

0402.0 Child Welfare Agency's Case Review of Child Fatality or Near Fatality

0402.1 Policy Approval Clearance Record

<input checked="" type="checkbox"/> Collaborative Policy	This policy supersedes:	Number of pages in Policy: 4
Date Effective: 08/10/2007	200 Policy For Child Welfare Agency's Case Review of Child Fatality or Near Fatality	
PART Review & Approval		Policy Lead: _____
DMG Approval	08/10/2007	Policy Lead: Caroline Thomas, MSW, LSW
DMG Approved Revisions		Policy Lead: _____
DMG Approved Revisions		Policy Lead: _____
DMG Approved Revisions		Policy Lead: _____
DCFS Administrator Approval:		Signature: _____
Review by Representative from the Office of the Attorney General:		Signature: _____

0402.2 Statement of Purpose

0402.2.1 Policy Statement: The purpose of this policy is to ensure that public child welfare agencies have a statewide, standardized case review process in place for the analysis and evaluation of child fatalities and near fatalities to identify policies, procedures or practices, or actions or inactions of the agency that may have contributed to the case outcome and develop recommendations related to agency policy and procedures, staff training needs identification, and recommendations to the Division of Child and Family Services (DCFS) related to statutory or regulatory change(s).

These analyses are in addition to and separate from:

- a) statewide Child Fatality and Near Fatality Reviews;
- b) initial CPS investigation requirements, and;
- c) reviews conducted by a local Multi Disciplinary Team pursuant to NRS432B.405-409.

This policy does not preclude agencies from performing any additional internal reviews.

0402.3 Authority

AB 261
NRS 432B.190, 290, 350, 357
NAC 432B.030, 070

0402.4 Definitions

0402.4.1 "Child Fatality" The cessation of life, manifested in people by a loss of heart beat, absence of spontaneous breathing, and the permanent loss of brain function; loss of life.

0402.4.2 Federal Child Abuse and Neglect Prevention And Treatment Act, (CAPTA), as Re-authorized 2003 [42 U.S.C. 5106a, P.L. 108-36.] Section 106 (b)(4)(A)(B) defines "near fatality" as an act that, as certified by a physician, places the child in serious or critical condition.

0402.4.3 **Near Fatality:** means an act that places a child in serious or critical condition as verified orally or in writing by a physician, a registered nurse or other licensed provider of health care. Such verification may be given in person or by telephone, mail, electronic mail or facsimile.

0402.5 **Procedures**

0402.5.1 **Child Fatality and Near Fatality Case Reviews**

Any time that a child who has had contact with, or who has been in the custody of, an agency which provides child welfare services suffers a fatality or a near fatality, the local child welfare agency will review the child fatality or near fatality utilizing the Child Fatality or Near Fatality Case Review Instrument and Summary. Examples of child fatalities or near fatalities that will be reviewed include, but are not limited to:

- A.** The child resides in a foster home;
- B.** The child has an open child welfare case;
- C.** The person reported to have harmed the child has a substantiated allegation of child abuse or neglect;
- D.** The child had an open child welfare case within the last two years and the cause of death is unknown or suspicious of maltreatment; or,
- E.** The child had a child welfare case that was open for two years or longer and the death is suspicious of maltreatment;
- F.** As identified by the DCFS Administrator, or designee;
- G.** As identified by the Decision Making Group.

Each month, all completed case review instruments and summary sheets will be forwarded to the DCFS Quality Improvement Child Fatality Review Team within 30 days of the fatality or near fatality becoming known to the agency. Any files, notes, information and records which the agency has concerning the child, the manner in which the case was handled, any services that were provided to the child or the family of the child and any other relevant information will be submitted to the DCFS Quality Improvement Child Fatality Review Team and the Legislative Auditor at this time; unless this information was previously submitted with the Child Fatality/Near Fatality Public Disclosure notification. A completed Child Fatality Information Checklist and Confidentiality Statement will be submitted with the case file information (page 4 of this policy).

Pursuant to the "State Oversight Policy: Administrative Review for Child Fatality or Near Fatality," additional case analyses or evaluation by the Nevada Division of Child and Family Services (DCFS) will occur.

0402.5.2 **Reporting**

All information collected from the case review process will be entered into a database from which quarterly reports will be generated by the DCFS Quality Improvement Child Fatality Review Team. The data collection instrument is the Child Fatality or Near Fatality Case Review Instrument and Summary. This instrument is used by child welfare agencies to perform statewide case reviews on all designated child death cases or near fatalities.

The following are instruments and reports that are used to collect or disseminate aggregate data or information from the case review process:

- A. Child Fatality or Near Fatality Case Review Instrument and Summary: This is the compliance review instrument and case review summary used by the child welfare agencies to perform child fatality or near fatality case reviews. The information gathered from the instrument is entered into the informational database.
- B. Quarterly Report Summary of Findings: This is a quarterly summary report compiled from findings prepared by the DCFS Quality Improvement Child Fatality Review Team (NAC 432B.030) from the Child Fatality or Near Fatality Case Review Instrument and Summary submitted by public child welfare agencies statewide. This report is used by the Child Welfare Decision Making Group for the purpose(s) of developing statewide child maltreatment related fatality prevention strategies, policies and procedures.

All case-specific information submitted by the child welfare agency to DCFS will be destroyed immediately upon finalization of the report, unless it is needed for additional analysis. Once additional analysis has been completed, this information will be destroyed.

0402.5.3 Staff Needs

A child fatality or near fatality may cause trauma to the case worker(s) involved in the investigation and/or ongoing case management. It is important for administration to remain sensitive to the difficulties caseworkers may be experiencing by ensuring that debriefing or counseling sessions, as well as increased supervisory contacts, are maintained to provide support to all staff involved.

0402.5.4 Confidentiality

The Child Fatality or Near Fatality Case Review Process is bound by statutory confidentiality requirements.

0402.5.6 Forms:

- A. FPO 0402 A: Child Fatality or Near Fatality Case Review Instrument and Summary

0402.6 Jurisdictional Action

0402.6.1 Development of Internal Policies: N/A

0402.7 State Responsibilities

0402.7.1 Participants in Policy Development

- A. **FPO Staff:** FPO Specialist
- B. **Jurisdictional Representatives:** Child Fatality Specialist, Jurisdictional Managers
- C. **External Stakeholders:** N/A

0402.7.2 Technical Assistance

- A. Requesting Technical Assistance:** N/A
- B. Relaying TA Information:** N/A
- C. Evidenced Based Practice:** N/A

0402.7.4 State Oversight

- A.** Pursuant to the "State Oversight Policy: Administrative Review for Child Fatality or Near Fatality," additional case analyses or evaluation by the Nevada Division of Child and Family Services (DCFS) will occur.

0402.8 Policy Cross Reference

- 0402.8.1 Policies:** Child Fatality or Near Fatality Case Review Instrument and Summary
State Oversight Policy: Administrative Review for Child Fatality or Near Fatality

0402.9 Attachments

- 0402.9.1 FPO 0402A – Administrative Case Review Instrument & Summary:**
Child Fatality or Near Fatality