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| RESEARCH | CENTER
UNIVERSITY OF ILLINOIS SCHOOL OF SOCIAL WORK

| WWW.CFRC.ILLINOIS.EDU | CFRC@ILLINOIS.EDU | PH: 217.333.5837 |

Examining Child Deaths in Illinois:

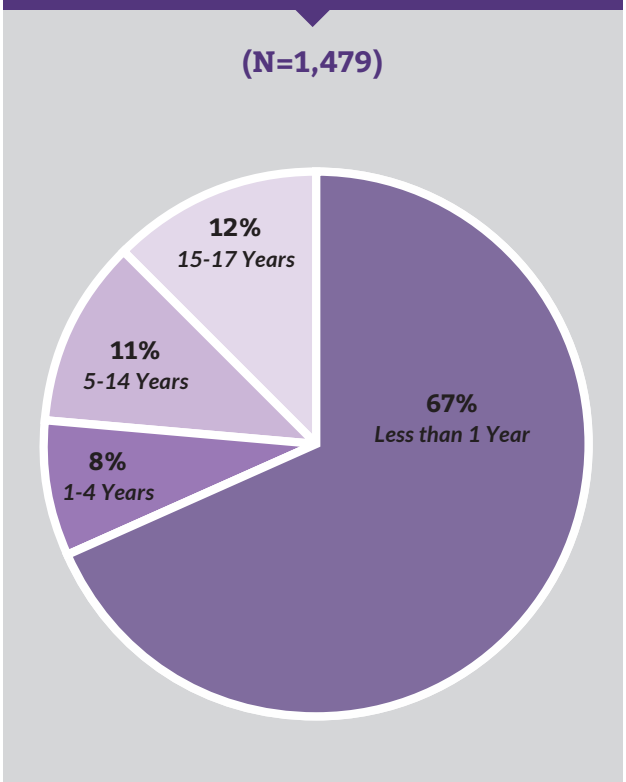
Highlights from the Child Death Review Team Annual Report

Saijun Zhang, Tamara Fuller, and Michael T. Braun

As part of the national movement to reduce preventable child deaths, Illinois established regional Child Death Review Teams (CDRTs) in 1996. These multi-disciplinary teams meet quarterly to review the circumstances of certain child deaths in order to determine if there were means by which the death could have been prevented. Not all child deaths in Illinois are reviewed by a CDRT; child death review is mandated if the child's family was involved with DCFS within a year prior to the child's death, and other child deaths may be reviewed at the CDRT's discretion. For each review, the members of the CDRT examine the circumstances of the child's death to determine if it could have been prevented through reasonable means. If so, recommendations are sent to the DCFS Director, who must review and reply to each recommendation within 90 days.

Each year, data on all child deaths and those reviewed by the CDRTs are compiled and included in the CDRT annual report, which is written by the Children and Family Research Center at the University of Illinois. In order to better understand the types of children that are most vulnerable, the CDRT annual report examines both total child deaths and reviewed child deaths by child age, gender, and race, as well as by the manner and category of death. This research brief, the second in a series that highlights the important work of the CDRTs in Illinois, highlights the findings from the most recent CDRT annual report on child deaths that occurred in Illinois in 2014.

Figure 1. 2014 Child Deaths by Age

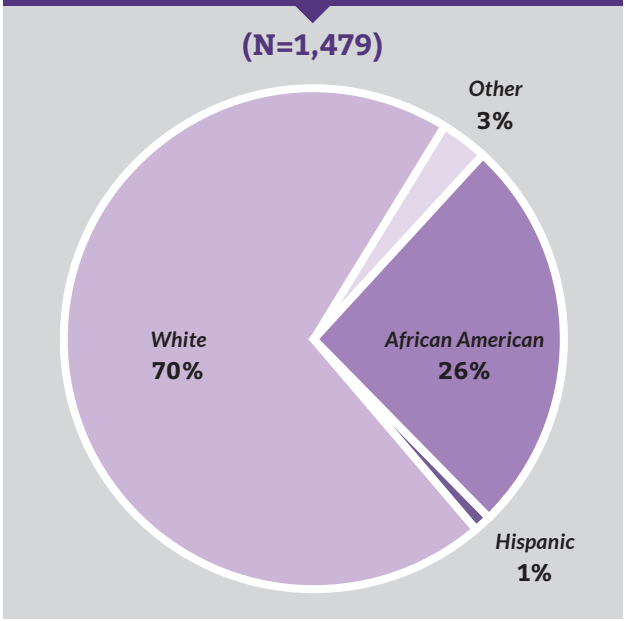


A Closer Look at Child Deaths in 2014

Examining Deaths by Age and Race. Although they represent only 5% of the total child population in Illinois (U.S. Census Bureau, 2010), infants less than one year old accounted for 67% of child deaths that occurred in Illinois in 2014 (Figure 1). This over-representation among infants is due to the large number of deaths that occur each year related to premature birth and congenital anomalies. Children are much more likely to die during their first year of life than they are at any other age group; the death rate for children less than one year old in the United States is more than 13 times higher than that for children ages 15 to 19 years, the age group with the next highest death rate (Child Trends DataBank, 2015).

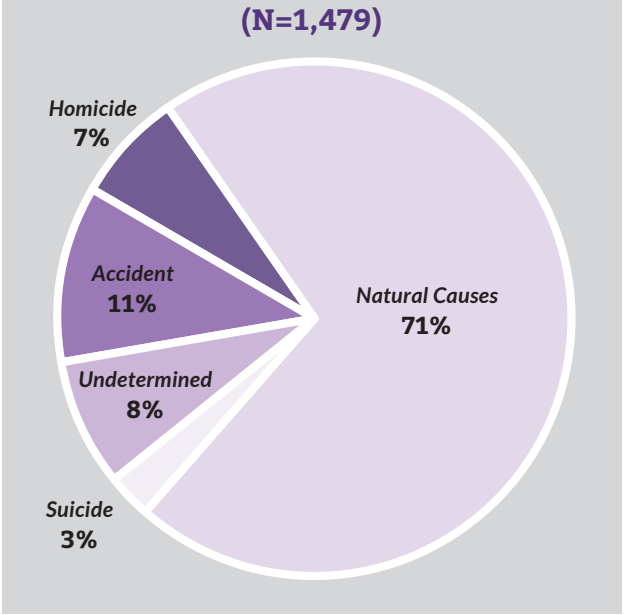
In 2014, the U.S. Census Bureau estimates there were 3 million children 17 and younger in Illinois, of whom 66% were White, 16% were African American, and 24% identified as of Hispanic or Latino origin (U.S. Census Bureau, 2010). When the total Illinois child deaths are examined by race (Figure 2), it is evident that African American children are at higher risk of death when compared to their numbers in the general population: 26% of the children that died in 2014 were African American compared with roughly 16% in the general child population. Conversely, deaths among Hispanic children (1%) were much lower when compared to their numbers in the general population (24%).

Figure 2. 2014 Child Deaths by Race



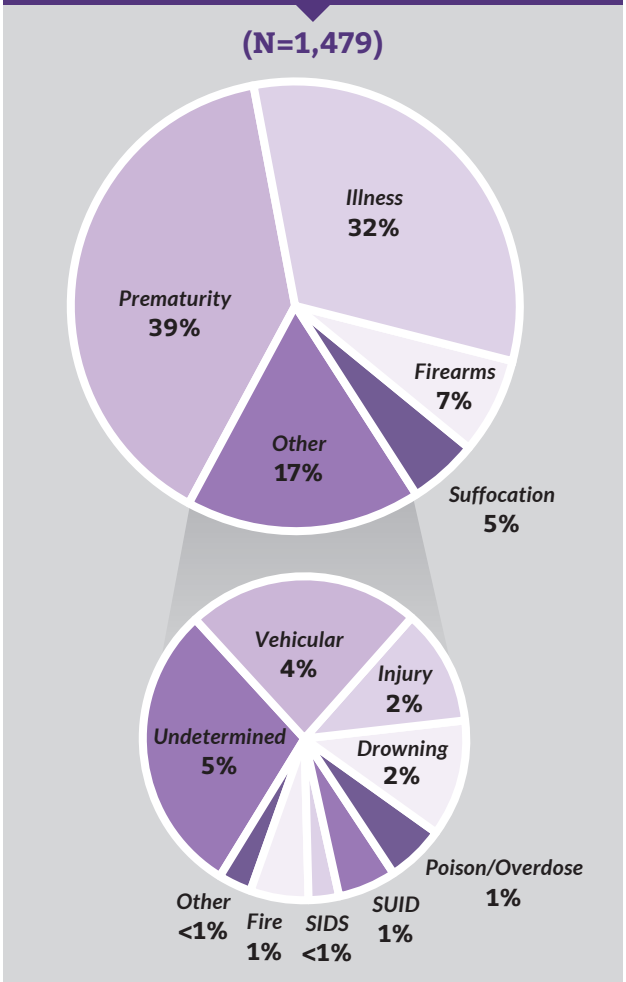
Examining the Manner and Cause of Child Deaths. Manner of death is a categorization used by medical examiners, coroners, and physicians when completing a death certificate to clarify the circumstances of death. In most states, including Illinois, manner of death is classified into one of five categories: natural causes, accident, homicide, suicide, and undetermined. The majority of Illinois child deaths in 2014 were due to natural causes (71%), followed by accidents (11%), undetermined causes (8%), homicides (7%), and suicides (3%) (Figure 3).

