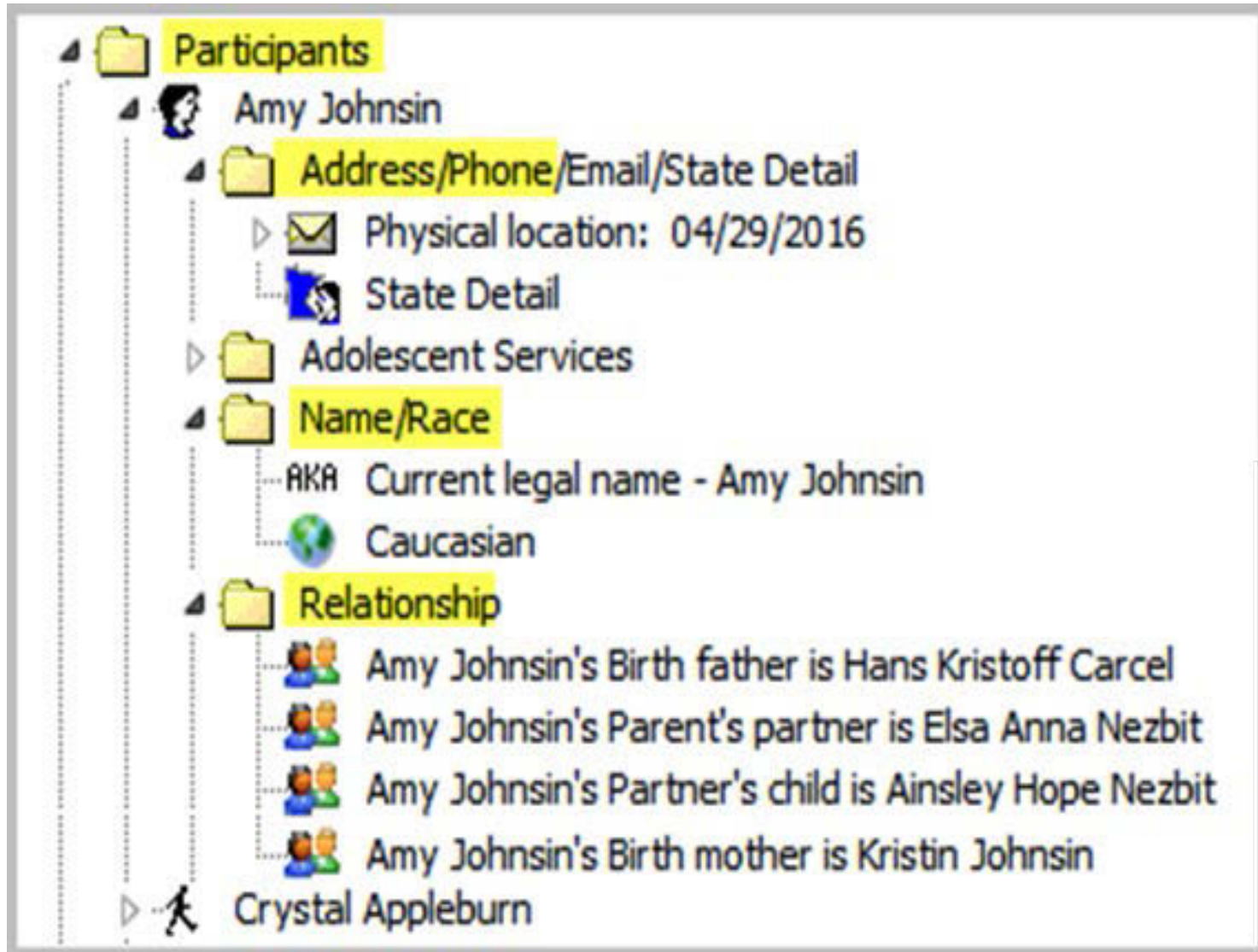




# Notice of Child Fatality or Near Fatality Training

# Check