



STATE OF DELAWARE
Child Death Review Commission
(CDRC)

Guidebook for
Commissioners and
Review Team Members

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Introduction

This manual provides guidelines for the Commissioners and Review Team members for the child death review teams, fetal and infant mortality review (FIMR) teams, and the maternal mortality review (MMR) teams to effectively carry out their duties for the Child Death Review Commission.

Guiding Principle

The death of a child is a tragic, sentinel event. Children are not supposed to die and this requires a community response. The circumstances involved in most maternal and child deaths are multi-dimensional and responsibility does not rest in any one system.

Goals

- Improve understanding of how and why maternal and child deaths occur
- Identify opportunities to improve system-wide programs, policies, and legislation.
- Improve child health, safety and protection
- Prevent future maternal and child deaths in the State of Delaware.

Outcomes

In order to ultimately prevent child deaths in Delaware; Review Team members, Commissioners, and CDRC staff will work collaboratively to:

1. Assure that every team reviewing deaths are fulfilling the policies designated for the particular type of review.
2. Enhance partnerships and communication through multidisciplinary collaboration.
3. Improve understanding of aggregate trends, findings, and patterns for maternal and child death review data to promote system-wide action and change.
4. Increase the number of system changes to prevent maternal and child deaths.
5. Develop and implement state-level policies and possible legislative change to prevent maternal and child deaths.

History of Delaware's Child Death Review Commission

Delaware's child death review process was statutorily established on July 19, 1995, after a pilot project showed the effectiveness of such a review process for preventing future child deaths. The legislation established the Child Death Review Commission, which has been charged to create up to three regional Review Teams, establish confidentiality for the reviews, and provide the Commission with the ability to secure pertinent records. In addition, legislation provides protection to members of the Commission and regional Review Teams from civil or criminal liability.

The Commission's statute was amended in 2002, changing the name from the Delaware Child Death Review Commission to the Child Death and Stillbirth Commission. Another significant legislative change in 2002 added the expedited review process for child death due to abuse and neglect. Deaths involving abuse or neglect are reviewed within six months of a referral to the Commission, notwithstanding unresolved criminal charges.

In 2004, the statute was amended a second time to change the Commission's name to the Child Death, Near Death and Stillbirth Commission. Among other updates, the scope of infant review was broadened to include fetal and infant deaths from 27 weeks gestation to 20 weeks gestation. Also, the statutory change required the Commission to investigate and review all the facts and circumstances of the death or near death of an abused or neglected child expeditiously. The amended statute also required that system-wide recommendations arising from an expedited review of a death or near death due to child abuse or neglect be made to the Governor and General Assembly, as well as any members of the public requesting the recommendations, within 20 days following the expedited review.

In Fiscal Year (FY) 2005, the Commission worked in collaboration with the Division of Public Health (DPH) to implement a Fetal Infant Mortality Review (FIMR) pilot project under the leadership of the Governor's Infant Mortality Task Force. In FY06, FIMR's budgetary positions were placed with the Commission. These three positions include a registered nurse (FIMR Program coordinator), senior medical social worker, and an administrative specialist.

The most significant accomplishment for FY07 was the full implementation of the Fetal Infant Mortality Review Process. The bi-annual joint reviews with the Domestic Violence Coordinating Council's Fatal Incident Review Team began in April 2007. The cases reviewed involved child deaths and near deaths with domestic violence as a significant risk factor in the death or near death. In an effort to streamline these types of reviews, a member of the Domestic Violence Coordinating Council is now a participant at every child death Review Team.

During FY08, the Commission's statute was amended to include Maternal Death Review and allow for public disclosure of deaths and near deaths due to abuse and neglect, after prosecution.

On September 20, 2015, the Governor signed legislation transferring the Child Abuse and Neglect Panel (CAN Panel-which reviews all deaths and near deaths due to abuse or neglect) to the Child Protection Accountability Commission (CPAC). CDRC will attend these meetings and will be responsible for entering these deaths into the national data tool. In addition, cases for the SDY Review Team or CDR Review Team will be jointly reviewed with the CPAC CAN Panel if there is significant child welfare issues noted. As a part of this legislation, the name of the Commission reverted to the Child Death Review Commission.