Figure 3. 2014 Child Deaths by Manner



The CDRT Executive Counsel has identified 13 specific categories of death that are used during their reviews, along with categories for undetermined and "other" deaths. In this classification system, the category of death can be different from the proximal cause of death. For example, a child may have died of pneumonia (cause of death) that was the result of an earlier gunshot wound (category of death). By reviewing this death as a firearm death, the CDRT would make recommendations related to firearms rather than the illness that resulted from the gunshot. The use of categories can be helpful in the development of strategies, systems, and awareness campaigns to prevent child deaths. Prematurity (39%) and illness (32%) accounted for the majority of child deaths in 2014, followed by firearms (7%), suffocation (5%), undetermined causes (5%), and vehicular accidents (4%). Deaths in the remaining nine categories were infrequent, accounting for about 10% of total child deaths combined (Figure 4).

Figure 4. 2014 Child Deaths by Category



Note: Three pending reviews were not included. The "Other" category in the small pie chart includes four child deaths due to hypothermia. Two categories, scalding burns and Sudden Unexplained Child Death (SUCD), had no reported deaths in 2014. SUID is Sudden Unexpected Infant Deaths, and SIDS represents Sudden Infant Death Syndrome.

Examining the manner and category of death together can provide additional insight into the patterns of child deaths in Illinois (see Table 1). For instance, the majority of accidental child deaths are due to vehicular accidents and suffocations, followed by drownings and then fires.

Most homicides involve either firearms or other inflicted injuries. Firearms were the most frequent method of child/youth suicide, followed by hanging (suffocation). Almost all child deaths due to natural causes are the result of premature birth and illness.

Table 1. Total Child Deaths – Manner of Death by Category of Death

CATEGORY OF DEATH	MANNER OF DEATH					
	Accident	Homicide	Natural	Suicide	Undetermined	Totals
Prematurity	0	0	570	0	2	572
Illness	1	0	476	0	1	478
Firearms	1	80	0	21	1	103
Suffocation	51	5	2	16	4	78
Undetermined	0	0	0	0	74	74
Vehicular	54	4	0	2	4	64
Injury	10	16	0	0	3	29
Drowning	25	0	0	0	1	26
SUID	1	1	6	0	13	21
Fire	11	0	0	0	3	14
Poison/Overdose	7	1	0	2	2	12
Other	1[1]	2[2]	0	0	1[3]	4
Pending	0	0	0	0	3	3
SIDS	0	0	1	0	0	1
Scalding burn	0	0	0	0	0	0
SUCD	0	0	0	0	0	0
TOTAL	**162**	**109**	**1055**	**41**	**112**	**1479**

Note: 1 Hyperthermia; 2 Starvation; 3 Malnourishment and failure to thrive

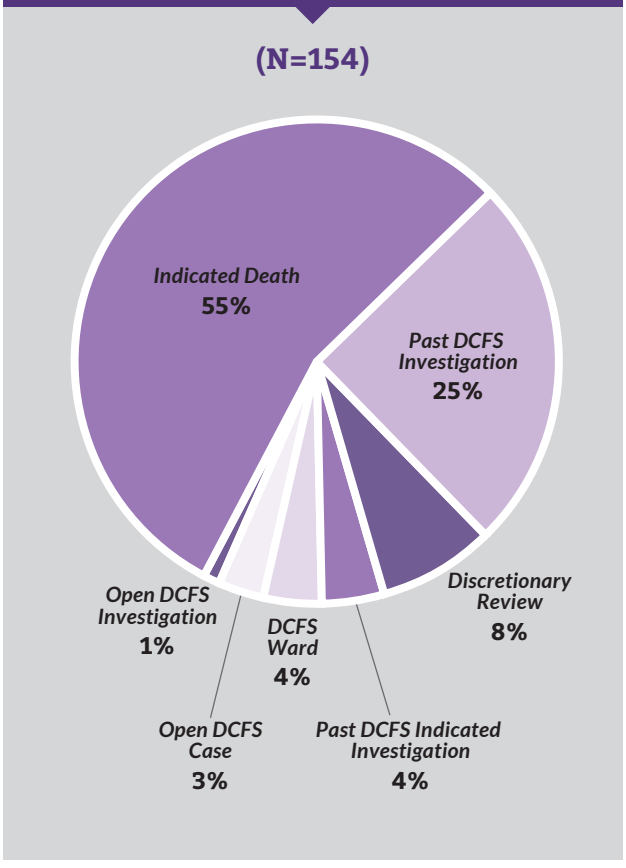
Deaths Reviewed by CDRTs in 2014

In 2014, 154 child deaths were reviewed by the CDRTs. CDRTs are mandated to review the death of any child age 17 or younger if any of the following circumstances occur:

- the child was a DCFS ward at the time of death,
- the child was a non-ward, if the death occurred in a licensed foster home,
- the child was involved in an open DCFS service case at the time of death,
- the child was involved in an investigation during the 12 months prior to death,
- the child's death was the result of indicated abuse or neglect against the parent/caregiver (i.e., there was an indicated death allegation), or
- there was an indicated maltreatment allegation (other than death) at the time of the child's death.

Of the 154 cases that were reviewed by a CDRT in 2014, 84 were indicated death cases, 39 cases had an investigation in the year before the child's death, 7 were indicated investigations, 6 were DCFS wards, 4 were open DCFS cases, and 1 involved an open DCFS investigation at the time of death. There were also 13 discretionary reviews in 2014 (see Figure 5).

Figure 5. Deaths Reviewed by CDRTs in 2014



CDRT Recommendations to Prevent Child Deaths

Child deaths are a serious concern in Illinois as well as nationally, and considerable attention is focused on developing effective prevention strategies. CDRT recommendations are an important mechanism for preventing child deaths. In Illinois, CDRTs can make four types of recommendations:

- Case-specific recommendations include immediate actions which must be taken on a specific child welfare case, usually related to the siblings of the deceased child still living in the home.
- Primary prevent recommendations focus on public awareness and education related to the causes of child deaths.
- DCFS system recommendations focus on changes to DCFS policies, procedures, and training.
- Other system recommendations involve changes of other agencies or systems outside of DCFS (e.g., public health, hospitals, state's attorneys' offices).

CDRTs made a total of 42 recommendations related to child deaths that occurred in 2014. Almost all the recommendations (36) focused on DCFS policy and procedures. Some examples of DCFS system recommendations and the DCFS response are shown in Table 2. For a full list of the recommendations made by the CDRTs in 2014 and the associated responses from DCFS, please refer to the annual report (Illinois Department of Children and Family Services, 2016).

Table 2. Example CDRT Recommendations and DCFS Responses

CDRT RECOMMENDATION	DCFS RESPONSE
Team requests that CDRT staff have access to investigation photographs so they can add them to the document transfer system.	DCFS agreed. CDRT received access to photos in SACWIS.
Team recommends that DCFS child protection staff request a drug screen be completed immediately in all unexpected deaths.	DCFS will further explore the feasibility of Child Protection staff conducting immediate drug testing. Currently, DCFS can request a drug drop if there is a current investigation and there are suspicions by the investigator, or reported by law enforcement or coroner or there is an admission by the caretaker. In order for drug drops to be performed timely in the late evening, Investigators can work with law enforcement to determine if a specimen can be obtained through a local hospital.
Given that DCFS procedures require all children to be interviewed separately, in the event that a parent/ guardian refuses, a request to the State's Attorney should be made to obtain a court order to allow the child to be interviewed.	According to procedures, the investigator has the ability to meet with the local state's attorney and request a court order to interview a child. If there are immediate and urgent safety issues, the investigator has the authority to take protective custody to interview a child. DCFS will ensure this is clarified in the new Procedure 300.
Team requests that DCFS investigate all co-sleeping death cases.	DCFS is changing the position on this issue and is in the process of implementing. DCFS will once again investigate unsafe sleep deaths.

Recommended Citation

Zhang, S., Fuller, T., & Braun, M. T. (2016). *Examining Child Deaths in Illinois: Highlights from the Child Death Review Team Annual Report.* Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

Acknowledgements

This research brief was supported by the Illinois Department of Children and Family Services. The information and opinions expressed herein reflect solely the position of the authors, and should not be construed to indicate the support or endorsement of its content by the funding agencies.

Related Publications

Illinois Department of Children and Family Services. (2016). *Annual Report of Child Deaths that Occurred in Calendar Year 2014.* Springfield, IL: Author.

Fuller, T., Braun, M.T., & Zhang, S. (2016). *Understanding Child Death Review in Illinois.* Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

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