Department of Children & Family Services Building a Stronger Louisiana	**Division/Section**	Child Welfare
	Chapter No./Name	4 – Child Protective Services (CPS)
	Part No./Name	5 – Conducting Investigations of Reports of Child Abuse and or Neglect In Families
	Section No./Name	Conducting Investigations of Reports of Child Abuse and or Neglect in Families
	Document No./Name	4-512 Initiation of the Investigation with the Parent or Caretaker
	Effective Date	March 25, 2025

I. STATEMENT OF POLICY

It is the policy of the Department of Children and Family Services (DCFS) that the first face-to-face contact with all alleged child victims and at least one parent/caretaker shall be made as soon as possible, after receipt of the report by the Department but within the required assigned timeframe. The parent/caretaker must be given a written notification explaining the investigation, their rights, the DCFS expectations and, an in-person interview.

II. PROCEDURES

A. INVESTIGATION NOTIFICATION TO PARENT OR CARETAKER

Federal statute, Child Abuse Prevention and Treatment Act (CAPTA) of 2003, requires agencies to advise the individual of a child abuse and neglect investigation made against him/her at the initial time of contact in a manner that protects the rights of the reporter.

Therefore, when initiating the first contact with the alleged child victim's parent/caretaker, the CPS worker shall show the parent their State issued identification card, introduce themselves as a representative of the Department of Children and Family Services, and specify that they are from "Child Protective Services". The CPS worker shall demonstrate genuine respect for each client's rights. The CPS worker shall communicate openly in words the parent/caretaker can understand when explaining the purpose/reason and legal authority for the investigation. The CPS worker should then discuss the Department's concern for the child's safety and well being in a nonthreatening, non-accusatory, factual manner that also conveys the uncompromising nature of the investigation and request the cooperation of the parent/caretaker with the investigation.

For cases in which a parent/caretaker is hearing impaired or has limited English proficiency and cannot participate in an interview without an interpreter, the CPS worker shall arrange for interpreter services as per Child Welfare (CW) Policy 1-222, Interpreter Services.

The parent/caretaker shall also be informed of the basic elements of an investigation so they may understand what to expect and have an opportunity to ask questions.

1. Written Notification of Investigation

The parent/caretaker shall receive written notification initiating an investigation via the CW Form 470, the Notice to Subject of a Report. The original shall be given to the parent during the initial interview. The duplicate CW Form 470 shall be attached to the ACESS investigation case.

If the parent/caretaker has limited English proficiency and is more proficient in Spanish or Vietnamese, the Form 470 (Spanish) or Form 470 (Vietnamese) is used for their written notification.

If the parent is not at home, the CPS worker may leave a business card on the door requesting the parent contact the worker. Under no circumstances shall the CW Form 470 be mailed, left on the door or given to a child(ren) victim.

2. Clients' Expectations and Responsibilities

The Child Protective Services worker shall discuss the Child Welfare Clients Expectations and Responsibilities - CPS with the parent/caretaker during the initial interview. Child Welfare Clients Expectations and Responsibilities (Spanish) – CPS or Child Welfare Clients Expectations and Responsibilities (Vietnamese) – CPS is used when appropriate for the parent/caretaker's language proficiency. The CPS Worker and the parent/caretaker will complete the form according to instructions found in CW Chapter 25 Section - Child Welfare Clients Expectations and Responsibilities - CPS. It is important that any updates to the spelling of names, and addresses, are updated in ACESS to ensure data integrity and that notices of any investigative findings are sent to the correct address.

The signed Acknowledgement of Receipt of Client Rights Information Form shall be attached to the ACESS case and the discussion of the Client Rights Form with the parent/caretaker documented.

B. AUDIO TAPE RECORDING OF INTERVIEWS

The Louisiana Children's Code, Article 612, Investigation of Reports, requires the Department to tape record all interviews with the child or the child's parents conducted in the course of the investigation, if requested by the parent. Therefore, a CPS worker should be prepared to audiotape record all of the interviews with alleged child victims and parents or caretakers when the parent/caretaker requests the taping.

Parents are advised by the CPS worker of the opportunity to request the taping at the initiation of the investigation by means of the CW Form 470, Notice to Subject of a Report.

When it is necessary for the best interest of the child to interview the alleged child victim prior to the first face-to-face contact with the parent(s) or caretaker(s), the CPS worker should not assume that the parent would request audio taping if asked and, therefore, the interview should not be taped.

For cases in which an interview is audio taped, the CPS worker shall begin the tape of the interview with the following information:

1. Identity of the individual being interviewed during the recording;
2. Identity of the interviewer;
3. The time started and the date of the interview;
4. Identity of any other person participating in the interview or present for the interview; and,
5. Time the interview ended.

This information shall also be documented on the tape label.

All tapes of interviews shall be kept in a paper case record in a manila envelope. The tapes are not to be routinely transcribed. They are considered as part of the case record and, therefore, fall under the confidentiality requirements of Louisiana Law R.S. 46:56. Therefore, no tape, copy of the tape or transcription of the tape (including excerpts) requested by parents or caretakers shall be provided to the parents/caretakers.

C. INTERVIEW WITH PARENT OR CARETAKER

The CPS worker shall not, under any circumstances, reveal the name of the reporter nor any other identifying information about the reporter to the parent, any of the subjects of the report, or to an attorney of the parent and/or subjects of the report. Therefore, the CPS worker shall only state that a report was received, not a report was received from the school, a neighbor, etc.

The CPS worker is expected to verify information in the intake case regarding the members of the household and gain as much information about the child, the family and the circumstances of the alleged abuse/neglect as possible. Information about the child and other household members includes the following:

- Each child's ethnicity and whether the child or anyone in the family may be a member of a Native American/Indian tribe or eligible for membership in a nationally recognized Native American tribe the information needed to verify tribal membership. The Child Protective Services Worker shall confirm the address and tribe. Refer to CW Policy; and,
- Information about a household member's military status; and, whether the family meets the definition a military family as per CPS Section 4-590 Investigations with Native American Families.

During the initiation of the investigation the worker shall verify who has legal custody of the minor child(ren) If the caretaker reports having custody, the CPS worker shall view the

document and ensure that the document is signed by a judge as legal custody is only granted through the court. Provisional Custody by Mandate does not ensure safety of the child(ren) as it does not give an individual legal custody as it is not signed by a judge. In addition, the worker shall upload the document into ACESS.

When the other parent and/or other household members are home at the time of the initial interview, the CPS worker should conduct the initial in-person interview with them as well.

