

**Division of Children and Family Services
 Protection and Safety Procedure #32-2015**

Regarding:	Child Fatality or Near Fatality
Date Effective:	12/07/2015
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Issue by:	Douglas Weinberg, Director, Division of Children and Family Services


Philosophy

The Division of Children and Family Services (DCFS) gathers information on child fatalities and near fatalities that may be the result of child abuse or neglect. This information is used by DCFS to:

1. Identify safety threats to surviving siblings and other children in the home;
2. Assure the protection of surviving siblings and other children in the home;
3. Identify social trends that may contribute to child fatalities;
4. Evaluate how DCFS or how DCFS contractors operate internally, as a member of a local multi-disciplinary team, and as part of a broader child protection system;
5. Recommend necessary changes to statutes, administrative codes, policies, procedures and practices to respond to DCFS system issues.

Procedure:
A. Definitions:

For the purposes of this Administrative Memo the following definitions shall apply:

1. Near fatality means a case in which an examining physician determines that a child is in serious or critical condition as the result of sickness or injury caused by suspected abuse, neglect or maltreatment (Ne. Rev. Stat. 81-3126).
2. Fatality means a death of a child caused by suspected abuse, neglect or maltreatment.

B. DCFS Internal Notification Process

1. Children and Family Service (CFS) Specialists will immediately report incidents of a child fatality or near fatality involving children whose families are currently in active CFS Intake(s) or CFS Program Cases. This includes initial assessments, court-involved, non-court involved, alternative response or on-going cases. The CFS Specialist will report the incident to their supervisor as soon as possible but no later than 1 hour after learning of the incident.
2. The CFS Specialist or CFS Supervisor must complete a Critical Incident Form (CFS-6) and submit to their supervisor.
3. The CFS Supervisor will forward the Critical Incident Form following the Critical Incident Protocol.

C. Screening Reports Involving a Child Fatality or Near Fatality

1. The Intake CFS Specialist will document and screen a reported child fatality or near fatality as described in the Structured Decision Making® (SDM) Intake policy.
2. In the case of a child fatality, the Intake CFS Specialist will designate "death" in the Abuse / Neglect factors section of N-FOCUS.
3. The Intake CFS Specialist will review the intake with the Intake CFS Supervisor on duty or on-all prior to determining and documenting the closure status.

4. The Intake CFS Specialist will document the Priority Response category in N-FOCUS based on the following:
 - a. Accept for Initial Assessment:
 - i. If there is a child fatality and / or near fatality which is suspected to be the result of abuse or neglect **and** there are other children residing in the home;
 - ii. If there is a child fatality and/or near fatality which involves a state ward **and** the circumstances surrounding the death are unknown or unclear.
 - b. Law Enforcement Only:
If there is a child fatality and / or near fatality which is suspected to be the result of abuse or neglect and there are no other children residing in the home.
 - c. Does Not Meet Definition:
If there is a child fatality and / or near fatality and it is not suspected to be the result of abuse or neglect (e.g. the death was the result of a known medical condition, a motor vehicle accident when the child was properly restrained and the driver was not impaired).
5. Service Area Notification
When an intake involving a child fatality or near fatality is reported and accepted for assessment the Intake CFS Specialist will:
 - a. Contact the Service Area where the incident occurred during regular business hours.
 - b. Contact the Service Area on-call CFS Specialist or Supervisor after hours, weekends and holidays,
6. The Intake CFS Specialist will flag the report for coordination with the local Child Advocacy Center (CAC).
7. The Intake CFS Specialist will complete a Critical Incident Form (CFS-6).
8. The Intake CFS Specialist will forward the Critical Incident Form as outlined in the Critical Incident Protocol.

D. Initial Contact

1. The assigned Service Area CFS Specialist or CFS Supervisor will coordinate the CFS response with the appropriate law enforcement agency. Law Enforcement may take the lead in all investigations involving a fatality or near fatality. The CFS Specialist will document any Law Enforcement request to temporarily delay DCFS contact with the family. This information should be updated at regular intervals until the CFS Specialist is given authorization to make contact with the family for the purpose of completing a safety and/or risk assessment.
2. When Law Enforcement consents to DCFS contact with the family, the assigned CFS Specialist will complete SDM assessments on all parents, caregivers or household members responsible for the child(ren) to:
 - a. Determine each person's role in the incident;
 - b. Determine if the parent, caregiver or household member's actions or in-actions contributed to or allowed the child's death to occur; and
 - c. Determine any current safety threats and assess the family for risk of future maltreatment.
3. The CFS Specialist shall request case coordination and a case review with the identified multi-disciplinary team (MDT) (1184 team).
 - a. The CFS Specialist will inform the CFS Supervisor and the Service Area Administrator (SAA) of any system issues identified during these case reviews.
 - b. The CFS Specialist may include additional DCFS staff in the MDT meeting. (e.g. CFS Specialist from another service area).
4. The CFS Specialist will update or enter the findings in N-FOCUS and indicate whether the information reported in the intake resulted in or contributed to a fatality or near fatality in the Finding Information Screen. The CFS Specialist or Supervisor can change the near fatality indicator to fatality at a later date if the child dies from their injuries.

5. The case status determination will be entered following the Central Registry determination protocols.
6. The determination that a child fatality was the result of abuse or neglect or that abuse or neglect was a contributing factor cannot be made until the investigation is completed, the autopsy is completed and toxicology reports are available. The only exception to this is something clearly not abuse or neglect, such as a motor vehicle accident when the child was properly restrained and the driver not impaired or an expected death resulting from a known medical condition.

E. Family Notification

1. When parental rights are intact, DCFS will notify or ensure notification of the state wards parents if the child was in out of home placement at the time of the incident.
 - a. The CFS Specialist notified of the incident will contact the SAA, or their designee, prior to contacting the family.
 - b. The CFS Specialist or Supervisor will coordinate notification of the family with local law enforcement.
 - c. The family should be notified as soon as possible but no later than 24 hours following the report of the fatality or near fatality incident.
 - d. Notifications should be done face to face. Whenever possible, DCFS staff should be present to answer questions and assist the family as needed.
2. At the earliest possible opportunity, but no later than the next business day, the CFS Specialist or Supervisor will notify the court and all involved attorneys of the fatality / near fatality.
3. If DCFS is currently or has previously been involved with the family in any protective service capacity, the SAA or CFS Administrator will take steps to secure the information in case files. The information should be restricted in the following manner:
 - a. Assure the hard copy file(s) is kept in a location that prevents unauthorized staff from having access.
 - b. Documents can be filed and N-FOCUS information can be updated, but no information or documentation prior to the incident should be removed or altered in any way.
 - c. When requested by DCFS Protection and Safety Division at Central Office all hard copy files will be copied and forwarded within 7 working days of the request.

F. Response to External Request for Information

All external requests for information (e.g. media, community and the deceased child's extended family) must be directed to the DHHS Communications and Legislative Services Division at Central Office.

References:

Nebraska Revised Statute 81-3126, 28-728 and 28-729
P.L. 111-320 The Child Abuse Prevention and Treatment Act.