

For NC Division of Social Services Use

Decedent Name:
Fatality Record #:

Fatality Notification

Date Fatality Intake Report sent NC DSS:

A. County Child Welfare Agency Information

County:		
Agency Reporter:	Position:	Contact Information:
Director/Program Manager:	Contact Information:	

B. Decedent Information

Last Name:	First Name:
Middle Name/Initial:	Suffix:
Birth Date:	Date of Death:
Sex:	Gender Identity:
Race:	Ethnicity:
SIS ID/CNDS:	Address: City: State: Zip code:
At time of death, where was the decedent placed? If not placed by DSS, select "Not Applicable, No Placement."	

C. Family/Household Member Information

Name
DOB
Sex
Gender Identity
Race

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Decedent Name:

Fatality Record #:

Ethnicity

SIS/CNDS ID

Relationship Type/Relationship to Decedent

Name

DOB

Sex

Gender Identity

Race

Ethnicity

SIS/CNDS ID

Relationship Type/Relationship to Decedent

Name

DOB

Sex

Gender Identity

Race

Ethnicity

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Relationship Type/Relationship to Decedent

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Decedent Name:

Fatality Record #:

Name

DOB

Sex

Gender Identity

Race

Ethnicity

SIS/CNDS ID

Relationship Type/Relationship to Decedent

Name

DOB

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Gender Identity

Race

Ethnicity

SIS/CNDS ID

Relationship Type/Relationship to Decedent

Name

DOB

Sex

Gender Identity

Race

Ethnicity

SIS/CNDS ID

Relationship Type/Relationship to Decedent

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Name
DOB
Sex
Gender Identity
Race
Ethnicity
SIS/CNDS ID
Relationship Type/Relationship to Decedent

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

Has an autopsy been performed? Location of autopsy:
Cause of Death:
Manner of Death:
Known Circumstance of the Fatality and Actions Taken by DSS: Type in as much info as you want here....
Perpetrator's relationship type/relationship to decedent:
Perpetrator's relationship type/relationship to decedent:
Have criminal charges been filed? If yes, in which county:

E. Child Welfare Status and History

Was the agency involved with the family at the time of death? Was a CPS case opened in response to the fatality?
If no, what was the reason?
Was abuse involved in the fatality? If applicable, what maltreatment was involved in the fatality?

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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 below information for the last 5 years of North Carolina child welfare history, 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	
Family/Household Members Involved	
CPS Assessment Case Decision	
Date of CPS Assessment Case Decision	
Child Welfare Services Received	Date
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	

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

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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

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

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

Date of Case Closure

Date of CPS Report

County

All CPS Report Allegations in Report

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Family/Household Members Involved

CPS Assessment Case Decision

Date of CPS Assessment Case Decision

Child Welfare Services Received

Date

Date of Case Closure

F. Professionals Involved with the fatality

Provider Name	Service Provided	Contact Information

G. Additional Information