The Commission has established six Review Teams: the Sudden Death in the Young (SDY) Review Team, the Advanced Medical SDY Review Team, the Child Death review (CDR) Review Team (state-wide review of all deaths not reviewed at SDY Review Team), two FIMR Teams (one is located in New Castle County and the other is located in Kent County), and a Maternal Mortality Review Team. The Review Teams meet bi-monthly or quarterly as caseload dictates. The Commission meets quarterly to review and approve the work of the Review Teams.

The current legislation for the CDRC can be accessed at this [link](#).

Definitions

As used in this handbook, the following terms are defined:

1. “CDR” shall mean the child death review team of the Child Death Review Commission. CDR is a multi-disciplinary team composed of medical, law enforcement, social service professionals, legal professionals, and other experts from the community who review an identified child death.
2. “Chair” shall mean the Chairperson of the Child Death Review Commission.
3. “Co-Chair” shall mean the Co-Chair of the Child Death Review commission.
4. “Commission” shall mean the Child Death Review Commission.
5. “FIMR” shall mean fetal and infant mortality review team based upon the national model. FIMR is a multi-disciplinary team composed of medical, social service professionals, and other experts from the community who review a de-identified summary of the fetal or infant death and the information from the family interview, if available.
6. “Maternal Death” shall mean the death of a woman while pregnant or within one year of the end of her pregnancy, irrespective of cause.
7. “MMR” shall mean the maternal mortality review team of the Child Death Review Commission. MMR is a multi-disciplinary team composed of medical, social service professionals, and other experts from the community who review a de-identified summary of the maternal death and the information from the family interview, if available.
8. “Review Team Members” shall mean any member of the CDR, FIMR, MMR, SDY or Advanced Medical SDY Review Team.
9. “SDY” shall mean the Sudden Death in the Young Review team of the Child Death Review Commission. SDY is a multi-disciplinary team composed of medical, law enforcement, social service professionals, legal professionals, and other experts from the community who review an identified child death that was sudden and unexpected.
10. “Advanced Medical Review Team” shall mean the advanced medical expert review team for the SDY grant. This team is comprised of medical experts whose expertise is in pediatric medical care.

Commission

Pursuant to 31 Del. C. § 321, the Commission shall be comprised of 26 members to include:

1. the State Attorney General, or his or her designee;
2. the Secretary of the State Department of Health and Social Services, or his or her designee;
3. the Secretary of the State Department of Services to Children, Youth and Their Families, or his or her designee;
4. the person appointed as the child advocate pursuant to § 9003A of Title 29, or his or her designee;
5. the Chair of Child Protection Accountability Commission, or his or her designee;
6. the State Secretary of Education, or his or her designee;
7. the State Chief Medical Examiner, or his or her designee;
8. the Director of the Division of Public Health, or his or her designee;
9. the Chief Judge of the Family Court, or his or her designee;
10. the Superintendent of the Delaware State Police, or his or her designee;
11. and ten at-large members representing one person from the Medical Society of Delaware specializing in each specialty of pediatrics, neonatology, obstetrics and perinatology; one person from the Delaware Nurses Association; one person from the National Association of Social Workers; one person from the Police Chiefs' Council of Delaware who is an active law enforcement officer; one person from the New Castle County Police Department; and two people who are child advocates from state-wide non-profit organizations. The Governor shall appoint the ten at-large members. The term of members appointed by the Governor shall be 3 years and shall terminate upon the Governor's appointment of a new member to the Commission. Commissioners retain the right to resign their appointment at any time.
12. A Chairperson of each Review Team shall also serve as members of the Commission.
13. Designees-Statutory members may appoint a designee on their behalf. An appointment request will be submitted to the Governor through the assistance of the Executive Director. Once approved by the Governor, the designee will have the full rights and voting privileges of a Commissioner. The statutory member can continue to attend all meetings but will no longer have the voting privilege that has been granted to the designee. In addition, their attendance will no longer contribute to quorum.

Responsibilities

All Commissioners are to:

- Attend Commission meetings to hear the findings resulting from reviews;
- Attend the annual public meeting held jointly with CPAC to discuss aggregate data, advancement of recommendations, and a child fatality action plan for the state.
- Vote on matters related to the Commission;

- Ensure their agencies use the recommendations and actions plans to make improvements,
- Support their representatives on the Review Teams to ensure effective reviews.

