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## I. STATEMENT OF POLICY

It is the policy of the Department of Children and Family Services (DCFS) complete a full investigation when the preliminary investigation information was not sufficient to determine the investigation finding.

The completion of Fatality Investigations requires a high level of scrutiny and an involvement of staff on the parish, regional and state office level. Communication and involvement of all levels of staff is critical during and at the completion of all Fatality investigations to assure the safety of all surviving children.

## II. PROCEDURES


### A. LEVEL ONE INVESTIGATION

If the investigation is not terminated at the end of the preliminary investigation, the completed investigation must meet the requirements for a level one investigation. It cannot be downgraded by the local office. The requirements of the level one investigation are only the minimum expectations and may not include all the contacts necessary to complete a thorough investigation of a family situation with such a potential for high risk to any surviving siblings/children as an abuse/neglect related child death.

The following contacts and activities are required in addition to the activities required for the preliminary investigation to complete the investigation:

1. An individual, in person interview with each member of the household who is over the age of 24 months and all parents/caretakers identified for the child victim and surviving siblings (if not completed during the preliminary investigation).
2. An observation of each member of the household under the age of 24 months and/or without the verbal skills for an interview. This may include the alleged victim with life threatening injuries (if not completed during the preliminary investigation).
3. Collateral Contacts

The worker is responsible for completing two professional collateral contacts with a level one investigation. In order to assess the safety of the other siblings/children in the home and to assess the risk of future maltreatment, it is very important that appropriate collaterals be contacted. These might include a previous medical or child care provider, a teacher of a school age child, or others who could provide a more detailed, thorough history of the family. Additionally,

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collaterals that can provide information on the current condition and care of surviving siblings/children must be contacted. Although there are required collateral contacts for the assigned investigation level, it is important staff contact anyone who can provide information that will help assess the parent/caretaker protective capacities and to help collect sufficient information surrounding the areas of assessment.

If more than the required collateral contacts for the assigned investigation level is needed to accurately complete the safety assessment, then staff shall make additional collateral contacts to ensure accurate decision making.


The worker shall make contact with the reporter (unless it is an anonymous report), prior to the initiation of the investigation, and shall document the contact as an interview without revealing that the interviewee is the reporter. If unable to reach the reporter, the worker shall document efforts made, confer with the supervisor, and document that in a staffing or case note in the investigation case. If a mandated reporter cannot be contacted another representative from the entity that contacted the Department (e.x. Hospital, Law Enforcement, etc.) shall be contacted to assist with relevant information as pertaining to the investigation.

In addition, the worker and supervisor shall discuss the possible need for obtaining current medical examinations and reports on surviving siblings/children to determine if they too are victims of child abuse or neglect and in need of medical care and/or protective intervention.

For cases in which substance abuse is suspected, a drug screen of the alleged perpetrator(s) or parent/caretakers should be conducted on the date of the incident either by law enforcement or Child Welfare (CW).

## **B. SAFETY PLANNING AND EMERGENCY PROTECTIVE ACTION**

When a child is assessed to be unsafe because the child is vulnerable to a threat of danger and the caretaker protective capacities cannot control the threat, a safety plan in accordance with CW Policy [4-516](#) D., Safety Planning, shall be implemented immediately. Situations in which the only controlling intervention to ensure the safety of the child(ren) is an emergency removal should be discussed with the supervisor only after an in-home or court-ordered safety plan are found not to be feasible. When there is a parent/caretaker who is not alleged to be involved in the abuse/neglect, their culpability should be considered. Their ability and willingness to protect the surviving child(ren) should be assessed with consideration of the parent as a placement resource for the child if the department has custody of the child, or for information to the court for custody to the parent.

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## C. POLICE REPORT

A copy of the police report shall be obtained and attached in the ACCESS investigation case.

## D. CORONER'S RECORDS

There are multiple types of reports produced by the coroner, each with varying amounts of detailed information and accessibility to others. Refer to [4-1510](#) Preliminary Investigations of Child Fatalities, for information about obtaining a preliminary cause of death from a coroner.


### 1. Coroner's Report

The coroner, or his designee, should be interviewed and a copy of the Coroner's Report should be attached in the case record. The Coroner's Report includes the name of the decedent; their address, sex, date of birth, age, race, date and time of death, place of death, date and time of autopsy; the cause and manner of death; and, any scientifically contributing factors. For cases in which the worker is unable to determine a finding for the investigation without the Coroner's Report and efforts to obtain the report from the coroner have been unsuccessful, the worker and supervisor may need to request assistance from the Child Welfare Manager, Area Director, and/or Regional Administrator. They may be able to contact the coroner's office to request the information necessary for completion of the investigation and the determination of the finding.

Although the coroner may not be able to release the final Coroner's Report until any pending criminal investigations are complete, DCFS is to receive a copy of the final report once able to be released. The coroner must also release any information immediately, if needed to protect any surviving siblings/children.

The contract physician (Multi-Disciplinary Team physician) and/or law enforcement may also be resources for assistance with obtaining the report. They may be able to contact the coroner's office and obtain the information and/or the written report. They can then share the information/report with DCFS. Child Death Review Panels also have authority to release reports to DCFS.

If DCFS is unable to obtain a written copy of the Coroner's Report, but the worker is able to obtain verbal information regarding the cause of death, the conversation with the coroner or his designee, including the cause of death, shall be documented in the case record. The worker will then proceed to complete the investigation.

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## 2. Autopsy Report (Post Mortem Forensic Medical Examination)

Effective August 1, 2018, the Autopsy Report was defined in Louisiana law as a work product of the coroner that may not be released to DCFS without a court order. When DCFS has received the Coroner's Report, but the information is not sufficient to determine a finding and/or complete the safety assessment for surviving children, the postmortem forensic medical examination report (Autopsy Report) or the Death Investigation Report may be needed and requested. The Autopsy Report includes information such as the physical findings from the autopsy; a summary of the medical findings and conclusions; toxicology, histology and radiology findings; and, the cause and manner of death.

## 3. Death Investigation Report

A Death Investigation Report is defined in statute as an internal coroner document that comprehensively records the findings and all known information about the case. It is created by both the investigative and administrative coroner's staff. It cannot be released to DCFS without a subpoena.

When an Autopsy or Death Investigation Report is needed, the worker and supervisor should contact the Regional Attorney to discuss obtaining a court order for the release of the report.


## E. ASSESSMENT OF RISK

The worker is responsible for completing an assessment of risk, unless it was completed during the preliminary investigation. If one was completed, it is reviewed and updated as needed within the time limit for the assessment. Refer to CPS Policy Section [4-525](#) for policy regarding the assessment of risk.

In some cases, the finding decision is delayed beyond the 30-day time limit. When this occurs, an assessment of risk is completed within 30 days with the information that is available at that time. It is updated when the investigation is completed using the additional information available at the time of completion.

## F. STAFFING OF CHILD ABUSE AND/OR NEGLECT FATALITY CASES

Individual consultation with members of the multi-disciplinary staffing team is highly encouraged at any point during the investigation of the child abuse and/or neglect fatality in parishes with a multi-disciplinary team. A formal staffing of all child abuse and/or neglect fatality cases by the multi-disciplinary team is required and is documented in the ACCESS

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investigation case. The documentation includes a summary of the discussion and any recommendations of the team.

The team may be able to assist in cases in which the worker has been unable to obtain a Coroner's Report from the coroner's office and the report is needed in order to determine a finding for the investigation. This may be appropriate to discuss during the staffing. Law enforcement may be able to obtain the report and in turn share the needed information/report with DCFS.

The staffing should conclude with a recommendation/plan for attempting to obtain, at a minimum, the cause of death from the coroner, but preferably, the coroner's report. If no one else (District Attorney, law enforcement, contract physician, etc.) can assist, the Child Welfare Manager or Area Director should assist in the attempts to get the information from the coroner. If this is unsuccessful, the case should be referred to the Regional Administrator and, if necessary, to the regional attorney for assistance.