Client Node Folders

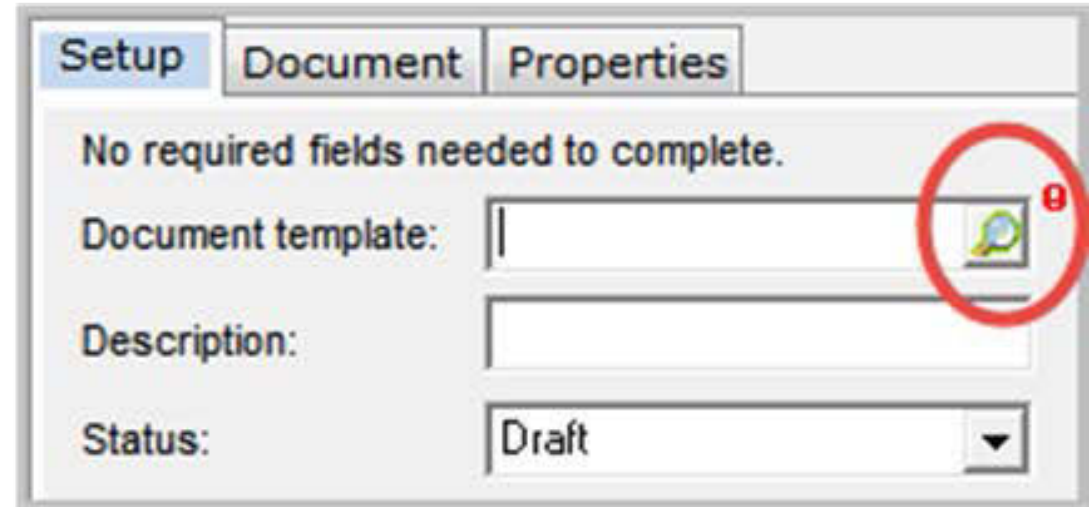
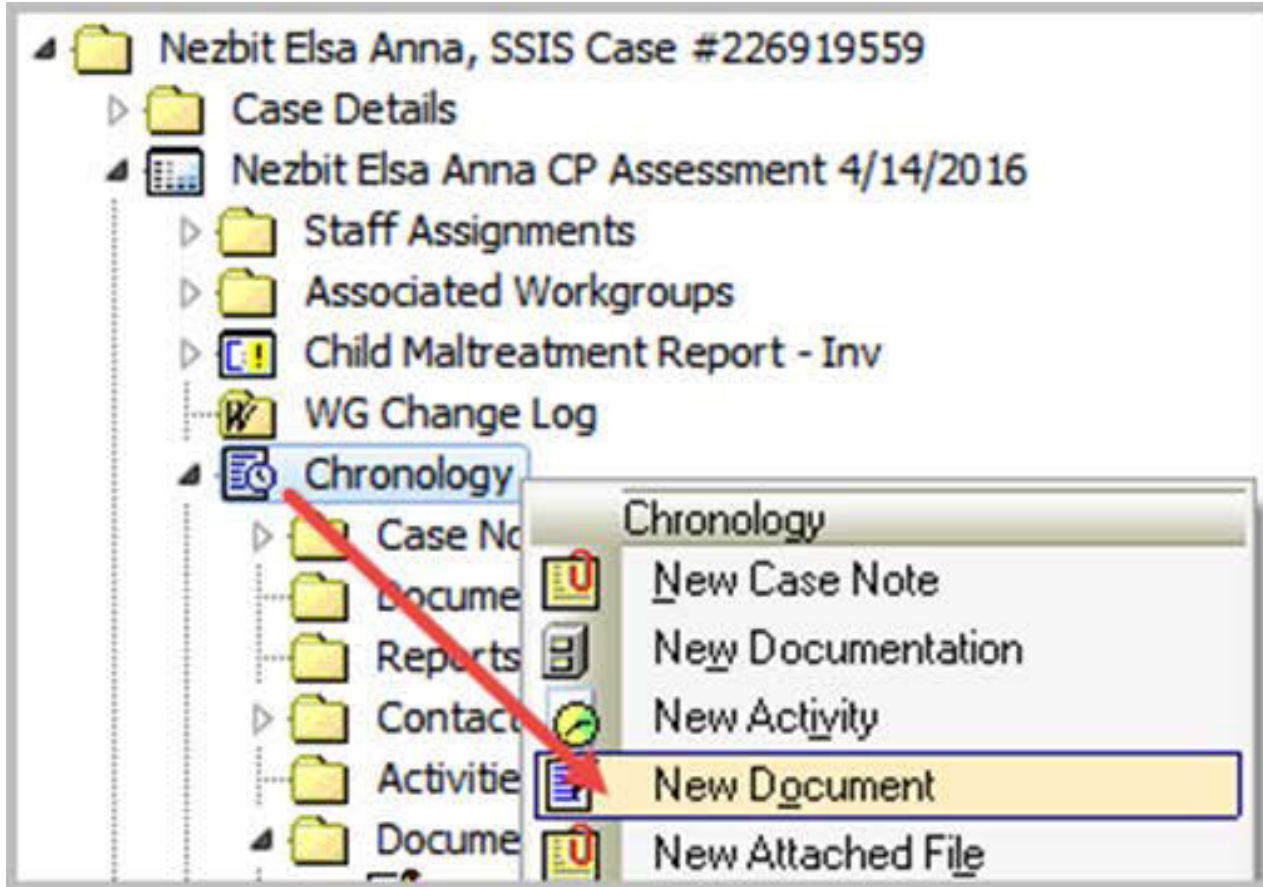


