# 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 F/NF victim):**

Name:

DOB:

SSN:

Gender:

Race:

**Parent Information:**

Mother’s Name: DOB: SSN:

Father’s Name: DOB: SSN:

**Other Children in the Home:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **DOB:** | **Age:** | **Current Safety Arrangement** |
|  |  |  |  |
|  |  |  | . |

**Other Pertinent Individuals (paramours, other household members, etc.):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Relationship:** | **DOB:** | **SSN:** |
|  |  |  |  |
|  |  |  |  |

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

|  |
| --- |
|  |

**For near fatalities only:**

Physician certifies the child is in 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:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **F/NF incident individual(s):** |  | | | | |
| **Case Name:** |  | **Intake ID:** |  | **Case No.:** |  |
| **Date:** |  | **Accepted As:** |  | | |
| **Allegations:** |  | | | | |
| **Finding:** |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **F/NF incident individual(s):** |  | | | | |
| **Case Name:** |  | **Intake ID:** |  | **Case No.:** |  |
| **Date:** |  | **Accepted As:** |  | | |
| **Allegations:** |  | | | | |
| **Finding:** |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **F/NF incident individual(s):** |  | | | | |
| **Case Name:** |  | **Intake ID:** |  | **Case No.:** |  |
| **Date:** |  | **Accepted As:** |  | | |
| **Allegations:** |  | | | | |
| **Finding:** |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **F/NF incident individual(s):** |  | | | | |
| **Case Name:** |  | **Intake ID:** |  | **Case No.:** |  |
| **Date:** |  | **Accepted As:** |  | | |
| **Allegations:** |  | | | | |
| **Finding:** |  | | | | |

**ONGOING HISTORY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **F/NF incident individual:** |  | | |
| **Case Name:** |  | **Case Number:** |  |
| **Open Date:** |  | **Close Date:** |  |
| **Closing Justification:** |  | | |

# SECTION III – FATALITY/NEAR FATALITY INVESTIGATION SUMMARY

**Finding Summary:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Victim** | **Perpetrator** | **Subprogram** | **Finding** | **D/ND designation** |
|  |  |  |  |  |
|  |  |  |  |  |
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**SUMMARY OF INCIDENT AND FINDING JUSTIFICATION:**

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| --- |
|  |

**DATA COLLECTION:**

DV HISTORY  SUBSTANCE ABUSE HISTORY  TYPE:

MENTAL HEALTH HISTORY  CRIMINAL HISTORY  CPS HISTORY AS A MINOR

SERIAL RELATIONSHIPS  CARETAKER RECEIVES SSI

|  |  |
| --- | --- |
| # of children in the home at the time of the F/NF (not including Victim) |  |
| Military History |  |
| # of Caretakers in the home at the time of the F/NF incident |  |

VIOLENCE CONTRIBUTED  SUBSTANCE ABUSE CONTRIBUTED  MENTAL HEALTH CONTRIBUTED

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Repeat Maltreatment |  | Victim/Perp |  | |
| # of months between F/NF incident and Most Recent investigation or Ongoing involvement | | | |  |

***\*\*\*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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |
| --- |
| *Human Factors DeBriefing Narrative:* |

*LEarning Point2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |
| --- |
| *Human Factors DeBriefing Narrative:* |

*Learning Point 3:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

|  |
| --- |
| *Human Factors DeBriefing Narrative:* |

# SECTION VI – SYSTEMS ANALYSIS MAP and NARRATIVE

|  |
| --- |
| (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 | |  |  |  |  |  |