

Hotline - Child Fatality/Near Fatality

(Revised 08/27/21)

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Forms

The following forms are referenced in this file:

- 04-51A Critical Incident Report

Policy

When a child fatality/near fatality is reported, the response time must meet the guidelines in the Child Fatality and Near Fatality Protocol and Hotline - Priority of Referrals policy. If the circumstances of the death/near fatality are suspicious, **or** there is possible endangerment to other children, the SW must immediately take the necessary action to protect all children involved including siblings or other children living in the home.

In accordance with the Child Fatality Reporting and Disclosure requirements described in the CWS Manual of Policies and Procedures (MPP) Division [31-502](#), regardless of whether other children are reported in the home, all child fatalities suspected to be the result of abuse and/or neglect will be assigned for investigation. The Hotline SW will create a referral in CWS/CMS for all cases of child death reported to the Hotline.

A Critical Incident Report (04-51A) for all fatalities will be delivered to the Office of Ombudsman (OOO) regardless of if there are other surviving children in the home or not.

NOTE: Review Child Fatality and Near Fatality Protocol for complete instructions on procedures to follow when a child fatality/near fatality is reported to the Hotline.

Determination of a near-fatality

Determining a near fatality can be difficult and may require in depth communication with the physician/hospital staff. The following chart can help hotline screeners ask questions of the physician/hospital staff to help determine the proper designation.

Determination of a near-fatality (cont.)

Question to the doctor/hospital staff:

What is the most severe condition or prognosis the child has been classified as since the injury occurred or admission to the hospital?

If the answer is...	Then...
Serious, critical, life threatening or the equivalent	Report as a near fatality.
Fair, Good, Stable, or equivalent	It does not meet the requirement for a near fatality.
Unknown or the information is not in the records	Ask if a code for critical care services been used in reference to this patient. If Yes , then report as a near fatality. If No , further consult with child's physician is necessary.

Question to the doctor/hospital staff:

Is the child now or has the child been in serious or critical condition since admission to the hospital or since the injury occurred?

If the answer is...	Then...
Serious, critical, life threatening or the equivalent	Report as a near fatality.
Fair, Good, Stable, or equivalent	It does not meet the requirement for a near fatality.
Unknown or the information is not in the records	Further questioning is needed. Ask: <ul style="list-style-type: none">• Have the child's vital signs been unstable at any point since admission or since the injury occurred?• At any point since the admission or since the injury occurred, has the child's prognosis been questionable or unfavorable?• Has the child been admitted to critical care due to the severity of their illness or injury? If the answer is Yes to any of these questions, read the doctor the " serious " and " critical " definitions and ask if this describes the child in question. If the doctor states the definition fits, then report as a near fatality. If the doctor indicated that the child has never had unstable vital signs and that the prognosis has never been questionable then this is not a near fatality.

Determination of a near-fatality (cont.)**NOTE:**

Definition of “serious”: Having important or dangerous possible consequences.

Definition of “critical”: Being or relating to an illness or condition involving danger of death.

Procedure

The following procedures will be followed when recording a child fatality/near fatality in CWS/CMS:

Step	Who	Action
1	Hotline SW	<ul style="list-style-type: none">• Create new referral.• Open a client notebook or use existing notebook for the deceased/injured child.• Document information regarding a deceased child on the Demographics page of the client notebook in the “Deceased” fields. The client disposition will be “Child Dead Prior to Referral Date.”• Document information regarding a near fatality in the Client Management Section in Existing Health. The onset date (date of abuse/neglect if known/if unknown leave blank) will be documented in the hospitalization tab. The client’s condition will be filled out in the “Diagnosed Conditions” Tab using the attending physician’s notes.• Assess if siblings are at risk on a fatality/near fatality.• Create the Emergency Response Document.• Complete Critical Incident Report (CIR) 04-51A.• Cross Report as needed to:<ul style="list-style-type: none">○ Law Enforcement○ Medical Examiner○ Foster Care Licensing○ Institutions Evaluation Unit (IEU)○ Placement Coordinator’s Office (PCO)○ Community Care Licensing-Day Care (CCL).
2	Hotline PSS	<ul style="list-style-type: none">• Review referral information and 04-51A.• Forward CIR to Hotline PSPM.• Assign referral.

Alignment with SET

This policy supports Safety Enhanced Together (SET) [Value 1](#) and the guiding principles to build shared understanding and agreement through family engagement, and the agency practice to engage the family in safety planning by utilizing respectful, honest, and transparent communication. [Value 4](#) and the agency practice to maintain open communication and transparency with families and community partners. [Value 5](#) and the guiding principle to collaborate with law enforcement to ensure safety and effective coordination of services. It also supports [Value 6](#) and the guiding principle of having a system that recognizes and addresses secondary traumatic stress and provides opportunities for staff to build resiliency and maintain a work/life balance.
