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Examining Child Deaths in Illinois:

Highlights from the Child Death Review Team Annual Report

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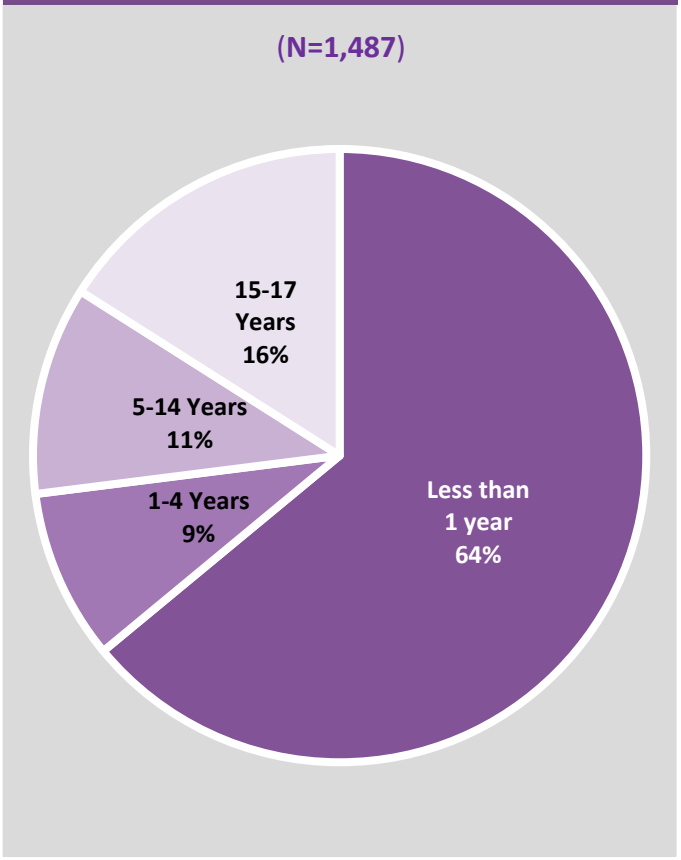
As part of the national movement to reduce preventable child deaths, Illinois established regional Child Death Review Teams (CDRTs) in 1996. These multi-disciplinary teams meet quarterly to review the circumstances of certain child deaths in order to determine if there were means by which the death could 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.

Figure 1. 2016 Total Child Deaths by Age

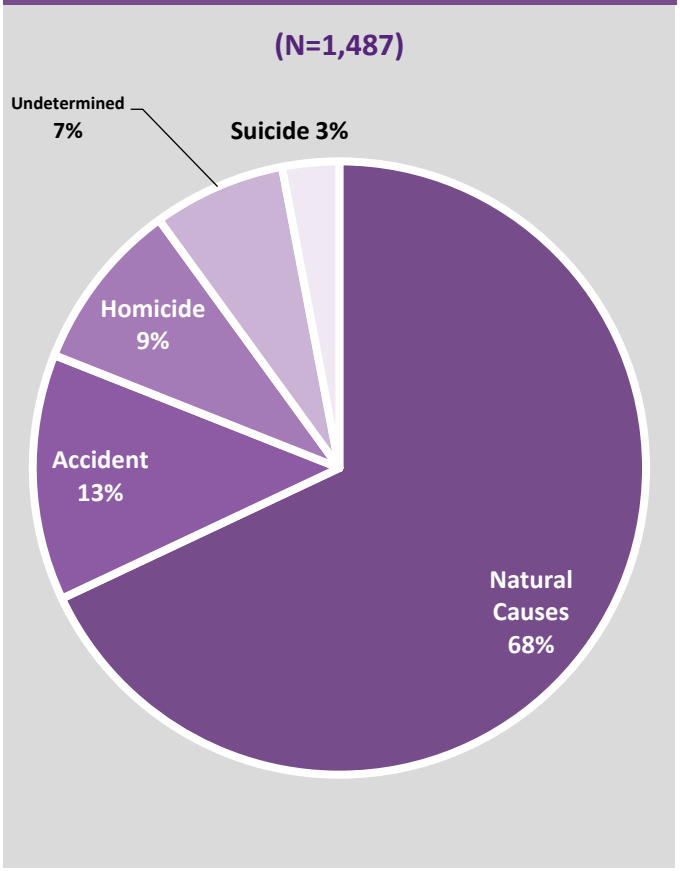


Each year, data on all child deaths and those reviewed by the CDRTs are compiled and included in the CDRT annual report, which is written by the Children and Family Research Center at the University of Illinois. In order to better understand the types of children that are most vulnerable, the CDRT annual 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 2016.

Examining Total Child Deaths by Age

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 64% of 1,487 child deaths that occurred in Illinois in 2016 (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 the first year of life than at any other age; 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, 2016).

Figure 2. 2016 Total Child Deaths by Manner

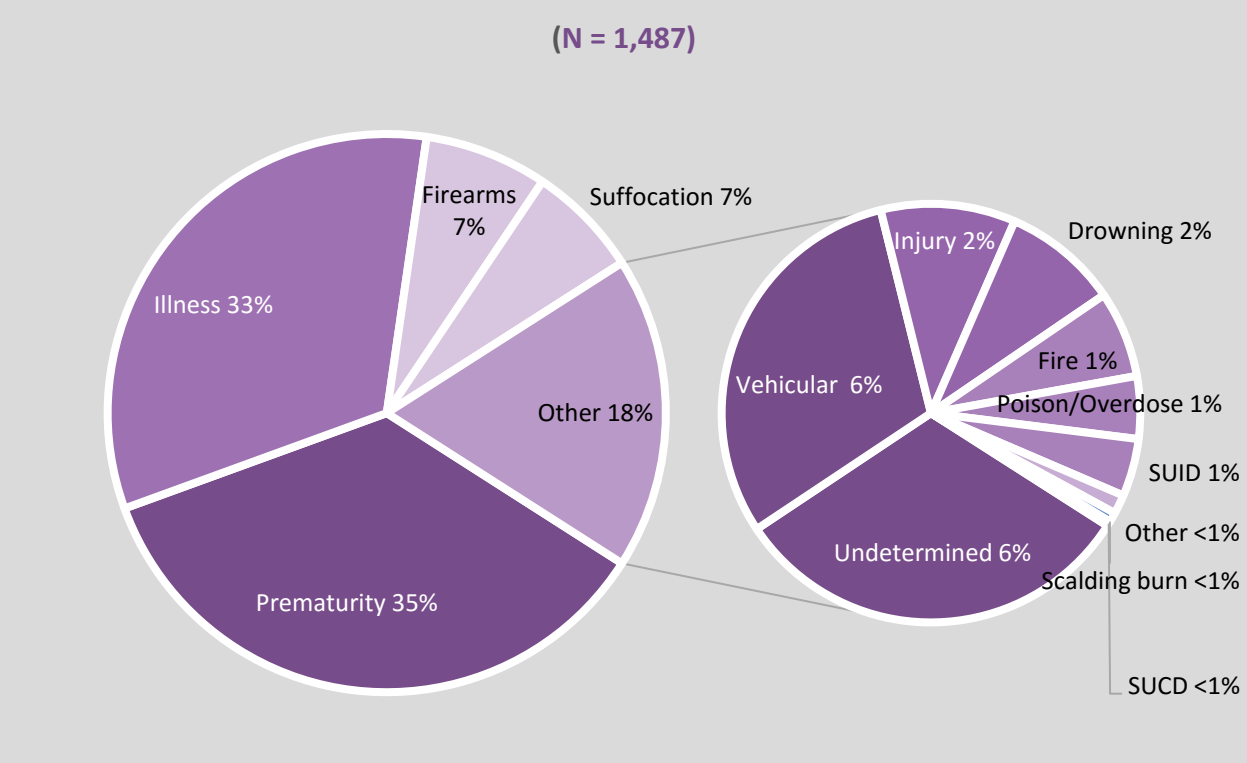


Examining the Manner and Cause of Child Deaths

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 2016 were due to natural causes (68%), followed by accidents (13%), homicides (9%), undetermined causes (7%), and suicides (3%) (Figure 2).

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 (35%) and illness (33%) accounted for the majority of child deaths in 2016, followed by suffocation (7%), firearms (7%), undetermined causes (6%), vehicular accidents (6%), drownings (2%), and injuries (2%). Deaths in the remaining six categories were infrequent, accounting for about 3% of total child deaths in 2016 (Figure 3).

Figure 3. 2016 Total Child Deaths by Category



Note: SUID is Sudden Unexpected Infant Death, and SUCD is Sudden Unexplained Child Death.

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

Table 1. 2016 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	524	0	2	526
Illness	0	1	486	0	1	488
Firearms	2	87	0	14	3	106
Suffocation	60	6	0	27	4	97
Undetermined	0	0	0	0	85	85
Vehicular	78	2	0	2	0	82
Injury	4	22	0	0	2	28
Drowning	23	0	0	0	1	24
Fire	9	9	0	0	0	18
Poison/Overdose	11	1	0	1	0	13
SUID	0	0	5	0	7	12
Other	2	2	0	0	0	4
Scalding Burn	1	1	0	0	0	2
SUCD	0	0	1	0	0	1
Pending	0	0	0	0	1	1
TOTAL	190	131	1,016	44	106	1,487

