

PREAMBLE

The Illinois Child Death Review Team (CDRT) owes much to the dedicated professionals who served on the Cook County Child Fatality and Serious Injury Review Committee (1987-1995). The review committee provided support to establish statewide child fatality review teams under Public Act 88-614 which was signed into law on September 7, 1994. Illinois implemented the Child Death Review Team Act (Act) (20 ILCS 515/1 et seq.) in July 1995, with the formation of two review teams in Cook County and seven in the other regions of the state. The act was amended by P.A. 92-468 on August 22, 2001, P.A. 95-405 and P.A. 95-527 on June 1, 2008, P.A. 95-876 on August 21, 2008, P.A. 96-328 on August 11, 2009, P.A. 96-955 on June 30, 2010, P.A. 96-1000 on July 2, 2010 and most recently P.A. 98-558 on January 1, 2014.

The nine regional Illinois Child Death Review Teams (Teams) are multidisciplinary teams that review child death cases in an effort to reduce the number of preventable child deaths in Illinois. The Act outlines certain procedures that the Teams are required to follow. Others have been developed and are mandatory due to the need for consistency of practice and documentation for the statewide database. However, given differences in geography, case types, and populations served in the different regions, some variations, especially related to preparing for and conducting meetings, are appropriate.

ARTICLE I: ILLINOIS CHILD DEATH REVIEW TEAMS

Section 1: Mission and Purpose. When a child dies, the response by the State and the community to the death must include an accurate and complete determination of the cause of death, the provision of services to surviving family members, and the development and implementation of measures to prevent future deaths from similar causes.

Multidisciplinary and multiagency reviews of child deaths can assist the State and counties in reviewing child deaths, developing a greater understanding of the incidence and causes of child deaths, the methods for preventing those deaths, and identifying gaps in services to children and families. (20 ILCS 515/5).

Section 2: Child Death Review Teams' Responsibilities.

- A. Assist in determining the cause and manner of the child's death, when requested.
- B. Evaluate means by which the death might have been prevented.
- C. Report its findings to appropriate agencies and make recommendations that may help to reduce the number of child deaths caused by abuse or neglect.
- D. Promote continuing education for professionals involved in investigating, treating, and preventing child abuse and neglect as a means of preventing child deaths due to abuse or neglect.
- E. Make specific recommendations to the Director and the Inspector General of the Department concerning the prevention of child deaths due to abuse or neglect and the establishment of protocols for investigating child deaths.

Section 3: Team Members. The Director (Director) of the Illinois Department of Children and Family Services (DCFS or Department), in consultation with the CDRT Executive Council (See Article II), law enforcement, and other professionals who work in the field of investigating, treating, or preventing child abuse or neglect in that sub region, shall appoint members to a child death review team in each of the Department's administrative sub-regions of the state outside Cook County and at least one child death review team in Cook County. The members of a team shall be appointed for 2-year terms and shall be eligible for reappointment upon expiration of the terms. Each team member must have demonstrated experience and an interest in investigating, treating, or preventing child abuse or neglect. The Director must fill any vacancy on a team within 60 days after that vacancy occurs. Any team member may make

recommendations to the Team Chairperson (Chair), DCFS CDRT Coordinator (Coordinator) or CDRT Executive Director (Executive Director) concerning new or replacement appointments. Team members shall elect a Chairperson and Vice Chairperson (Vice chair) pursuant to Article II, Section 3.

Section 4: Team Member Disciplines. Pursuant to the Act, each team shall consist of at least one member from each of the following categories:

- A. Pediatrician or other physician knowledgeable about child abuse and neglect.
- B. Representative of the Department. (The Department may choose one person from the Department to serve as the liaison.)
- C. State's attorney or State's attorney's representative. (This includes: States Attorneys, Assistant States Attorneys, Attorney with the Appellate Prosecutors Office, Assistant Attorney General)
- D. Representative of a local law enforcement agency. (This means sworn law enforcement officer.)
- E. Psychologist or psychiatrist.
- F. Representative of a local health department. (Either a Director of Public Health or a nurse manager from a local health department who has supervisory experience over programs such as WIC, Family Case Management, or Healthy Families Illinois, which is a program specifically designed to prevent child abuse and neglect)
- G. Representative of a school district or other education or child care interests. (this includes: superintendent, principals, teachers, school nurse, school counselors, directors of educational daycare with defined curriculum, Early education director)
- H. Coroner or forensic pathologist. (This includes Medical Examiners and Deputy Coroners)
- I. Representative of a child welfare agency or child advocacy organization.
- J. Representative of a local hospital, trauma center, or provider of emergency medical services.
- K. Representative of the Department of State Police.(Sworn Law enforcement officer)

Other persons appointed by the Director may be included on a team provided that they meet the other requirements (listed in Section 6 of this document) for appointment and membership.

Section 5: Appointment Process.

- A. The Executive Director or Coordinator will request a resume or curriculum vitae from the prospective member.
- B. The Executive Director or Coordinator will forward the resume or curriculum vitae to the Chairperson and Vice Chairperson of the prospective member's team.
- C. The Chairperson and Vice Chairperson will review the resume and decide if the prospective member would benefit the team. The Chairperson may speak with the prospective member directly prior to making a determination.
- D. The Chairperson sends the Executive Director or Coordinator a letter addressed to the Director recommending the prospective member. Vice Chairperson in the Chairpersons absence or by request of Chairperson
- E. The Executive Director or the Coordinator will conduct an informal interview with the prospective member.
- F. Thereafter, the prospective member's resume or curriculum vitae, the recommendation letter, and interview summary is sent to the Director for consideration.

- G. If the Director determines to appoint, the Director shall send an appointment letter to a new appointed member within 60 days of receiving the paperwork from the CDRT staff.
- H. Prospective member must be one of the disciplines outlined or must meet other requirements. If they are not one of the outlined disciplines then they must be approved team chairperson.
- I. The Executive Director or Coordinator sends a welcome packet to the new member that includes: a welcome letter; the Act; a copy of the Illinois Child Death Review Teams Best Practices and Protocol for the Multi-disciplinary Review of Child Deaths (Protocol); the most current CDRT Annual Report; Ethics Training for Appointees to State of Illinois Boards; a Confidentiality Agreement; an Informational Sheet; and a Team Roster.

Section 6: Requirements for Team Membership

- A. Team member must attend 50% of the meetings held in a year (July 1 – June 30) to maintain membership Team chairs and vice chairs must attend 60% of regional team meetings each year (July 1 – June 30).Members terminated pursuant to Section 6 may petition in writing for appeal of the termination. Participation in CDRT special meetings, ad hoc committees, and other CDRT activities will be considered. Such petition shall be reviewed by Executive Council in the absence of the individual appealing the termination. Following the review and discussion, a vote will be taken. The member may remain on the team with a simple majority vote.
- B.
- C. Team members must respect the CDRT process, fellow Team members, the DCFS Representatives, and the presenters at each meeting. Any failure to comply, see procedure detailed in Section 7, Paragraph A., #13.
- D. If a team member retires from a position in their field of expertise during the term of their appointment, the member may fulfill their appointed term but will no longer act as a representative in the field from which they were originally appointed.
- E. Team members must be gainfully employed.
- F. Team members, who, for any reason, leave the position that was the basis of their appointment, must contact the Coordinator or the Executive Director within two weeks of that change in status so the appropriateness of the member’s appointment can be re-evaluated.
- G. If at any time an individual team member becomes directly employed by or holds an individual employment contract with the Department, they shall immediately be deemed ineligible for membership on CDRT and will not be allowed to finish their term. If the individual is a chair or vice chair, an election will be held at the next Team meeting pursuant to this Protocol.
- H. Immediate family members (includes parents, siblings, spouses, and children) may not simultaneously serve on CDRT.

Section 7: Team Member Roles and Responsibilities. Professionals from disparate disciplines and agencies who have responsibilities for children and expertise that can promote child safety and well-being should share their expertise and knowledge so that the goals of determining the causes of children's deaths, planning and providing services to surviving children and non-offending family members, and preventing future child deaths can be achieved. Therefore, every team member plays an important role in the multidisciplinary case review process. Team members who are unable to fulfill their role for any reason are expected to inform the chair so that a replacement can be appointed. At a minimum, member roles and responsibilities are:

- A. Team Chair shall:

- 1) Preside over Team meetings and ensure compliance with existing protocol and legislation;
- 2) Communicate with Team Vice Chair to ensure that the Chair or Vice Chair will be present at all regional meetings, Executive Council recommendations teleconferences, scheduled meetings with the Director, and the quarterly in person meetings;
- 3) Notify the Executive Director in advance if neither the Chair nor the Vice Chair will be present at any meeting;
- 4) Serve as a voting member of the Executive Council;
- 5) Assist in assuring that appropriate cases are referred and that child deaths are reviewed pursuant to Section 20 of the Act;
- 6) Assist the Executive Director/Coordinator with scheduling regional meetings at regular intervals to ensure compliance with legislative requirements and time-lines;
- 7) Assure the timely completion of recommendations and confirm that the recommendations reflect the team consensus;
- 8) Present all regional team recommendations to the Executive Council at the monthly recommendations teleconference meetings;
- 9) Present all regional team recommendations passed through the Executive Council at the scheduled meetings with the Director;
- 10) Team chairs remind members to sign the attendance sheet and that this is the member's responsibility.
- 11) Write letters to the Director recommending new team members;
- 12) Apprise members promptly of any changes in the Protocol or relevant legislation;
- 13) Monitor regional team membership periodically to determine if the Team is in compliance with Section 15 of the Act;
- 14) If a team member is disrespectful and in violation of Article I, Section 6, Paragraph b, commence corrective measures as follows:
 - a) Speak with the team member about the incident;
 - b) Apprise the Executive Director or the Coordinator about the incident and the conversation with the member;
 - c) If the team member persists with unacceptable behavior the chair may seek advice and assistance from the Executive Council. Executive Council may bring the matter to the attention of the Director who has sole discretion to remove the offending member from the team.
- 15) Chairperson should ensure that team members are not accusatory of DCFS staff and only ask questions not give opinions or judgment while workers are present
- 16) Chairperson should guide recommendations
- 17) Assure that functions of the CDRTs are being discharged ethically and responsibly and to abide by the spirit of the State Officials and Employees Ethics Act.
- 18) Chairperson will ensure recommendations rejected by Council are discussed at the next meeting and ensure team makes decision of what to do with recommendation.

B. Vice Chair shall:

- 1) Preside over Team meetings in the absence of the chair and ensure compliance with the existing protocol and legislation;
- 2) Communicate with Team chair to ensure that the chair and/or vice-chair will be present at all regional meetings, Executive Council recommendations teleconferences, scheduled meetings with the Director, and the quarterly in person meetings;

- 3) Serve as a back-up or alternate voting member of the Executive Council when the team chair is unavailable;
 - 4) Fulfill the obligations of the chair in the chair's absence or as designated by the chair;
- C. Pediatrician or other Physician knowledgeable about child abuse and neglect may:
- 1) Provide information about the processes of normal infant and childhood growth and development, interpret findings of cases within the context of normal infant and childhood growth and development, and assist in identifying cases where findings are inconsistent with normal growth and development;
 - 2) Provide information regarding the diagnosis of child abuse, the expected course of diseases and medical conditions of infancy and childhood, and interpret case findings in this context;
 - 3) Review the case and provide information about the expected outcomes of various treatments;
 - 4) Provide information regarding standards of medical care and serve as a liaison with the medical community;
 - 5) Provide the team with current medical information and research pertinent to the case;
 - 6) Assist with procurement and review of health and medical records.
- D. Representative of the Department may:
- 1) Perform all duties and responsibilities outlined in Appendix L, DCFS CDRT Representatives Responsibilities;
 - 2) Notify the Coordinator if he or she is unable to attend any meeting and assign a substitute who will attend and carryout all duties and responsibilities of the DCFS Representative;
- E. State's Attorney or State's Attorney's representative may:
- 1) Determine if there are pending criminal investigations and provide information about any involvement with the criminal justice system;
 - 2) Provide guidance to participating agencies related to furthering investigations;
 - 3) Provide information about specific cases including but not limited to involvement in juvenile court proceedings;
 - 4) Provide legal definitions, explanations and opinions related to the probability of abuse and/or a crime having occurred;
 - 5) Assist in communication between participating agencies, act as liaison with prosecutors statewide and nationwide, and provide instruction and training pertaining to legal issues when requested or required.
- F. Representative of a local law enforcement agency may:
- 1) Provide reports containing witness information and witness statements;
 - 2) Provide background information on involved parties and resources to conduct further inquiry when requested by the team;
 - 3) Provide information about suspects;
 - 4) Provide evaluation and assessment of the investigation to date;
 - 5) Make recommendations and suggestions about further investigative paths to follow;
 - 6) Share expertise to direct further inquiries;
 - 7) Serve as a liaison to other law enforcement agencies and provide feedback to law enforcement regarding issues related to child deaths.

G. The psychologist and/ or psychiatrist may:

- 1) Provide information about mental health and chemical dependency diagnosis and treatment;
- 2) Provide a basic understanding of individual and family psychodynamics, psychopathology, and psychological issues associated with child abuse;
- 3) Review previous treatment records for information that may be relevant to prevention, identification, or management of the treatment of child abuse victims;
- 4) Recommend appropriate mental health services for families and professionals who have been traumatized by the death of a child.

H. Representative of a local health department may:

- 1) Serve as a liaison to health-based prevention and/or intervention systems, e.g., public health nursing teams, etc.;
- 2) Assist in the procurement and review of previous public and/or private health care and medical records;
- 3) Use data from the child death review process to develop prevention programs and public awareness of high-risk populations.

I. Representative of a school district or other education or child care interests may:

- 1) Obtain any school or daycare records that may be relevant to the review;
- 2) Assess the nature of the parent's interaction with the child from information available about the observations of such interaction by principals, teachers, and/or child care personnel;
- 3) Evaluate whether adequate school and/or daycare arrangements were in place for the deceased child and any involved siblings;
- 4) Suggest appropriate school/ daycare involvement in proposed new child abuse prevention strategies.

J. Coroner or Forensic Pathologist may:

- 1) Provide medical history of the decedent to the extent available;
- 2) Provide cause and manner of death;
- 3) Provide autopsy protocol and results, and investigative information relative to the death;
- 4) Share expert information regarding the general environment in which the death occurred and the actual scene of death;
- 5) Provide interpretation about the nature of injuries identified on the decedent;
- 6) Interpret the sequence of events in relation to the approximate time of death;
- 7) Identify and assess signs of abuse and/or neglect that may have been present in addition to natural diseases and medical conditions related to the death.

K. Representative of a child welfare agency or child advocacy organization may:

- 1) Approach the review process as an objective and impartial child welfare or child advocacy professional;

- 2) Reduce “turf” issues by acting as an impartial participant representing the child rather than an agency responsible for the “case”;
 - 3) Share resource information with the workers that might benefit the family;
 - 4) Provide clarification, instruction, and training as requested;
 - 5) Present information about previous involvement with the child and family where applicable;
 - 6) Provide information and assistance regarding prevention issues.
- L. Representative of a local hospital, trauma center, or provider of emergency medical services may:
- 1) Apprise the CDRT of the circumstances existing at the death scene, if known;
 - 2) Provide information available about any statements made by family members or other involved individuals;
 - 3) Inform the team about and assist in the procurement of any and all records that may exist related to the emergency care of the deceased child or other involved family members;
 - 4) Assess whether emergency measures taken by the family were reasonable under the circumstances;
 - 5) Make observations concerning the adequacy of the response time and emergency procedures employed in specific instances;
 - 6) Serve as a resource person to interpret timelines, policies, and procedures followed by professionals in the emergency response system.
- M. Representative of the Department of State Police may:
- 1) Provide reports containing witness information and witness statements;
 - 2) Provide scene photographs, latent and physical evidence, measurements and sketches;
 - 3) Provide background information on involved parties and resources and conduct further inquiry when requested by the team;
 - 4) Provide information about suspects and pending charges and/or criminal investigations;
 - 5) Provide evaluation and assessment of the investigation to date;
 - 6) Make recommendations and suggestions about further investigative paths to follow;
 - 7) Share expertise to direct further inquiries;
 - 8) Serve as a liaison to other law enforcement agencies and provide feedback to law enforcement regarding issues related to child deaths.

Section 8. Guest Protocol.

Guests may attend CDRT meeting under certain circumstances as outlined under Section A & B below. All guests must sign the Nonmember Confidentiality Agreement (Appendix H) prior to the meeting and should be given a Guest Protocol Sheet (Appendix M).

See:

20 ILCS 515 20(b)(4)

Promote continuing education for professionals involved in investigating, treating, and preventing child abuse and neglect as a means of preventing child deaths due to abuse or neglect.

20 ILCS 515/5(4): 4) Professionals from disparate disciplines and agencies who have responsibilities for children and expertise that can promote child safety and well-being should share their expertise and knowledge so that the goals of determining the causes of children's deaths, planning and providing services to surviving children and nonoffending family members, and preventing future child deaths can be achieved.

20 ILCS 515/5(6): Multidisciplinary and multiagency reviews of child deaths can assist the State and counties in (i) investigating child deaths, (ii) developing a greater understanding of the incidence and causes of child deaths and the methods for preventing those deaths, and (iii) identifying gaps in services to children and families.

Some of the greatest strengths of the CDRT meetings are the exchange of information, questions asked by team members, and education offered by team members during the discussion (e.g., meaning of cause/manner of death, medical diagnoses). This is some of the best training that can be offered to DCFS personnel, child abuse/neglect pediatric fellows, and others training to work in the field of child welfare. Consistent with the statutory policy identified in 20 ILCS 515/20(b)(4) and 5(4) and (6), attendance at CDRT meetings should be limited as below.

- A. Guests may attend CDRT meetings if they have been invited by the chair or vice chair in the chair's absence, to present information about a specific case, or for their expertise in a particular discipline or area of study. Under these circumstances, they must exit the meeting prior to the team entering into any review or discussion of a case.
- B. Guests may also be invited by a team member, with the prior approval of the chair or vice chair in the chair's absence, for an educational experience. Guests attending for an educational experience must be a graduate level trainee in a profession that is designated under Section 15 of the Act. Guests are limited to 2 meetings in a calendar year. Guests are to function as observers and are not to interfere with the process of the meeting. The sponsoring team member must accompany the guest to the meeting and is accountable for the guest. Failure to follow these rules can result in the team member's removal from the team.

Article II: ILLINOIS CHILD DEATH REVIEW EXECUTIVE COUNCIL

Section 1: History. The Executive Council of CDRT serves as the coordinating and oversight group for the Teams and their activities in Illinois. It was first convened as a "Chairs' meeting" at the 1998 annual symposium. The chairs met again in November of 1998 and March of 1999. In June of 1999, the chairs assembled with a goal to more formally define the scope of the Executive Council, its' charter, membership and meeting schedule. In 2012, by-laws were drafted detailing, inter alia, the objectives, structure and responsibilities of the Executive Council. These by-laws were approved by Executive Council and became effective on November 2, 2012. These by-laws were revised and approved by Executive Council again on August 15th, 2014.

Section 2: Members. The Council is made up of the Chairs and Vice Chairs of the nine Teams. The Inspector General of DCFS, ex-officio, is a non-voting member of the Executive Council.

Section 3: Team Chair and Vice Chair. Pursuant to the Act, each Team shall elect a Chair and Vice Chair from among its members to serve as voting members of CDRT Executive Council (20 ILCS 515/15). The Chair and Vice Chair serve a two-year term beginning July of every odd-numbered year. Only members who are currently employed in one of the fields specified in Article I, Section 4, Team Member Disciplines, who have served on the Team for at least one year, and who have attended at least 60% of their regional meetings the year prior to the election shall be eligible for election as Chair and Vice Chair

Requirements for Team Chair and Vice Chair Persons

- A. Team Chairs and Vice Chairs must attend 60% of regional team meetings each year (July 1 – June 30) to maintain position of Chair /Vice Chair.
- B. Team chairs and vice chairs must attend 50% of in-person Executive Council meeting each fiscal year to maintain position of Chair/Vice Chair
- C. Team Chair and Vice Chair must attend 50% of teleconference recommendation meetings each fiscal year to maintain position of Chair/Vice Chair.
- D. If a Team Chair/Vice Chair retires from a position in their field of expertise during the time of their term they may fulfill their elected term to the end of that fiscal year.
- E. Team Chair and Vice Chair must fit the criteria of one of the disciplines stated in Article I section 4, Team Member Disciplines.
- F. Chair and Vice Chair members, who, for any reason, leave the position that was the basis of their appointment, must contact the Coordinator or the Executive Director within two weeks of that change in status so the appropriateness of the chair/vice chair position can be re-evaluated.
- G. If at any time a Chair/Vice Chair becomes directly employed by or holds an individual employment contract with the Department, they shall immediately be deemed ineligible for membership on CDRT and will not be allowed to finish their term an election will be held at the next Team meeting pursuant to this Protocol.

Election process will be completed by silent ballot. Members are to stay silent about the voting process prior to the voting. No campaigning may be done at the meeting.

Chairperson nominations will be done first

Members who have been nominated but do not wish to serve as chair may decline at the time their name is read as a nominee

Vote for Chairperson will take place

Non-voting DCFS Coordinator and DCFS representative and/or CDRT Executive Director will count the votes and announce the new Chairperson

Vice Chairperson nominations will be completed

Members who have been nominated but do not wish to serve as vice chair may decline at the time their name is read as a nominee

Vote for Vice Chair person will be completed

Non-voting DCFS Coordinator and DCFS representative and/or CDRT Executive Director will count the votes and announce the new Vice Chairperson

If there is a tie vote: Hold one re-vote at that meeting. If it is not resolved election occurs at the following meeting.

If no one runs for Chairperson or Vice Chairperson previous would continue until new Chairperson is elected.

Section 4: Executive Council Elections. The Executive Council shall elect a Chairperson and a Vice Chairperson of the Executive Council to a 2-year renewable term from among the Chairpersons of the nine child death review teams. These officers shall be elected for a two year term at the 1st meeting after the fiscal year of even numbered years commencing in 2014. The office shall be filled by a majority vote.

Election process will be completed by silent ballot. Members are to stay silent about the voting process prior to the voting. No campaigning may be done at the meeting.

Chairperson nominations will be done first

Members who have been nominated but do not wish to serve as Chairperson may decline at the time their name is read as a nominee

Vote for Chairperson will take place

Non-voting DCFS Coordinator and CDRT Executive Director will count the votes and announce the new Chairperson

Vice Chairperson nominations will be completed

Members who have been nominated but do not wish to serve as Vice Chairperson may decline at the time their name is reads as a nominee

Vote for Vice Chairperson will be completed

Non-voting DCFS Coordinator and CDRT Executive Director will count the votes and announce the new Vice Chairperson

Article III Confidentiality, Conflict of Interest, and Ethics

Section 1: Purpose. In order to assure a coordinated multidisciplinary review of child fatalities in all Illinois, Child Death Review Team members must have access to and be entrusted with all existing records and information relating to each child death. To protect the records and information from exploitation or disclosure beyond the limits of the Illinois Child Death Review Act, pursuant to law, meetings are not subject to the Open Meetings Act, and records and information provided to and maintained by CDRT are not subject to the Freedom of Information Act. In addition, every team member is bound by the confidentiality statement they signed when they were appointed to a child death review team, the State of Illinois Ethics Code, and by the ethics code of their respective professions. Team members who carry out an impropriety related to a conflict of interest, or violate any provision of the CDRT Statement of Confidentiality for Team Members, the State of Illinois State Officials and Employees Ethics Act, 5 ILCS 430 and the Illinois Child Welfare Ethics Code, and/or any ethics code related to their respective professions, will be reported to the Executive Council and the Council has the right to recommend to the Director the removal of the CDRT member.

Section 2: Confidentiality. In an effort to ensure that information reviewed by CDRT remains confidential, team members will adhere to the following guidelines:

- A. Each team member shall sign a confidentiality statement at the time of his/ her appointment (See Appendix G, Member Confidentiality Statement).
- B. Only appointed members shall attend meetings. Team members cannot send a substitute.
- C. Team members are to keep all CDRT material confidential and only CDRT members are allowed to view CDRT materials.
- D. Other than teleconferences approved by Executive Council, team members and DCFS representatives may not attend team meetings by phone or videoconference

- E. Except for members of the Executive Council, team members are discouraged to take any notes during the meeting. All notes taken by team members who are not on the Executive Council must be given to the DCFS representative or CDRT staff to be shredded at the conclusion of the meeting.
 - 1) The Chairperson and Vice Chairperson of any team, as members of the Executive Council, may take notes on cases in furtherance of their duties and responsibilities relating to review of cases and recommendations. Such notes may be retained in a secure location by those individuals until, after consulting with CDRT staff and other Executive Council members, they determine that no further action is needed on those cases. After that determination is made, all notes relating to those cases will be shredded.
- F. If materials, such as agendas or case records, are distributed during the meeting, the members must leave these papers for the DCFS representative or CDRT staff at the conclusion of the meeting so they may be shredded. If a team member chooses to print material from the document transfer system the member is responsible for the shredding of that document. DCFS staff is not responsible for shredding of material printed from the document transfer system.
- G. If information containing identifying information is provided at the meeting by agencies other than DCFS, only a representative of that agency may take that material from the meeting.
- H. The CDRT proceedings are closed to the public. Team members will not be liable for civil damages as a result of their conduct at the meetings unless such conduct is determined to be willful and wanton misconduct. (See 20 ILCS 515/35.)
- I. A roll call may be held at the beginning of each meeting to assure that only team members, pursuant to Article I, Section 8, are present.
- J. Those persons requested or required to attend to provide specific case information or to lend their expertise to the committee's work will attend only that portion of the meeting directly related to their case. A non-member confidentiality form must be signed by all of these persons.
- K. Team members who become aware of any breach of confidentiality shall immediately notify their Team Chair.

ARTICLE VIII: MEDIA

Section 1: Media Contact. The Executive Council has established guidelines to assure that confidentiality requirements under the Act are adhered to relative to any contact with the various forms of media. Consideration is also given to protecting the confidentiality of the teams and their members.

- A. **Direct Contact.** CDRT members are prohibited from making any public statements about cases reviewed by CDRT. Team members who are contacted by the media must refrain from making any statement about a case reviewed by CDRT and must report the contact, as soon as is reasonably possible, to the Coordinator or Executive Director who will relay the information to the DCFS Media Liaison.
- B. **Interviews or Appearances.** CDRT members are prohibited from participating in media interviews and/ or public relations activities on behalf of CDRT absent prior approval of the Executive Council.

Section 2. Published Materials. General information concerning provisions in the Act as well as published material such as the report can be shared with the media or in community presentations.

Section 3. Other. All other information being considered for release shall be reviewed and discussed by CDRT Executive Council prior to any such release.

CDRT Media Protocol

Rationale:

Pursuant to Article VIII of the CDRT By-Laws, The Executive Council of Illinois Child Death Review Teams (CDRT) has established the following guidelines to assure that contact with the various forms of media are handled appropriately in conveying information, while at the same time protecting the confidentiality of the State Child Death Review Teams and the persons serving on them.

Scope:

Statewide

Procedures:

- Team members including Chairpersons cannot talk with the media about any case that was the subject of a review.
- All media requests for information should be directed to the DCFS Media Liaison
- CDRT team members may share information regarding CDRT that is limited to :

The purpose, processes, and procedures of CDRT. Members may also share information from published materials on CDRT such as the Annual Report of Child Deaths

- CDRT members should notify the Executive Council in writing of their participation in articles, presentations, lectures, etc. that highlight CDRT. The notification will include acknowledgement that they have reviewed the media protocol and will maintain the confidentiality of team activities.

Section 5: Conflict of Interest and Ethics. A conflict of interest can exist in situations in which individuals in their official capacity as team members charged with impartially reviewing child fatalities are in a position allowing them to influence the outcome of a decision, or to exploit that official capacity or the information provided to them, for their personal benefit. All instances of real or perceived conflicts of interest, and alleged improprieties and ethical violations will be reported to and examined by the Executive Council.

To avoid real or perceived conflicts of interest and ethical violations, the following principles shall be adhered to by every CDRT member in the scope and course of their service on the CDRT:

- A. CDRT members have a continuing responsibility to scrutinize their transactions and outside business interests and relationships for potential conflicts of interest and ethical violations.
- B. CDRT members shall not use information received from participation in CDRT, whether expressly denominated as confidential or not, for personal, political or financial gain, or to the detriment of CDRT.

- C. Whenever team members become aware of or alleges that a real or potential conflict of interest or ethical violation related to a CDRT member exists, they shall notify their chair or vice chair as soon as is reasonably possible.
 - 1. If the matter at issue relates to a specific case, the member making the assertion shall again notify the Chairperson or Vice Chairperson when the case name is announced at a meeting.
 - 2. The Chairperson or Vice Chairperson shall ask the member who is the subject of the allegation to recuse him/herself from all reviews of that case until Executive Council convenes to discuss the issue.
 - 3. If the member who is the subject of the allegation refuses to recuse him/herself, the case will be passed and tabled until Executive Council convenes to discuss the issue.
- D. To the extent practical, team members should refrain from being hired to serve as consultants on cases they have reviewed. However, if they do serve as consultants, they shall not disclose any information about the case received by them in their capacity as a member of CDRT.
- E. Team members subpoenaed to testify and/or retained by legal counsel on a case prior to the case being reviewed by CDRT, will notify their chair or vice chair before the review and will recuse themselves from any and all CDRT reviews and discussions of the case. In such circumstances, team member who receive any information and/or case materials regarding this case from CDRT will refrain from viewing it and will promptly return it to CDRT staff.
- F. To avoid the appearance of a conflict of interest, any Team member whose immediate family member is employed by DCFS or has any other conflict with any of the entities involved shall excuse himself/herself from considering or reviewing any child death case in which the family member is or has been involved.

ARTICLE IV: CHILD DEATH CASES

Section 1: Mandated Child Death Cases. Pursuant to Section 20 of the Act, child death reviews shall be conducted by the team in the sub-region, which has primary case management responsibilities when the deceased child is one of the following:

- A. A ward of the department;
- B. The subject of an open service case maintained by the Department;
- C. The subject of a pending child abuse or neglect investigation;
- D. A child who was the subject of an abuse or neglect investigation at any time during the 12 months preceding the child's death;
- E. Any other child whose death is reported to the State Central Register as a result of alleged child abuse or neglect which report is subsequently indicated.

Section 2: Discretionary Child Death Cases. A child death review team may, at its discretion, review other sudden, unexpected, or unexplained child deaths, and cases of serious or fatal injuries to a child identified under the Child Advocacy Center Act. If desired, the team chair may decide or ask team members to assist in deciding whether additional discretionary cases should be reviewed based on information provided to chairs related to deaths that are not mandated pursuant to Section 1.

Section 3: Case Identification. Cases for review are generally identified from information received from the Illinois Department of Public Health each month or when CDRT staff receives a death certificate from the State Central Register (SCR) and a SACWIS check indicates the case is appropriate for review.

Reviews may also be initiated by DCFS, the Office of the Medical Examiner or Coroner, the DCFS Inspector General, hospitals, or agencies represented on the CDRT. Team members may also suggest that certain cases that have been presented in their professional practices based on the criteria that the child's death was "sudden, unexpected, or unexplained" be reviewed.

Section 4: Access to Case Information. Pursuant to Section 25 of the Act:

- A. The department shall provide to a child death review team, on the request of the team Chairperson, all records and information in the Department's possession that are relevant to the team's review of a child's death, including records and information concerning previous reports or investigations of suspected child abuse or neglect.
- B. A child death review team shall have access to all records and information that are relevant to its review of a child death and in the possession of a State or local governmental agency, including, but not limited to, information gained through the Child Advocacy Center protocol for cases of serious or fatal injury to a child. These records and information include, without limitation, birth certificates, all relevant medical and mental health records, records of law enforcement agency investigations, records of coroner or medical examiner investigations, records of the Department of Corrections concerning a person's parole, records of probation and court services department, and records of a social service agency that provided services to the child or the child's family. (Source: 20 ILCS 515/25.)

Section 5: Public Access to Information. Pursuant to Section 30 of the Act:

- A. Meetings of the CDRT and the Executive Council are confidential, closed to the public, and not subject to the Illinois Open Meetings Act. Records and information provided to CDRT and records maintained by CDRT are confidential and not subject to the Freedom of Information Act.
- B. Members of CDRT are not subject to examination, in any civil or criminal proceeding, concerning information presented to CDRT or opinions formed by CDRT members based on that information. A person may, however, be examined concerning information provided to a child death review team or the Executive Council that is otherwise available to the public.
- C. Records and information produced by CDRT are not subject to discovery or subpoena and are not admissible as evidence in any civil or criminal proceeding unless they are otherwise available to the public.
- D. The State shall indemnify and hold harmless members of a child death review team and the Executive Council for all their acts, omissions, decisions, or other conduct arising out of the scope of their service on the team or Executive Council, except those involving willful or wanton misconduct.

ARTICLE V: CDRT MEETING

Section 1: Requirements. Each regional Team shall meet at least once in each calendar quarter. Teams shall review a child death as soon as practical and not later than 90 days following the completion by DCFS of the investigation of the death. When there has been no DCFS investigation, the child death review team shall review a child's death within 90 days after obtaining the information necessary to complete the review.

Section 2. Basic Practices. The policy supporting the Act and this Protocol anticipates a review process that stresses coordination and communication among agencies and the professionals representing them, as

these enhance the Team's multidisciplinary perspective. If team members do not have direct access to information relating to a case, they should make efforts to acquire the information from another source in the same discipline that has access. Despite variations in the manner in which each team assembles and reviews information, the following practices shall be adhered to by all Teams:

- A. Meetings shall be conducted in a professional manner that promotes the policy of the State relating to child deaths in Illinois as outlined in Section 5 of the Act.
- B. Attendance and time shall be recorded at each meeting. Team Members are responsible for signing the attendance sheet at the meeting to ensure their attendance is recorded.
- C. The most comprehensive compilation of information available on the case will be assembled with the full cooperation of team members meeting their obligations and responsibilities as outlined in Article I;
- D. Team reports are to be completed at the conclusion of each case review in the format approved by the Executive Director and CDRT Coordinator for data tracking;
- E. Teams will utilize one or more of the following formats to ensure members are provided with the information needed to adequately prepare for meetings, to promote full member participation at the meeting, and to promote thorough and productive reviews.
 - 1) CDRT Executive Director will ensure that all case information stored in SACWIS is on the document transfer system three weeks prior to the meeting for all Team members to read.
 - 2) DCFS representatives will have all information not stored in SACWIS two weeks prior to the meeting for all Team members to read
 - 3) Team members may bring laptops to CDRT meetings for the sole purpose of reading from the document transfer system.
 - 4) Any document saved from the document transfer system must be deleted at the end of the case review to ensure confidentiality.

Section 4. Required Information for Review. A comprehensive compilation of information is necessary to promote a complete review and to ensure that appropriate recommendations can be made. Ideally, the following information should be available and presented for every case review

DCFS CDRT Liaison List for Document Transfer System

DCFS Representative shall have the following information on the document transfer system two weeks prior to the scheduled meeting:

Open Family Cases

- Morning Report
- Court Involvement

Other Documentation

- Autopsy Report
- Toxicology Reports
- Medical Information

- Police Records
- All hardcopy file materials

CDRT Staff List for the Document Transfer System

CDRT staff shall have the following information on the document transfer system three weeks prior to scheduled meeting:

Investigative Materials

- All SACWIS materials relating to the investigation

Open Family Cases

- Integrated assessment and /or Social History and/ or Addendum - Under assessment tab
- Unusual Incident Report (UIR) if available
- Service Plans – under assessment tab

Other Documentation

- Photos (Autopsy, Scene, etc.)

ARTICLE VI: Recommendations

Section 1: Guidelines for Formulating Recommendations.

- A. Recommendations may focus on establishing new policies and protocols, improving existing policies and protocols, raising public awareness, or increasing effectiveness of services provided to children and families.
- B. Recommendations must be focused, specific, and accompanied by rationale. Broad and non-specific recommendations are not acceptable. Questions are not to be included in formal recommendations. Recommendations must relate to the case reviewed
- C. Recommendations are not necessary in every case.

Section 2. Types of Recommendations Permitted.

- A. Case specific – These recommendations focus solely on the specific case that has been reviewed, e.g. re-review of case file for a particular purpose, initiation of or an increase in

services to the family, assurance that surviving siblings receive proper and necessary services, etc.

- B. Primary prevention activities – These recommendations focus on public awareness and public education issues, e.g. paramour project, drowning prevention.
- C. DCFS system – These recommendations focus on the Department’s approach to abuse and neglect investigations, family case management, foster parent networks, and any program, policy, or procedure developed and adhered to by the Department (e.g. establishment of protocol for cases involving paramours, foster parent licensing revisions, review and revisions to investigative procedures, etc.).
- D. Other systems – These recommendations focus on agencies or services outside the parameter of DCFS (e.g. revision of public health policy, establishment of procedure for Purchase of Service (POS) agencies, etc.).

Section 3: Justification. All recommendations offered to the Director and the Inspector General must include a statement providing justification for the recommendation. The statement should include a brief summary of the circumstances surrounding the death, a synopsis of the team’s discussion and concerns which resulted in the recommendation, and additional relevant information discovered during the review that supports the recommendation.

Section 4: Tracking System. A tracking system has been developed that allows the Coordinator to follow the implementation of CDRT recommendations. The Coordinator can provide follow-up to a team on progress and/or barriers concerning a recommendation.

ARTICLE VII: DATA MANAGEMENT

Section 1. Database. A centralized database has been created for child death review in Illinois. The statewide CDRT database contains all the information found on a death certificate for children age 17 or younger and the additional data that is gathered in a child death review meeting through the team report. The database is located within DCFS and is managed by the Coordinator/Executive Director. Information from the database is accessible to the child death review team Chairperson and Vice Chairperson by request, but is limited to others in order to comply with confidentiality requirements. The CDRT database is used to generate aggregate data for the *Annual Child Death Review Teams Report* (Report). Following the approval of the report by the Executive Council, the report is distributed to the Director, Inspector General, Deputy Director of Child Protection, Deputy Director of Quality Assurance, Governor, State Legislators, Coroners, Medical Examiners, County Registrars, and all team members.

ARTICLE IX: EMAIL

The CDRT is governed by the DCFS Rules and Procedures regarding the transmission of confidential information by electronic means detailed below:

ADMINISTRATIVE PROCEDURE #20 Electronic Communication and Distribution (January 10, 2008 – P.T. 2008.01),

20.4 Transmission of Confidential Information: Confidential information may be transmitted only as authorized under Rules and Procedures 431, Confidentiality of Personal Information of Persons Served by the Department of Children and Family Services. Information related to the Comprehensive Medicaid Billing System and Medicaid Community Mental Health Services shall remain confidential and may only be transmitted by authorized persons in accordance with Rules and Procedures 431, and Policy Guides 2003.04 (Comprehensive Medicaid Billing System/Medicaid Billing System) and 2003.05 (Health

Insurance Portability and Accountability Act). Additionally, any transmission of confidential information must include the statement:

“PRIVILEGED AND CONFIDENTIALITY NOTICE: This email (and/or the documents accompanying such) may contain privileged/confidential information. Such information is intended only for the use of the individual or entity above. If you are not the named or intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of such information is strictly prohibited. If you have received this transmission in error, please immediately notify the sender by telephone to arrange for the secure return of the document.”

Section 431.130 Methods by Which Information May Be Requested: E-Mail Requests: Personal information of persons served by the Department shall not be transmitted using the Internet. No confidential information shall be contained in an Internet E-mail message, listed in conversation in a "chat room," or otherwise referenced in any Internet communication.

ARTICLE X: CHILD DEATH REVIEW PROCESS

Outlined below is the process followed for all case subject to review under the Act:

- A. A child's death occurs (age 17 or younger).
- B. The death certificate is completed by a coroner, medical examiner, or doctor.
- C. Death information is sent electronically to IDPH.
IDPH sends death information to HFS
Death information from HFS is automatically imported to the DCFS child death review database
- D. A DCFS SACWIS check is completed by the Executive Director or CDRT staff
- E. A DCFS SACWIS check determines if the case is mandatory or discretionary. If the SACWIS check results in any of the following findings, then it is a mandated case –
 - 1) The child is a DCFS ward;
 - 2) The child is the subject of an open service case maintained by the DCFS;
 - 3) The child is the subject of a pending child abuse or neglect investigation;
 - 4) The child was the subject of an abuse or neglect investigation at any time during the 12 months preceding the child's death;
 - 5) Any other child whose death is reported to the State Central Register as a result of alleged child abuse or neglect which report is subsequently indicated.

If the SACWIS check does not meet any of the above requirements for a mandated case, then the case is discretionary.

- F. The DCFS Representative will schedule the case for review as soon as possible, and notify the DCFS and POS workers involved in the case of their requirement to attend the scheduled meeting. The DCFS Representative gets the case information ready to be reviewed by the team.
- G. Once the DCFS representative has chosen the cases for review the CDRT staff will put information listed in Article V Section 4 on the document transfer system three weeks prior to the

review and the DCFS representative will place the information listed in Article V Section 4 on the document transfer system two weeks prior to the meeting.

- 1) The team then conducts a review of the case. The team report is completed by the Coordinator and/or Executive Director.
 - 2) The team discusses possible recommendations at the meeting among the four types of recommendations available. (See, Article VI, Section 2.)
 - 3) If the team makes a recommendation, it is placed on the agenda for the next Recommendations and Responses Executive Council Meeting. These meetings are held monthly.
 - 4) The Executive Council approves or disapproves the recommendation.
 - 5) If the recommendation is approved by the Executive Council, the recommendation must be sent to the Director Office and the Coordinator puts the recommendation on the agenda for the next meeting with the Director (See Step H). The Inspector General receives this agenda with all recommendations approved to go to the Director listed.
 - 6) If the recommendation is not approved, then the Executive Council sends the recommendation back to team to be re-evaluated and discussed.
 - a) The team may decide to re-submit a revised recommendation to the Executive Council; or
 - b) The team may withdraw its recommendation and take no further action on the case.
- H. The Director will meet with the Executive Council to discuss the recommendations made by the teams since the last meeting with the Director. Section 20 of the Act provides a timeline for responding to and implementing recommendations.
- 1) “The Director shall, within 90 days, review and reply to recommendations made by a team...”
 - 2) “Within 90 days after the Director submits a reply...the Director must submit an additional report” indicating how the Director will implement a recommendation.
 - 3) “Within 180 days after the Director submits (the first report) concerning the implementation of a recommendation” the Director will give a report on the specific changes, if any, in the Department’s policies and procedures that have been made in response to the recommendation.
- I. The progress of all recommendations, implementation plans, and changes is recorded and maintained by the CDRT Coordinator.
- J. The process is complete after the Director and the Executive Council agree that appropriate changes have been made and finalized within the Department.