The CPS Worker shall identify the persons who do not reside in the household who may have information pertinent to the investigation and their current addresses. This includes any legal and non-legal parents of the children who do not reside with the children. The identity of parents who do not normally reside in the household and their address or possible location are entered into ACESS.

In addition, the worker should inquire about:

- Extended family;
- Godparents
- Fictive kin;
- Any persons identified by the children as persons with whom they have a relationship;
- Other family friends; and,
- Any visitation or custody order or agreement involving the alleged perpetrator and the child.

If the parent/caretaker will identify persons, the worker should request their address and/or contact information. This information may provide information about the family support systems as well as resources for a safety plan; or, possible placement resources, if a removal is necessary. If the children provided names of persons with whom they have significant relationships, the parent/caretaker may provide identification and contact information. Enter the information on the Family Connections Form.

The information gained for the Areas of Assessment, as well as the CPS worker's observations of the parent/caretaker's verbal and nonverbal responses, attitudes and any interaction with their child during the interview shall be documented in ACESS. The identifying information on household members and others is also entered.

Interviews with the parents should be focused around the Areas of Assessment in order to guide collection of information about family functioning. The information is collected during interviews with the children, parent/caretakers and collateral contacts (see Appendix 4-I for information as to what specific information is captured in each area of assessment).

Information obtained during the interviews shall be used to assess Threats of Danger and the Parent/Caretakers Protective Capacities (See Appendix 3-B)

If new information is provided during the investigation 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. For example, the report may have come in at intake for sexual manipulation or fondling, but while interviewing the victim it is learned that sexual intercourse occurred as well. The allegation of sexual intercourse shall be added to the ACESS investigation case.

* If new information is provided during the course of the investigation of a suspected child fatality, this allegation is not to be added to the existing investigation. Instead, this is to be called into Centralized Intake as a new report. When a child victim's injuries and/or condition are so serious that the physician expects an imminent death, the new report shall follow the policy, 4-420 Intake Actions and Notifications, for a child abuse/neglect fatality report. **

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D. ASSESSMENT CONSIDERATIONS OF THE PARENT/CARETAKER

The Areas of Assessment contain questions which focus on the functioning of the family. The assessment questions are listed on the Form 42-P (Parent) and on the Form 42-C (Child) as a guide. The CPS Worker shall document information in the areas in the ACESS investigation case:

- What is the extent of Maltreatment and the circumstances that surround the Maltreatment (Threats)?
- What is the Child Functioning and Vulnerability; and,
- What is the Adult Functioning/Parenting Practices (Caretaker Protective Capacities)?

Screening for child sexual trafficking is included in the information gathering for the assessment. Each juvenile (male and female) ages * 13 ** through 17 is expected to be screened for human trafficking identifiers unless they were identified as a trafficking victim by CPS intake or law enforcement. Human Trafficking screening is also completed for children under age 13 when information obtained may be consistent with trafficking indictors or if the report includes an allegation of human trafficking involving another child in the home. The CW Form 45, CPS Screening Tool for Child Sex Trafficking, is used as a guide for gathering information during interviews with the child(ren). The parent/caretaker's information about the child's functioning and their behaviors that may indicate the child/juvenile may be a victim. When the child was identified as a victim at intake or when screened, the worker is responsible to gather information about the parent/caretaker's knowledge and/or participation in the

trafficking. Refer to CPS Section 4-510 Investigation Initiation with Alleged Victims for information regarding screening and notification of child sexual human trafficking.

Caretaker Protective Capacity (CPC) is assessed as part of collecting information for the safety assessment as well as for the assessment of family functioning. Refer to CPS 4-516 Safety Assessment and Appendix 3-B Threats, Vulnerability Caretaker Protective Capacities for a list and description of the Caretaker Protective Capacities.

1. Consideration of a Parent/Caretaker's Substance Use

Information shall be gathered on all parents/caretakers regarding mental illness, substance abuse and domestic violence when information is not available from the family's history with the department, the reporter, other sources, or the client's statement about these issues.

When substance abuse/drug use is alleged, the CPS worker shall assess whether the parent or caregiver has a past or current history of substance abuse/alcohol abuse that interferes with his/her or the family's functioning. Legal, non-abusive prescription drug or alcohol use should not be considered an alcohol or drug problem. The CPS worker shall make diligent efforts to verify the drug use and document the findings in CPS case record. Examples of diligent efforts include drug tests, documentation from substance abuse treatment agencies, and other collateral contacts that have knowledge of the substance use.

Interference in parent's or caretaker's functioning may be evidenced by the following:

- Substance use that affects or affected employment, criminal involvement, marital or family relationships, ability to provide protection, supervision, and care for the child.
- Arrest in the past two years for driving under the influence or refusing breathalyzer testing.
- Self-report of a problem.
- Treatment received currently or in the past.
- Multiple positive urine samples.
- Health/medical problems resulting from substance use.
- The child was diagnosed with Neonatal Abstinence Syndrome (NAS) or Fetal Alcohol Spectrum Disorders (FASDs) or the child had a positive toxicology screen at birth and the primary caregiver was the birthing parent.

For allegations of Drug/Alcohol Abuse, Dependency-Substance Abuse, Alcohol Affected Newborn, and/or Drug Affected Newborn the CPS worker is expected to document the

type of drug identified through diligent efforts during the investigation in ACESS. Refer to Policy 4:518 Substance Exposed Newborns-Prenatal Neglect.

Any case that involves the use of Fentanyl requires careful consideration of child safety. Refer to the Fentanyl Guide located in the Child Welfare Forms section for guidance related to the risks of fentanyl to children and guidance regarding assessing safety.

In cases of Substance Exposed Newborns, if the infant is diagnosed with Neonatal Abstinence Syndrome (NAS) or Fetal Alcohol Spectrum Disorders (FASDs) it should also be documented in ACESS.

The CPS worker is expected to document the type of drug and/or alcohol dependencies identified for each household member.

2. Consideration of Parent/Caretakers and Domestic Violence

The CPS worker should not assume that domestic violence is not present in the home when the parent/caretaker initially denies it. The children may disclose it and/or there may be other indications such as injuries, fear of one partner and/or control by one partner. When the CPS worker suspects or the parent discloses domestic violence, the CPS worker shall attempt to offer services privately and in a manner that does not threaten the safety of the parent or the children. When needed, the CPS worker should refer the parent to domestic violence services for domestic violence safety planning.

Staff shall use information gathered in the areas of assessment, including information relating to caretaker protective capacities to assess whether safety threats exist.

3. Consideration of Parent's Right to Made a Placement Plan for Their Child

A parent may make a placement plan for their child(ren) unless and until the Department files a verified complaint alleging the child is in need of care and that emergency removal or the implementation of a safety plan is necessary to secure the child's protection. Refer to CPS Section 4-710 Emergency Protection Action and the Part 4 Appendix 4-L Emergency Protective Action. Safety Assessments must be based on the threats posed by the parent or legal caretaker, and cannot be based on the temporary plan made by a parent.

E OBSERVATION OF THE HOME

1. CPS Worker Safety and Methamphetamine

If there was no suspicion involving methamphetamine at the time of intake, but the CPS worker becomes suspicious that the residence may house a clandestine methamphetamine laboratory, the worker should immediately leave the area.

This is important for the CPS worker's health and safety as the chemicals and solvents used in the production of methamphetamine are volatile and may present a danger due to their toxicity. In addition, methamphetamine use is associated with aggressive behavior, rapid mood swings and in some cases, paranoia.

Once the CPS worker has safely left the area, the supervisor and law enforcement shall be contacted. The CPS worker shall not return to the area without law enforcement and shall not reenter the home without clearance from law enforcement, State Police HazMat, or others trained to determine the safety of entering the home. If it is determined that the home is not safe to reenter and children are present, law enforcement will be responsible for taking the children out of the home and for their decontamination from the chemicals.

2. Home Visit

The CPS worker can meet the requirement for a home visit by observing the home when initiating the investigation at the alleged child victim's home. The purpose of the observation is to complete an assessment of the living conditions. The observation can provide the CPS worker with the information necessary to determine whether the home represents a possible danger to the child and may also provide significant information about the family, their functioning and possible substance abuse.

The CPS worker should discuss the sleeping arrangements and assess their adequacy. The safety of infants must be carefully assessed in regards to co-sleeping with adults; older siblings, and substance abuse. Cases in which the home represents a danger and/or when inadequate shelter may be valid, the CPS worker should consider photographing the home as discussed in CPS Policy 4-510 F, Photographs.

Documentation should include the overall condition of the home. Any hazard or sanitary concern must be described in detail, the adequacy of the space including sleeping arrangements; sufficiency of food; whether the family has electricity and water; and, the neighborhood or the area surrounding the home should be included in the description of

the home environment. Refer to Policy 4-2010 CPS Case Record for instructions in documenting the condition of the home environment in the case record.

CPS workers are to discuss with the family and document in the ACESS case record the measures that have been taken with the family to ensure that the family is practicing safe sleep. CW Policy 4-513 Safe Sleep Practices, must be addressed in all families with newborns under the age of one year to ensure safe sleep practices are being adhered to.

3. Animal Abuse/Neglect

LA R.S. 14:403:6 mandates that any employee of government who in their professional capacity routinely investigates abuse/neglect of a child who becomes aware of evidence of abuse/neglect of an animal (also called cruelty to animals) shall report the incident to law enforcement or animal welfare. Therefore, whenever a CPS worker observes or becomes aware of abuse/neglect of an animal they shall report it in accordance with the local protocol in their working agreement with law enforcement. The information about the animal abuse/neglect is documented in the ACESS investigation case.

III. FORMS AND INSTRUCTIONS

Child Welfare Clients Expectations and Responsibilities − CPS Form / Instructions
Child Welfare Clients Expectations and Responsibilities (Spanish) – CPS Form
Child Welfare Clients Expectations and Responsibilities (Vietnamese) – CPS Form
CW Form 42 / Instructions Child Abuse-Neglect Investigation Interview Notes
CW Form 42-C / Instructions (in ACESS)
CW Form 42-P / Instructions (in ACESS)
CW Form 470 / Instructions Notice to Subject of a Report
Family Connections Form / Instructions
470 (Spanish) Notice to Parent/Caretaker or Report
470 (Vietnamese) Notice to Parent/Caretaker or Report
Fentanyl Guide

IV. REFERENCES

Children's Code, Article 612
Children's Code, Article 619
La. R.S. 46:56
La. R.S. 14:403:6
Child Abuse Prevention and Treatment Act (CAPTA) 2003

I. STATEMENT OF POLICY

It is the policy of the Department of Children and Family Services (DCFS) that local office Child Protective Services (CPS) staff is responsible for the investigation of reports of child abuse/neglect fatalities and life threatening injuries received from Centralized Intake.

II. PROCEDURES

Reports of child abuse/neglect fatalities and life threatening injuries are conducted in accordance with the procedures in CW Policy 4-1500, Reports of Abuse/Neglect Related Child Fatalities and Life Threatening Injuries, whenever the children's injuries are reported to be life threatening.

The policy in Part 15 describes the special features of child fatality/life threatening injuries investigations. Staff is also expected to know and use the applicable policy from Parts 1 through 10 in conducting child fatality investigations.

A. INTAKE CASE AND PRIOR RECORD REVIEW

The worker is responsible for reviewing the CPS intake case and any prior child abuse/neglect history of any of the subjects of the report. Refer to CW Policy 4-500 for the requirements for these reviews.

B. NOTIFICATIONS

1. State Office Management Staff with Child Fatalities and Life Threatening Injuries

The Regional * Administrator or their designee shall email the ** *** completed CPI-4 Form to *** State Office *** at * _DCFS-CPI-4Reports@LA.GOV, Attention: State Office Protective Services Section within 48 hours of a notification of a child fatality/life threatening injuries report. DCFS is required to notify the State Child Ombudsman of all fatalities that are the result of abuse and/or 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. Also, include a copy of the diagnosis, autopsy finding, etc with the email. **

2. Law Enforcement

Unless they are the reporter or, were already notified, the worker assigned to the investigation is responsible for sending a copy of the Summary Report via fax to the appropriate law enforcement agency when abuse or neglect may have been a contributing factor for the following:

- Child fatality;
- Near fatality; and,
- Life threatening injuries.

3. Coroner's Office and District Attorney

When the report includes a child death, the worker assigned to the investigation is responsible for notifying: the DA via the Form 10 on all valid cases. The worker assigned to the investigation is responsible for notifying the coroner if they are not performing an autopsy.

- The coroner's office in the parish where the child died as required by LA R.S. 13:5712, unless the coroner, or his designee, was the reporter; and,
- The local District Attorney's office as per Children's Code Article 610.

Commented [MC1]: Do we expect our workers to notify the Coroner's offices, are is this the responsibility of LE or the hospital? Or is it that we expect them to notify them if it is believed that an autopsy is needed and one is not scheduled?

Do we notify the DA for all reports involving a child's death, or only when there is a valid investigation?

