**ADMINISTRATIVE REVIEW OF CHILD FATALITY**

**CDR Internal Case Review Instrument**

Child Fatality  Open Case when NF/F occurred

Manner of Death: [Type here]  Foster Care when NF/F occurred

Cause of Death: [Type here]  Prior History

Near Fatality

Public Disclosure received timely

Reviewer: [Type here]

Review Date: Click here to enter a date

Choose a Jurisdiction: Click here

**Intake Information**

**Date of Intake:** Click here to enter a date.Response Time Met: Yes ☐ or No ☐

**Case #:**[Type here]  **Case name:** [Type here]

**Assigned Priority Response Time:** Click here

**Response Times defined-** [**S:\Child Fatality\CASE REVIEWS\Case Review Tool 2015\Response Times.docx**](file:///S:\Child%20Fatality\CASE%20REVIEWS\Case%20Review%20Tool%202015\Reponse%20Times.docx)

**Target Child/Victim**

First Name: Click here for Gender

Last Name:

DOB: Click here to enter a date.

DOD: Click here to enter a date.

DOI: Click here to enter a date.

Date Case Received: Click here to enter a date.

Case Assigned to: [Type here]

Case Due to LCB: Click here to enter a date.

Review Completed: Click here to enter a date.

**Case Participants as Listed in UNITY**

Name: Click here for Gender DOB: Click here to enter a date.

Choose an item

Name: Click here for Gender DOB: Click here to enter a date.

Choose an item

Name: Click here for Gender DOB: Click here to enter a date.

Choose an item

Name: Click here for Gender DOB: Click here to enter a date.

Choose an item

Name: Click here for Gender DOB: Click here to enter a date.

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Name: Click here for Gender DOB: Click here to enter a date.

Choose an item

Name: Click here for Gender DOB: Click here to enter a date.

Choose an item

Name: Click here for Gender DOB: Click here to enter a date.

Choose an item

**Narrative (Description of Incident)**

[Type here]

**Law Enforcement Involvement**

**Prior Involvement:**

**Current Involvement:**

**Safety and Risk**

1. Was a Safety Assessment completed within 24 hours after initial contact with the victim and family?

Y  N  Unknown  N/A  Comments:

1. If a safety plan was implemented does it adequately address all identified safety threats?

Y  N  Unknown  N/A  Comments:

1. If a relative or fictive kin placement, did the agency conduct the following safety measures for all adult members in the home prior to placement?

Y  N  Unknown  N/A  Comments:

1. Was the Risk Assessment completed and documented in UNITY within 45 days?

Y  N  Unknown  N/A  Comments:

1. Is there evidence of the agency assessing risk throughout the investigation?

Y  N  Unknown  N/A  Comments:

**Summary of Reports**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Response Time Met | Jurisdiction | Alleged Victim | Alleged Perpetrator | Allegations | Disposition/  Findings |
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**Nevada Initial Assessment (NIA)**

1. Was the NIA completed in UNITY within 45 calendar days?

Y  N  Unknown  N/A  Comments:

1. Is there documentation regarding collateral contacts made by the agency?

Y  N  Unknown  N/A  Comments:

1. Does the investigation summary conclusion or NIA justify why the case was closed or will be transferred for ongoing services?

Y  N  Unknown  N/A  Comments:

1. Does the NIA address safety concerns?

Y  N  Unknown  N/A  Comments:

1. Does the NIA identify service needs?

Y  N  Unknown  N/A  Comments:

1. Does the NIA document the family’s response to the receipt of community connections?

Y  N  Unknown  N/A  Comments:

Services provided and received by family:

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| --- |
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Recommendations:

Additional Comments: