CFS-309 (01/2020)

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Children and Family Services
Internal Review of Child Near Fatality/Fatality

Child’s Name: County:
Date of Birth: Date of Death:

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Family Information:

Mother’s Name:
Father’s Name:
Siblings Name(s)/ages:

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Circumstances Surrounding the Death:

A. Cause of Death:
B. Autopsy Results:

C. Medical/Injury Information Pertaining to Near Fatality/Fatality:

D. Law Enforcement Agency Involved:

E. Arrests, Charges & Relation to AV:

F. Legal Action Taken by Department at time of incident:

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Family History (prior investigations/child welfare services in the last 24 months):

A. Prior Referrals (Oldest to Newest):
    1. Date Received: ; Referral Number: ; Allegation(s):
       AV: ; AO:
       Assigned FSW: – FSWS Supervisor:
       Finding(s):
    2. Date Received: ; Referral Number: ; Allegation(s):
       AV: ; AO:
       Assigned FSW: – FSWS Supervisor:
       Finding(s):
3. Date Received: ; Referral Number: ; Allegation(s):
   AV: ; AO:
   Assigned FSW: – FSWS Supervisor:
   Finding(s):

B. **Case History in the past 24 months?**  
   NONE ☐  Yes ☐

   1. Date Case Opened: - Case Closed:
      Case Number: - Type of Case (PS, FC, Adoption):
      Assigned FSW: - FSWS Supervisor:
      Summary of case overview – services provided, completion dates, outcome, etc.
      Reason for closure (if applicable):

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**Review Assessment:**

A. What strengths were identified in prior DR/Investigation(s)/case(s)?

B. What weaknesses were identified in the prior DR/Investigation(s)/case(s)?

C. What additional supervision/training could help strengthen the DR/investigation(s)/cases?

D. How was it determined that the children were safe/unsafe in the home during HSA?

E. Did staff follow policy and procedure?

F. If not, did the failure affect the outcome of the investigation?

G. Was court action taken? If yes, when and why? If not, should it have been?

H. Are any changes needed to law or policy?

I. Was a thorough FAST/CANS completed?
J. Were the right services offered, available and provided in the PS/FC case? If not available, should they be developed? Are there gaps in policy or training?

K. How does the supervisor provide supervision/support to FSW?

L. How many investigations/cases are on the FSW’s workload?

**Immediate action(s) to be taken in investigation/case, Person(s) Responsible, Due Date:**

1.

2.

3.

4.

5.

**Recommendations to improve practice:**

**Plan to Monitor improved outcome goals:**

__________________________________________________________  ________________  ____________
Area Director or Designee Signature  Date

__________________________________________________________  ________________  ____________
Assistant Director of Prevention & Reunification  Date