



STATE OF DELAWARE
Child Death Review Commission (CDRC)
Policy and Procedure

Child Death Review (CDR) Panel Policy

Purpose:

The primary purpose of reviewing deaths of children is to provide findings or recommendations to alleviate practices or conditions which impact the mortality of children, in order to safeguard the health and safety of children. The panel review is a multi-disciplinary, retrospective system review examining the facts and circumstances surrounding the death of the child for any applicable recommendations for systems change in order to prevent future deaths of children in the State of Delaware.

Policy:

Per state statute, the Commission has the authority to investigate and review the facts and circumstances of all cases of child death. The definition of child death is defined as: *Death of children under the age of 18 and stillbirth occurring after at least 20 weeks' gestation.*

In cases of a child death that has not been accepted by the SDY panel, a regular review at the state-wide child death review panel will be conducted. Cases that have been accepted by the Child Protection Accountability Commission's Child Abuse/Neglect (CAN) panel will not be reviewed at the CDR panel.

All activities of the CDR Panel are statutorily confidential and exempt from the Freedom of Information Act ("FOIA").

Legislative Authority:

[31 Del. C. §§ 320 - 324](#)

Definitions:

Case Definition for the CDR Panel: State of Delaware child deaths from birth through age 18 that do *not* occur suddenly and unexpectedly. Out of State residents will be reviewed if significant Delaware systems interacted with the family and will be determined by the CDRC Executive Director (ED). Cases where the manner of death (MOD) or cause of death (COD) is reported as any of the following are included:

- Accident in which the external cause was the obvious and only reason for the death, except infant suffocation;
- Homicide, except those accepted by the CAN panel.
- Suicide;
- Accidental or intentional overdose of drugs even if this caused cardiac or respiratory arrest with no prior history of other possible chronic disease or autopsy findings suggestive of another cause;
- Terminal illness in which the death was reasonably expected to occur within six months.

Procedure

Notification of the death:

1. The CDRC will receive notification of a child death from the following sources:
 - Division of Forensic Sciences-Medical Examiner (DFS-ME)
 - i. Anticipated Time Frame: Next business day after the death.
 - Investigation Coordinator (IC) from the Office of the Child Advocate
 - i. Anticipated Time Frame: Within five days of the incident.
 - Death Certificate from the Office of Vital Statistics
 - i. Anticipated Time Frame: Between 30 to 90 days of the death depending upon toxicology results from the DFS-ME.
 - Media article
 - i. Anticipated Time Frame: Varies
2. Upon receipt of a death notification, the CDRC Executive Director (ED) shall determine within twenty-four hours whether or not the case will be assigned to the CDR panel or distributed to a different review panel of the CDRC. The cause and manner of death determined by the Division of Forensic Sciences-Medical Examiner (DFS-ME) does not determine the panel assignment.
3. Upon determination of the screening decision, the ED shall immediately send an email notification to the CDRC Office Manager (OM), and CDRC Records Technician (RT). Reports that do not meet the above criteria for the CDR panel will be documented in the CDRC tracking database as rejected, transferred to the SDY panel, or transferred to the Fetal

Infant Mortality Review panel by the Office Manager. Reports that meet criteria for review will follow the actions listed below.

4. If notified by death certificate the ED shall within 24 hours, complete a case disposition form (Appendix 1) and attach it to the death certificate. This disposition will be immediately forwarded to the OM.

CASE PREPARATION

Within 2 business days of the Disposition-via Email or Case Disposition Form

1. The OM shall complete the following activities:
 - Open the case in the National Center for Fatality Review and Prevention (NCFRP) database (cdrdata.org). This will create a case assignment number;
 - Open the case in the CDRC tracking database. This will include all highlighted blue columns;
 - Conduct a history search of previous cases that will be conducted in both databases at this time;
 - This will include mother's first and last name and child's first and last name. This is completed to determine if there was a previous history and also ensure that the child's death was not previously entered if the case was not referred by death certificate but by other notification.
 - Email the new case number to the RT to start the subpoena process;
 - Create an electronic file folder under the shared drive folder CDR/caseload (last name first name-with no comma) where records and data sheets will be filed and maintained;
 - Complete the Review Cover Sheet (Appendix 2) to include a brief narrative from the email notification if possible and store in electronic case file;
 - Scan all death certificates (including the disposition form) into the electronic case file.
 - If the CAN panel will be taking the lead on this case, a copy of the death certificate will be scanned into the Office of the Child Advocate (OCA)/CDRC shared drive/Joint Case Review folder. In addition, an electronic case file will be kept under the CDR folder/caseload to ensure other staff has access as needed to the file.
 - An email will be sent to the CAN panel child death review specialist stating that a death certificate has been received.
2. The RT will issue subpoenas based upon the COD and MOD as listed below:
 - a) Suicide- All medical (to include emergency department and hospital records, primary care physician records), mental health records, emergency medical services (EMS), and Department of Education (DOE) records (to include Wellness Center records and Nursing notes)