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C. INVESTIGATIVE PLAN

The CPS supervisor and worker shall review the intake case and develop an investigative plan for a level one investigation, and that meets the requirements of this policy Part. The review includes a preliminary determination whether additional procedures for specific families/allegations and/or notifications may be applicable. This may include a Native American/Indian family (Policy 4-590); a military family (Policy 4-1600); or allegation/indication of human trafficking. The plan is developed to assure the investigation is initiated and completed in a manner most likely to yield the most accurate forensic results.

In addition, the plan should include a home visit as soon as possible after the assignment of the investigation. If there are surviving children, the safety of these children must be assessed. Refer to CPS Policies 4-516, Safety Assessment, and 4-1510, Preliminary Investigations of Child Fatalities.

B. COORDINATION WITH LAW ENFORCEMENT, THE CORONER'S OFFICE AND CONSULTING PEDIATRICIANS

All child abuse and/or neglect fatality investigations shall be closely coordinated with the local law enforcement agency with investigative jurisdiction, the local coroner's office, and the consulting pediatrician.

1. Coordination with Law Enforcement

The local law enforcement agency of the parish in which the death or life threatening injuries occurred shall be notified immediately, unless they were the reporter. The coordination with law enforcement shall also begin immediately and shall include arranging for a joint investigation and coordination of investigation interviews without interfering with the criminal investigation as per the written working agreement with the department. Any requests from law enforcement such as a delay with the CPS investigative interviews to avoid interference with the criminal investigation shall be documented in the ACESS investigation case and the Bureau of General Counsel shall be notified immediately. The BGC shall coordinate efforts with law enforcement as the Department is required to access the safety of any surviving children. The contact with BGC shall occur within the response priority time frame.

Refer to CW Policy 4-900, Law Enforcement, for the policy on working agreements with law enforcement.

2. Coordination with Coroner's Office

Investigation activities involving the Coroner's Office are coordinated in accordance with the working agreement including the request for the coroner's report and the arrangement when the worker/supervisor view the child's body.

Refer to CW Policy 4-905, Coroner's Office, for the working agreements with coroner's offices.

3. Consulting Pediatricians

In parishes with a consulting pediatrician, the worker shall notify the pediatrician as soon as possible to request consultation and coordination on the medical examination and medical aspects of the investigation.

III. FORMS AND INSTRUCTIONS

CPI-4 Form / Instructions Initial Child Fatality/Life Threatening Injury Report

IV. REFERENCES

Children's Code Article 610
LA R.S. 13:5712

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	Effective Date	March 25, 2025

I. STATEMENT OF POLICY

It is the policy of the Department of Children and Family Services (DCFS) that a preliminary investigation is initiated as a Priority 1 by local office CPS staff for all reports of child fatalities and/ or life threatening injuries received from Centralized Intake.

II. PROCEDURES

A. REQUIRED ACTIVITIES AND CONTACTS

The preliminary investigation for a child fatality investigation includes the following:

1. CPI-4 Form

As needed or requested, the worker shall provide any needed information for the Regional * Administrator or their designee to email the required completed CPI-4 Form to State Office at DCFS-CPI-4Reports@LA.GOV, Attention: State Office Protective Services Section within 48 hours of a notification of a child fatality or life threatening injuries report. DCFS is require to notify the State Child Ombudsman of all fatalities that are the result of abuse and/or 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. Also include a copy of the diagnosis, autopsy finding, etc with the email.

2. Subject Contacts

a. An in-person individual interview with the parents/legal custodian which includes the notification of the investigation; their opportunity to request audio tape recording of the investigation interviews; information about the investigation; and, administrative appeal via the CW Form 470, Notice to a Parent/Caretaker of a Report. When the parents/legal custodians have limited English proficiency, the worker should arrange for interpreter services as per CW policy 1-222 as needed. When their primary language is Spanish or Vietnamese, the Form 470-Spanish or Form 470-Vietnamese is used for the written notification.

The CW Client Expectations and Responsibilities – Is given to each parent/legal custodian and perpetrator involved in the investigation. The form needs to be discussed and filled out entirely and uploaded into Attachments in the ACESS case. -***. When appropriate, the Spanish or Vietnamese version of the form is used.

The worker is expected to inquire whether there is an existing visitation or custody order or agreement involving a parent and any surviving child. When there is such an order or agreement, the worker shall assess the order/agreement and any need for court action to protect the safety of the child (pursuant to Children's Code Article 612).

b. In the case of a two parent household, both parents shall be interviewed. Out of home parents shall be interviewed whenever they have joint custody, visitation, are involved with the child and/or may have information about the care of the child and/or the abuse/neglect incident. Out-of-home parents who are not involved with the child and/or live at a great distance and cannot be expected to have information about the child or his care do not have to be interviewed in a preliminary investigation. Although the parent may not be involved with the child, the parent's family may be involved with the child and may have information about * their care. Refer to policy 4-512, Initiation of the Investigation with the Parent or Caretaker and CW policy 4-520, Investigation Levels.

c. An in-person individual interview with the alleged perpetrator, if they are a person other than the alleged child victim's parent or legal custodian and notification of the investigation via the CW Form 470-A, Notice to an Alleged Perpetrator for a Child Abuse/Neglect Investigation.

When the working agreement with the local law enforcement agency with jurisdiction for a criminal investigation involving an alleged perpetrator other than a parent/legal custodian requires the worker observe the police interview without participation or to listen from another room, this meets the requirement. The pertinent information from the police interview is documented in the ACESS investigation case on an Interview page.

d. An in-person individual interview with each surviving sibling living in the household. If the surviving sibling is under the age of 24 months or without the verbal skills for an interview, they ** shall be observed, and documented on a separate Interview page.

Interviews during the investigation shall not interfere with the criminal investigation. Attempts shall be made to coordinate with law enforcement, if it is not a joint investigation. Any requests from law enforcement/military police, such as a delay with Child Protection Investigation (CPS) investigative interviews to avoid interference with the criminal investigation, shall be documented in the ACESS investigation case.

The worker may delay interviews, especially with the alleged perpetrator, when requested by law enforcement when the safety of a surviving child is not threatened. The delay may not be for an indefinite time, however as CW must complete an investigation in accordance with the legal mandate of the LA Children's Code. When law enforcement is not willing for CW to conduct the investigation, the Child Welfare Manager shall consult with the Regional Administrator and/or the Regional Attorney regarding notification to the law enforcement agency of the CW responsibility to initiate and complete the investigation.

3. Reporter, Collaterals and Other Contacts

a. An in-person interview with any known eye witnesses.

b. A contact with the reporter and source (if different from the reporter), if his identity and a way to contact him is known.

c. A contact with the coroner, or attending physician, to determine the cause of death and whether there is any evidence of abuse or neglect as a contributing factor in the alleged child victim's death.

