number** | **Date of Death** | **Date of Sub- Committee Review** | **Date of Full Team Review****(if applicable)** | **Previously Reviewed by CCPT?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Attach additional sheets, if needed.**

Name of person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose: Article 14, 7B-1413 states that local Child Fatality Prevention Teams (CFPTs) shall review the records of all cases of child deaths.

Large population counties that choose to assemble a Sub-Committee to conduct cursory reviews of death certificates and medical examiner reports must use this form. The form will document review of all child deaths, and note which child deaths the Executive Committee identifies as highly preventable and appropriate for full CFPT review.

Preparation: The Review Coordinator of the local CFPT shall complete the tracking form every time the Sub- Committee reviews child deaths. Please complete this form and mail within 45 days of the completed review. Each local team maintains a copy for their files.

1. Original to: State Coordinator, Local Child Fatality Prevention Teams

DHHS, Woman’s and Children’s Health

1928 Mail Service Center

Raleigh, NC 27699-1928

Disposition: This form may be destroyed in accordance with the *Records Disposition Schedule* published by the N.C. Division of Archives and History.

**Appendix 2-4: Sample Letter to Request Records**

**Child Fatality Prevention Team Request for Records**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FROM:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Chairperson

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, County Child Fatality Prevention Team

**RE:**  Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_ Date of death: \_\_\_\_

 Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_

 Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cause and manner of death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide all information and records (or record copies) regarding the above child and family. You are authorized by law to release this information without patient or parental consent. This information will be kept confidential and will not be used in any civil or criminal proceeding. The local Child Fatality Prevention Team will use this information only to develop recommendations to prevent future child fatalities and will pay the expense of copying all requested records if necessary.

Article 14, 7B-1413 states that local Child Fatality Prevention Teams shall have access to all medical records, hospital records, and records maintained by this State, any county, or any local agency, as needed to review deaths of all children in each county. The Child Fatality Prevention Team reviews records of all children who die before they reach age 18, submits recommendations for child fatality prevention to the board of county commissioners, advocates for system improvements and needed resources, and reports findings to the State Coordinator.

You are invited to attend the review of this child’s death. Please check the appropriate blank below and return this letter to me, along with the information and records/copies, if applicable. If you have any questions or comments, or if you would like to attend the review of this child’s death, please contact me at (\_\_\_\_\_) \_\_\_\_\_- \_\_\_\_\_\_\_\_\_.

**---------------------------------------------------------------------------------------------------------------------**

**These records are to be \_\_\_\_\_ destroyed \_\_\_\_\_ returned following review.**

**Appendix 2-5: Confidentiality Agreement**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY CHILD FATALITY PREVENTION TEAM**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The undersigned members understand and acknowledge that the Child Fatality Prevention Team (CFPT), a multidisciplinary group regulated by law, reviews highly sensitive case information regarding child fatality. Members bring their diversity of background and expertise to the CFPT to review records of cases of child fatalities, identify system problems, recommend preventive action, and make changes to prevent future fatalities, and to identify and address gaps in community services.

Through their signatures, the undersigned acknowledge and agree that the privacy of children and their families should be strictly maintained. This agreement specifically includes that:

1. Information learned through the team is confidential, and may not be shared outside the team meetings, except as specified;
2. Information may only be shared by a CFPT member with the member’s home agency on a need-to-know basis regarding a current client, referred case, or system improvement;
3. If CFPT members keep personal notes or files which contain confidential information, such notes are protected by confidentiality rules and must be safeguarded;
4. A breach of confidentiality is a misdemeanor and civil offense, punishable by fine and/or subject to lawsuit; further, an invited participant who receives client information during the CFPT review and fails to comply with the rules of confidentiality shall be denied further participation in team reviews, and shall be dismissed from the CFPT.

|  |  |  |  |
| --- | --- | --- | --- |
| **Representative** | **Signature** | **Representative** | **Signature** |
| DSS Director |  | EMS or Firefighter |  |
| DSS Staff Member |  | District Court Judge |  |
| Law Enforcement Officer |  | Medical Examiner |  |
| Attorney : DA’s Office |  | Day Care or Head Start |  |
| Dir. Community Action Agency\* |  | Parent |  |
| School Super.\* |  | Other Appointed Member |  |
| DSS Board Member |  | Other Appointed Member |  |
| Mental Health |  | Other Appointed Member |  |
| Guardian ad Litem |  | Other Appointed Member |  |
| Health Director\* |  | Other Appointed Member |  |
| Health Care Provider |  |  |  |

**Appendix 2-6: Sample Checklist for Records Review**

This checklist may help team members identify sources of information available to them for local CFPT reviews.