- b) Motor Vehicle Crash-If the child was *not* the driver but a passenger only the emergency department /hospital records and EMS records need to be subpoenaed. If the child *was* the driver that caused the crash, all medical (to include emergency department and hospital records), mental health records, primary care physician records, emergency medical services (EMS), and DOE records to include Wellness Center records and nursing records;
 - c) Natural/Medical Death- All medical (to include emergency department and hospital records, newborn records for the child and Mother, primary care physician records), mental health records, emergency medical services (EMS), and if school age-Department of Education (DOE) records (to include Wellness Center records and Nursing notes)
 - d) Homicide not due to abuse/neglect-Only the Hospital and EMS records need to be subpoenaed unless the child was noted to have significant mental health issues then mental health records must be subpoenaed.
3. The due date for record return will be 30 business days. The RT shall monitor all subpoena requests for records to ensure receipt and shall contact the appropriate facility if the record is not received by the due date recorded on the subpoena. The RT will enter a due date into the CDRC subpoena tracking database to ensure the RT's consistent follow-up for records due. The RT shall conduct a weekly check of the subpoena tracking database and follow up of all outstanding records.
- a. Within 24 hours upon receipt of medical records, the RT shall scan the records into the electronic case file. After ensuring that all pages were scanned correctly, the hard copy records shall be disposed in the locked confidential shredding bin.

Within 5 business days after the case disposition:

- 1. If applicable, the ED will consult with the OCA CAN Panel Director to determine if the case will be jointly reviewed with the CAN panel. If accepted by OCA, a review date will be scheduled not less than 2 months and not greater than 6 months from the referral date. The ED will mark this decision and scheduled date into the CDR tracking database.
 - a. Reports for deaths of children in the state of Delaware under the age of 18 shall be screened in by the CAN Panel for a review in the following circumstances:
 - i. A child under the age of 18 died in the state of Delaware as a result of suspected abuse or neglect; or,
 - ii. Other cases for good cause shown, where abuse or neglect is suspected and current or prior history with the Division of Family Services (DFS) exists.
- 2. For a child death review completed by the CAN Panel, the OCA CAN Specialist will be responsible for preparing the case for review.

Within 30 business days of the disposition

- 1. The RT will review the Delaware Justice Information System (DELJIS) and the Law Enforcement Investigative Support System (LEISS) to obtain the status of the criminal investigation, complaint number and other details relevant to the review.

- a. This informational update will be sent via secure egress email to the Executive Director.
2. The ED will conduct monthly supervision with the Fatality Review Coordinator (FRC) to identify the cases that will be scheduled for the next scheduled CDR panel.
3. The ED will schedule the review date within 6 months from the date of notification of the death. A case that has pending prosecution as a delay, will be given a final end date of two years from the date of death.
4. The FRC shall distribute the Review Cover Sheet to the Panel within five days of the monthly supervision and request electronic data sheets summarizing the circumstances surrounding the death and any history of involvement with the child or family. A due date for the cover sheet will be provided to the panel members.
5. The FRC will coordinate an electronic secure email exchange with the Medical Abstractor. All medical records pertinent to the case will be gathered at one time for the medical abstractor.
6. The FRC shall separately request data sheets from law enforcement jurisdictions, which are not represented on the panel. The law enforcement representative will also be given the option to present the case in-person or by telephone.

1 Month Prior to the Review

1. The FRC shall prepare an agenda (Appendix 3) with the cases identified for the next review. The ED shall review the agenda and draft meeting minutes prior to dissemination.
2. The completed data sheets must be submitted electronically one month prior to the scheduled review date. The FRC shall immediately issue a follow up request to individual members if the data sheets are not received by the specified date.
3. The Medical Abstractor shall submit the completed abstraction to the FRC (Appendix 4). The FRC shall immediately issue a follow up request if the abstraction is not received by the specified date.
4. The FRC will ensure that all records are gathered from the DFS-ME. Upon receipt, the records will be given to the OM for scanning the records into the electronic file within five days of receipt.