DCFS is entitled to receive a preliminary diagnosis, cause of death, and any other findings of abuse/neglect pending release of the final reports. There may be times when the coroner does not wish to release findings due to a pending criminal investigation. However, LA R.S. 13:5713 requires the coroner to do so immediately, if needed to protect any other minor child.

A coroner's report or attending physician's report that includes the cause of death and whether abuse/neglect was a contributing factor is sufficient for the contact. A coroner's report is a public document that shall be released to DCFS without cost as per LA R.S. 44:19. The report, as defined in the statute, includes identifying information about the decedent, the cause and manner of death and includes any scientifically contributing factors. Like the preliminary cause of death, the coroner shall immediately make the information available, if necessary to protect another minor child.

If a coroner's report does not include sufficient information to determine a finding and/or complete the impending danger safety assessment, refer to Section 4-1520 for more information on reports developed by the coroner's office.

The report is documented as a written contact.

d. An interview with any emergency personnel who had contact with the family or victim at the time of the injury or emergency response such as paramedics or other emergency (911) staff.

4. Safety Assessment

A Safety Assessment shall be completed on all surviving siblings/children. It must be approved by the supervisor within 15 calendar days of the date of the report and/or anytime a threat of danger is identified.

The safety assessment is a structured process used to determine whether a child is at in Danger of substantial harm from abuse/neglect. Whenever a surviving child is determined to be unsafe, a safety plan is necessary, unless it is determined that a safety plan cannot adequately protect the child in the home. In those cases, an instanter custody order should be requested from the court of jurisdiction. The safety plan can be a voluntary in-home safety plan or and instanter safety plan order from the Juvenile Court with jurisdiction for the case. The plan is to be developed with the supervisor in a conference that may be by telephone or in person with written documentation of the plan in the ACESS investigation case safety assessment. Whenever a surviving child is assessed to be unsafe, a full investigation shall be conducted. Refer to Policy 4-516, Safety Assessment.

When there are no surviving children in the home, a safety assessment is not applicable. An approved safety assessment in the ACESS investigation case is mandatory in ACESS. In order to meet this requirement, the Create Safety Assessment page is completed with a safety decision of N/A – No surviving children. It is important, prior to making the decision to create the safety assessment in this manner, CPS staff assure no Caretaker involved in the case/investigation has any other children. This includes children who may not live in the home where the death occurred, but the Caretaker as a parent or legal guardian has access to these children.

5. Home Visit and Scene of the Incident

A view of the scene of the incident where the child's injury and death, or life threatening injury, allegedly occurred needs to be viewed whenever possible. If the scene of the incident or death is a location other than the child's home, the worker shall also make a home visit. The worker should consider requesting police assistance if he has concerns about his safety in visiting. A home visit will not be necessary, if police assistance cannot assure the worker's safety. If a

home visit is not conducted due to safety concerns, the CPS worker and Supervisor shall document this on a staffing page in ACESS.

The worker shall observe the home, the condition and general adequacy (including sleeping arrangements) for family members. If available any objects that may have been used to injure the child should be observed. When the fatality involved an infant or young child and co-sleeping may have occurred at the time of the fatality, the worker should observe the sleeping arrangements, including the sleeping surface and the bedding. This should in no way interfere with the police or coroner's investigation of the death, particularly if a crime is suspected. The scene of the incident should be photographed. This is generally done by law enforcement. However, the worker may photograph the scene, if necessary.

B. THE ROLE OF THE SUPERVISOR

The CPS Supervisor is expected to jointly investigate all child abuse and/or neglect fatality reports and life threatening reports with the CPS Worker. This will include the supervisor's participation in the initial investigation contact, and other field visits with the worker, and the interview of all or some of the following persons depending on the circumstances of the case and the worker's level of experience:

1. Parent/caretaker, other adults in the home, siblings, other subjects of the report;
2. Alleged perpetrator(s);
3. Witnesses; and/or
4. Collateral contacts as needed for the preliminary investigation.

Responsibilities for the ACESS investigation case documentation, writing of any required court letters, testifying at any court hearings, and other case activities remain with the CPS Worker. The supervisor may also be required to testify at court hearings in some cases.

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C. VIEWING THE DECEASED CHILD'S BODY

The viewing of a deceased child's body is an optional investigative activity. An alternative to viewing the child's body is viewing photographs of the child's body and/or of the autopsy. Photographs are attached to the ACESS investigation case.

A supervisor and worker are expected to discuss the feasibility of viewing the deceased child's body and determine whether there would be any necessary information to be gained. * When

DCFS staff is unable to view the deceased child's body and it is not possible or purposeful, then the worker shall enter a statement as the deceased child's interview in ACESS. They shall document why they were not able to view the deceased child's body or take photographs of the child. **

If at all possible, it would be preferable to have the consulting physician present when the body is viewed, if that is in accordance with the local agreement with the coroner's office. In situations in which the consulting pediatrician has viewed the child's body, the worker shall request that the pediatrician complete the CW Form 41, CPS Physical Examination Form, and the CW Form 41, Supplement 1, Abuse/Neglect Injury Worksheet.

D. SUPERVISORY CONFERENCE

Upon completion of the preliminary investigation contacts, the worker, supervisor, and the Child Welfare Manager may have a conference to determine whether the facts obtained during the preliminary investigation indicate there is no reason to believe that child abuse or neglect by a parent/legal custodian/caretaker or adult household occupant may have been a contributing factor in a child's death. If there are surviving children in the home, the conference shall include whether the investigation ruled out abuse and neglect of these children as well.

The investigation may be terminated with a final finding of Invalid with the following circumstances:

- There is no reason to believe that abuse or neglect was a factor in the child's death or life threatening injuries;
- Medical records that rule out abuse/neglect have been obtained; and,
- There is no reason to believe that abuse or neglect was a factor with any allegations involving any surviving children in the home.

If the worker, supervisor, and Child Welfare Manager determine that the preliminary investigation did not rule out abuse or neglect as a contributing factor in the child's death or injuries, the full investigation shall be completed. If the Child Welfare Manager approves the termination of the investigation with an Invalid final finding, the Manager may also approve an exception for holding a Multi-Disciplinary Team staffing.

E. TIME LIMITS FOR THE PRELIMINARY INVESTIGATION

The required preliminary investigation contacts and activities are expected to be completed as soon as possible after the receipt of the report, but should be completed within ten days of the receipt of the report by the department.

The worker, supervisor, and Child Welfare Manager may meet to determine whether to terminate the investigation or to complete the full investigation once the contacts and activities have been completed. The determination should occur prior to an interim report to State Office for cases requiring an interim report. The staffing is documented in the ACESS investigation case when the decision is that the worker will complete the full investigation. When the investigation will be terminated after the preliminary investigation, the staffing is documented in the ACESS investigation case with the approval of the investigation finding.

F. DOCUMENTATION OF ACTIVITIES, FINDINGS AND DECISIONS WHEN INVESTIGATION TERMINATED AFTER A PRELIMINARY INVESTIGATION

The following are the requirements for case record documentation and forms completion for a child fatality preliminary investigation with a final finding of invalid:

1. All investigation contacts and activities are documented in the ACESS investigation case in accordance with CPS Policy Section 4-2020, CPS *Investigation Case Maintenance.

2. This includes the validity staffing; any case recommendations; the investigation finding decision of invalid; the reason for the invalid finding; and, the incident date for each invalid allegation/child/perpetrator combination.

   The case documentation shall include information obtained through interviews, observations and any written documents for sufficiently documenting the areas of assessment. In addition, if new information was provided during the interview or an additional report is received, this was further assessed and part of the validity staffing. **

3. The assessment of risk using the Structured Decision Making Initial Risk Assessment. It is accessed via the SDM hyperlink on the navigation bar of the ACESS investigation case. The supervisor has to review and approve the SDM. When there are surviving children in the home, the risk assessment is completed with only the surviving children in the household. When there are no surviving children in the home, the risk assessment is completed with the deceased child as a member of the household.

   The information obtained during the investigation used to complete risk factors R5 through R16 is documented in the ACESS investigation case.

4. The worker shall create a Form 10 in ACESS prior to the closure of the case.

5. The worker is responsible for notifying the parent/caretaker of the finding for the investigation via the CW Form 471, Notice to Subject of an Invalid Report. When an “other caretaker perpetrator" was involved in the investigation, he is also notified of the invalid finding with regards to his involvement via the CW Form 471.

G. Termination of the Investigation

The ACESS investigation case is submitted to the supervisor for review, approval of the invalid findings and case closure. The supervisor approves the termination of the investigation and selects a closure reason of Completed Preliminary Investigation to close the ACESS investigation case.

III. FORMS AND INSTRUCTIONS

Form 470 / Instructions Notice to Parent/Caretaker of a Report
Form 470-Spanish Notice to Parent/Caretaker of a Report
Form 470-Vietnamese Notice to Parent/Caretaker of a Report
Form 470 A / Instructions Notice to an Alleged Perpetrator for a Child Abuse/Neglect Investigation
Form 41 CPS Physical Examination Form
Form 41 Supplemental 1 / Instructions Abuse/Neglect Injury Worksheet
CW Client Expectations and Responsibilities – CPS Form / Instructions
CW Client Expectations and Responsibilities (Spanish) – CPS Form
CW Client Expectations and Responsibilities (Vietnamese) – CPS Form
CPI-4 / Instructions Initial Child Fatality Report

IV. REFERENCES

LA R.S. 44:19

Department of Children & Family Services Building a Stronger Louisiana	**Division/Section**	Child Welfare
	Chapter No./Name	4 – Child Protective Services (CPS)
	Part No./Name	5 – Conducting Investigations of Reports of Child Abuse and or Neglect In Families
	Section No./Name	Conducting Investigations of Reports of Child Abuse and or Neglect in Families
	Document No./Name	4-512 Initiation of the Investigation with the Parent or Caretaker
	Effective Date	March 25, 2025

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:

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).

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).

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,

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.

C. POLICE REPORT

A copy of the police report shall be obtained and attached in the ACESS 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.

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 ACESS

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.

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.

* 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.

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, 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. 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.

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).

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

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

~~**I. STATEMENT OF POLICY**~~

~~It is the policy of the Department of Children and Family Services (DCFS) to review cases to assure practice and policy are consistent with state and federal law; and are sufficient to assure children are safe. The Case Crisis Internal Review is a mechanism to provide information at the parish, regional and State Office levels of the Department compliance with practice and policy.~~

~~**II. PROCEDURES**~~

~~**A. PURPOSES**~~

~~**1. Primary Purposes**~~

~~The primary purposes of the DCFS Case Crisis Reviews are to:~~

- ~~Learn more about child deaths in Louisiana;~~
- ~~Utilize information learned from reviews to train and assist staff in improving practice in specific areas, if needed;~~
- ~~Continually monitor the Department's policies and practices to help prevent future child abuse/neglect fatalities whenever possible; and~~
- ~~Respond to cases involving critical crises.~~

~~**2. Additional Purposes**~~

~~In addition, the review will:~~

- ~~Examine the Department's prior actions in the case;~~
- ~~Provide support and reassurance to staff;~~

- ~~Identify issues for further consideration involving practice, training, staffing, resource needs, policy, impact of community systems on the Department, and any other extenuating circumstances which may have affected the Department's response to the situation;~~
- ~~Assist local management in improving best practices and policy compliance by providing review findings on areas of strength and areas needing improvement, as well as identifying strategies to strengthen work in cited areas;~~
- ~~Identify any serious policy violations for review by the Regional Administrator, or designee along with the Assistant Secretary and Deputy Assistant Secretaries of Child Welfare, or his/her designee for appropriate action.~~

~~**B. CASE CRITERIA FOR REVIEWS**~~

~~The General Counsel for DCFS will make the decision regarding cases that will have a Case Crisis Review. Cases to consider for review include, but are not limited to:~~

- ~~Fatality and or life threatening injuries alleging abuse and/or neglect in a family with an active Child Welfare case;~~
- ~~Fatality and/or life threatening injuries alleging abuse and/or neglect of a foster child;~~
- ~~Serious abuse and/or neglect in a child facility or foster home;~~
- ~~Fatality and/or life threatening injuries alleging abuse/neglect of a child in a family, if there has been a child welfare case within the last 24 months;~~
- ~~Death of a foster child; or,~~
- ~~Other case situations as determined by the DCFS General Counsel.~~

~~**C. NOTFICATION PROCEDURE**~~

~~The Centralized Intake Child Welfare Manager and the Regional Administrator, or their designees, are responsible for reporting fatality and or life threatening injuries immediately via email to * _DCFS-CPI-4Reports@LA.GOV. This initial notification of fatalities and near fatalities to State Office shall occur immediately upon knowledge of the incident with updates provided as needed or requested. This information is required for briefings regarding the incidents with the Secretary of the Department, Executive Management, and other staff.~~