The Commission Chair has additional responsibilities to:

- Provide leadership to the Commission and convene and preside over its meetings.
- Establish an agenda in collaboration with the Executive Director at least seven (7) days prior to scheduled meetings
- Serve as spokesperson for the Commission or appoint a designee.
- Have general responsibility for issues arising between meetings, and have the general power of leadership and management usually vested in the office of Chairperson in collaboration with the Executive Director.
- Chair the Executive Committee

The Commission Co-Chair will fulfill the following duties:

- Provide leadership to the Commission and convene and preside over its meetings if the Chair is unable to do so.
- Serve as spokesperson for the Commission if the Chair is unable to do so.
- Serve on the Executive Committee of the Commission.

Election of Chair and Co-Chair

Pursuant to 31 Del. C. § 321, there will be an annual election of a chair to be held the first Commission meeting of the calendar year. Commission staff will request nominations from the Commission prior to the election. Commission members should obtain the approval for the nominee before submitting the nomination.

Attendance

Regular attendance by Commissioners at Commission meetings is required. Repeated failure to attend will be reported to the Executive Committee for action which may include a report to the Governor's office. With the exception of the co-chairs of the review teams, no Commissioner (whether the statutory appointee or the designee serving as the Commissioner) may appoint a proxy to vote at an individual meeting. If the Review Team chair intends to send a proxy, the Executive Director must be notified in writing prior to the Commission meeting. If any other Commissioner sends a proxy, that proxy will not be counted as quorum and will not be permitted to vote.

By-Laws

The By-Laws of the Commission that govern the operations of the Commission can be located on the CDRC [website](#).

Conduct

Commissioners will acknowledge the diverse backgrounds and expertise of the Commission members, respect the dialogue required to fulfill the Commission's mission, and communicate with each other in a productive and respectful manner.

Confidentiality

Although discussion is confidential, the sharing of information amongst Commission members and Review Teams is protected and permitted. Pursuant to 31 Del. C., § 324 the records of the Commission and all Review Teams including original documents, documents produced in the review process and other verbal information shared shall be confidential and shall not be released to any person outside the Review Team or the Commission. Such information shall be used for the proper function of the Commission or Review Team and shall not be public records and shall not be available for subpoena or subject to discovery.

CDRC statute 31 Del. C. § 324(b) provides immunity to a Review Team member who in good faith releases information pursuant to obligations imposed upon them by Delaware or federal laws or regulations or duly adopted procedures. Therefore, the release of information to the Division of Professional Regulation to report suspected unprofessional conduct or medical incompetence and to the Division of Family Services to report suspected child abuse or neglect is permitted. Please see the [Statutory Duties to Report Policy](#) for further information.

Procedures

Pursuant to 31 Del. C. § 323, the Commission may amend Commission procedures upon a three-quarters affirmative vote of all members of the Commission.

Commission Quorum

Pursuant to 31 Del. C. § 322, a quorum of sixty percent of the entire membership is required for a Commission meeting to be conducted and to adopt any findings or recommendations of the Commission or review team. Quorum at Commission meetings is necessary for the meeting to proceed.

Relationship to Review Team Representatives

Commissioners should communicate consistently with their representatives on Review Teams to ensure full participation contributing to a quality review of a child death or maternal death as well as completion of any relevant action plans.

For Commissioners without organizational ties to their Review Team representatives, the Commission staff shall provide contact information so that the Commissioners can establish collaborative relationships with their representative(s).

Review Team Members

1. Pursuant to 31 Del. C. § 321, members of the Commission shall appoint representatives to each Review Team such that the Review Team reflects the disciplines of the Commission. The Commission shall also appoint to each regional Review Team all of the following:
 - A representative from each of the 3 police departments which investigate the majority of child deaths in the region covered by the Review Team.
 - A citizen of the region interested in child deaths and stillbirths.
2. Commissioners may have the privilege of attending Review Team meetings and participating in general discussions. However, they are not part of the established quorum if needed, nor do they have voting privileges.
3. FIMR, MMR and the Advanced Medical SDY Review Team are conducted from a medical focus. Therefore, their Review Team composition may vary from the Commissioners' composition of disciplines.
4. Appointment of Review Team Members
 - Review Team members representing public agencies on the Review Team shall be appointed by the head of their agency.
 - Review Team members who do not represent public agencies shall be appointed by their Commissioner Representative (based upon the professional discipline) to serve a term of three years. An appointee letter shall be sent to the appointee by the CDRC Executive Director.
 - FIMR and MMR Review Team members must be approved by the Executive Director or FIMR/MMR Program Coordinator prior to attendance.

Election of Chair

There should be an annual election of a chair and co-chair to be held the first Review Team meeting of the calendar year. Commission staff will request nominations from the Review Team prior to the election. Review Team members should obtain the approval for the nominee before submitting the nomination.

Review Team Chair Responsibilities

- Convene meeting;
- Facilitate meeting using common parliamentary rules of order to the extent that these rules are not inconsistent with the code;
- Maintain integrity of review process;
- Serve as a Commission Member;

- Attend Commission meetings and present the findings and aggregate data resulting from the reviews. CDRC staff will prepare the reports for the Review Team Chair.

Child Death Review Team Co-Chair

The Co-Chair will resume the roles and responsibilities of the Chair in the Chair's absence.

Case Review Team Quorum

A quorum of sixty percent of the entire membership of the Case Review Team must be present in order for any vote to be taken. However, quorum at a case review team is not necessary for the meeting to proceed.

Attendance: Each Review Team member should have an identified proxy to represent him or her during the review in his or her absence. A letter authorizing the identified person should be composed by the regular attendee Review Team member and be provided to the Commission staff prior to the beginning of the Review Team meeting. A letter can also be written to authorize a person to serve as a permanent proxy. Lack of active and consistent attendance at Review Team meetings may result in the Executive Director contacting the public agency head or designated Commission representative for possible Review Team replacement.

Conduct: Team members will acknowledge the diverse backgrounds and expertise of the Review Team members, respect the dialogue required to fulfill the Review Team's mission and communicate with each other in a productive and respectful manner.

Confidentiality: Although discussion is confidential, the sharing of information with the Commission and Review Team is protected and permitted. Pursuant to 31Del. C., § 324, the records of the Commission and all Review Teams including original documents, documents produced in the review process and other verbal information shared shall be confidential and shall not be released to any person outside the Review Team or the Commission. Such information shall be used for the proper function of the Commission or Review Team and shall not be public records and shall not be available for subpoena or subject to discovery. Only aggregate statistical data may be released at the discretion of the Commission and Executive Director. The Commission is solely authorized to release Review Team recommendations to the public.

Relationship to Commissioners: Review Team members should communicate as needed with their representatives on the Commission, to ensure full participation contributing to a quality review as well as completion of any relevant action plans. For those Review Team members without an existing organizational tie to their Commissioners, the Commission staff shall provide contact information so that the Review Team member can establish a collaborative relationship with their Commissioner.

Responsibilities of Review Team Members

- 1) Upon receipt of a cover sheet from CDRC staff, the Review Team member will review and record case specific information on their respective agency data sheet. The following agencies submit data sheets:
 - Department of Services for Children, Youth and Their Families
 - Division of Public Health
 - Family Court
 - Law Enforcement
- 2) The Review Team member will electronically submit their respective agency data sheet to the staff who requested the information by the due date set forth in the email request.
- 3) Review the Review Team packet (distributed by staff) prior to scheduled review through the secure Egress system.
- 4) Attend all meetings or appoint a designee from their respective agency.
- 5) Provide guidance, knowledge, and information regarding best practice for their discipline. The Review Team member will provide definitions of professional terminology, interpret agency procedures and policies, and explain the legal responsibilities or limitations of his or her profession.
- 6) If requested by the Review Team, the Review Team member will research a question and bring the response to the next scheduled meeting or email the CDRC staff with the response. The Review Team member will serve as a liaison to respective professional counterparts.
- 7) Sign the confidentiality agreement at each meeting.
- 8) Use the findings and recommendations of the Commission to develop system improvements for maternal and child health in their respective agencies and disciplines.
- 9) Communicate any Action Plan items to their Commission Representative.

What is a Team?

A team is both a message to the community and a message from the community: By participating on a Review Team, local professionals who take responsibility for the protection, health and safety of their community's children agree to better understand child and maternal deaths. Team participation represents their commitment to eliminate obstacles to integrated community responses to child and maternal deaths and to create opportunities to prevent future deaths.

The following are six steps to conducting effective child death reviews:

1. Share, question, and clarify all case information.
2. Discuss the investigation.
3. Discuss the delivery of services.
4. Identify risk factors.
5. Recommend system improvements.
6. Identify findings to implement prevention recommendations.

Review Team Witnesses/Expert/Ad Hoc member

In conducting Review Teams, the Commission has the authority to administer oaths and compel attendance of witnesses. A witness is a professional person who upon request of the Chair or staff will attend a Review Team review meeting and present case specific information; the witness will sign the confidentiality agreement; the witness will not have voting power.

In addition, Ad Hoc members may attend meetings when they have been directly involved in a case scheduled for review or to provide information on committee related activities. For example: the State Fire Marshall designates an Ad Hoc member when the Review Team is reviewing a fire death.

Questions to consider when inviting a professional to participate as a witness/guest/expert for a particular case review:

- Information the professional can bring to the Review Team: What information does the professional have about the actions taken by his or her agency regarding the child, family, or the system?
- Expertise the professional can bring to the Review Team: What specialized knowledge or expertise does the professional have that the team can use in its work?
- Assistance the professional can provide to the team: What help can the professional give the team to accomplish its goals?
- Bridges that can be built through the professional's participation on the team: What connections between agencies and other providers can be built through the participation of the professional on the team?
- For FIMR/MMR: In recruiting team members, they should be presented with a full purpose of the review team process so that you empower them to know what their expertise can bring to the death review.

Review Teams

Purpose of Maternal and Child Death Reviews

The primary purpose of reviewing maternal and child deaths is to review trends and findings in order to provide recommendations to alleviate practices or conditions which impact the mortality of mothers and children.

Type of Review

The review is a retrospective system review intended to provide meaningful, prompt, system-wide recommendations in an effort to prevent future deaths and to improve services. However, it is often necessary to review the investigation and response to the death for system enhancement and death investigation response.

The reviews focus on identifying trends, patterns, and obstacles in service delivery, and assessing the adequacy of agency interventions. The reviews are not geared towards blaming an individual for a performance issue but instead focus on system-wide improvements. Although the release of information to the Division of Professional Regulation to report suspected unprofessional conduct or medical incompetence and the Division of Family Services to report suspected child abuse or neglect is permitted. Please see [Statutory Duties to Report](#) Policy for further information.

Criteria of Cases Reviewed

1. The Commission shall have the power to investigate and review the facts and circumstances of all Delaware deaths of children under the age of 18, except deaths of abused or neglected children which are within the jurisdiction of the Child Protection Accountability Commission.
2. The Commission may review deaths of abused or neglected children, for good cause shown, as determined by the agreement of the Commission and the Child Protection Accountability Commission.
3. The review of a child death that occurs in an adjacent state may be reviewed by Delaware if the child and family were active with several Delaware systems and the adjacent state will not be reviewing the case. This will be authorized as needed by the CDRC Executive Director.
4. The review of deaths involving criminal investigations will be delayed until the completion of the prosecution. Pursuant to 31 Del. C. § 323, completion of the prosecution means the decision to file no information or seek no indictment, conviction or adjudication, acquittal, dismissal of an information or indictment by a court, the conditional dismissal under a program established by Delaware law or court program, or the nolle prosequi of an information or indictment by the Attorney General.
5. Special requests to review a case that does not meet the review criteria can be made by agencies and professionals affiliated with the Review Teams and are approved or denied by the Executive Director.

