# 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:** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**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 | |  |  |  |  |  |