2 Weeks Prior to Review

1. The FRC shall compile the review cover sheets, data sheets, medical abstraction, obituary, and news articles into packets for each case scheduled for initial review and provide this hard copy packet to the ED.
2. The ED shall review this packet and once approved will electronically disseminate the agenda, draft meeting minutes, and review materials through secure egress email to the panel. Attendance will be confirmed through this email notification.

1 Week Prior to Review

1. The CDR Panel Chair and the FRC shall participate in a teleconference or email exchange to discuss the agenda and draft meeting minutes, to set timeframes for each case, to determine if additional witness testimony will be needed, and to address any concerns that may arise during the review.
2. The FRC shall prepare the confidentiality statement for each meeting and each panel member, witness, and invited professional shall be asked to sign the statement. (Appendix 5)

PANEL REVIEW

In General

1. Initial reviews shall occur within 6 months of the notification to CDRC unless there is pending criminal investigation. Reviews may be extended to 9 months with approval from the CDRC Executive Committee.
2. The meetings shall occur approximately every other month from approximately 1:00 p.m. to 3:00 p.m. However, due to increased volume, the meeting times may be expanded or an additional meeting may be scheduled. Meeting notices will be disseminated by the ED or the FRC annually.
3. A case that has pending prosecution as a reason for delay will be given a final completion date of two years from the date of death. If a review has not been cleared through authorization from the Office of the Attorney General or resolution of the criminal case, the case will be entered into the NCFRP database by the FRC. The ED will complete secondary quality assurance within 30 business days of this case being administratively closed by the FRC. The case will not be presented at the Commission level. However, the aggregate data will be captured in the calendar year annual report.
4. In order for a case to be reviewed at a panel meeting, the agencies involved must be present or have a representative present who can discuss the case. The panel members shall attend each scheduled meeting. If a panel member intends to send a proxy, the ED must be notified in writing prior to the meeting.
 - a. If attendance becomes an issue of concern, the ED will consult with the panel member's designated Commissioner to determine if the individual needs to be replaced.
5. If appropriate and deemed acceptable by CDRC staff, a different law enforcement jurisdiction can present a different jurisdiction's case if necessary.
6. If *essential* information needed to complete a case review is not available, the case will be deferred until the next scheduled meeting. This decision will only be decided upon by the ED or designated CDRC staff member.

7. The ED shall attend a death due to abuse or neglect with the CAN panel for purposes of documenting aggregate data in the National Center for Fatality Review and Prevention (NCFRP) database.
8. Witnesses and invited professionals shall only be present for the discussion of facts relevant to his or her involvement in the case. Agency representatives may be authorized to attend in addition to the regularly scheduled member with prior approval from the ED.
9. CDR panel quorum shall constitute one-third of the Panel membership. A panel meeting can go forward without a quorum to honor time commitments for those in attendance. However, there must always be in attendance a medical representative, Department of Services for Children, Youth and their Families (DSCYF) representative, and a Law Enforcement representative. A quorum must be present in order for any vote to be taken. Any action of the Panel shall be by a simple majority vote of the quorum. Each appointed member and the ED shall have one vote regardless of the number of representatives at the meeting. If a panel member has been directly involved with the case, they may participate in the discussion but must abstain from voting. Panel members not present for the entire review shall abstain from voting. The FRC will have no voting privileges.

Panel Meeting

1. The Panel members, witnesses, and invited professionals must comply with and sign the confidentiality statement prior to the reviews. Specific identifying case information shall remain confidential and restricted to the panel and Commission members. Confidentiality sheets are collected and maintained by the FRC.
2. The Panel Chair and ED shall determine if there is quorum and facilitate the reviews.
3. The Panel Chair and ED shall lead the discussion to help identify system findings.
4. The panel members must approve the draft minutes and findings with revisions when applicable, from the prior meeting. However, the minutes may be presented to the Commission without approval if necessary due to time constraints based upon the Commission quarterly schedule.
5. The panel members shall orally summarize their agencies' involvement with the child or family when applicable, participate in discussion, and identify system-wide findings.
6. At the completion of a review, all panel members will turn over all hard copy documentation related to that review to CDRC staff for shredding of this confidential information. If they have the information electronically stored, they will be reminded to delete all information from their electronic storage.

Within 2 Business Days after Panel Meeting

1. The ED shall refer cases to the Division of Professional Regulation (DPR) for unprofessional conduct as found under the Medical Practice Act and the Attorney General's Office for

failure to report as found under 16 Del. C. § 903, when applicable. The ED must also provide an update to the panel at the next meeting.

