



**ARKANSAS DEPARTMENT OF HUMAN SERVICES**  
**Division of Children and Family Services**  
**Near Fatality Disclosure Case Briefing Summary**

**Case Name:** \_\_\_\_\_ **Case ID:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Race of Child:** \_\_\_\_\_ **Gender of Child:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_

**Placement of child at time of incident** \_\_\_\_\_

**Allegations or preliminary cause of incident:**

**Additional Comments:**

**Relationship of alleged offender to the child:** \_\_\_\_\_

**Legal Action by DCFS at time of incident?** \_\_\_\_\_

**Agency Conducting the Investigation:** \_\_\_\_\_

**Information on Current Open Case:**

PS FC SS

**Date Opened:** \_\_\_\_\_

**Reason Case was opened**

**Most Recent Services Provided**  
Attach a summary

**Dates and Purpose of Family Contact**  
Attach a summary

**Prior Cases:**

PS FC SS      Date Opened \_\_\_\_\_      Date Closed \_\_\_\_\_  
Reason for Closure

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PS FC SS      Date Opened \_\_\_\_\_      Date Closed \_\_\_\_\_  
Reason for Closure

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PS FC SS      Date Opened \_\_\_\_\_      Date Closed \_\_\_\_\_  
Reason for Closure

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**Summary of Prior Investigations**

**Date, Investigator's Name and Phone #, Allegation, Finding,**

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**Primary Worker**

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**Supervisor**

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Were there any other children in the home? Yes  NO   
Number? \_\_\_\_\_

Were they removed? Yes  NO

Date of removal: \_\_\_\_\_

**Family Members:**

**Name, DOB, Relationship**

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**Medical History and Services**  
**Attach Summary**

**Mental Health History**  
**Attach summary**

**Medications**  
**Attach list**

**Police Report –What LLE agency is involved?**  
**Attach info with contact info**