The coroner, district attorney, and law enforcement are invited to the staffing. In those parishes without a multi-disciplinary team, attempts should be made to utilize the multi-disciplinary team members from an adjoining parish. A high risk staffing is required on all fatality cases even if a team cannot be accessed, with the worker, supervisor, Child Welfare Manager and, if available, the regional attorney.


## **G. VALIDITY DETERMINATION, INVOLVEMENT, ROLES AND RELATIONSHIPS**

The investigation findings include the involvement of each subject, and the final finding for each allegation. It also includes the documentation and findings for additional allegations concerning the care or condition of the surviving siblings/children found during the investigation, roles and relationships of all adults, perpetrators, and minor parents. If new information is provided during the interview or an additional report is received that indicates a new allegation, victim, or perpetrator should be added to the investigation, then this must be added into the ACESS investigation case. The decisions are documented in the ACESS investigation case.

Staff may refer to the CPS Structured Decision Making Handbook, CW Appendix D, SIDS, Fatal Child Abuse and Other Medical Conditions, with investigation decision making.

### **1. Validity Decision for Fatality Allegations**

The validity decision is a joint worker and supervisor decision that is reached in the validity conference. When determining validity, the worker and supervisor shall use the same standard for the allegations related to the fatality as with other investigations. Refer to CPS Section 4-535 and Appendix 4-B for the standards.

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If abuse or neglect was not a contributing factor in the child's death, the final finding for the allegations related to the fatality shall be invalid even though there may be evidence of abuse or neglect that was not a contributing factor in the death.

## 2. Fatality Validity Determination with Co-Sleeping


When the sleeping arrangement involved co-sleeping at the time of death and the cause of death is other than SIDS, the death may be determined as accidental or abuse/neglect. Staff will need to consider factors such as alcohol and/or drug abuse by the parent/caretaker, other circumstances such as an infant sleeping with other children or an impaired adult, the bedding and the sleeping surface, the amount of time the child was left unattended (e.g. 6-12 hours), and any previous history of abuse/neglect.

When the cause of death is smothering, the finding is usually valid for the death allegation, however, the circumstances surrounding the death must be considered with the decision. If the parent/caretaker who was incapacitated as the result of alcohol/drug use rolled over and smothered the child, the appropriate decision would normally be valid. When a child died as the result of smothering from a non-impaired parent/caretaker or another child rolling over on them or as the result of becoming entangled in bedding, the finding may either be valid or invalid depending on the circumstances of the sleeping arrangements and bedding. The decision in these circumstances centers on the facts of the investigation for the determination of whether the death was the result of an accident or neglect. Staff must consider whether any reasonable person could have been expected to recognize that the sleeping arrangement presented a danger for an infant or young child; and, if that is the case, then the finding should be valid for neglect.

## 3. Inconclusive Finding with Fatality Allegations

It is expected that the worker and supervisor will determine a finding of invalid or valid for the death allegation, whenever possible. For cases in which the investigation findings do not meet the standard for invalid or valid, additional contacts and/or investigative activities should be conducted in order to determine a finding. When a finding cannot be determined following such efforts, an inconclusive finding is considered. It is appropriate when there is some evidence to support a finding that abuse or neglect occurred, but there is not enough credible evidence to meet the standard for a valid finding. The inconclusive finding is only appropriate for cases in which there are particular facts and/or dynamics which give the worker/supervisor a reason to suspect child abuse or neglect occurred. When the finding for all allegations is \*\*\* and invalid, Child Welfare Manager approval of the findings is required.



