

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 4: Assessment</b>	<b>Effective Date:</b> July 1, 2014
	<b>Section 31: Child Fatality and Near Fatality Assessments</b>	<b>Version:</b> 8

<b>POLICY</b>
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**[REVISED]** The Indiana Department of Child Services (DCS) will assess all reported child fatalities and near fatalities for which there is reason to believe that Child Abuse and/or Neglect (CA/N) may be a factor in the fatality or near fatality. If the circumstances surrounding the child's death or near fatality appear to be sudden, unexpected, or unexplained, DCS shall evaluate the information available to determine whether or not the death or near fatality was related to child abuse and/or neglect. DCS will participate in the fatality team process as established by statute.

**[REVISED]** DCS will coordinate child fatality or near fatality assessments with a Law Enforcement Agency (LEA). DCS will coordinate and confer with the Coroner as necessary and appropriate. The DCS local office will confer and coordinate with the Institutional Child Protection Services (ICPS) Unit when it is determined a fatality or near fatality has occurred in an institutional setting.

**[REVISED]** The DCS Hotline and either the local child fatality review team or the statewide child fatality review committee will be notified by the Coroner of a death of a person who is less than 18 years of age, or appears to be less than 18 years of age and who has died in a sudden, unexpected, or unexplained manner.

**[REVISED]** In the event of a child fatality or near fatality, if DCS has reason to believe a parent, guardian, or custodian was impaired, intoxicated, or under the influence of drugs or alcohol immediately before or at the time of death, DCS or LEA may request that the parent, guardian, or custodian submit to an alcohol/drug screen. DCS or LEA must make the request within three (3) hours of the near fatality or death of the child. However, the results from a requested alcohol/drug screen may not be used in a criminal proceeding.

**Note:** If the parent, guardian, or custodian does not submit to the screen within three (3) hours of the request, the refusal may be used in the DCS determination to substantiate or un-substantiate abuse and/or neglect. However, the refusal to submit to a screen may not be used in any criminal action.

Code References

1. [IC 31-33-8 Investigation of reports of suspected child abuse or neglect](#)
2. [IC 31-33-18-1.5\(h\) Written findings; copies to the Department of Child Services; certain records held by government entities not confidential if redacted; procedure for redacting records](#)
3. [IC 31-34-12-7 Failure to submit to drug or alcohol test](#)

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4. [IC 36-2-14.6.3 Coroner notification of child deaths; coroner consultation with child death pathologist; suspicious, unexpected, or unexplained child deaths; autopsy](#)
5. [42 USC 5101 106\(b\)\(2\)\(B\)\(x\) The Child Abuse Prevention and Treatment Act](#) 6. [IC 16-49 Child Fatality Reviews](#)

## PROCEDURE

For fatality and near fatalities, the Family Case Manager (FCM) will:

1. Place any surviving siblings in a safe environment if all legal caregivers have been arrested;
2. Assess risk to any surviving siblings and document in the [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/CW 311\)](#) narrative;
3. **[REVISED]** Request the parent, guardian, or custodian submit to an alcohol/drug screen, if DCS has reason to believe impairment is suspected in the near fatality or fatality of a child, within three (3) hours of the near fatality or death of the child. The FCM must receive approval from the FCM Supervisor prior to sending the parent, guardian, or custodian for the alcohol/drug screen;

**Note:** If an alcohol/drug screen is requested, this must be documented in the [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/CW 311\)](#). If a drug or alcohol screen cannot be completed at the scene, collaboration shall occur between LEA and the FCM Supervisor to determine a safe plan for transport.

4. Assist LEA with conducting interviews of family members as requested;
5. Collect LEA, Hospital, Coroner reports and the final Autopsy Report so that an [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/CW 311\)](#) can be prepared;

**Note:** The final Autopsy Report can take some time to obtain depending on various circumstances. Once available, a copy of the final Autopsy Report will be collected.

6. Conduct an appropriately thorough CA/N assessment in coordination with any LEA assessment. See separate policy, [4.3 Conducting the Assessment](#);
7. Refer the family members to support services and document, if applicable;
8. **[REVISED]** Provide each parent, guardian, custodian, and alleged perpetrator with a copy of the form, [Notice of Availability of Completed Report and Information \(SF48201/CW0024\)](#) and document in the [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/CW 311\)](#). If the alleged perpetrator is a child, provide the notice to his or her parent, guardian or custodian;
9. Make an assessment finding (See separate policy, [4.22 Making an Assessment Finding](#)) and submit for approval by the FCM Supervisor;

**Note:** For all fatalities and near fatalities that are substantiated, per [IC 31-33-18-1.5\(h\)](#) the [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/CW 311\)](#) must include the following:

1. A summary of the report of CA/N and a factual description of the contents of the report;
2. The date of birth and gender of the child;

3. The cause of the fatality or near fatality, if the cause has been determined; and
4. Whether DCS had any contact with the child or the perpetrator before the fatality or near fatality occurred. If DCS had contact include the following information:
  - a. The frequency of the contact or communication with the child or a member of the child's family or household before the fatality or near fatality and the date on which the last contact or communication occurred before the fatality or near fatality, and
  - b. **[REVISED]** A summary of the status of the child's case at the time of the fatality or near fatality including:
    - i. Whether the child's case was closed by DCS before the fatality or near fatality;
    - ii. Reasons the case was closed if closure occurred prior to the near fatality or fatality; and iii. Date of case closure.

**[REVISED]** When a near fatality results in a fatality, the FCM is required to e-mail the Central Office Fatality Unit of the death as soon as possible but no later than 24 hours upon learning of the fatality. The FCM must document in MaGIK that the fatality resulted from the near fatality injury.

**[REVISED]** For Assessments of **Child Fatalities** the FCM Supervisor will:

1. Engage with the FCM and approve the request to send the parent, guardian, or custodian for an alcohol/drug screen within three (3) hours of the death of the child, if the FCM Supervisor is satisfied that DCS has reason to believe impairment is suspected in the fatality of a child;
2. Ensure the Regional Manager (RM), Local Office Director (LOD), and Division Manager (DM), if applicable, have reviewed the assessment;
3. Send one (1) copy of the assessment file to the Central Office Fatality Unit within 180 days of the receipt of the child fatality. The assessment file should include these and other items:
  - a. Completed and approved [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#),
  - b. Substantiated and unsubstantiated history with DCS including 310s, 311s, and contact notes,
  - c. Completed but unapproved [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/CW 311\)](#),
  - d. Completed and thoroughly documented assessment notes (add printed contacts from the Management Gateway for Indiana's Kids (MaGIK),
  - e. Hospital report,

**Note:** This refers to any relevant medical information relating to the fatality.

- f. LEA report, any information about charges filed, and/or arrests made,
- g. Emergency Medical Services (EMS) or local Fire Department records, if applicable,
- h. Coroner and autopsy report, if applicable,

**Note:** If there was no autopsy, this needs to be documented in the narrative of the [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/CW 311\)](#).

- i. State issued Death Certificate, and
  - j. Copies of available newspaper clippings showing any information related to the assessment including, if applicable, criminal investigations, arrests and trials.
4. Approve the assessment as directed by the Central Office Fatality Unit; and

**Note:** Review of fatalities by the local child fatality review team is at the discretion of the team.

5. Send a copy of the completed [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/CW 311\)](#) to the following persons, if substantiated, and follow-up via phone to confirm receipt:
- a. County Prosecutor,
  - b. Investigating LEA, and
  - c. County Coroner.
6. Assess to determine if a referral to the DCS Critical Response Unit is needed to assist local staff.

**[REVISED]** The DCS LOD or DM will complete the [Child Fatality Review Form](#) in MaGIK.

**[REVISED]** For Assessments of **Near Fatalities** the FCM Supervisor will:

- 1. Engage with the FCM and approve the request to send the parent, guardian, or custodian for an alcohol/drug screen within three (3) hours of the near death of the child, if the FCM Supervisor is satisfied that DCS has reason to believe impairment is suspected in the near fatality of a child,
- 2. Ensure the assessment is completed within 180 days and the case file contains:
  - a. Completed and approved [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#),
  - b. Copies of any history the family may have had with DCS,
  - c. Completed but unapproved [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/CW 311\)](#),
  - d. Completed and thoroughly documented assessment notes (add printed contacts from MaGIK)
  - e. Hospital report,

**Note:** This refers to any relevant medical information relating to the near fatality.

- f. LEA report, any information about charges filed, and/or arrests made,
  - g. Emergency Medical Services (EMS) or local Fire Department records, if applicable,
  - h. Copies of available newspaper clippings showing any information related to the assessment including, if applicable, criminal investigations, arrests and trials.
- 3. Ensure the RM, LOD, and DM, if applicable, have reviewed the assessment;
  - 4. Notify the Central Office Fatality Unit when the near fatality assessment is ready to be Approved;
  - 5. Provide the Central Office Fatality Unit with detailed findings of substantiation or unsubstantiation on any alleged perpetrator;

**Note:** The Central Office Fatality Unit will be tracking near fatalities, but will not be responsible for the review or approval of the assessments. The Central Office Fatality Unit will release the assessment in MaGIK to be approved by the FCM Supervisor upon receiving assessment findings and notification that the [Child Fatality Review Form](#) has been completed.

5. Approve the assessment in MaGIK;
6. Send a copy of the completed [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/CW 311\)](#) to the following persons, if substantiated, and follow-up via phone to confirm receipt:
  - a. County Prosecutor,
  - b. Investigating LEA, and
7. Assess to determine if a referral to the DCS Critical Response Unit is needed to assist local staff.

## **PRACTICE GUIDANCE**

### **[REVISED] Documenting a Fatality or Near Fatality**

If a child death occurs due to substantiated abuse and/or neglect, the assessment worker must check the allegation of “death due to abuse” and/or “death due to neglect” in the findings section for Fatality or Near Fatality assessments in MaGIK. The type of maltreatment which led to the death of the child must also be checked. A bathtub drowning, for example, might be marked “death due to neglect” (from the list of neglect/maltreatment types) **and** “lack of supervision” or “environment life/health endangering,” depending upon the circumstances.

### **Documenting Impairment of the Parent, Guardian, or Custodian**

DCS must document any noted or suspected impairment of the parent, guardian, or custodian during the course of the assessment. If DCS is not on the scene, interview those professionals who were there, for example, LEA, EMS, etc., and obtain any documentation regarding impairment or lack thereof, if applicable. Typically impairment is not mentioned in LEA and EMS reports unless it is obvious. If it is not mentioned, DCS will attempt to contact the other professional responders and ask if any impairment was noted. If no impairment is suspected, DCS will document that there was no suspicion of impairment.

### **Coordinating with LEA**

A DCS assessment shall not interfere with or duplicate the LEA assessment. The DCS local office shall complete a DCS assessment report based on the findings of the LEA or joint DCS/LEA assessment.

### **DCS Assessment Report**

If DCS was not involved in the active assessment, the Law Enforcement Officer and the LEA report are resources for completion of the [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/CW 311\)](#). For example, interview dates and birth dates can be found in LEA reports.

## **Delayed Coroner's Reports and Autopsies**

**[REVISED]** Delayed Coroner's reports and autopsies are not justifications for a delay in sending the assessment file, including the completed Assessment Report, to the Central Office Fatality Unit unless the FCM is unable to get a verbal Coroner's report, death certificate, and autopsy report, and has documented this in MaGIK. If there is a delay in obtaining a necessary report the FCM Supervisor will notify the Central Office Fatality Unit of the reason for delay and will complete and transmit the Assessment Report as soon as reasonably possible after receipt of the delayed report.

## **Accidental Death**

A Coroner's finding of "accidental death" does not preclude a DCS assessment finding of substantiated CAVN. For example, a Coroner may rule a child's drowning an "accidental death," but DCS may substantiate neglect due to the parent's lack of supervision of the child.

## **FORMS AND TOOLS**

1. [Preliminary Report of Alleged Child Abuse or Neglect \(SF 114/CW0310\)](#)
2. [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/CW 311\)](#)
3. **[NEW]** Child Fatality Review Form – available to LODs and DMs in MaGIK
4. [4.B Tool - Assessment Narrative](#)
5. [Notice of Availability of Completed Report and Information \(SF48201/CW0024\)](#)

## **RELATED INFORMATION**

### **[REVISED] "Near Fatality"**

A "near fatality" is defined by the Child Abuse Prevention and Treatment Act (CAPTA) as "an act that, as certified by a physician, places the child in serious or critical condition."

DCS defines near fatality as a situation where a child has been admitted to the intensive care unit (ICU) or a neonatal intensive care unit (NICU) **and** has been placed on a ventilator due to injuries sustained from alleged abuse and/or neglect (this definition was developed in conjunction with forensic pediatric experts). Once the child meets this criteria then the allegation of "near fatality" should be marked along with any other type(s) of maltreatment if the allegations are substantiated.

**Note:** Near fatality and fatality cannot be designated for the same originating injury. If a child dies as a result of the near fatality injury, the assessment is to be considered as a fatality only. The FCM Supervisor should add a mandated reason of fatality in MaGIK.

### **Autopsy Report**

An Autopsy Report is a clinical report issued by a medical doctor/pathologist.

According to Indiana Code, a coroner shall make available, upon written request, a full copy of an autopsy report, including photographs, a video recording, or an audio recording of the autopsy to:

1. DCS, including the DCS local office where the death occurred;

2. The statewide child fatality review committee; and/or
3. The local child fatality review team where the death occurred.

**Note:** One (1) and three (3) above are for purposes of conducting a review or an investigation of the circumstances surrounding the death of a child (as defined in [IC 31-9-213\(d\)\(1\)](#)) and making a determination as to whether the death of the child was a result of abuse, abandonment, or neglect. An autopsy report made available under this subsection is confidential and shall not be disclosed to another individual or agency, unless otherwise authorized or required by law.

#### **Coroner's Report**

A Coroner's Report is a document issued by an elected official (Coroner) usually based on the findings in an autopsy report.

#### **Coroner's Inquest**

A Coroner's Inquest is a fact finding process initiated by the Coroner involving the presentation of evidence and witness testimony in front of a jury to determine circumstances surrounding the death.

#### **Sudden Unexplained Infant Death (SUID)**

According to the Centers for Disease Control (CDC), sudden unexpected infant deaths are defined as infant deaths that occur suddenly and unexpectedly, and whose manner and cause of death are not immediately obvious prior to investigation.

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