SANTA CLARA COUNTY
STATE OF CALIFORNIA
CHILD DEATH REVIEW TEAM

BYLAWS

ARTICLE I – NAME

The name of this organization shall be the Santa Clara County Child Death Review Team, hereinafter referred to as the “CDRT”. The CDRT was organized in 1985 pursuant to the authority of Penal Code Section 11166.7.

ARTICLE II – MISSION AND PURPOSES

A. Mission - It is the mission of the Santa Clara County child Death Review Team (CDRT) to review the circumstances of the deaths of children that occur within the County. An important function of the CDRT is to assist the coroner or medical examiner in determining whether child abuse or neglect was a factor in the death of a child.

An objective of this inquiry is not to assess fault by any particular agency or child care professional, but rather to suggest ways in which caretakers, medical professionals and all organizations and agencies serving children, may work together to prevent serious childhood injuries and improve their responses to the needs of our children. Activities of the CDRT are intended to enhance interagency collaboration in this arena.

Our goal is to help ensure that children may live in safety.

B. Purposes – The purposes of the CDRT are to:

- Review all available information and records relating to the death of a child in order to gather information which may be of use in developing public agency policy to prevent future child injury and deaths and to improve the provision of services to families and their children who may be at risk;
- Collect uniform and accurate statistics on child deaths based on team findings and classification;
- Increase the thoroughness and effectiveness of service delivery systems related to the provision of child protection, prevention, intervention, investigation, legal representation, mental and physical health;
- Support cooperation and communication between agencies providing services to children at risk of abuse and neglect;

ARTICLE III – MEMBERSHIP

To assist in carrying out the above stated purposes, the Santa Clara County CDRT is comprised of representatives from local agencies that provide services for the identification, investigation, treatment and prevention of child abuse. It may also include representatives from agencies concerned with child safety, child welfare, and/or injury prevention. Each child death
review team member must have demonstrated experience and an interest in the areas discussed above. To ensure continuity of representation, agencies are requested to appoint a representative for at least one year; individual members are required to maintain consistent meeting attendance.

The County of Santa Clara CDRT membership shall consist of persons, including but not limited to the following:

1. Pediatrician (or other physician) with expertise in child abuse;
2. Representative(s) from the District Attorney’s Office, Juvenile Division;
3. Representative(s) from the Social Services Agency;
4. Representative(s) from the Coroner’s Office or a forensic pathologist;
5. Representative(s) from the Public Health Department;
6. Representative(s) from local Hospitals;
7. Representative(s) from local Law Enforcement agencies;
8. Representative(s) from the Santa Clara County Sheriff’s Office;
9. Representative(s) from Department of Mental Health or consulting psychologist or psychiatrist;
10. Representative(s) from the Probation Department, Juvenile Division;
11. Representative(s) from a school district, other educational organization or child care interests;
12. Representative(s) from the faith-based community.

The child death review team may decide to recruit additional members to assure the team as a whole has the collective expertise needed to assist the team in carrying out its mission. Additional professionals will be invited to attend meetings as needed based on community resources or dictated by the case(s) scheduled for discussion. Guests are professionals directly involved in a case scheduled or who can provide information on team related activities. Requests for guests and guest activity should be referred to the team Chairperson and Coordinator.

Role Of Team Members – Each member provides the team with information from their records, serves as liaison to their professional counterparts, provides definitions of their professional terminology, interprets the procedures and policies of their agency, and explains the legal responsibilities or limitations of their profession. Each member also assists in making referrals for services to surviving family members. Each member is required to maintain a professional, positive interpersonal working relationship with the team, and its staff support.

Regular attendance at team meetings is very important. If a team member is unable to attend a meeting, they may designate another representative of their agency to replace them at a team meeting. The coordinator should be aware of any designees prior to meeting.

ARTICLE IV – SPONSORING AGENCY

In Santa Clara County, the Public Health Department is the department that has given the responsibility of coordinating the team and providing any staff support in preparing for the team review of cases. The PHD is responsible for designating a CDRT Coordinator. The coordinator is responsible for providing staff support by scheduling team meetings, compiling information for each meeting, submitting data reports to the state as required, and ensuring that the team operates according to the protocols developed by the team.
ARTICLE V – CHAIRPERSON AND COORDINATOR

The Chairperson and Coordinator may be referred to as “Co-chairs.”

