

Child Fatality Summary

Child's Name:

County:

Date of Birth:

Date of Death:

Report Number:

Family Composition Chart

| Name | Age at Time of the Incident | Relationship with Deceased Child |
|------|-----------------------------|----------------------------------|
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Circumstances Surrounding Death

Summary of how the child died
 Action taken by law enforcement
 Medical Examiner determination
 Maltreatment Findings

Other Children in the Family

Safety Actions/Services for children in the home at the time of the death.

Summary of Prior Agency Involvement with Family

Begin this section by addressing whether there had been any prior involvement within 12 months prior to the child's death. Provide a summary of the allegations and findings as well as any services that were provided to the family.

Follow up by summarizing all other investigations and services regarding the family. If there are separate histories (on mom and on dad, or on parents as caregivers vs on parents as victims) please differentiate so that the reader is not confused. If necessary, use separate headings to differentiate.

Child Fatality Prevention Specialist

Quality Assurance Director/Title of Supervisor