2. The ED shall report any imminent child safety concerns or egregious employee performance issues identified by the panel to the appropriate agency contact, when applicable. The ED must also provide an update to the panel at the next meeting.

Within 5 Business Days after Panel Meeting

1. The ED or FRC shall update the CDR tracking database to reflect that the review has occurred and to identify the next steps for the case.
2. The FRC will provide the OM with the confidentiality sheets. The OM will scan the confidentiality sheets into the shared drive and place into the monthly CDR packet folder.

Within 15 Business Days after Panel Meeting

1. The FRC shall be responsible for drafting the confidential meeting minutes, which are exempt from the FOIA. The minutes will summarize the information presented by the panel members, any discussion, information needed for the final review, when applicable, agency strengths and system-wide findings identified by the panel. The draft minutes shall be approved by the panel at the next meeting. The FRC shall also make the necessary revisions to the minutes from the prior meeting when applicable, and finalize the approved minutes.

Within 30 Business Days after Panel Meeting

1. The FRC will enter all data from the case review into the secure NCFRP database.
2. The FRC will enter the aggregate data obtained from the reviews into the CDR tracking database.

Quarterly Commission Meeting

1. The CDR Panel Chair shall present the meeting minutes from the previous quarter panel meetings for approval to the Commission. The CDR Panel Chair will focus the presentation on findings and issues that need attention or action by the Commission. All case review information shared at the Commission meeting is statutorily confidential and exempt from the Freedom of Information Act (FOIA).
2. The Executive Director shall also provide a report on the caseloads of the CDR Panel (Appendix 6).
3. The Commission shall vote upon the minutes, findings, and any recommendations made by the Commissioners during the discussion of the cases.

Within 2 Business Days after the Quarterly Commission Meeting

1. The ED shall refer cases to the Division of Professional Regulation (DPR) for unprofessional conduct as found under the Medical Practice Act and the Attorney General's Office for failure to report as found under 16 Del. C. § 903, when applicable. The ED must also provide an update to the panel at the next meeting.
2. The ED shall report any imminent child safety concerns or egregious employee performance issues identified by the panel to the appropriate agency contact, when applicable. The ED must also provide an update to the panel at the next meeting.

Within 5 Business Days after Quarterly Commission Meeting

1. The ED will close the approved cases in the CDR tracking database and move the electronic file to the closed case load folder.

Within 30 Business Days after Quarterly Commission Meeting

1. The FRC will enter any additional case information, findings, or recommendations to the NCFRP database tool under the narrative section.
2. The FRC shall be responsible for drafting the Quarterly Commission Meeting minutes.
3. All data and other related review materials will be stored in a secure file maintained electronically.

Within 45 Business Days after Quarterly Commission Meeting

1. The ED will conduct a quality assurance review of the cases entered by the FRC.

Appendix 1



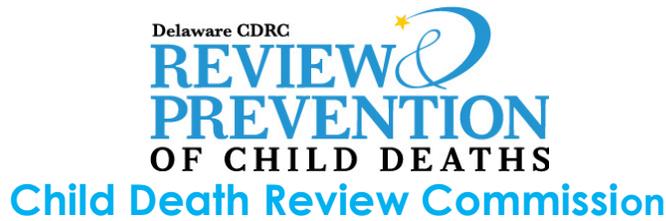
Disposition of Referrals	
Date: _____ <input type="checkbox"/> Assigned by FIMR Program Coordinator <input type="checkbox"/> Assigned by Executive Director	<u>Actions</u>
<input type="checkbox"/> Assign to FIMR <input type="checkbox"/> Fetal Death DOD _____ <input type="checkbox"/> Infant Death	
<input type="checkbox"/> Assign to Triage Case (based upon odd/even) ¹ <input type="checkbox"/> Fetal Death <input type="checkbox"/> Infant Death DOD _____	<ul style="list-style-type: none"> Log into excel database Log into NFIMR if fetal/infant for FIMR
<input type="checkbox"/> Assign to MMR	<ul style="list-style-type: none"> Log into excel database Notify RT for subpoena process
<input type="checkbox"/> Assign to CDR	<ul style="list-style-type: none"> Log into excel database Log into National CDR Create a folder under shared drive/caseload. Scan death cert to that folder
<input type="checkbox"/> Assign to SDY	<ul style="list-style-type: none"> Log into excel database Log into National CDR Create a folder under shared drive/caseload. Scan death cert to that folder
<input type="checkbox"/> Go to Second Page	

¹ January through June based upon even DOD, July through December based upon odd DOD.