The Chairperson is responsible for the orderly conduct of CDRT meetings. The Coordinator and Chairperson meet prior to the scheduled CDRT meeting in order to:

- Review coroner’s log; ensure all appropriate cases are received and are included for review at next meeting;
- Receive any outstanding autopsy reports;
- Close some cases with clearly medical causes; (These cases have received initial review at a previous CDRT meeting and the autopsy diagnosis is clearly medical.)
- Determine which cases to review and which cases to be classified at next CDRT meeting;
- Set tentative team agenda.

The Team Coordinator prepares a CDRT packet for team members that includes:

- Final agenda of meeting;
- List of cases to be reviewed, as well as cases to be closed and pending cases;
- Investigation report of cases to be reviewed;
- Autopsy report conclusions.

ARTICLE VI – CHAIRPERSON

Any permanent member of the CDRT may be selected as Chairperson. The Chairperson should be a professional who is experienced in children’s health, welfare, and safety issues. Further, the Chairperson should be readily familiar with the various local agencies that provide services to children and their families.

Further, the Chairperson should be a person who has achieved a position of respect among professional colleagues and is able to build consensus among team members.

In the event a Chairperson anticipates that he or she will not be able to continue to fulfill the duties of Chairperson then he or she will continue as a Chairperson pro tem for the purpose facilitating the selection of a successor Chairperson. In the event of an unexpected vacancy of the Chairperson position, the Coordinator will serve as a Chairperson pro tem in order to continue the mission of the CDRT and to facilitate the orderly selection of a successor Chairperson.

In the event of the temporary absence of the Chairperson, the Chairperson may, in the absence of objection, designate any suitably qualified permanent team member to serve as Chairperson pro tem.

Upon vacancy of the Chairperson position any team member may nominate a candidate for that position. Prior to the election process the team may conduct interviews with some or all of the candidates. The decision to conduct such interviews will be arrived at through a duly proffered motion with a majority of the team membership voting in favor of holding such interviews.

Every effort will be made to secure a consensus of the team in selecting a Chairperson. In the event a consensus cannot be achieved then an election will be held as described in Article VII below.
The Chairperson will continue to serve until the Chairperson submits a written resignation to the CDRT or is removed from office.

A Chairperson may be removed from office by a “recall” of the voting membership of the CDRT. The Chairperson shall be considered for recall upon written petition of at least twenty-five (25) percent of the voting members of the team. Thereafter, the petition will be placed on the agenda for the next team meeting if that meeting is at least ten days (10) from the date that the petition was presented.

The Coordinator will make every reasonable effort to notify team members of the setting of the petition. The Chairperson may not be recalled unless fifty-one percent (51%) of the voting members approve such recall. Grounds for such recall may include non-attendance at meetings or misfeasance or malfeasance in office.

The Coordinator shall serve as Chairperson pro tem for the purpose of officiating at such a recall election.

ARTICLE VII – VOTING AND QUORUM

All procedural matters will be conducted in accordance with Roberts’ Rules of Order.

A quorum of voting members of the CDRT must be present to formally conduct any business of the team. A “quorum” is defined as the presence of thirteen (13) voting members of the CDRT.

Selection of a Chairperson or a new voting member of the CDRT requires the presence of at least a quorum of the team and a majority vote of those present.

Approval of any other business of the CDRT including formation of committees, approval of reports or other communications, approval of agendas, meeting schedules, classification of child deaths or any other matter that is contemplated within the Mission Statement or Purposes of the CDRT shall be with at least a quorum present and with the approval of at least a majority of the voting members.

The preferred method of deciding matters is by consensus of the voting members with at least a quorum present.

ARTICLE VIII – MEETINGS

CDRT meetings are held at the coroner's office on the fourth Wednesday of each month from 9:00 a.m. to 12:00 a.m. During months where a 5th Wednesday occurs, CDRT will hold an additional meeting (on the 5th Wednesday) if deemed necessary by the team.
ARTICLE IX – ACCESS TO INFORMATION AND CONFIDENTIALITY

A. Access To Information

1. At the request of the CDRT coordinator, all records and information in the department or Agency’s possession that are relevant to the team’s review of a child’s death shall be provided in a timely manner.

2. The CDRT shall have access to all records and information that are relevant to its review of a child death and in the possession of a governmental agency. These records and information include, without limitation, birth certificates, all relevant medical, alcohol, and drug, and mental health records, records of law enforcement agency investigations, records of coroner or medical examiner investigations, records of the probation and court services department, and records of the social services agency that provided services to the child or to the child’s family.

