**~~Fatality/Near Fatality Internal Review Template~~**

|  |  |  |
| --- | --- | --- |
| ~~Child’s Name:~~ | ~~Mother’s Name and DOB:~~ | ~~Region:~~ |
| ~~Date of Birth:~~ | ~~Father’s Name and DOB:~~ | ~~County:~~ |
| ~~Date of Injury:~~  ~~Date of Death:~~ | ~~Siblings Names and DOBs:~~ | ~~Date of CO~~  ~~Notification:~~ |
| ~~Gender:~~  ~~Race:~~ | ~~Date of Internal~~  ~~Review Meeting:~~ |

**~~Please complete sections A, B, C and D prior to the Internal Review Meeting~~**

1. **~~Previous P&P History~~**

~~Answer the following for each TWIST entry including (replicate this information for all referrals):~~

|  |  |
| --- | --- |
| ~~Case Name/Number:~~ | ~~Referral Track:~~ |
| ~~Referral Number:~~ | ~~Worker Assigned:~~ |
| ~~Date Received:~~ | ~~Referral Source:~~ |

|  |
| --- |
| ~~Summary of Allegations:~~ |
| ~~Findings:~~ |
| ~~Approved by (date and FSOS):~~ |

**~~B. Criminal History and Court involvement-~~** ~~List all previous criminal or court involvement:~~

**~~C. Ongoing Services History~~**

~~Dates case was open: From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_~~

**~~Family Level Objective~~** ~~(discuss services provided and progress made):~~

**~~Individual Level Objective~~** ~~(discuss services provided and progress made):~~

**~~D. Current Fatality/Near Fatality Investigation~~**

~~Investigative worker: FSOS:~~

~~Finding and evidence used to support finding:~~

~~Current Placement of Sibling and Child’s Placement (if near fatality):~~

~~Describe current court involvement for DNA or Criminal Court:~~

~~To be developed during the Internal Review Meeting~~

**~~E. Recommendations for the family:~~**

**~~F. Practice areas identified for improvement including staff training and development~~**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **~~Issue Identified~~** | **~~Recommendation or~~**  **~~Action to be taken~~** | **~~Person responsible~~** | **~~Date due~~** | **~~Plan to Monitor Improved Outcomes~~** |
| ~~1~~ |  |  |  |  |  |
| ~~2~~ |  |  |  |  |  |
| ~~3~~ |  |  |  |  |  |
| ~~4~~ |  |  |  |  |  |
| ~~5~~ |  |  |  |  |  |
| ~~6~~ |  |  |  |  |  |
| ~~7~~ |  |  |  |  |  |
| ~~8~~ |  |  |  |  |  |