

Child Protective Services: Investigation

2104.24 Closure of Case with a Child Fatality

Requirement

Maintain, after closure, the case record of a child who died until official death documentation is received and reviewed.

Procedures/Practice Issues

It is the supervisor's responsibility to determine that official findings of death are consistent with the preliminary cause given for a child's death. If an autopsy is done, the autopsy report becomes the official finding. Otherwise obtain a copy of the death certificate or a medical report when there is not an autopsy.

Because it often takes a long time to get an autopsy report or other official findings, it is not necessary to maintain an open record while waiting for this information if all other investigation activities and services are completed. The supervisor maintains the case record in a secure location until official findings of death are received. The supervisor then:

- Reviews the official findings of death and determines whether there are discrepancies in the case determination or stated causes of death that must be corrected. This includes making corrections to investigative findings, keying changes in PSDS, sending a new case determination if the case determination has changed, etc;
- Notifies the Child Fatality Review Sub-Committee of any discrepancies;
- Determines, when there is a discrepancy with the preliminary cause of death, if continued CPS involvement is required to resolve possible safety and risk issued of other children in the home;
- Notifies the State Office of any discrepancies (S33 2108.5); and
- Record the findings of the Child Fatality Review Sub-Committee in the case record.

If the medical examiner refuses to release an autopsy report to the department, the supervisor requests legal assistance from the SAAG.