

## Understanding Child Death Review in Illinois

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The death of a child due to preventable causes, including child abuse and neglect, is an unimaginable tragedy for the child's family, friends, and entire community. In 2018, nearly 9,000 children under 18 died from injuries; and unintentional injuries are the leading cause of child mortality among children ages 1-17 years (National Center for Injury Prevention and Control, 2018). If added to the numbers of child deaths due to violence and preventable non-injury deaths, including those attributable to prematurity, it becomes abundantly clear that the majority of child deaths in the U.S. are preventable (Christian, Sege, et al., 2010). Developing effective strategies to reduce the number of preventable child deaths is an essential goal of both the public health and child welfare systems.

To accomplish this goal, most states have implemented Child Death Review Teams (CDRTs, sometimes called Child Fatality Review Teams), which are multiagency, multidisciplinary teams that review child deaths from various causes. Although originally developed to improve the identification and prosecution of fatal child abuse, the role of CDRTs in many states has been expanded toward a public health model of child fatality prevention (Christian et al., 2010). A review of CDRT laws across the U.S. found that the purpose of most CDRTs is to collect systematic information on the circumstances of child deaths, understand the epidemiology and preventability of child deaths, and identify public health and legislative strategies to reduce preventable child deaths (Douglas & McCarthy, 2011).

In Illinois, CDRTs were created in 1994 with the passage of the Illinois Child Death Review Team Act (P.A. 88-614). Although CDRTs have been in existence for over 25 years and fulfill a vital function in preventing child deaths in Illinois, most people have limited knowledge of their efforts. This brief, the first in a series about child death review in Illinois, provides an overview of the CDRT process in Illinois and the role that CDRTs have had in reducing preventable child deaths.

### *What Does a CDRT Look Like in Illinois?*

The Illinois Child Death Review Team Act ("the Act") specifies the composition of the CDRTs and the process for selecting members. There are nine CDRTs in Illinois, one in each of the seven Department of Children and Family Services (DCFS) administrative sub-regions outside of Cook County and two within Cook County. Each CDRT is multi-disciplinary and must have representation from a pediatrician or other physician, DCFS child protection, the State's attorney's office, law enforcement, a mental health professional, a medical examiner or coroner, local health department, State Police, and local hospital, trauma center, or emergency medical services. Each member is appointed to a CDRT by the DCFS Inspector General for a 2-year term.

The CDRT Executive Council, which consists of the chairs and vice-chairs of each of the nine CDRTs, provides oversight and coordination for the CDRT process. The Executive Council ensures that the CDRTs' work is in compliance with legislation and best practice and that findings and recommendations are used to make necessary changes in policy, procedure, and statute in order to protect children. Among its tasks is the planning and execution of an annual statewide CDRT symposium to update knowledge and skills of team members. In addition, each year since 1999, the Executive Council has collaborated with researchers from the Children and Family Research Center at the University of Illinois to produce an annual report that summarizes CDRT findings and presents recommendations for reducing preventable child deaths. The CDRT annual report is presented to the Governor, the Illinois legislature, and other interested parties in a continued effort to understand and reduce preventable child deaths in Illinois.

### ***Which Child Deaths Are Reviewed by CDRTs in Illinois?***

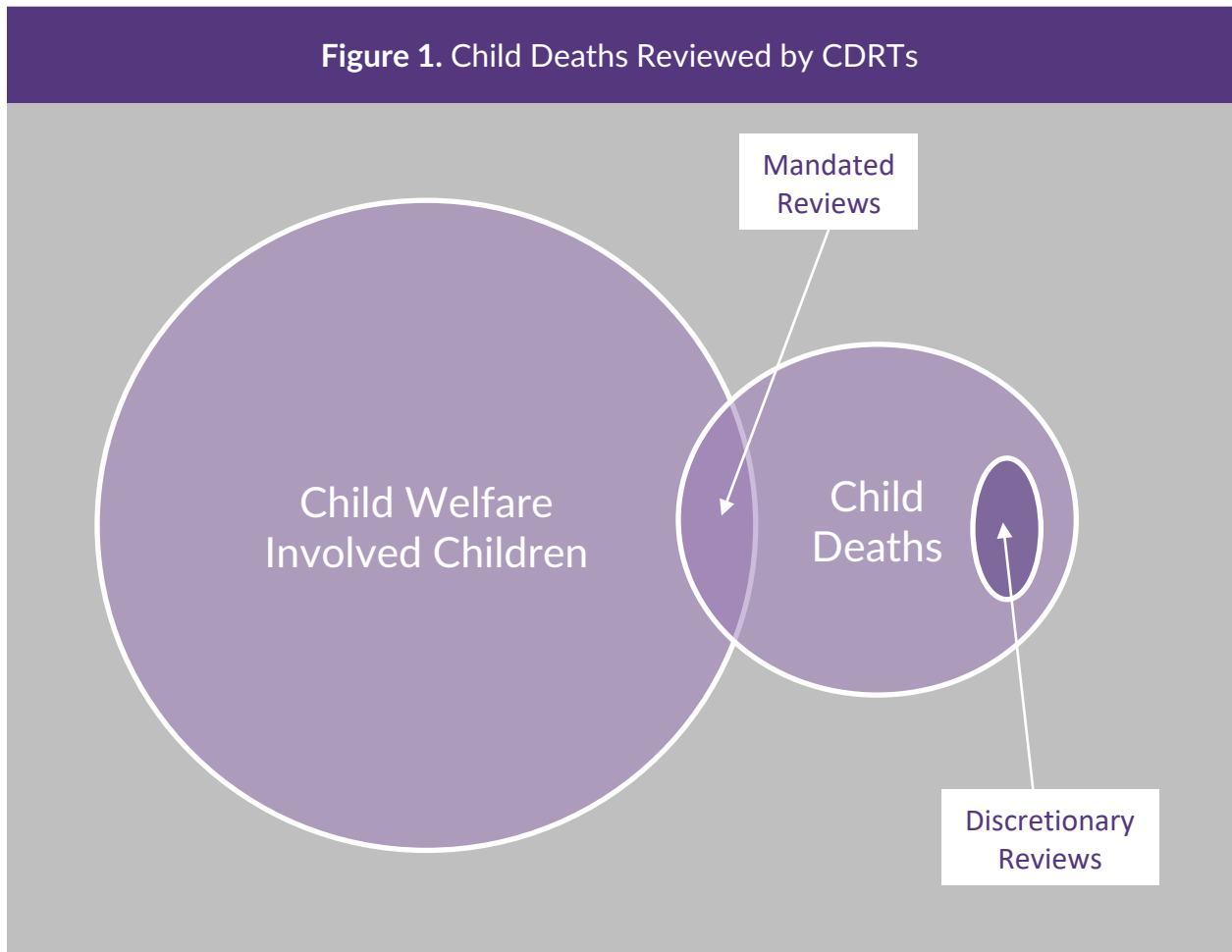
Not every child death in Illinois is reviewed by a CDRT, and unlike some states, not all deaths reviewed by CDRTs in Illinois are related to child abuse and neglect. As specified in the Act, child death review is mandated for all deaths of children aged 17 and younger if the deceased child was a youth in care of DCFS, otherwise involved in an open or pending DCFS investigation or case in the last 12 months, or whose death was reported to the Child Death Review Office as the result of indicated child abuse or neglect (see Figure 1).

CDRTs are also statutorily permitted to review any unexplained or unexpected death of a child under 18, as well as cases of serious or fatal injuries to a child identified under the Child Advocacy Center Act. These reviews are called discretionary reviews.

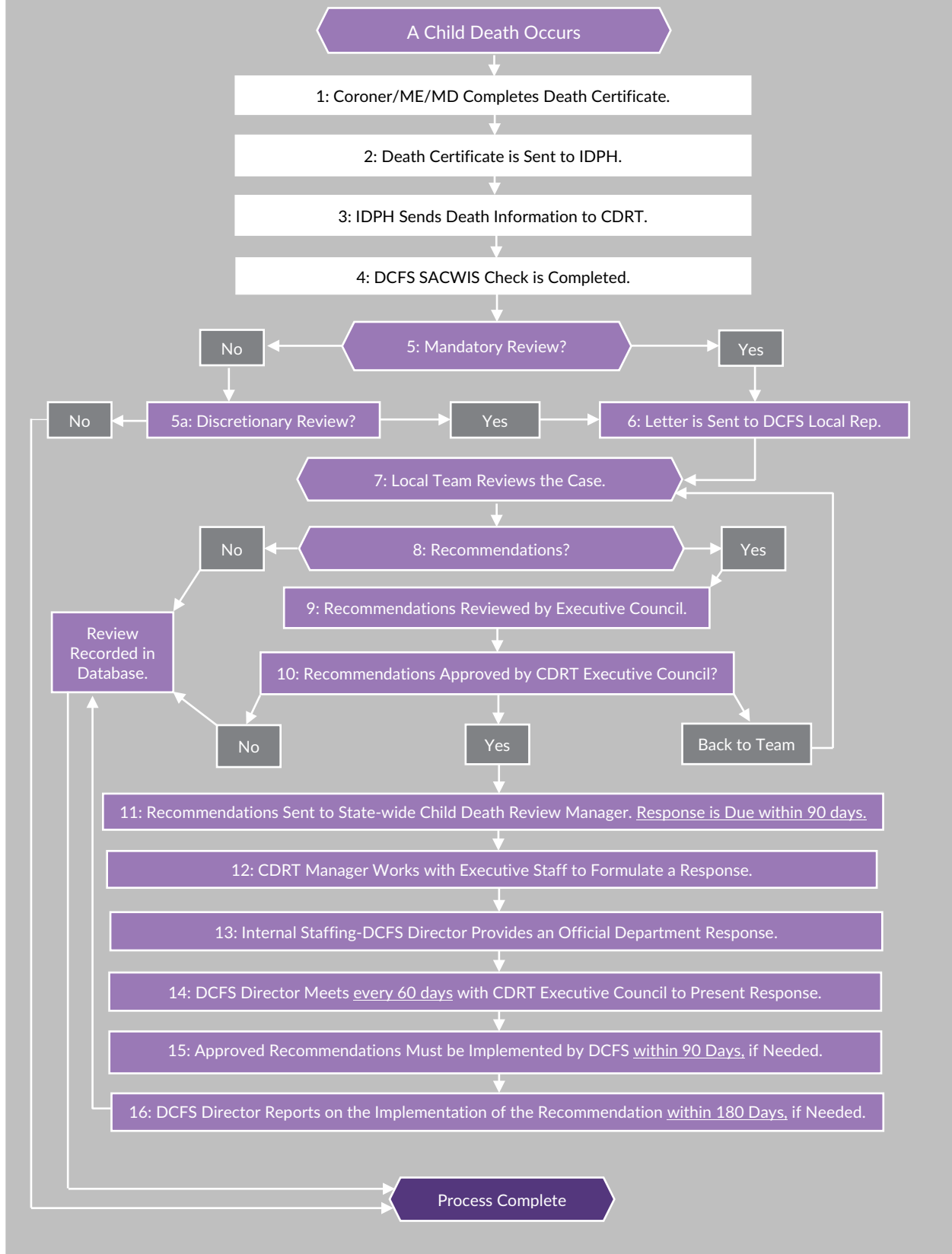
### ***What Happens During a Child Death Review?***

Each CDRT follows the process outlined in the Protocol for the Multidisciplinary Review of Child Deaths, which ensures comparability of reviews and findings among the teams. A flowchart of the CDRT process is shown in Figure 2. After a child's death occurs, a coroner or medical examiner completes the death certificate and forwards it to the Illinois Department of Public Health (IDPH), which then forwards information to Illinois Department of Health Care and Family Services (HFS) Data Warehouse. DCFS has a data sharing agreement by which HFS sends the death certificate information to the DCFS CDRT database. CDRT searches the child welfare administrative database to see if the child or family had any involvement with DCFS during the year prior to death. If so, a death review is mandated and information about the child death is forwarded to the regional CDRT for review.

**Figure 1. Child Deaths Reviewed by CDRTs**



**Figure 2. The Child Death Review Process in Illinois**



CDRTs meet monthly, bi-monthly or quarterly to fulfill the Act's requirement that all cases be reviewed as soon as is practical and not longer than 90 days following the completion of an investigation by DCFS. If there was no DCFS investigation of the death, the CDRT must review the case within 90 days after it has received the necessary information from the coroner, pathologist, medical examiner, or law enforcement agency. During the CDRT meeting, members thoroughly review and discuss the circumstances of the death and gather information to complete the computerized death review report form. The purpose of the form is to guide the CDRT in collecting systematic information about the child's death, including demographic, social, and historical information about the child, his or her primary caretakers, and other individuals relevant to the review. In addition, detailed information specific to each cause of death is collected. For example, for deaths related to fires and burns, information is collected regarding the source of the fire or burn, the presence of smoke detectors or fire extinguishers in the home, and the type of building. For deaths related to drowning, information is collected about where the drowning occurred (e.g., bathtub, pool, lake, etc.), and the presence of precautions such as floatation devices and locked fencing. For injury-related deaths, reviewers collect information about whether the injury was inflicted, who inflicted the injury, how the injury was inflicted (assault, fall, shaken, torture), and whether the injury occurred during domestic violence in the home. The CDRT report form also includes space for recommendations that are intended to prevent additional child fatalities through reasonable means. Recommendations are not always necessary in cases where the death was not preventable through reasonable means or if no changes are needed to existing programs or practices.

After the CDRT review is completed the information is entered into the Child Death Review database. All recommendations are sent to the Executive Council for approval, and if approved, are sent to the Director of DCFS for review. The Director must review and reply to recommendations within 90 days of receipt. The Director submits his or her reply both to the chairperson of that team and to the chairperson of the Executive Council. The Director's reply to each recommendation must include a statement as to whether the Director intends to implement the recommendation.

### *What is the Impact of Child Death Review in Illinois?*

One of the primary functions of the child death review process is to recommend and implement public health campaigns and changes to agency policies and procedures that are aimed at reducing future preventable child deaths. Each year, Illinois CDRTs make numerous recommendations that are provided to the Director of DCFS; these recommendations can focus on primary prevention, DCFS policy, or other system-level policy. For example, after a notable increase in child deaths due to drowning, a CDRT made a recommendation to increase public awareness of child drownings and the need for caretakers to provide careful supervision of children around water. As a result of this recommendation, a multi-year drowning prevention campaign called "Get Water Wise.....Supervise!" was implemented that represented a collaboration between DCFS, Prevent Child Abuse Illinois, the American Red Cross Illinois Capital Area Chapter, the American Academy of Pediatrics, the Illinois Department of Human Services, and the Illinois Department of Public Health. The water safety message was disseminated through multiple platforms including brochures sent to all licensed daycare providers in Illinois; brochures and posters distributed to all child advocacy organizations, DCFS, and IDPH field offices; poster displays on the inside and outside of buses throughout the state; and a coloring book on the dangers of water for young children.

The CDRT Executive Council has also been involved in a public health campaign, Safe Sleep for Baby, aimed at promoting safe sleep practices for infants. DCFS workers distribute a brochure titled Safe Sleep For Your Baby to parents with infants who are receiving services. The brochure follows the recommendations set forth by the American Academy of Pediatrics and urges caregivers to room share and not bed share with their infants. In addition, over 25 billboards that reinforce this message have been placed across the entire state.

Other recommendations have involved policy changes at DCFS and the private agencies that provide child welfare services in Illinois. For example, CDRTs have recommended a ban on the use of "baby walkers" in licensed child care facilities; mandatory examination of prescription refill histories in medical neglect cases; and a change in the wording of the Home Safety Checklist that ensures greater caution with heating sources used in the home.

### ***Recommended Citation***

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### ***Related Publications***

Illinois Department of Children and Family Services. (2020). *The Illinois Child Death Review Team Annual Report - 2018*. Springfield, IL: Author.

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