

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 4: Assessment	Effective Date: June 1, 2008
	Section 31: Child Fatality and Near Fatality Assessments	Version: 3

POLICY

The Indiana Department of Child Services (DCS) will assess all child fatalities and near fatalities for which there are allegations that Child Abuse and/or Neglect (CA/N) may be a factor in the fatality or near fatality.

DCS will coordinate child fatality or near fatality assessments with a Law Enforcement Agency (LEA) and the Coroner.

Code References

N/A

PROCEDURE

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

1. Place surviving siblings in a safe environment if both caregivers have been arrested;
2. Assess risk to surviving siblings;
3. Refer the family members to support services;
4. Assist LEA with conducting interviews of family members as requested;
5. Collect LEA, Hospital, and Coroner reports so that a DCS [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/0311\)](#) can be prepared;
6. Conduct an appropriately thorough CA/N assessment in coordination with any LEA assessment. See separate policy, [4.3 Conducting the Assessment](#);
7. Make an assessment finding (See separate policy, [4.22 Making an Assessment Finding](#)) but do not approve the assessment;
8. Send copies of the assessment file to the Deputy Director of Field Operations for review by the State Fatality Team within 30 days of the receipt of the child fatality or near fatality report. The assessment file should include these and other items:
 - a. Completed but unapproved [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/0311\)](#),
 - b. Fatality Review Report (located in the Indiana Child Welfare Information System (ICWIS)),
 - c. Hospital report,
 - d. LEA report,
 - e. Coroner and autopsy report if applicable,
 - f. Death Certificate, and
 - g. Copies of available newspaper clippings showing the progress of the assessment and, if applicable, the outcomes of the arrest and trial.
9. Following review by the State Fatality Team, approve the assessment; and

10. Send a copy of the completed DCS [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/0311\)](#) to the following persons and follow-up via phone to confirm receipt:
 - a. County Prosecutor,
 - b. Investigating LEA, and
 - c. County Coroner.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. [Assessment of Alleged Child Abuse or Neglect Report \(SF 113/0311\)](#) – Available in ICWIS
2. [Child Fatality Review Report](#) – Available in ICWIS

RELATED INFORMATION

Definition of “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.

A child cannot be determined to be a near fatality and a fatality for the same originating injury. If a child dies as a result of the near fatality injury, the death is to be considered as a fatality only. The worker must unapprove the near fatality assessment, unstantiate the near fatality allegation, and add the allegation of death to the assessment. The FCM is required to e-mail the Assistant Deputy Director of Field Operations of the death as soon as possible but no later than 24 hours upon learning of the fatality. The worker must document in ICWIS that the fatality resulted from the near fatality injury.

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” under findings on the allegation screen in the assessment module. **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.

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 \(SF 113/0311\)](#). For example, interview dates and birth dates can be found in LEA reports.

Delayed Coroner's Reports and Autopsies

DCS has 30 days to complete a CA/N assessment, although it may take longer than 30 days to receive the final Coroner's report and autopsy report. However, often the FCM can get a verbal report in order to make an assessment finding without delay. In the event that the final Coroner's report and autopsy report arrives to the FCM with information that is new or contradictory to the verbal report, the FCM can re-open the assessment and, if applicable, change the findings. **Delayed Coroner's reports and autopsies are not justification for delaying sending the assessment file, including the completed Assessment Report, to the Deputy Director of Field Operations, unless the FCM is unable to get a verbal Coroner's report and autopsy report, and has documented this in ICWIS.**

Accidental Death

A Coroner's finding of "accidental death" does not preclude a DCS assessment finding of substantiated CA/N. 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.