**DEPARTMENT OF SOCIAL SERVICES**

1. Agency contact with mother, father, or deceased child

2. Family or household composition (e.g., names and birth dates of other children or adults in the home, and relation to deceased child)

4. Child protective services history and dates of contact

5. Risk Assessment Worksheet information, including home environment

6. Communication with other agencies regarding this family, including day care providers

**LAW ENFORCEMENT**

1. Agency contact with mother, father, or deceased child, including circumstances surrounding child’s death (e.g., household members present)

2. Agency contact involving deceased child’s residence, including information and observations from visits to residence

3. Dates and nature of contacts

4. Information involving injury or violence for any household member

5. Information involving alcohol and drugs for any household member, including DMV information

6. Indication that law enforcement investigation is ongoing\*

7. Child Death Investigation Protocol

8. Communication with other agencies regarding this family

**DISTRICT ATTORNEY**

1. Agency contact with mother, father, or deceased child, including circumstances surrounding child’s death

2. Prior criminal history of household members, including activities outside county or state

3. Dates and nature of criminal history

4. Information involving injury, violence, alcohol, and drugs for any household members

5. Indication that criminal investigation is ongoing\*

6. Communication with other agencies regarding this family

 \*In this case, please notify chairperson in order to possibly postpone the review.

**COMMUNITY ACTION AGENCY**

1. Agency contact with mother, father, or deceased child

2. Type of program providing contact and dates

3. Family or household composition (e.g., names and birth dates of other children or adults in the home, and relation to deceased child)

4. Outcomes of services provided

5. Information involving injury, violence, alcohol, and drugs for any household members

6. Communication with other agencies regarding this family and dates of contact

**SCHOOLS**

The Family Educational Rights and Privacy Act (FERPA)\* is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children’s education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond high school level. However, schools may disclose, without consent, “directory” information such as:

1. Student’s name

2. Address, telephone number

3. Date and place of birth

4. Honors and awards

5. Dates of attendance

Schools must tell parents and eligible students if they are requested to release directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose this information.

\*Please refer to the copy of the FERPA law and FERPA: A Guide for Local Teams in Section 3 for further information or talk to your local school officials.

**MENTAL HEALTH**

1. Agency contact with mother, father, deceased child, or other household member

2. Services provided, dates, and outcomes

3. Family or household composition (e.g., names and birth dates of other children or adults in the home, and relation to deceased child)

4. Presence of federally protected information

5. Diagnoses, treatment recommendations, medications, course of treatment

6. Information about violence, injury, physical or mental impairment, or other issues which affect this family

7. Communication with other agencies regarding this family and dates of contact

**GUARDIAN AD LITEM**

1. Agency contact with mother, father, deceased child, or other household members

2. Court reports, including information about family events, home environment, and dates

3. Family or household composition (e.g., names and birth dates of other children or adults in the home, and relation to deceased child)

4. Other agency records or information collected about the family

5. Communication with other agencies regarding this family and the dates of contact

**HEALTH DEPARTMENT**

1. Agency contact with mother, father, deceased child, or other members

2. Dates and nature of contact

3. Diagnoses, pre-natal care, immunizations, appointments, medications

4. Information about other health care received by family and the names of the health care providers

5. Home visit information, including dates, home environment, family or household composition (e.g., names and birth dates for other children and adults in the home, and relation to deceased child)

6. Indicators of family violence, accidental or non-accidental injury, substance abuse, and physical or mental impairment

7. Communication and dates of contact with other agencies regarding this family

**HEALTH CARE PROVIDER**

1. Office contact with mother, father, or deceased child

2. Dates and nature of contact, diagnoses, medications, treatment, appointments, immunizations

3. Information about other health care received by family and the name(s) of the other health care provider(s)

4. Indicators of family violence, accidental or non-accidental injury, substance abuse, and physical or mental impairment

5. Communication and dates of contact with other providers or agencies about this family

**EMERGENCY MEDICAL SERVICES**

1. Agency contact with mother, father, or deceased child, including dates of contact and circumstances surrounding child’s death

2. Household members or other people who were present at the time of death, and conditions of the home environment

3. Indicators of family violence, accidental or non-accidental injury, substance abuse, and physical or mental impairment

4. Medical information about household members, including medications, health care providers, diagnoses, and treatment

5. Communication and dates of contact with other agencies regarding this family

**DISTRICT COURT JUDGE**

1. Court involvement with mother, father, or deceased child

2. Indicators of family violence, accidental or non-accidental injury, substance abuse, physical or mental impairment

3. Nature and dates of court involvement, including adjudications, and dispositions

4. Involvement by court counselor or other agencies, or providers

5. Communication and dates of contact with other agencies about this family

**MEDICAL EXAMINER**

1. Medical examiner’s report, if completed. If determination of cause of death is pending, please notify chairperson to delay review

2. Circumstances of child’s death

3. Law enforcement agency involved, or other agency involvement

4. Cause and manner of death

5. Information about child safety restraints, alcohol or other substances, previous injuries or medical treatment

6. Communication and dates of contact with other agencies about this family

**DAY CARE/HEAD START**

1. Agency contact with mother, father, or deceased child

2. Attendance, behavior, and child’s development

3. Information about health care providers, medical history, and medication

4. Information about other day care providers for this family

5. Indicators of family violence, substance abuse, accidental or non-accidental injury, and physical or mental impairment

**Appendix 2-7: Review Process Quick Guide (Step-by-Step)**

CFPTs should be able to review up to 9 fatalities per quarter, and 3 cases per month. Counties with more than 9 fatalities per quarter may want to consider using a subcommittee to review all cases and select 3 to 4 cases for full committee review each month. (See Subcommittee Guidelines, Section 1.IV) Child death review information is sent to each local CFPT once a quarter during a calendar year.

***Step One: Death Certificates and Birth Information***

The Team Coordinator provides death transcripts for all county resident child deaths during the review quarter. Each death transcript contains the following information:

● Decedent’s name ● Age ● Father’s name

● All causes of death info ● Date of birth ● Mother’s name

● Date of death ● County of residence ● Address

The North Carolina Vital Records Section will provide each CFPT with one death transcript copy for each residential child fatality. To enhance the review of infant deaths, information from the birth certificates of infant fatalities (those less than one year of age) will also be available from the Team Coordinator. This information may include:

● Mother’s name and birth date ● Father’s name and birth date

● Number of prenatal visits ● Weeks of gestation

***Step Two: Reports of Investigation by Medical Examiner***

The Team Coordinator provides the Reports of Investigation by Medical Examiner for the deaths reviewed by a county medical examiner.

**Note**: The county medical examiner reviews deaths unattended by a doctor, suspicious deaths, and violent deaths (homicides, suicides, or accidents).

***Step Three: Selection and Screening***

The Chairperson and the Review Coordinator choose up to three deaths to review each meeting. The Chairperson and the Review Coordinator **do not** choose the following child deaths for review:

1. Deaths due to suspected abuse/neglect which have been reviewed by the local CCPT.

2. Deaths under open investigation (law enforcement or child protective services). **Unless** the CFPT feels that they have all the information needed to make sound recommendations, wait until the investigating agency has completed their information gathering.

3. Those certificates with no Report of Investigation by the Medical Examiner. **You must get the Report of Investigation from the Medical Examiner before your review.**

***Step Four: Confidential Notification to CFPT Members***

Before each meeting, the Chairperson and the Review Coordinator mail Step One information for up to three deaths to all CFPT members. Each member is asked to look for office records related to the families of these children. CFPT members are asked to bring a summary and office records to the next team meeting.

***Step Five: Reviewing and Reporting***

All CFPT members bring office records and summaries to the meeting. The Review Coordinator completes the Confidential CFPT Report Form. Each CFPT member presents a verbal summary of services and contacts with the decedent’s family. The team decides if members need more information to identify system problems. If the team needs more information, the Review Coordinator and Chairperson complete the Records Request form to obtain police reports or hospital records, for example, and the Chairperson reschedules the review to the next meeting.

During the review, team members identify system problems, recommendations, and actions to prevent future child deaths. The Review Coordinator mails the original report form to the team Coordinator **within 45 days of the meeting.** The Review Coordinator keeps a copy of each completed report form.

***Step Six: Records Management***

CFPT records (i.e., minutes, report copies, death certificates and medical examiner’s reports) should be maintained in a confidential manner, retained for five years and destroyed in accordance with GS 7B-1413 and the Records and Disposition Schedule published by the N.C. Division of Archives and History.

**A Quick Guide to the North Carolina Child Fatality Prevention System Statutes**

**Article 14 - North Carolina Child Fatality Prevention System**

7B-1400 **Declaration of Public Policy**

7B-1401 **Definitions**

7B-1402 **Task Force - Creation, Membership, and Vacancies**

7B-1403 **Task Force - Duties**

7B-1404 **State Team - Creation, Membership, and Vacancies**

7B-1405 **State Team - Duties**

7B-1406 **Community Child Protection Teams and Child Fatality Prevention Teams - Creation and Duties**

7B-1407 **Local Teams - Composition**

7B-1408 **Child Fatality Prevention Team Coordinator - Duties**

7B-1409 **Community Child Protection Teams - Duties of the Director of the County Department of Social Services**

7B-1410 **Local Teams - Duties of the Director of the Local Department of Health**

7B-1411 **Community Child Protection Teams - Responsibility for Training of Team Members**

