# 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:**

**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:

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

 Name:

 DOB:

 TWIST ID#:

 Gender:

 Race:

**Parent Information:**

 Mother’s Name: DOB: TWIST ID#:

 Father’s Name: DOB: TWIST ID#:

**Other Children in the Home:**

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

**Other Household Members & Pertinent Individuals (paramours, etc.):**

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

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

|  |
| --- |
|   |

**For Near Fatalities Only:**

Physician certifies the child serious or critical condition:[ ]  Yes [ ]  No

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

**Worker name/phone number:**

**Supervisor name/phone number:**

# Section II – CHRONOLOGICAL CASE HISTORY

(replicate for each INTAKE ID and Period of Ongoing Service)

**DCBS History?** [ ]  **Yes** [ ]  **No**

**Intake and Investigation History:**

|  |  |
| --- | --- |
| **Victims:**  |  |
| **Perpetrators:** |  |
| **Case Name:**  |  | **Intake ID:** |  | **Case No:** |  |
| **Date:**  |  | **Accepted As:** |  |
| **Finding:** |  |
| **Allegations:** |  |

|  |  |
| --- | --- |
| **Victims:**  |  |
| **Perpetrators:** |  |
| **Case Name:**  |  | **Intake ID:** |  | **Case No:** |  |
| **Date:**  |  | **Accepted As:** |  |
| **Finding:** |  |
| **Allegations:** |  |

|  |  |
| --- | --- |
| **Victims:**  |  |
| **Perpetrators:** |  |
| **Case Name:**  |  | **Intake ID:** |  | **Case No:** |  |
| **Date:**  |  | **Accepted As:** |  |
| **Finding:** |  |
| **Allegations:** |  |

|  |  |
| --- | --- |
| **Victims:**  |  |
| **Perpetrators:** |  |
| **Case Name:**  |  | **Intake ID:** |  | **Case No:** |  |
| **Date:**  |  | **Accepted As:** |  |
| **Finding:** |  |
| **Allegations:** |  |

**ONGOING HISTORY:**

|  |  |
| --- | --- |
| **FNF incident individual:**  |  |
| **Case Name:**  |  | **Case Number:**  |  |
| **Open Date:**  |  | **Close Date:** |  |
| **Closing Justification:**  |  |

# SECTION III – FATALITY/NEAR FATALITY INVESTIGATION SUMMARY

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Victim**  | **Perpetrator**  | **Subprogram** | **Finding**  | **D/ND 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 [ ]

|  |  |
| --- | --- |
| # 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

(replicate for each learning point)

*Learning POint 1:*

|  |
| --- |
|  |

*LEarning Point2:*

|  |
| --- |
|  |

*Learning Point 3*

|  |
| --- |
|  |

# SECTION VI – SYSTEMS ANALYSIS MAP and NARRATIVE

MAPPING DATE: \_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| (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 |[ ] [ ] [ ] [ ]   |
| Equiptment/Tools/Technology |[ ] [ ] [ ] [ ]   |
| Teamwork/coordinating activities  |[ ] [ ] [ ] [ ]   |
| Knowledge Gap |[ ] [ ] [ ] [ ]   |
| Medical  |[ ] [ ] [ ] [ ]   |
| Prescribed Practice  |[ ] [ ] [ ] [ ]   |
| Production/Efficiency Pressure  |[ ] [ ] [ ] [ ]   |
| Service Availability |[ ] [ ] [ ] [ ]   |
| Supervisory Support |[ ] [ ] [ ] [ ]   |
| Procedural Drift  |[ ] [ ] [ ] [ ]   |