Child Death Documentation Checklist  

**Child Care Licensing (CCL)**

**Purpose:** Use this form to document the activities that must be completed before closing a child death investigation. The form is designed to reduce data collection errors in IMPACT and CLASS. While this tool serves as a guide to what must be documented, it is not meant to replace critical thinking skills or cover all case documentation requirements.

**Instructions:** To complete this form the investigator answers all questions in the checklist before submitting an investigation of a child's death to a supervisor for approval and closure.

 **Directions:** After completing this form the investigator emails the completed checklist to a supervisor for approval before submitting the case in IMPACT, and documents in CLASS that the checklist was provided.

| INVESTIGATION INFORMATION   |  |  |
| --- | --- | --- |
| Child’s Name       | Child’s Date of Birth      | Child’s Date of Death      | Age:      | Ethnicity:      |
| Investigator:      | Program:      | Region:      | Operation Type:      | Operation Number:       |
| Operation Name:        | Agency Home Name and Number:       |
| Intake Date:      | Intake Time:      | CLASS INV Number:      | IMPACT INV Number:      |
| Abuse/Neglect Finding:      |
| Standards Found Deficient:      |

|  IMPACT INFORMATION    |
| --- |
| **Activities Documented in IMPACT** | **Yes** | **No** | **N/A** | **If no, how will this be addressed?** |
| 1. Was the investigation progressed to the investigation stage within one day of notification of a child's death?
 |    |    |    |       |
| 1. Was the case marked "sensitive" if needed?
 |    |    |    |       |
| 1. If multiple intakes were received, were all intakes merged appropriately in IMPACT?
 |    |    |    |       |
| 1. Is the correct CLASS Operation Number (including branch number if CPA) listed on the *Investigation Conclusion* page in IMPACT?
 |    |    |    |       |
| 1. Does the *Case Name* in IMPACT match the operation name?
 |    |    |    |       |
| 1. Is the correct county selected on the *Case/Stage Maintenance* page in IMPACT? The correct county is the county of the operation or foster home.
 |    |    |    |       |
| 1. Is the county of the child's residence correctly listed on the person detail page in IMPACT?
 |  |  |    |       |
| 1. Were appropriate searches conducted in IMPACT for all perpetrators and victims? Was this documented appropriately?
 |  |  |    |       |
| 1. Have all multiple (if any) *Person IDs* for the child been correctly merged in IMPACT?
 |  |  |    |       |
| 1. If any persons, including victims, alleged perpetrators, or collaterals, are listed as "UNKNOWN" in IMPACT, were efforts made to resolve this?
 |  |  |    |       |
| 1. Was the child's name, gender, DOB and DOD entered into IMPACT within 24 hours of notification of the child's death?
 |    |    |    |       |
| 1. Was each allegation related to the deceased child reviewed and the question about the child fatality allegation answered as follows?

• *No*, if the allegation is not related to the child's death • *Yes*, if the allegation possibly caused or contributed to the child's death   |    |    |    |       |
| 1. Were the following preliminary findings entered in the *Fatality* section on the *Person Detail* page in IMPACT so that the preliminary child death report could be saved as final and sent within 24 hours of being notified of a child's death?

• Preliminary manner and cause of death• Reason for death• Status of the death certificate or autopsy (pending)   |    |    |    |       |
| 1. If the child's death was related to the use of restraints, was the type of restraint entered on the *CCL Investigation Conclusion* page in IMPACT?
 |    |    |    |       |
| 1. If the overall disposition is RTB and the child's death is directly related to abuse or neglect, is the severity of Fatal (FT) selected on the *Allegation* page in IMPACT?
 |    |    |    |       |
| 1. Does the spelling of the child's name on the person list in IMPACT match the spelling on the autopsy or death certificate?
 |    |    |    |       |
| 1. Does the child's gender on the person list in IMPACT match the gender on the autopsy or death certificate?
 |    |    |    |       |
| 1. Does the child's date of death on the person list in IMPACT match the date of death on the autopsy or death certificate?
 |    |    |    |       |
| 1. Does the child's race/ethnicity on the *Person List* in IMPACT match the race/ethnicity on the autopsy or death certificate?
 |    |    |    |       |
| 1. Does the MOD in the *Fatality Section* on the *Person Detail* page in IMPACT match the MOD listed on the autopsy or death certificate?
 |  |  |    |       |
| 1. Does the COD in the Fatality Section on the Person Detail page in IMPACT match the COD listed on the autopsy or death certificate?
 |  |  |    |       |
| 1. Were the final *Reason for Death* and *Medical Examiner's Findings* updated accordingly upon receipt of the autopsy or death certificate?
 |  |  |    |       |
| 1. Does the *Medical Examiner's Findings* box in the *Fatality Section* on the *Person Detail* page in IMPACT have sufficient data for the reader to understand the cause and manner of death?
 |  |  |    |       |
| 1. If photographs were taken, are photographs uploaded to the *External Documentation* page in IMPACT?
 |    |    |    |       |
| 1. Was the SB 1050a report completed within 5 days of the child's death? (RC only)
 |    |    |    |       |
| 1. If the overall disposition is RTB and the child's death is directly related to abuse or neglect, was the SB1050b report accurately completed within 10 days of completing the investigation? (RC only)
 |    |    |    |       |