~~As per Child Protective Services Policy 4-420, the Centralized Intake Supervisor notifies State Office designated staff of the fatality and/or near fatality via email with a summary of pertinent information. The CPI-4 – Initial Fatality and/or Life Threatening Injury Report shall be completed within 48 hours of the initial email notification and forwarded by the Regional Administrator, or their designee, to the _DCFS-CPI-4Reports@LA.GOV email address. If a life threatening injury results in the death of a child, a new CPI-4 is to be completed and submitted to the CPI-4 Distribution Group. 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. Also, include a copy of the diagnosis, autopsy finding, etc. with the email. **~~

~~The State Office Child Protective Services Program staff will track and monitor requested information on the CPI-4 in order to monitor trends in fatality and near fatality cases; and, to ensure that policy and procedures are followed by local office staff.~~

~~**D. CASE CRISIS REVIEW SELECTION**~~

~~Upon notification of a fatality or life threatening injury, the case will be scheduled for review at the Monthly Fatality Review Meeting held with Executive Management staff. At the General~~

~~Counsel's request, a Case Crisis Review will be conducted. The designated Child Protective Services Program Section Consultant will coordinate with the Regional Administrator and respective CW Section Administrators to identify the members of the Case Crisis Review Team.~~

~~The reviews shall not, in any way, interfere with any ongoing child protection/criminal investigation. When criminal charges against the perpetrator are pending, the internal review may proceed, be postponed until the resolution of the criminal case, or be cancelled. The State Office Program staff and General Counsel will decide on a case by case basis the appropriate action. Historically, local prosecutors have requested suspension of internal reviews until their actions are completed. Otherwise, the review shall be scheduled and held approximately 30 calendar days after the receipt of the General Counsel's initial request.~~

~~E. CASE CRISIS REVIEW TEAM~~

~~The Case Crisis Review Team will be led by the Child Welfare Area Director for the Region in which the incident occurred. The review team will also consist of:~~

- ~~Child Welfare Consultant(s) from the Child Welfare Programs Division representing the programs involved in the incident being reviewed (Centralized Intake, CPS, FS, FC,AD, HD);~~
- ~~A designee of the Regional Administrator that shall be at the Manager level or above and who does not have supervisory responsibility in the region in which the incident occurred; and~~
- ~~A Regional Program Specialist (RPS) from that region.~~

~~F. CASE CRISIS REVIEW PROCESS~~

~~1. Parish or Regional Office Review~~

~~The Case Crisis Review Team will be dispatched to the region and/or parish where the case is located. It is the responsibility of the Area Director to coordinate efforts with the parish of responsibility of the case; and, to ensure that all records are updated and available for review.~~

~~The Team is expected to perform a comprehensive review of the situation to include, but not limited to, the following:~~

- ~~Review of all relevant case records and document findings on the review instrument; utilize the review instrument for all program/cases involved and document in the summary section what they have learned from the review. Program staff are to review case records pertinent to their program assignment.~~
- ~~Interview staff directly involved, including the CPS worker and supervisor;~~

- ~~Conduct an Internal Conference with the team after all case records have been reviewed. The internal Conference is designed to discuss findings of each team member, and assist the Area Director in determining action steps to include in an Action Plan, if needed; and,~~
- ~~Conduct an Exit Conference with the Regional Administrator, or designee, and Child Welfare Manager involved in the case. The Regional Administrator may extend the invite to those deemed appropriate and beneficial. In addition, a representative from the Child Welfare Training and Development Section, and, the Section Administrator for Child Protective Services will participate in the exit interview if feasible.~~

~~2. Area Director's Role with Review~~

~~The Area Director is responsible for:~~

- ~~Leading the Internal and Exit Conference with the Review Team, using the structure of the report format for the Case Crisis Reviews;~~
- ~~Notifying the District Manager(s) for the Region of the Case Crisis Review. Prior to the Internal Conference, the District Manager(s) will review the case using the review instrument for all program/cases involved and document in the summary section what they have learned from the review.~~
- ~~If necessary, developing an action plan that is designed to assist with future strategies to improve practice areas;~~
- ~~Prepare a final report to submit to the Child Protective Services Section Administrator for review and approval; and,~~
- ~~Ensures that any recommendations made, or practice issues identified, are reviewed with the pertinent staff from the respective programs and that the action steps are completed.~~

~~3. Review Team Focus~~

~~The focus of the Case Crisis Review Team will include the following areas:~~

- ~~Support/services needed for staff involved in the case, including Critical Incident Stress Management (CISM);~~
- ~~The review of the current investigation case in comparison with methods of practice in previous cases where there was Departmental involvement;~~
- ~~The possible need for further intervention/review;~~
- ~~Any need for policy development, updates or changes; and,~~
- ~~Case practices and policy issues (as applicable).~~

~~**4. Review Team Report**~~

~~The Area Director will prepare a report that will include:~~

- ~~A summary of the findings for each case;~~
- ~~Strengths and areas needing improvement;~~
- ~~The need for further case record documentation;~~
- ~~Supportive interventions; and~~
- ~~Suggested recommendations/action plans with proposed dates of completion.~~

~~The Area Director is to submit the report to the Child Protective Services Section Administrator within 15 business days of the exit conference. The Section Administrator, or their designee, will be responsible for submitting the final report to the General Counsel within twenty (20) business days following the review. A copy shall be provided to the following:~~

- ~~Assistant Secretary, Division of Child Welfare Programs;~~
- ~~Deputy Assistant Secretaries, Division of Child Welfare Programs;~~
- ~~Regional Administrator;~~
- ~~The Area Director for the region where the incident occurred;~~
- ~~Director, Child Welfare In-Home Services, Division of Child Welfare Programs;~~
- ~~All Program Section Administrators in CW Programs whose program was included in the review process;~~
- ~~The designated Child Welfare Consultant in Child Welfare Programs assigned to coordinate Case Crisis Reviews; and,~~
- ~~The CW CPS Program Consultant assigned to the region where the incident occurred.~~

~~The Case Crisis Review Team's report is a confidential, internal document and not intended for distribution outside of the Department. Any other distribution, outside of staff listed above, must be approved by the General Counsel.~~

~~The report shall not be filed in the Child Welfare case record. It shall be maintained in regional administrative files for monitoring of practice improvement.~~

~~G. ACTION PLANS~~

~~1. Action Plan from the Case Crisis Review~~

~~Implementation of the action plan is the responsibility of the Area Director. Within 30 calendar days of distributing the case crisis review report, the Area Director shall submit a report to the designated CPS CW Programs Consultant for Case Crisis Reviews that confirms completion of the agreed upon recommendations, with progress reports submitted every 30 days until the action plan is completed.~~