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\* For cases in which the investigation findings do not meet the standard for invalid or valid, additional contacts and/or investigative activities should be conducted in order to determine a finding. Inconclusive findings require more investigation contacts and activities than are required with full investigations. When a finding cannot be determined following such efforts, an inconclusive finding is considered. The finding is inappropriate for incomplete investigations. It is appropriate when there is some evidence to support a finding that abuse or neglect occurred but there is not enough credible evidence to meet the standard for a valid finding. The inconclusive finding is only appropriate for cases in which there are particular facts and/or dynamics which give the worker/supervisor a reason to suspect child abuse or neglect occurred. When this instance occurs, the case shall be staffed with the Child Welfare Manager, or Area Director, or Regional Administrator. A District Manager Approval Staffing shall be entered into ACESS, and any efforts that need to be completed to obtain a valid or invalid finding shall be completed before the allegations are determined to be inconclusive and approval is granted. If all efforts to make a conclusive valid or invalid finding have been exhausted, the Child Manager, or Area Director, or Regional Administrator will review this inconclusive allegations and case information in ACESS and approve the final finding in ACESS. Management is expected to use caution when approving an inconclusive finding as it is not to be used as a "catchall" finding or for cases in which the investigation findings support either an invalid or valid finding. All case information must be contained in the case record prior to the managerial review; this ensures that an independent review occurs, as required in state law. \*\*

#### 4. Validity Determination for Allegations Involving Surviving Children


The final finding for allegations of abuse or neglect of the surviving siblings/children is determined by the standard of validity for non-fatality family investigations. Refer to CW Policy [4-535](#), Investigation Decisions.

When there are surviving children in the home, the ACESS case documentation is completed with the sufficient information required to meet the standards of the Child Functioning in the Areas of Assessment.

#### 5. Time Frames

##### a. Child Fatality Investigation

The investigation findings in child abuse and/or neglect fatality investigations should be made within 30 days of the receipt of the report by the department. This time-frame may be extended pending receipt of a final coroner's report or other case information that is critical to the final finding.

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When it is possible to determine a final finding without the receipt of the final Coroner's report or other information/report, it is expected that the worker and supervisor will proceed with the disposition of the case without a delay. The case record documentation in the ACESS investigation case will include the efforts made by the worker to obtain the required information.

#### b. Life Threatening Injury Investigation

If a child fatality investigation has been conducted for life threatening injuries and the child has survived the injuries for 30 days, there shall be a contact with the treating physician to determine the child's condition. If the child is not expected to survive the injuries for more than 30 additional days, the investigation time frame may be extended for 30 days. If the child is expected to survive, the findings for the investigation are determined as for a nonfatality abuse or neglect investigation. In that case, there shall be an e-mail notification to the State Office \*\*\* at \* [DCFS-CPI-4Reports@LA.GOV](mailto:DCFS-CPI-4Reports@LA.GOV), Attention: State Office Protective Services Section that the child survived the injuries; the investigation has been completed; and, the investigation summary has been created in ACESS.

If the child dies, a new report/referral for a fatality investigation is appropriate when the child's initial injuries and/or later death may have been due to abuse/neglect. Once medical confirmation is received verifying that the child's death was due to abuse or neglect, please notify State Office at [DCFS-CPI-4Reports@LA.GOV](mailto:DCFS-CPI-4Reports@LA.GOV). Also include a copy of the diagnosis, autopsy finding, etc with the email. \*\*


## 6. Documentation of Findings

In order to accurately track child fatalities and correctly document the findings of the investigation using ACESS/TIPS, it is essential that the correct death allegations be used. When the report was accepted for an investigation as a child death due to alleged or suspected abuse or neglect, the death allegation should have been entered into the ACESS intake case. If it was not entered, the worker shall correct that information in the ACESS investigation case so that it may be correct. The validity determination for the allegation of death is valid, invalid or inconclusive.

## 7. Extension of Time Frame

If the investigation cannot be completed by the 60 days time limit, the worker is responsible for requesting an extension of the time frame from the supervisor and Child Welfare Manager.




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When the worker/supervisor has been unable to determine a final finding for the investigation because he has been unable to obtain a final Coroner's Report or other documentation necessary to determine the finding, the efforts to obtain the report are to be documented on the case activity log. For a case in which the investigation has not been concluded for this reason for three months past the time frame for the completion, the supervisor is to request clearance from the Child Welfare Manager on proceeding with the conclusion of the investigation. The worker will then proceed as directed by the Child Welfare Manager.