| CLASS INFORMATION    |
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| **Activities Documented in CLASS** | **Yes** | **No** | **N/A** | **If no, how will this be addressed?** |
| 1. Is the correct operation number (including branch number if CPA) attached to the investigation in CLASS?
 |    |    |    |       |
| 1. If the death occurred in a foster home, is the correct agency home attached to the investigation in CLASS?
 |    |    |    |       |
| 1. If the investigation is of an illegal operation, is the correct county listed on the Operation Main page in CLASS?
 |    |    |    |       |
| 1. Was the safety of all the children in care assessed and documented in CLASS within 24 hours and, if necessary, did the investigator request that the operation implement a safety plan?
 |    |    |    |       |
| 1. Was the *Risk Factors* page appropriately filled out?
 |    |    |    |       |
| 1. Was law enforcement notified and a joint investigation requested?
 |    |    |    |       |
| 1. If multiple intakes were received, were all intakes linked appropriately in CLASS?
 |    |    |    |       |
| 1. Was the preliminary child death form (2899e) accurately completed and saved as final in CLASS within 24 hours of being notified of the child death?
 |    |    |    |       |
| 1. Was the notification of a child's death and the preliminary child death report sent by email to all required DFPS recipients?
 |    |    |    |       |
| 1. If the child was under the age of six, was the medical examiner in the county in which the child died notified of the child's death?
 |    |    |    |       |
| 1. If applicable, are the injury fields on the *Victim* page in CLASS completed?
 |    |    |    |       |
| 1. If injury fields were completed, was the correct injury option selected?
 |    |    |    |       |
| 1. Was law enforcement information updated on the *Investigation Victim* and *Detail* page?
 |    |    |    |       |
| 1. Is there documentation of an interim staffing?
 |    |    |    |       |
| 1. If there is a companion case with DC, RC, or CPS, has the investigator for this case documented that they have conducted periodic updates/staffings with the companion investigator?
 |    |    |    |       |
| 1. If there is a companion case, has the investigator for this case documented contacts that the companion investigator made with relevant parties (collateral children, biological family, etc.)?
 |    |    |    |       |
| 1. Were all necessary collateral contacts made and documented?
 |    |    |    |       |
| 1. Was all pertinent external documentation received?
 |    |    |    |       |
| 1. If applicable, were photographs taken of the location where the death occurred?
 |    |    |    |       |
| 1. If an autopsy was not conducted, did the investigator obtain a copy of the death certificate?
 |    |    |    |       |
| 1. Does the overall disposition on the *Investigation Conclusion* page in CLASS match the overall disposition in IMPACT?
 |    |    |    |       |
| 1. If the medical examiner determined that the child's death is a delayed death, did the investigator document that the child's CVS worker and the CPS child safety specialist were notified? (RC Only)   A delayed death occurs when a child in DFPS conservatorship dies as a result of complications arising from abuse or neglect that was investigated by CPS prior to the child's entering conservatorship.
 |    |    |    |       |
| 1. Was the confirmed child death form (2899e) completed in CLASS and saved as final?
 |    |    |    |       |
| 1. Does documentation in the *Explanation of the Disposition based on Preponderance* match the overall disposition in CLASS?
 |    |    |    |       |
| 1. Does the documentation in the case support the disposition?
 |    |    |    |       |
| 1. Is there documentation of a final staffing?
 |    |    |    |       |
| 1. If applicable, were extensions documented appropriately?
 |    |    |    |       |
| 1. Are the notification letters (perpetrator, facility, reporter) saved in a draft format in CLASS?
 |    |    |    |       |
| 1. Do any of the letters need corrections?
 |    |    |    |       |
| 1. Are the citations, if any, correct?
 |    |    |    |       |

| FIRST REVIEW AND APPROVAL    |
| --- |
| **Name:**       | **Position:**       | **Level of Review:**   First Level Review  Second Level Review | **Date:**       |
| **Action:**    Rejected – Documentation errors **Date**:        Rejected – Additional investigation activities needed **Date**:        Approved – Submitted to secondary approver **Date**:        Approved – Closed in IMPACT\* **Date**:        Other:       **Date**:      **\*Once approved and closed in IMPACT, secondary approvers must send the completed form to the CCL lead investigation analyst.**   |

| SECOND REVIEW AND APPROVAL (IF RESUBMITTED FOR APPROVAL)    |
| --- |
| **Name:**       | **Position:**       | **Level of Review:**   First Level Review  Second Level Review | **Date:**       |
| **Action:**    Rejected – Documentation errors **Date**:        Rejected – Additional investigation activities needed **Date**:        Approved – Submitted to secondary approver **Date**:        Approved – Closed in IMPACT\* **Date**:        Other:       **Date**:      **\*Once approved and closed in IMPACT, secondary approvers must send the completed form to the CCL lead investigation analyst.**   |