**~~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~~ |  |  |  |  |  |