3. Any evidence that the CDRT discovers that suggests child abuse or any other criminal activity will be promptly turned over to the appropriate law enforcement agency. Thereafter, further review of the case by the CDRT may be deferred until the law enforcement agency indicates that the review may proceed.

4. When a CDRT case is the subject of an agency investigation in which it may not be appropriate for the agency to share information with the team, the CDRT will consider requests from that agency for deferral of review or for partial review.

B. Confidentiality

1. Meetings of the CDRT including any CDRT subcommittee or ad hoc committee shall be closed to the public. These meetings are not subject to the laws regarding open meetings.

2. All records and information provided to the CDRT, and any records maintained by the coordinator, are confidential and not subject to the Freedom of Information Act. In addition, much of the information discussed and shared during case review is confidential by law. Team members must be fully aware of the confidential nature of the Team proceedings and agree to abide by rules of confidentiality. All team members must sign a statement of confidentiality annually. Any CDRT guest(s) must sign a confidentiality statement prior to the discussion of any confidential case information.

3. In serving the purpose of the CDRT, at times it is important to be able to alert the public and professionals who are serving children to circumstances that may endanger children. This goal must be reconciled with the need to protect the privacy of families and individuals. Therefore, no case information will be made public or disclosed to the press that contains identifying materials regarding a family or child. General statistical information may be released to the press by the Co-chairs of the CDRT or the County Health Officer and information relating to particular circumstances that may endanger children may be released if all identifying information relating to a particular family or child is deleted.

4. Only when the CDRT has made a decision to alert the public and professionals who are serving children, may the Co-chairs use the CDRT name in announcements.
5. If the CDRT resource for communicating information to the public will be the PHD, then the PHD will follow HHS protocols and integrate this communication into its work load and time table.

6. The coordinator is to be informed by the CDRT membership when a:

- CDRT member is contacted by a media representative
- CDRT member receives an invitation to present information
- Question arises concerning the publicity of the CDRT function or of specific case information.

7. Members of the CDRT are not subject to legal examination. In the event a CDRT member receives a subpoena to appear in a lawsuit that may be connected with a CDRT case; the team member should contact the coordinator immediately. The team coordinator will advise the attorney that all of the team's proceedings are confidential and that it is a misdemeanor to divulge any information relating to a review of possible child abuse. (Penal Code Section 11167.5). Any team member who is subpoenaed to testify, give a deposition or answer an interrogatory in some civil action relating to a CDRT case is required to assert confidentiality in order to avoid violating the law.

**ARTICLE X – AMENDMENTS**

These Bylaws may be amended by unanimous vote of a quorum of the CDRT membership. This vote shall occur at any regular or called meeting. Written notice of the proposed amendment shall be submitted to each CDRT member at least seven (7) days prior to such regular or called meeting

*Adopted August 23rd, 2006 at San Jose, California*
The Child Death Review Team Process

- **Child Dies**
  - If Medical Examiner criteria not met, body released (e.g. hospital death)
  - Meets Medical Examiner criteria

**Investigation occurs**

**Coroner’s Cases:**
Medical Examiner sends investigation report to Team Coordinator

**Team Coordinator**
- Creates a physical file and tracking coversheet
- Enters initial data in CDRT database

Team Coordinator prepares/sends out record check requests to appropriate agencies, 1 week prior to CDRT meeting

Team Coordinator meets with representative from coroner’s office and Pediatrician to:
- Review coroner’s log; ensure all appropriate cases are received and are included for review at next meeting
- Receive any outstanding autopsies
- Some cases with clearly medical causes are closed (these cases have received initial review at a previous CDRT meeting and the autopsy diagnosis is clearly medical)
- Determine which cases to review and which cases to be classified at next CDRT meeting
- Sets tentative team agenda

Team Coordinator prepares CDRT packet for members:
- Final agenda of meeting
- List of cases to be reviewed, as well as cases to be closed and pending cases
- Investigation report of cases to be reviewed
- Autopsy report conclusions

**CDRT Meeting**
- Co-chairs facilitate meeting
- Team Coordinator shares information gathered
- All new cases reviewed. Case may be reviewed again at subsequent meeting if investigation incomplete, or if further follow-up/action is required
- Team classifies cases to be closed (before a case can be classified, each case must have record checks at a CDRT meeting, a complete investigation report review, and an autopsy must be complete)

**Closed Cases**
- Team Coordinator:
  - Completes FCAN reports and submits to state
  - Enters data into CDRT database
  - Final physical file shredded