

Administrative Case Review Instrument

Reviewer: _____

Review Completed: _____

Date Case Received: _____

Case Due to LCB: _____

Date of Intake: _____

Case # _____ : Assigned Priority Response Time: _____

Child/Victim(s)

First Name: _____

Last Name: _____

DOB: _____

DOD: _____

DOI: _____

Child Fatality

Manner of Death: _____

Cause of Death: _____

Near Fatality

Public Disclosure received timely: Yes No

Choose a Jurisdiction: [Click here](#)

Jurisdiction case status at time of incident:

- Open (NIA, or voluntary case)
- Open (legal case, child in care)
- Closed in past 6 months
- Closed between 7-12 months ago
- Not applicable

Case Participants as Listed in UNITY

Name	Date of Birth	Age	Sex	Case Role (relation to victim)	Household Member

Summary of Reports

Date	Response Time Met	Jurisdiction	Alleged Victim	Alleged Perpetrator	Allegations	Disposition/ Findings

Narrative (Description of Incident)

Describe the events that led up to the incident, providing the who, what, when and where. _____

Law Enforcement Involvement

1. Do the caregivers have past and/or current involvement with law enforcement? Please explain. _____
2. Was law enforcement involved in this incident? If so, what was the outcome of their investigation? If an arrest was made because of the near fatality/fatality, what is the current status (are charges pending, are they in jail, are they awaiting trial and/or sentencing)? _____

Conditions at Time of the Incident

Did the child have an on-going medical condition requiring care/monitoring from a physician?

- Yes No Unknown/cannot determine

If yes, please describe: _____

Was a medical professional spoken to regarding the incident/cause/manner of death?

Yes No Unknown/cannot determine

Please describe:

Was there a safety plan or a present danger plan in place at the time of the events resulting in child death or near fatality?

Yes No

If yes, please describe: _____

Were safety services provided to the family prior to the child death or near fatality?

Yes No

Please describe the safety services: _____

Were safety services sufficiently monitored prior for appropriateness and efficacy and/or did the safety plan need to be adjusted?

Yes No Cannot Determine N/A

If No or cannot determine please explain: _____

If child was in a relative or fictive kin placement, did the agency conduct safety measures for all adult members in the home prior to placement? Including (please indicate):

CANS check background check physical check of home safe sleep education
 unknown

Was there a case plan in effect with this family at the time of the death/incident? If so, were critical issues addressing risk and safety addressed? Were the appropriate resources available and services provided to the family?

Is there evidence that the agency followed policies and procedures including safety management throughout the life of the case?

Yes No Cannot Determine N/A

Please answer the following questions based upon the current incident that led to the fatality or near fatality

REFERRAL/INTAKE

1. Does the information collected indicate present and/or impending danger? _____
2. What was the Intake Assessment Screening decision, and was it correct? _____
3. What response time is assigned and is it correct? _____

4. What were the assigned allegations?

PRESENT DANGER ASSESSMENT (PDA):

1. As a reviewer, do you agree with the jurisdiction's assessment of present danger (i.e., Were threats properly identified or missed? Were all children assessed timely? Were appropriate collateral contacts made to assist with the assessment [parents, household member, medical professionals, law enforcement, etc]? Was it appropriate for the circumstances and was it being monitored sufficiently)? Was it entered into UNITY timely? _____
2. As a reviewer, did you find evidence to support the present danger plan's duration and how the present danger was mitigated upon the conclusion of the present danger plan? Please explain. _____
3. As a reviewer, did you see any areas of strength or areas needing improvement regarding the present danger assessment/plan? _____

NEVADA INITIAL ASSESSMENT(NIA):

1. As a reviewer, do you agree with the agency's assessment of the family (i.e., were all household members, relevant family members, collateral contacts made? Was contact with the family of sufficient frequency and quality? Was the maltreatment finding appropriate and justified? Were caregiver protective capacities appropriately identified and justified? Are safety concerns present and adequately addressed/mitigated? Was present/impending danger assessed and documented at each contact? Was the correct impending danger identified?) Was the NIA timely?
2. As a reviewer, do you agree with the conclusion of the NIA? Did the conclusion justify why the case was closed or transferred to on-going services? Please explain.
3. As a reviewer, do you feel that there were missed opportunities for identifying services for the family?
4. As a reviewer, did you see any areas of strength or areas needing improvement regarding the NIA?

PERMANENCY SERVICES (if case was not opened for permanency services, go onto next section).

1. Did the fatality or near fatality incident prompt the need for a safety plan and/or CFRs? (If no, skip to the next section.)
2. If applicable, as a reviewer do you agree with the Safety Plan (i.e., did the Safety Plan adequately describe how impending danger threats manifested in the family? Were appropriate safety services identified to control the impending danger threats? Was the safety plan sufficiently monitored?)? Please explain.

3. What was the justification for case closure, and as a reviewer do you feel the case was appropriately closed? (If needs such as substance abuse, domestic violence, or mental health were identified, did the caregivers complete the required treatment? Was the case closed for any reason other than completion of services which addressed impending danger threats/decreased capacities?)? Please explain.

Please answer the following based upon the most recent investigation prior to fatality or near fatal event, if applicable:

PRESENT DANGER ASSESSMENT (PDA):

1. As a reviewer, do you agree with the jurisdiction's assessment of present danger (i.e., Were threats properly identified or missed? Were all children assessed? Were appropriate collateral contacts made to assist with the assessment [parents, household member, medical professionals, law enforcement, etc]? Was it appropriate for the circumstances and was it being monitored sufficiently? Was the correct impending danger identified)? Was the NIA timely?
2. As a reviewer, did you find evidence to support the present danger plan's duration and how the present danger was mitigated upon the conclusion of the present danger plan? Please explain. _____
3. As a reviewer, did you see any areas of strength or areas needing improvement regarding the present danger assessment/plan?

NEVADA INITIAL ASSESSMENT(NIA):

1. As a reviewer, do you agree with the agency's assessment of the family (i.e., were all household members, relevant family members, collateral contacts made? Was contact with the family of sufficient frequency and quality? Was the maltreatment finding appropriate and justified? Were caregiver protective capacities appropriately identified and justified? Are safety concerns present and adequately addressed/mitigated? Was present/impending danger assessed and documented at each contact? Was the correct impending danger identified)? Was the NIA timely? _____
2. As a reviewer, do you agree with the conclusion of the NIA? Did the conclusion justify why the case was closed or transferred to on-going services? Please explain. _____
3. As a reviewer, do you feel that there were missed opportunities for identifying services for the family?
4. As a reviewer, did you see any areas of strength or areas needing improvement regarding the NIA?

PERMANENCY SERVICES (if case was not opened for permanency services, go onto next section).

1. If applicable, as a reviewer do you agree with the Safety Plan (i.e., did the Safety Plan adequately describe how impending danger threats manifested in the family? Were appropriate safety services identified to control the impending danger threats? Was the safety plan sufficiently monitored?)? Please explain.
2. What was the justification for case closure, and as a reviewer do you feel the case was appropriately closed? (If needs such as substance abuse, domestic violence, or mental health were identified, did the caregivers complete the required treatment? Was the case closed for any reason other than completion of services which addressed impending danger threats/decreased capacities?)? Please explain.

What were some areas of strengths that were identified while reviewing?

What were some areas needing improvement that were identified while reviewing (were there missed opportunities or prevention opportunities)?

Recommendations (for policy or practice change, etc) based on your review?

Additional Comments: