

# Fatality/Near Fatality Notification

Date Fatality/Near Fatality Notification sent to NCDHHS DSS:

\*Please complete each section and provide as much information as available.

## A. County Child Welfare Agency Information

County: Choose an item.	
Contact/Director's Designee:	Phone Number:
Position:	Email:
Agency Director:	Phone Number:
	Email:

## B. Decedent or Near Fatality Victim Information (Refer to policy for near fatality definition)

Last Name:	First Name:
Middle Name/Initial:	Suffix:
Birth Date:	Date of fatality or Near fatality:
Sex:	
Race:	Ethnicity:
	Address:
SIS ID/CNDS:	City:
	State:
PATH Intake Number:	Zip code:
Is this a Fatality notification?      Near Fatality?	
Where was the child located at the time of death?	If other:
At time of death/injury, was the decedent/victim in the custody of the local county child welfare agency? If so, which county:	

## C. Family and Household Member Information

Name:	DOB:
Sex:	
Race:	Ethnicity:
SIS/CNDS ID:	
Relationship Type:	Relationship to decedent:
Name:	DOB:
Sex:	
Race:	Ethnicity:
SIS/CNDS ID:	

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Name:	DOB:
Sex:	Ethnicity:
Race:	
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Sex:	Ethnicity:
Race:	
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Relationship Type:	
Name:	DOB:
Sex:	Ethnicity:
Race:	
SIS/CNDS ID:	Relationship to decedent:
Relationship Type:	
Name:	DOB:
Sex:	Ethnicity:
Race:	
SIS/CNDS ID:	Relationship to decedent:
Relationship Type:	
Name:	DOB:
Sex:	Ethnicity:
Race:	
SIS/CNDS ID:	Relationship to decedent:
Relationship Type:	

Relationship Type:	Relationship to decedent:
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**If a family/household member has been in DSS custody at any time prior to the decedent death, provide the following information:**

Name	Placement Type	Most Recent Placement Authority Date	Placement Term Date

**D. Fatality Information**

<input type="checkbox"/> <b>N/A</b>	
Has an autopsy been performed?	Location of autopsy:
Manner of Death:	Cause of Death:
Perpetrator’s relationship type:	Relationship to decedent:
Have criminal charges been filed?	
If yes, in which county:	
Known Circumstance of the Fatality or Near Fatality and Actions Taken by DSS: (continue on page 7)	

**E. Near Fatality Information**

<input type="checkbox"/> <b>N/A</b>	
Perpetrator’s relationship type:	Relationship to victim:
Have criminal charges been filed?	
If yes, in which county:	
Known Circumstance of the Fatality or Near Fatality and Actions Taken by DSS: (continue on page 7)	

**F. Child Welfare Status and History**

Was abuse involved in the <b>Near Fatality?</b>	Was neglect involved in the <b>Near Fatality?</b>
If applicable, identify all maltreatment types identified?	
*If there is no Fatality involved, no other information is needed at this time. This form must be updated and resubmitted if a fatality occurs.	
Was the local county child welfare agency involved with the family at the time of the death?	
Was an Assessment opened in response to the Fatality?	

If no, what reason was identified on the Screening and Response Tool?

What is the safety decision?  
 \*For counties awaiting entry into PATH, include a copy of the current Safety Assessment.

Was abuse involved in the **Fatality**? Was neglect involved in the **Fatality**?  
 Which maltreatment was identified?

Is there anyone who has expressed concern about the fatality?  
 If so, who?

Was there any current or prior history of Mental Health issues in reports?  
 If yes, briefly state who had the history and what the reported issue was in relation to CPS?

Was there any current or prior history of Substance Abuse issues in reports?  
 If yes, briefly state who had the history and what the reported issue was in relation to CPS?

Was there any current or prior history of Domestic Violence issues in reports?  
 If yes, briefly state who had the history and what the reported issue was in relation to CPS?

Was the decedent a Substance Affected Infant?

Was there a current or prior Safe Plan of Care for the decedent?  
 If yes, note the date the plan was made:

**Complete the information below to include any child welfare history in North Carolina within the last 5 years, including screened-out reports on any children related to the household members at the time of the fatality.**

Date of CPS Report:	
County:	
All CPS Report Allegations in Report:	Maltreatment Type
Family/Household Members Involved:	
CPS Assessment Case Decision:	Maltreatment Type
Date of CPS Assessment Case Decision:	
Child Welfare Services Received:	Dates Received:
Date of Case Closure:	
Date of CPS Report:	
County:	

All CPS Report Allegations in Report:	Maltreatment Type
Family/Household Members Involved:	
CPS Assessment Case Decision:	Maltreatment Type
Date of CPS Assessment Case Decision:	
Child Welfare Services Received:	Dates Received:
Date of Case Closure:	
Date of CPS Report:	
County:	
All CPS Report Allegations in Report:	Maltreatment Type
Family/Household Members Involved:	
CPS Assessment Case Decision:	Maltreatment Type
Date of CPS Assessment Case Decision:	
Child Welfare Services Received:	Dates Received:
Date of Case Closure:	
Date of CPS Report:	
County:	
All CPS Report Allegations in Report:	Maltreatment Type
Family/Household Members Involved:	
CPS Assessment Case Decision:	Maltreatment Type
Date of CPS Assessment Case Decision:	
Child Welfare Services Received:	Dates Received:
Date of Case Closure:	
Date of CPS Report:	
County:	
All CPS Report Allegations in Report:	Maltreatment Type
Family/Household Members Involved:	
CPS Assessment Case Decision:	Maltreatment Type
Date of CPS Assessment Case Decision:	
Child Welfare Services Received:	Dates Received:
Date of Case Closure:	
Date of CPS Report:	

County: All CPS Report Allegations in Report: Family/Household Members Involved: CPS Assessment Case Decision: Date of CPS Assessment Case Decision: Child Welfare Services Received: Date of Case Closure:	Maltreatment Type   Maltreatment Type  Dates Received:
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**G. Professionals Involved with the Fatality**

Provider Name	Service(s) Provided	Contact Information

**H. Additional Information** (Please include any additional information needed known about the family/household that is not listed above.