Types of Case Review Teams

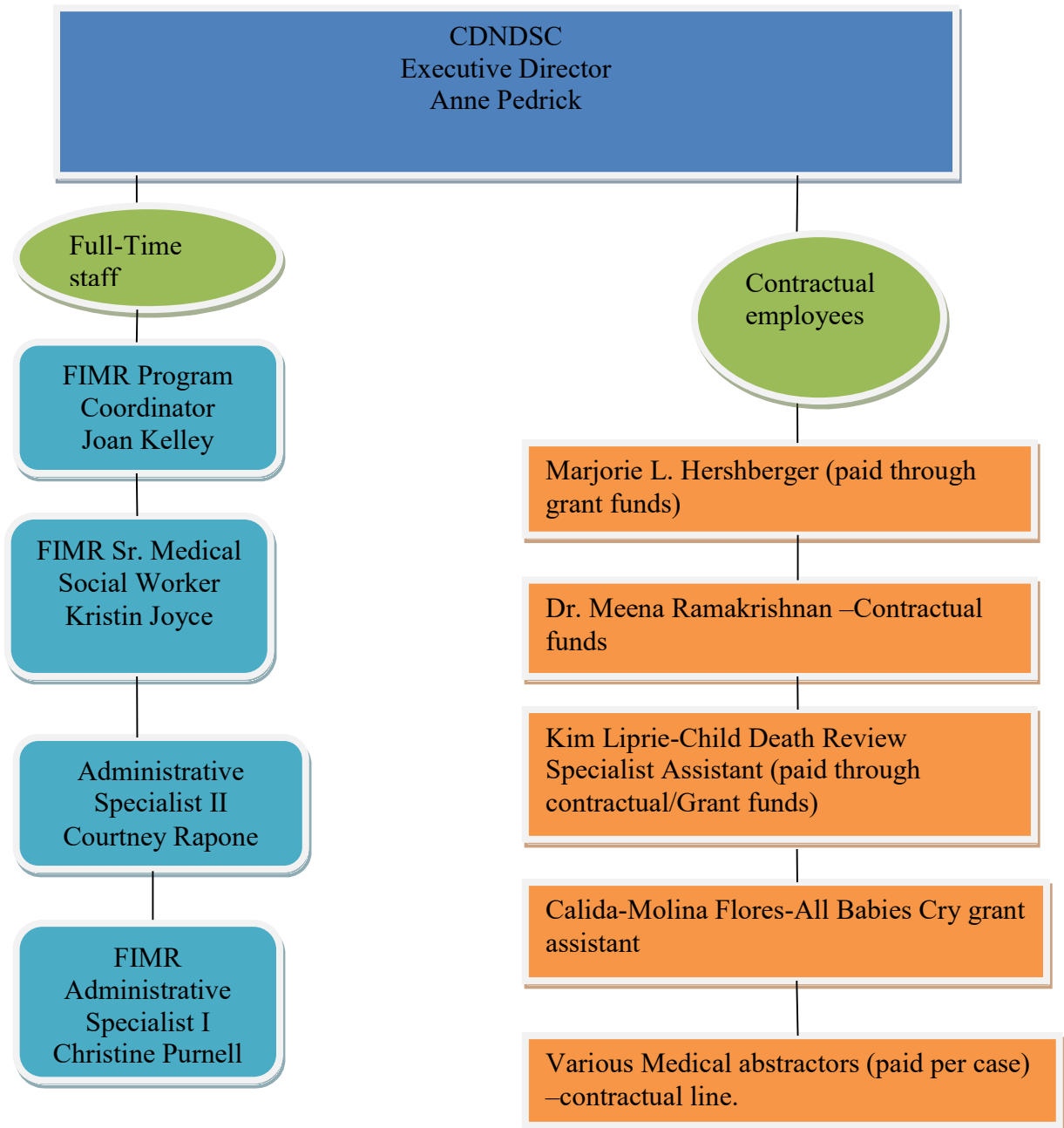
1. CDR Review Team- In cases of a child death that has not been accepted by the SDY Review Team, a regular review at the state-wide Child Death Review Team will be conducted. Cases that have been accepted by the Child Protection Accountability Commission's Child Abuse/Neglect (CAN) Review Team will not be reviewed at the CDR Review Team. For more information on the CDR Review Team please access the [policy](#).
2. SDY Review Team and Advanced Medical SDY Review Team- the SDY Review Team was created via the Center for Disease (CDC) Sudden Death in the Young Registry. Its specific purpose is to investigate etiologies and risk factors for sudden death in the young including, Sudden Unexpected Infant Death (SUID), Sudden Cardiac Death (SCD) and Sudden Unexplained Death in Epilepsy (SUDEP). For more information on the SDY Review Teams please access the [policy](#).
3. FIMR Review Team- A fetal death is defined as a fetal death (stillbirth) greater than 20 weeks gestation. An infant death is defined as the death of an infant less than 1 year of age. These cases will be reviewed by FIMR utilizing the national model. However, an infant death that is sudden and unexpected may not be reviewed by FIMR but will be assigned to the Sudden Death in the Young (SDY) Review Team. For more information on the FIMR Review Teams please access the [policy](#).
4. MMR Review Team- A maternal death is defined as a death of a woman while pregnant or within one year of the end of pregnancy, irrespective of cause. This is also known as a pregnancy associated death. Pregnancy-associated deaths can be further divided into two categories: those that are pregnancy-related, and those that are not pregnancy-related. Both of these categories will be reviewed by Delaware's MMR program. For more information on the MMR Review Teams please access the [policy](#).

Annual Report

The latest copy of the [CDRC Annual Report](#) will be posted to the website.

Commission staff

Child Death Review Commission Organizational Chart



For additional contact information go to the CDRC [Website](#).
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