Deaths Reviewed by CDRTs in 2016

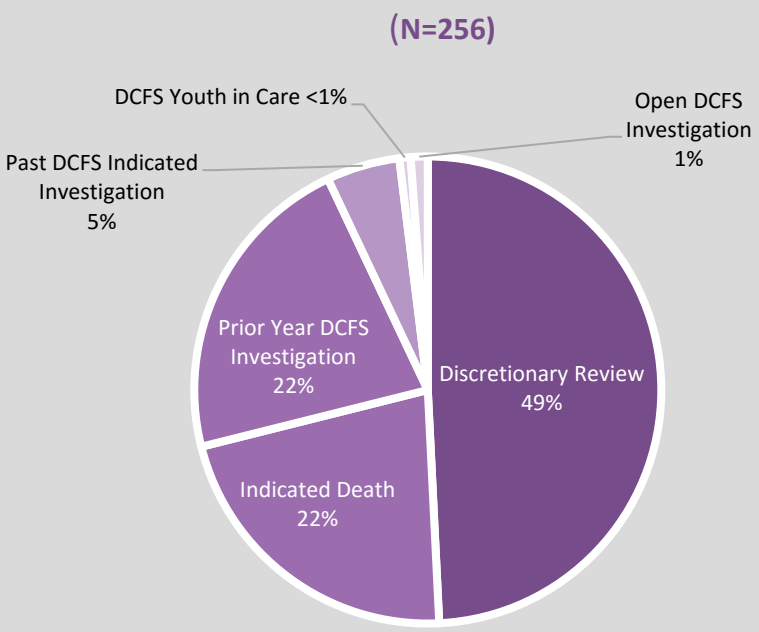
In 2016, 256 child deaths were reviewed by the CDRTs. CDRTs are mandated to review the death of any child age 17 or younger if any of the following circumstances occur:

- 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 256 cases that were reviewed by a CDRT in 2016, there were 130 mandatory and 126 discretionary reviews. The mandatory reviews occurred for one of several reasons: 56 were indicated death cases, 56 cases had an investigation in the year before the child's death, 13

were indicated investigations, 2 were DCFS youth in care, and 3 involved an open DCFS investigation at the time of death (see Figure 4).

Figure 4. Deaths Reviewed by CDRTs in 2016



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 prevention 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 123 recommendations related to child deaths that occurred in 2016. Of the 123 recommendations, 68 focused on DCFS policy and procedures, 21 focused on other agencies or systems, 4 were related to primary prevention strategies, and 30 were related to specific cases. 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 2016 and the associated responses from DCFS, please refer to the annual report (Illinois Department of Children and Family Services, 2018).

Table 2. Examples of CDRT Recommendations and DCFS Responses

CDRT Recommendation	DCFS Response
DCFS should have an in-house medical expert to review cases of medical neglect.	Several similar recommendations have been made and this issue is pending still. DCFS does have medical staff available.
Team requests that DCFS create an unsafe sleep allegation with a shorter retention period. This allows for accurate statistics and appropriate services. In this case, there was a previous investigation where a mother had no beds, she was given a bed but still chose not to use the bed, which led to the death of the baby.	The previous DCFS Director was considering this but then left. This is now a pending recommendation with the new Director.
Medical providers and law enforcement should get immediate access to the hotline or be given a separate hotline number.	Calls are handled immediately as they come into the Hotline. The average response time to answer a call is 1 minute 25 seconds for FY16. If there is a need to take a message, the calls are triaged and questions are asked specifically-including if this is an emergency, are you holding a child in your care, do you have a child with injuries-if the answer is yes, the call will be transferred immediately or the person will be called back within 15 minutes. That is standard Hotline policy. If this is not happening, law enforcement officers and medical providers need to contact the SCR Administrator. The Hotline is always looking at ways/opportunities to be more responsive to professionals. Currently we are researching the possibility and feasibility of online reporting for professionals. This will be discussed with the SCR Administrator and a reminder sent to Hotline staff regarding emergency situations.
DCFS should make sure that any HIV related case is referred to the DCFS HIV liaison and that there is documented follow up from the liaison.	DCFS will remind investigative staff regarding the HIV liaison and their role and the need to make referrals and document timely within the file.

Recommended Citation

Tran, S.P., & Fuller, T. (2018). *Examining Child Deaths in Illinois: Highlights from the Child Death Review Teams Annual Report*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

Related Publications

Illinois Department of Children and Family Services. (2018). *The Illinois Child Death Review Team Annual Report - 2016*. 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.

Fuller, T., & Tran, S.P. (2018). *Trends in Illinois Child Deaths Between 2007 and 2016.* Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

Acknowledgements

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U.S. Census Bureau. (2010). *Illinois population by age*. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml