# Section I – INITIAL NOTICE OF CHILD FATALITY/NEAR FATALITY

**Fatality Date of Death**: **County:**

**Near Fatality Date of Injury: Service Region**:

**Case Number: Case Name:**

**Intake ID: Referral Date:**

**Date of SAR Notification: Subprogram Used for Acceptance:**

**Reason for Notification (Select ALL that apply):**

**CHILD IN DCBS CUSTODY AT TIME OF INCIDENT**

**Placement name and type:**

Fatality/Near Fatality investigation accepted

Fatality in an Active Ongoing Case

Fatality in an Active Investigation

Death of a child in DCBS custody

Other:

**FATALITY/NEAR FATALITY/ACTIVE FATALITY CASE COMPOSITION**

**Child Victim Information (duplicated for each FNF victim):**

Name:

DOB:

TWIST ID#:

Gender:

Race:

**Parent Information (list both parents regardless of their involvement in the incident):**

Mother’s Name: DOB: TWIST ID#:

Father’s Name: DOB: TWIST ID#:

**Other Children in the Home (list all children in the home regardless of relationship to index child):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Age** | **TWIST ID** | **Relationship** | **Current Safety Arrangement** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Other Household Members & Pertinent Individuals (list all adults in the household or with alleged involvement)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship** | **DOB** | **TWIST ID** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Describe allegations/incidents regarding the death or injury(ies):**

|  |
| --- |
|  |

**For Near Fatalities Only:**

A physician certifies the child's serious or critical condition: Yes  No

**Alleged Perpetrator** and **Relationship to Victim:**

**Worker name/phone number:**

**Supervisor name/phone number:**

**Regional Specialist name/phone number:**

# Section II – CHRONOLOGICAL CASE HISTORY

|  |
| --- |
| Instructions:   * Provide history for all individuals in the F/NF/AF case composition (see SAR section I) * Complete only one Intake/Investigation history reporting table per Intake ID #.   + List 2nd Incidents in the same table as the original intake * Identify the roles of the FNF Cases Individuals (see SAR section I) in each intake by listing them in the alleged victim and alleged perpetrators section of the history reporting table.   + If an individual listed as an alleged victim or alleged perp in the history is not part of the FNF case composition (SAR Section I), list those as “other individual.” * Complete one ongoing history reporting table for each period of ongoing services * Identify the FNF case Individuals (see SAR section I) involved in the ongoing period of services on the FNF Individual section of the ongoing history table. * Additional tables can be added to this document by copying a blank table and pasting new tables into this section. |

**DCBS History?  Yes  No**

**Intake and Investigation History:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Alleged Victims:** |  | | |
| **Alleged Perpetrators:** |  | | |
| **Intake ID:** |  | **Case No:** |  |
| **Date:** |  | **Intake Determination:** | **MEETS**   **DOES NOT MEET**  **RESOURCE LINK**       **INSUFFICIENT INFO** |
| **Subprogram(s) used for Acceptance (n/a if not accepted):** |  | | |
| **Finding (record finding for each subprogram listed above)** |  | | |
| **Disposition (outcome):** | **OPENED**       **CLOSED** **N/A (DNM/Resource Links)** | | |
| **Allegations:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Alleged Victims:** |  | | |
| **Alleged Perpetrators:** |  | | |
| **Intake ID:** |  | **Case No:** |  |
| **Date:** |  | **Intake Determination:** | **MEETS**   **DOES NOT MEET**  **RESOURCE LINK**       **INSUFFICIENT INFO** |
| **Subprogram(s) used for Acceptance (n/a if not accepted):** |  | | |
| **Finding (record finding for each subprogram listed above)** |  | | |
| **Disposition (outcome):** | **OPENED**       **CLOSED** **N/A (DNM/Resource Links)** | | |
| **Allegations:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Alleged Victims:** |  | | |
| **Alleged Perpetrators:** |  | | |
| **Intake ID:** |  | **Case No:** |  |
| **Date:** |  | **Intake Determination:** | **MEETS**   **DOES NOT MEET**  **RESOURCE LINK**       **INSUFFICIENT INFO** |
| **Subprogram(s) used for Acceptance (n/a if not accepted):** |  | | |
| **Finding (record finding for each subprogram listed above)** |  | | |
| **Disposition (outcome):** | **OPENED**       **CLOSED** **N/A (DNM/Resource Links)** | | |
| **Allegations:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Alleged Victims:** |  | | |
| **Alleged Perpetrators:** |  | | |
| **Intake ID:** |  | **Case No:** |  |
| **Date:** |  | **Intake Determination:** | **MEETS**   **DOES NOT MEET**  **RESOURCE LINK**       **INSUFFICIENT INFO** |
| **Subprogram(s) used for Acceptance (n/a if not accepted):** |  | | |
| **Finding (record finding for each subprogram listed above)** |  | | |
| **Disposition (outcome):** | **OPENED**       **CLOSED** **N/A (DNM/Resource Links)** | | |
| **Allegations:** |  | | |

**ONGOING HISTORY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **FNF incident individual involved in this period of service:** |  | | |
| **Case Number:** |  | | |
| **Open Date:** |  | **Close Date:** |  |
| **Closing Justification:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **FNF incident individual involved in this period of service:** |  | | |
| **Case Number:** |  | | |
| **Open Date:** |  | **Close Date:** |  |
| **Closing Justification:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **FNF incident individual involved in this period of service:** |  | | |
| **Case Number:** |  | | |
| **Open Date:** |  | **Close Date:** |  |
| **Closing Justification:** |  | | |

# SECTION III – FATALITY/NEAR FATALITY INVESTIGATION SUMMARY

**Finding Summary: APPROVAL DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Victim** | **Perpetrator** | **Subprogram** | **Finding** | **F/NF designation** |
|  |  |  |  | **YES  NO** |
|  |  |  |  | **YES  NO** |
|  |  |  |  | **YES  NO** |
|  |  |  |  | **YES  NO** |
|  |  |  |  | **YES  NO** |

**SUMMARY OF INCIDENT AND FINDING JUSTIFICATION:**

|  |
| --- |
|  |

**DATA COLLECTION:**

DV HISTORY  SUBSTANCE ABUSE HISTORY  SUBSTANCE TYPE:

MENTAL HEALTH HISTORY  CRIMINAL HISTORY  CPS HISTORY AS A MINOR

SERIAL RELATIONSHIPS  CARETAKER RECEIVES SSI  CHILD RECEIVES SSI

|  |  |
| --- | --- |
| # of other children in the home at the time of the F/NF (not including Victim) |  |
| Military History | Yes  NO |
| # of Caretaker(s) in the home at the time of the F/NF incident |  |

VIOLENCE CONTRIBUTED  SUBSTANCE ABUSE CONTRIBUTED  MENTAL HEALTH CONTRIBUTED

|  |  |  |  |
| --- | --- | --- | --- |
| Repeat Maltreatment for F/NF victim(S) within 12 months of f/nf incident | yes  NO | Victim: | DATE: |
| Repeat Maltreatment for F/NF Perp(S) within 12 months of F/NF Incident | yes  NO | PERP: | DATE: |

***\*\*\*ALL REMAINING SECTIONS ARE FOR CENTRAL OFFICE USE ONLY\*\*\****

# SECTION IV – MDT Meeting Summary

Meeting Date:

MDT Meeting Summary:

|  |
| --- |
|  |

Recommended for Further Review:  Yes No

# SECTION V – LEARNING POINT and HUMAN FACTORS DEBRIEFING

*Learning Point 1:*

|  |
| --- |
|  |

*LEarning Point2:*

|  |
| --- |
|  |

*Learning Point 3*

|  |
| --- |
|  |

# SECTION VI – SYSTEMS ANALYSIS MAP and NARRATIVE

MAPPING DATE: \_\_\_\_\_\_\_\_\_\_\_\_ MAP TEAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| (Insert Systems Mapping Image) |

Learning POINT narrative 1:

|  |
| --- |
|  |

Learning POINT Narrative 2:

|  |
| --- |
|  |

Learning POINT Narrative 3:

|  |
| --- |
|  |

# SECTION VII – SYSTEMS ANALYSIS SCORING TOOL

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| F/NF Number: |  | | | | | |
| **INFLUENCE**  0 – No Evidence 1- Minimal Evidence 2 – Evidence 3- Substantial Evidence | | | | | | |
| Themes | | 0 | 1 | 2 | 3 | Narrative (required if rating 2 or 3) |
| Cognition | |  |  |  |  |  |
| Demand-Resource Mismatch | |  |  |  |  |  |
| Documentation | |  |  |  |  |  |
| Equipment/Tools/Technology | |  |  |  |  |  |
| Teamwork/coordinating activities | |  |  |  |  |  |
| Knowledge Gap | |  |  |  |  |  |
| Medical | |  |  |  |  |  |
| Prescribed Practice | |  |  |  |  |  |
| Production/Efficiency Pressure | |  |  |  |  |  |
| Service Availability | |  |  |  |  |  |
| Supervisory Support | |  |  |  |  |  |
| Procedural Drift | |  |  |  |  |  |