



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

Case Name: _____ **Case ID#** _____

County: _____

Name of Deceased Child: _____

DOB: _____ **Date of Incident:** _____ **DOD:** _____

Race of Child: _____ **Gender of Child:** _____

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 (Last 24 months)
Attach a summary

Dates and Purpose of Family Contact
Attach a summary

Prior Cases:

PS FC SS **Date Opened:** _____ **Date Closed:** _____
Reason for Closure

PS FC SS **Date Opened:** _____ **Date Closed:** _____
Reason for Closure

PS FC SS **Date Opened:** _____ **Date Closed:** _____
Reason for Closure

Summary of Prior Investigations:

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

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

Primary Worker

Supervisor

Were there any other children in the home? Yes NO

Number _____

Were they removed? Yes NO

Date of removal: _____

Grief Services provided to other children in the home? Yes No

By whom? _____

Family Members:

Name, DOB, Relationship

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