

Instructions for Fatality Notification

When a county child welfare agency is made aware of a child fatality, the agency is required to send notification to the Division of Social Services (NC DSS). NC DSS will use this notification to determine if an intensive child fatality review is necessary. If you have trouble reading a box, please zoom it in a bit to increase the font.

A. County Child Welfare Agency Information

This section provides NC DSS with pertinent contact information for the county child welfare agency, such as:

- County: Enter the name of the county reporting the fatality.
- Agency Reporter: Enter the name of the person filling out the form
- Position: Enter the position of the person filling out the form
- Contact Information: Enter the phone and email contact for the person filling out the form
- Director/Program Manager: At the discretion of the agency, enter either the Director or Program Manager name.
- Contact Information: enter the phone number and email contact of the Director or Program Manager named on the form

B. Decedent Information

This section provides identifying and demographic information about the deceased juvenile.

- Last Name: Enter the last name of the decedent
- First Name: Enter the first name of the decedent
- Middle Name: Enter the last middle of the decedent
- Suffix: Enter any suffix for the decedent
- Birth Date: Select the decedent's date of birth
- Date of Death: Select the decedent's date of death
- Sex: Choose the most appropriate option
- Gender Identity: If known, chose the most appropriate option for how the decedent identified their gender.
- Race: Choose the most appropriate option
- Ethnicity: Choose the most appropriate option
- SIS ID/CNDS: Enter the county case ID
- Address: Enter the residential address, including city, state and zip code of the decedent at the time of fatality
- At the time of death where was the decedent placed: Choose the best option if placed. If not placed by DSS, select Not applicable, No placement

C. Family/Household Member Information

This section captures additional information about the decedent's family and household membership. Household member is anyone at the house at the time of the incident in addition to all residents of the household. Space is provided to choose the most appropriate answer for the Name, Date of Birth, Sex, Gender Identity, Race, Ethnicity and SIS/CNDS for every family/household member at the time of the fatality including their relationship to the decedent.

- If there was a member of the immediate family or household member in DSS custody within five years prior to the death, provide the Name of the child in custody; choose the best option for the type of placement the child was in; enter the most recent placement authority date; and enter the termination date for each child.

D. Fatality Information

Has an autopsy been performed: Choose the most appropriate option and identify the location of the autopsy?

If the Cause and Manner of death as determined by the medical examiner are known at the time of the report, please record below the choice most closely related to what is on the autopsy or death certificate.

- Manner of death:
 - Accidental
 - Natural
 - Abuse/Neglect
 - Homicide
 - Suicide
 - Uncertain
- Cause of Death: If known, choose the response most representative of the Cause of Death noted on the autopsy.
- Known Circumstance of the Fatality and Actions Taken by DSS: enter the relevant known information related to the circumstance surrounding the fatality and any actions DSS has taken as a result of what they know. If DSS opened a case due to the specific incident that caused the fatality prior to the date of the child's death, please note that here.
- Perpetrator's relationship type/relationship to decedent. There is space to identify two perpetrators. Identify the relationship to the decedent for the person involved in the fatality: Choose the most appropriate item in the two boxes provided. If the case has two perpetrators, answer for both.
- Have criminal charges been filed: Choose the most appropriate option. If charges have been filed, choose from the drop-down box next to this field which county they were filed in.

E. Child Welfare Status and History

Providing historical information allows for a more accurate screening of fatalities for an intensive review.

- Was the agency involved with any family or household members at the time of death: Choose the most appropriate option.
- Was a CPS case opened in response to the fatality: Choose the most appropriate option.
- Was abuse involved in the fatality: Choose the most appropriate option.

If applicable, what maltreatment was involved in the fatality: Choose the most appropriate option.
- Is there anyone who has expressed concern about the fatality: Choose the most appropriate option. If the answer is yes, please entered who has expressed the concern.
- Was there any current or prior history of Mental Health issues in reports: Choose the most appropriate option. If yes, briefly describe how the mental health issue related to the fatality.
- Was there any current or prior history of Substance abuse issues in reports: Choose the most appropriate option. 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: Choose the most appropriate option. 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: Choose the most appropriate option.
- Was there a current or prior Plan of Safe Care for the decedent: Choose the most appropriate item. If yes, note the date the plan was made.

Complete for the below information for the last 5 years of North Carolina child welfare history, including screened-out reports on any children related to either the household or immediate family members at the time of the fatality. Additionally, enter all household members or family members involved in the report.

- Enter the Date of the CPS report and County for each of those reports.
- Choose the most appropriate option for each report regarding: Allegations in the report, CPS Assessment case decision, Date of the CPS decision, Child Welfare Services Received and the Date of Case Closure.

F. Professionals Involved with the fatality

Enter the name of any professional involved with the fatality, such as law enforcement, EMS, hospital provider or medical examiner including at a minimum contact information (this is not an all-inclusive list).

G. Additional Information

Use this box to expound on any information offered above or to provide additional information that aids in understanding the case or fatality.