~~2. Tri-Region Meetings~~

~~It is the objective of DCFS to ensure that the Case Crisis Review is a useful and productive process which serves to support frontline staff during a case crisis by gaining useful information that will provide for better understanding of the decisions made during the crisis situation and promote quality practice in future cases. Because of this, it is the expectation that the Regional Administrator (RA) meet at least twice per year with the Area Directors and CPS/FS Managers, Supervisors, and Workers and other designees that RA would like to invite. The purpose of the meeting is to review the findings of Case Crisis Reviews and any other fatalities/near fatalities that occurred in the regions during the timeframe, lessons learned, and trends identified within the regions. This meeting can be in person or by ZOOM. If it is a Zoom meeting, please ensure that recording functionality is disabled due to confidentiality. The CPS Consultant designated for coordinating the Case Crisis Reviews will track the occurrence of the bi-annual meetings with the respective Regional Administrators.~~

~~3. Statewide Committee~~

~~A committee will meet at least once per year to review overall fatality/near fatality and case crisis review findings, identify trends, policy changes needed, and/or training needs, as well as review the effectiveness of the case crisis reviews. The committee will be comprised of, but not limited to, the following:~~

- ~~Assistant Secretary of Child Welfare Programs;~~
- ~~Assistant Deputy Secretary of Child Welfare Programs;~~
- ~~Assistant Deputy Secretary of Child Welfare Administration;~~
- ~~State Office Child Welfare Directors;~~
- ~~Regional Administrators;~~
- ~~State Office Child Welfare Managers overseeing Centralized Intake, CPS, PSRT, FS, FC, AD, and HD;~~
- ~~State Office Child Welfare Attorneys with the Bureau of General Counsel; and,~~

- ~~The designated Child Welfare Consultant from CPS responsible for coordinating Case Crisis Reviews~~

~~III. FORMS AND INSTRUCTIONS~~

~~CPI-4 Form / Instructions Initial Fatality and/or Life-Threatening Injury Report~~

~~IV. REFERENCES~~

~~There are no references associated with this policy.~~

~~I. STATEMENT OF POLICY~~

~~The Department of Children and Family Services (DCFS), in compliance with state and federal law is mandated to participate in the Louisiana State Child Death Review Panel (CDRP). ***~~

~~II. PROCEDURES~~

~~A. Legal Mandate * and functions **~~

~~Act 745 of the 1992 Louisiana Legislature enacted R.S. 40:2019 that created the Louisiana State Child Death Review Panel (CDRP). This statute delineates both the membership and the responsibilities of the panel. Generally, they are as follows:~~

1. ~~* The CDRP is established within the Louisiana Department of Health and includes a State level panel, as well as 9 local/regional panels; The Bureau of Family Health is charged with the responsibility of leading the panels;~~

2. ~~The purpose of the CDRP's is ** to identify the causes of unexpected deaths of children below * the age of fifteen (15) and to make recommendations for changes which may lead to the prevention of child deaths;~~

3. ~~"Unexpected death" means a death which is a result of an undiagnosed disease, or trauma in which the surrounding circumstances are suspicious, obscure, or otherwise unexplained, or other death the circumstances of which are suspicious, obscure, or otherwise unexplained. A clinical diagnosis of death due to Sudden Infant Death Syndrome (SIDS) shall be deemed an unexpected death; and,~~

4. ~~The Panels collect, review, and analyze all death investigation reports, and other information, to use in preparation of reports to the legislature concerning the causes of and methods of decreasing unexpected deaths of infants and children. ** ***~~

~~B. Function of the * CDRP **~~

~~* The Louisiana Child Death Review Panel is a multi-disciplinary group which is charged with the responsibility to review the handling of unexpected deaths of children below the age of fifteen (15) in Louisiana. An unexpected death is defined in the statute as "a death which is a result of undiagnosed disease, or trauma in which the surrounding circumstances are suspicious, obscure, or otherwise unexplained, or other death the circumstances of which are suspicious, obscure, or otherwise unexplained. A clinical diagnosis of death due to Sudden Infant Death Syndrome (SIDS) shall be deemed an unexpected death." **~~

~~The CDRP makes annual recommendations to the Louisiana Legislature for improvements in the handling of child death investigations.~~

~~* There are nine regional Child Death Review Panels led by the Bureau of Family Health, a division of The Louisiana Department of Health. DCFS assigns a representative to participate in each of the nine panels, along with the State Office level panel.~~

~~**C. Cooperation Between the Death Review Panel and DCFS**~~

~~To assist in achieving the goals of the Child Death Review Panels, the CDRP's are authorized to have access to any and all DCFS information, documents, or records involving a child abuse and neglect investigation(s) which are pertinent to the alleged child abuse or neglect that led to the death of the child. Furthermore, DCFS is allowed to provide information on pending fatality investigations to the CDRP prior to the Validity finding.~~

~~The Child Death Review Panels often obtain information that can be of assistance in the DCFS investigation, including medical records, autopsy results, and law enforcement reports. DCFS is authorized to have access to any and all information, documents, or records in the possession of the state panel, and any local or regional panel or its agent thereof, for use by the department in any investigation or child in need of care proceeding. The Regional Coordinator from the Bureau of Family Health shall be contacted for assistance in obtaining necessary information if all other efforts to obtain the information from other resources have been exhausted.~~

~~**Note:** No information, document, or record obtained by the state panel or any local or regional panel or its agent from the Department of Children and Family Services involving a report which results in an inconclusive, not justified, or invalid finding shall be included or referenced in any manner in any report or other document issued or published by or on behalf of the panel.~~

~~When the CDRP is in need of information regarding a death investigation, the CDRP regional coordinator contacts the corresponding DCFS Regional CDRP representative ** to request information on child deaths. * DCFS may confirm whether or not there is/was a DCFS~~

~~investigation on the death being investigated, and if so, information from the DCFS files can be released. ** Local offices shall cooperate with these requests for information as soon as possible upon receiving the request. If all the information requested is not available at the time of the request, staff are to indicate the unavailability of the information along with the reason why it is unavailability when responding to the request. The response should not be delayed due to the unavailability of some of the requested information. The sharing of the information is permissible under Louisiana law, and is not a violation of R.S. 46:56.~~

~~* The Regional Child Death Review Panel coordinator is to be invited to all Multi-Disciplinary Team (MDT) staffings involving fatalities and cases with life threatening injuries. Refer to CPS Policy 4-530 for additional information regarding participation in MDT staffings. **~~

~~III. FORMS AND INSTRUCTIONS~~

~~There are no forms and Instructions with this policy.~~

~~IV. REFERENCES~~

~~* Act 118 of 2016 **~~
~~Act 745 of 1992~~
~~Louisiana Revised Statute 40:2019~~
~~Louisiana Revised Statute 46:56~~