## H. REQUIREMENTS FOR CASE RECORD DOCUMENTATION

The following information from child abuse and/or neglect fatality investigations shall be attached in the ACESS investigation case:

1. Description of all physical evidence of abuse/neglect documented [CW Form 41](#), CPS Physical Examination Form, and/or [CW Form 41 Supplement 1](#), Abuse/Neglect Injury Worksheet, when consulting pediatrician involved.
2. Pertinent social, medical and mental health histories of any involved subjects of the report. The supervisory conference to discuss the possible need for obtaining current medical reports on surviving siblings is documented with the decision.
3. Criminal history of all subjects and alleged perpetrators of the report as well as any history of family violence.
4. Medical record for medical care/treatment of alleged victim, if applicable.
5. Coroner's records which include the death certificate and coroner's report.
6. Police report.
7. Safety Assessment when necessary, a safety plan.
8. SDM Initial Risk Assessment. The CPS Supervisor shall review and approve the SDM, prior to closure. This procedure ensures that the risk level is accurate and appropriate decisions are made regarding on-going services to the family from the Department.
9. Multi-Disciplinary Team staffing confirmation, including a list of all those attending (Staffing page in the ACESS investigation case).

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10. Referral to Foster Care (FC) when child removed or Family Services (FS) for cases with surviving children and high or very high risk and/or safety concerns documented with the FS and/or FC Staffing, if appropriate.
11. Outcome of arrest, trial, probation, etc.
12. Newspaper articles and/or internet media coverage, if available.
13. Notification to the parent/caretaker of the investigation final finding status via either the [Form 471](#), Notice to a Subject of an Invalid Report, the [Form 472](#), Notice to a Parent-Legal Custodian of a Valid Investigation Finding or the [Form 473](#), Notice to a Parent/Legal Custodian of Their Invalid Finding and a Valid Finding for Another Caretaker, when the perpetrator has exhausted their administrative appeal rights and the valid finding has been sustained. Notification to a perpetrator who is a person other than a parent or legal custodian via the Form 472 or the Form 471 as appropriate for the findings of the investigation. [Form 474](#), Notice to a Subject of an Investigation with an Inconclusive Finding, as appropriate for the finding for the investigation.
14. Notification to the District Attorney via the CW Form 10 when the finding is valid and the department has sought court intervention to protect the safety of a surviving child. If there is no court action, the Form 10 shall be generated and sent to the District Attorney upon closure of the investigation.

## **I. COMPLETION OF THE ACESS INVESTIGATION SUMMARY AND NOTICE TO REGIONAL AND STATE OFFICES**

### **1. Notice to Regional and State Offices**


The final Investigative Summary is sent through the Child Welfare Manager to the Area Director and the Regional Administrator as soon as possible upon completion of the investigation, regardless of the validity determination.

## **J. MAINTENANCE OF FATALITY DATA REQUIRED BY CAPTA**

The State Office CPS program is responsible for reviewing all closed fatality investigations and maintaining certain required fatality data as per the federal CAPTA regulations.

## **III. FORMS AND INSTRUCTIONS**

Form 10 (ACESS) Investigation Summary  
[Form 41](#) CPS Physical Examination Form

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[Form 41 Supplemental 1 / Instructions](#) Abuse/Neglect Injury Worksheet

[Form 471 / Instructions](#) Notice to Subject of an Invalid Finding

[Form 472 / Instructions](#) Notice to Parent/Legal Custodian of a Valid Investigation Finding

[Form 473 / Instructions](#) Notice to a Parent/Legal Custodian their Invalid Finding and a Valid Finding for Another Caretaker

[Form 474 / Instructions](#) Notice to a Subject of an Investigation with an Inconclusive Finding

#### IV. REFERENCES

[Public Law 93-247](#), Child Abuse Prevention and Treatment Act

[LA R.S. 13:5712](#)