<input type="checkbox"/> Joint Review with CAN and specified panel_____ ²	<ul style="list-style-type: none"> • Log into excel database • Log into National CDR • Create a folder under shared drive/caseload. • Email the death cert to OCA/Angela Birney • Scan death cert to the CDRC folder and also the OCA folder.
<input type="checkbox"/> Out of State	<ul style="list-style-type: none"> • Log into tracking database • Scan to Out of State shared drive folder.
<input type="checkbox"/> Pending (Re-submit to Executive Director monthly until a disposition can be given). Office Manager will keep in a 30 day review file.	
<input type="checkbox"/> Child is over age 18. Place in designated file.	

² This case gets entered into the national data tool with a CAN case# and a file is opened but no records are subpoenaed.

Appendix 3



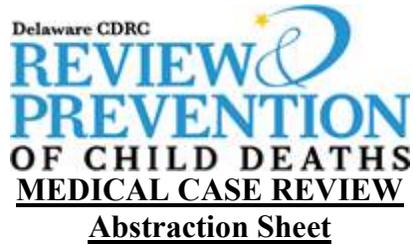
Child Death Review Panel
DATE Agenda

Closed to the public as set forth in 31 Del.C. §324

- I. CALL TO ORDER
- II. WELCOME AND INTRODUCTIONS
- III. ANNOUNCEMENTS
- IV. APPROVAL OF MINUTES FROM DATE
- V. CASE REVIEWS

1.	Case Number:	Case Name:	Cause of Death: Manner of Death: DOB: DOD:
Discipline		Responsible Party	Items Needed
	Medical		Death Event System Concerns/Questions
	Medical Examiner		
	Public Health/CDW		Involvement with Public Health/CDW Findings/Strengths
	DSCYF		History Current Case Status
	Family Court		Summary of Court Findings
	Law Enforcement	Jurisdiction/Complaint #	Scene Investigation Completed? Photo's of Scene Taken? Toxicology Screen Completed? Results Received?
	DOE		

Appendix 4



Completed By:

Date:

Records reviewed from the following:

Family Demographics

Child's Name:

Case #:

Insurance:

Date of Birth:

Incident Date:

Date of Death:

Mother's Name:

Date of Birth:

Father's Name:

Date of Birth:

Developmental History:

Nutritional History:

Social History:

Family History:

History of Event and Hospital Course

Admitting Hospital:

In-Hospital Attending:

Consults:

Diagnosis:

Procedures:

Imaging:

Primary Care

Provider:

Past Medical History:

Immunizations:

Hospitalizations:

Operations:

Accidents:
Medications
Allergies:

Prenatal History

Number of OB Visits:
Complications during pregnancy?

Birth History

Mother's age and Gravida/Para:
Birth History:
Birth hospital:
Gestational Age:
Birth Weight and Length:
APGARs:

Was unsafe sleeping education documented?
Was the "All babies cry"/parent abusive head trauma education documented?
If premature baby, was a car seat testing/fitting completed?

Was Mom tested for substance abuse at the hospital?
Was the baby also tested for substances at the hospital?
If Yes to either question, was a home visiting referral completed? (yes/no).
If Yes was DFS contacted?
Was a medical plan of safe care completed by the hospital or DFS?

Autopsy

Additional Information

Appendix 5



Child Death Review Commission (CDRC)
 Confidentiality Statement
Child Death Review Panel

The purpose of the child death review process is to conduct a complete assessment of child death incidents. In order to assure an assessment that fully addresses all systemic concerns, panel members must have access to all existing records on the child. These records include protective services records, public health records, court documents, law enforcement records, autopsy and medical examiner reports, mental health records, hospital or medical related data, and any other information that may have a bearing on the involved child and family.

With the purpose of this review in mind, we the undersigned agree that all information secured, verbally or in writing, in these reviews will remain confidential and will not be used for any purpose outside of the review process. 31 Del. C. § 324

Date of Review:

Print Name	Signature	Agency

Appendix 6



CDR ages	
<i>12 months and under</i>	
<i>age 1-4</i>	
<i>age 5-12</i>	
<i>age 13-17</i>	
<i>Total</i>	

CDR Cause of Death	

CDR case status	Date
Cases Open	
<i>Cases Being Prepared</i>	
<i>Cases Ready for Review</i>	
<i>Pending Prosecution</i>	
<i>Awaiting Commission approval</i>	
<i>Administrative Review/Closure</i>	
<i>Pending Review with CAN</i>	

CDR Cases by Quarter	
<i>Year</i>	