

Child Death, Serious Injury or Egregious Incident Notification

Use of form: Personally identifiable case and child information is collected to inform the Department of Children and Families (DCF) that a child death, serious injury or egregious incident due to maltreatment or suspected maltreatment has occurred. The department must also be notified about the death of a child in out-of-home care placement regardless of the suspected or known cause of death. The department must be informed of these incidents to fulfill its supervisory responsibility and comply with Federal reporting requirements. These types of incidents may draw the attention of the media, legislators, or otherwise become known and concerning to the general public. The DCF must have this information in order to successfully partner with the local agency in response to public inquiry. The department must receive this notification form within 24 hours of the local agency becoming aware of the incident.

“Egregious” abuse or neglect means cases of abuse or neglect that are outrageously bad, reprehensible and flagrant. This may include maltreatment involving significant violence, torture, multiple child victims, inappropriate or cruel restraint, exposure to extreme or dangerous situations, and similar types of circumstances. **“Serious injury”** means bodily injury (e.g., brain injury, subdural hematoma, bone fractures, blunt force trauma injuries, etc.) that results in hospitalization, creates a substantial risk of death, causes serious permanent disfigurement, or causes a permanent or protracted loss or impairment of any function of the body or organs.

Name – County Agency	Date of Incident (mm/dd/yyyy)
Case Name (Last, First, MI)	eWISACWIS Case Number
Child Information	
Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
Primary County Contact Person Information	
Name	Telephone Number
Title	
E-Mail Address	

Check all that apply: Death Serious injury Egregious incident Maltreatment is suspected in this incident

Current or Prior Involvement with Child Protective Services (check one)

- At the time of the incident there was an open child protective services (CPS) case on the child or the child’s family, and
- Child was in out-of-home care placement, or
- Child was receiving child protective services in the home
- Type of out-of-home care placement: _____
- A CPS report was received on the child or family within the past 12 months.
- The last CPS report on this child or family was received by the agency more than 12 months prior to this incident.
- Child or family was unknown to CPS.

Indicate what other professionals have been involved or with whom your agency has had contact as a result of the incident.

- Law enforcement
- Emergency medical services
- Fire department
- Coroner / medical examiner
- Physician / hospital
- Media – Specify what media
- Legislators – Specify which legislators
- Other – Specify

Provide a detailed explanation of the incident. Include information about the time and place of the incident; the date the report or information was received by the agency; any information known to the agency about factors contributing to the incident; and any other information deemed by the agency to be significant or useful in helping the DCF understand what occurred. The agency may, if available, attach supporting documentation to this completed form.

Describe any actions the county has taken to provide for the safety of the child or other children who may be involved or affected by the incident.

Fax this form to the Director of the Bureau of Safety and Well-Being at (608) 266-0260 and continue to update the status of this case in the eWiSACWIS for cases involving suspected maltreatment.