7B-1412 **Task Force - Reports**

7B-1413 **Access to Records**

7B-1414 **Administration – Funding**

**Appendix 2-8: CFPT Confidential Report Form**



|  |  |  |  |
| --- | --- | --- | --- |
| **7. Agency or Position Represented****(Please do not use person’s name)** | **Check if****member is Present** | **Check if member is absent** | **Check if member called to inform you of their absence** |
| Department of Social Services (DSS) Director |  |  |  |
| DSS Staff Member |  |  |  |
| DSS Board Member |  |  |  |
| Law Enforcement Office |  |  |  |
| District Attorney’s Office |  |  |  |
| Community Action |  |  |  |
| Schools |  |  |  |
| Mental health |  |  |  |
| Guardian ad Litem |  |  |  |
| Health Director |  |  |  |
| Health Care Provider |  |  |  |
| EMS/Firefighter |  |  |  |
| District Court Judge |  |  |  |
| Medical Examiner |  |  |  |
| Day Care/Head Start |  |  |  |
| Parent |  |  |  |
| Other County Commissioner AppointeeAgency: |  |  |  |
| Other County Commissioner AppointeeAgency: |  |  |  |
| Other County Commissioner AppointeeAgency: |  |  |  |
| Other County Commissioner AppointeeAgency: |  |  |  |
| Other County Commissioner AppointeeAgency: |  |  |  |
| Non-Member Invited Participant Agency: |  |  |  |

**PART THREE: OUTCOME**

 8. PLEASE CHECK ONE: ***□*** *System problem(s) identified* ***□*** *No system problem identified*

9. Identify **system problem**. System problemsare existing policies/rules or gaps in services that contribute to child deaths (like the death reviewed today). Please provide a detailed statement of each issue that your team identifies.  **Be specific to help policy makers (legislators, state agency administrators, etc.) understand your team’s concerns.**

10. Provide a description of your team’s **recommendations** to prevent child deaths like the one reviewed today.

If implemented:

▪which agency(ies) would carry out this recommendation;

▪which population(s) will be targeted, and

▪what resources will be required?

11. Record team members **actions** (if any): ▪ to improve service delivery problems, and/or

 that resulted from today’s review.

Please be specific about which team member(s) took action, what they did, and if such action involved anyone outside your team membership.

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| --- | --- | --- |
| **System Problem**  | **Recommendations** | **Action Taken (to be taken)** |
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| --- | --- | --- |
| **System Problem** | **Recommendations** | **Action Taken (to be taken)** |

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Attach additional sheets, if needed.

**PART FOUR: ADMINISTRATIVE INFORMATION**

12. Comments about the review **process**, including problems requiring assistance from CFPT Program Coordinator (i.e., attendance, record access).

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13. Comments about any prevention activities initiated by your Team.

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14. **Date of next full team meeting:** \_\_\_\_\_\_\_**Date of next Sub-Committee meeting: \_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Name of Chairperson: |  |
| Title: |  |
| Agency: |  |
| Phone: |  |
|  |  |
| Name of person completing this form:  |  |
| Title: |  |
| Agency: |  |
| Phone: |  |

Purpose: General Statute 7B-1400 states that reports of child death reviews shall contain a listing of system programs identified through the review process, recommendations for preventive actions, any changes that resulted from the recommendations, and information about each death reviewed. This form will be used as the report specified above.

Preparation: The Review Coordinator of the Local Child Fatality Prevention Team (CFPT) shall complete this report every time the full CFPT reviews a child death. For help completing this form, please call (919) 707-5623. Because of the confidential nature of this report, facsimile transmission is prohibited. Prepare an original and one copy and mail original within 45 days of completed review. Maintain a copy for your files.

1. Original to: State Coordinator, Local Child Fatality Prevention Teams

 DHHS—Women’s and Children’s Health, Children and Youth Branch

 1928 Mail Service Center

 Raleigh, NC 27699-1928

2. Keep a copy for the local CFPT file for five years.

Disposition: This form may be destroyed in accordance with the *Records Disposition Schedule* published by the NC Division of Archives and History.

**Appendix 2-9: Completing the CFPT Confidential Report Form**

**Part 1:** Death Certificate Transcript Information- this section contains the name of the child whose death is to be reviewed, cause of death, date of death, and county of death. This front cover sheet is sent to local CFPTs in the quarterly child death review packets. It is part of the first page of the CFPT Confidential Report Form. (See Appendix 2-8)

**Part 2:** Today’s Review- this section is also part of page one of the report form and is contained in the quarterly packets. The Review Coordinator completes this section on the type of report, date of the review, and if the case was previously reviewed by the local CCPT and was Medical Examiner certified. An attendance sheet is completed for each report form to document those in member attendance.

**Part 3:** Outcome-System problems, recommendations made and actions taken are documented in this section.

**Part 4:** Administrative Information-this section provides the local CFPT with the opportunity to identify prevention activities of the team, review process issues (e.g. recruitment and retention problems) and assistance needed from the Team Coordinator.

**Acknowledgements**

|  |
| --- |
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|  |
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