

State Child Death Review Board

Case Information Summary

To:	State Child Death Review Board (SCDRB)	SCDRB Case Number:	
Decedent's Full Name:		DOB:	
		DOD:	

Fill out decedent's family information below. Include biological and adoptive family members. Add lines as needed.			
Mother's Name	Date of Birth	Race	
Father's Name	Date of Birth	Race	
Other Caretaker's Name	Date of Birth	Race	Relationship
Sibling's Name	Date of Birth	Race	Relationship (<i>half/step/adoptive</i>)

- Was either parent a victim of child maltreatment?
☐ Mother ☐ Father ☐ Neither ☐ Unknown
 If yes, please list substantiated findings:
- Was decedent receiving mental health services? ☐ Yes ☐ No
 If known, please provide details:
- Did decedent have a history of substance use? ☐ Yes ☐ No
 If known, please provide details:
- Did decedent engage in delinquent behavior or have criminal history? ☐ Yes ☐ No
 If known, please provide details:
- Were any DCF services provided to decedent or immediate family? ☐ Yes ☐ No
 If yes, please list type of services (PPS, EES, VR Services):
- Was there PPS involvement with the decedent and/or siblings? (Check all that apply)
☐ On decedent ☐ On another child in the home
☐ Case open at time of death ☐ No PPS involvement
☐ Case closed prior to death ☐ Case open after time of death
- Total number of reports (screened in & screened out) received on decedent or siblings as a victim, perpetrator or identified child. Multiple FACTS cases may apply: _____

 Of total number of reports noted above, indicate number of reports which were:
 • assessed by KPRC but did not proceed to investigation or FINA (screened out): _____
 • accepted as FINA and assessed for services: _____
 • investigated as abuse or neglect (PPS investigation): _____

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List in chart below the reports that were assessed or investigated (screened in) on the decedent or siblings in the home. Provide a summary of DCF involvement including a brief summary of the case and the outcome. Include the case finding, services/referrals provided, if decedent or siblings were placed in DCF custody, KDOC, or juvenile detention. Add lines as needed.

Date Report Assigned	Alleged Victim's Name	Type of FINA Concern (NAN Cases)	Type of A/N Case Investigated	Case Finding of A/N Investigation (affirmed, substantiated, unsubstantiated)	Alleged Perpetrator Name & Relationship
				<input type="checkbox"/> Aff. <input type="checkbox"/> Sub. <input type="checkbox"/> Unsub.	
Summary of DCF involvement including services/referrals provided:					
				<input type="checkbox"/> Aff. <input type="checkbox"/> Sub. <input type="checkbox"/> Unsub.	
Summary of DCF involvement including services/referrals provided:					
				<input type="checkbox"/> Aff. <input type="checkbox"/> Sub. <input type="checkbox"/> Unsub.	
Summary of DCF involvement including services/referrals provided:					
				<input type="checkbox"/> Aff. <input type="checkbox"/> Sub. <input type="checkbox"/> Unsub.	
Summary of DCF involvement including services/referrals provided:					
				<input type="checkbox"/> Aff. <input type="checkbox"/> Sub. <input type="checkbox"/> Unsub.	
Summary of DCF involvement including services/referrals provided:					

8. Was the family involved in any community services? ☐ Yes ☐ No
If yes, please provide details:
9. Was a CINC petition requested or filed in any of the reports involving decedent or siblings listed above? ☐ Yes ☐ No
If yes, please provide details:
10. Were decedent and/or siblings ever in care of the Secretary of DCF? ☐ Yes ☐ No
If yes, please provide details:
11. Any additional information that would be important to know about this family?

Form completed by:	Date:
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Copies to: ☐ Executive Director of SCDRB, 120 SW Tenth Ave., 2nd Floor, Topeka, KS 66612-1597
☐ PPS Administration ☐ Case File