Save time by ensuring information in all Client node folders is updated prior to opening the document.

In particular check:

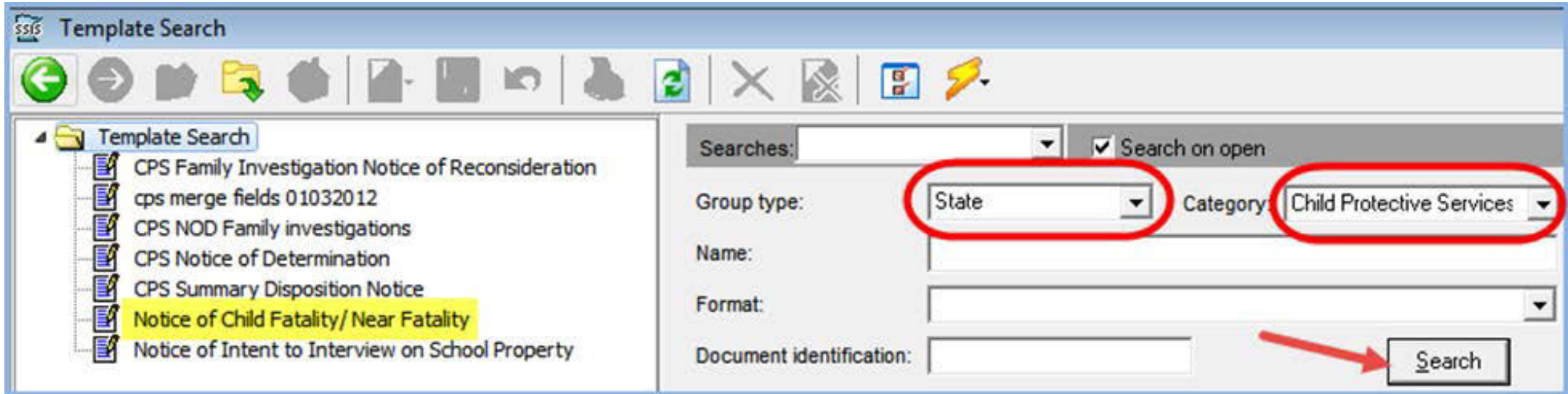
- **Legal Name** spelling
- **Addresses**
- **Relationships**
- **ICWA** status

# Access the Document



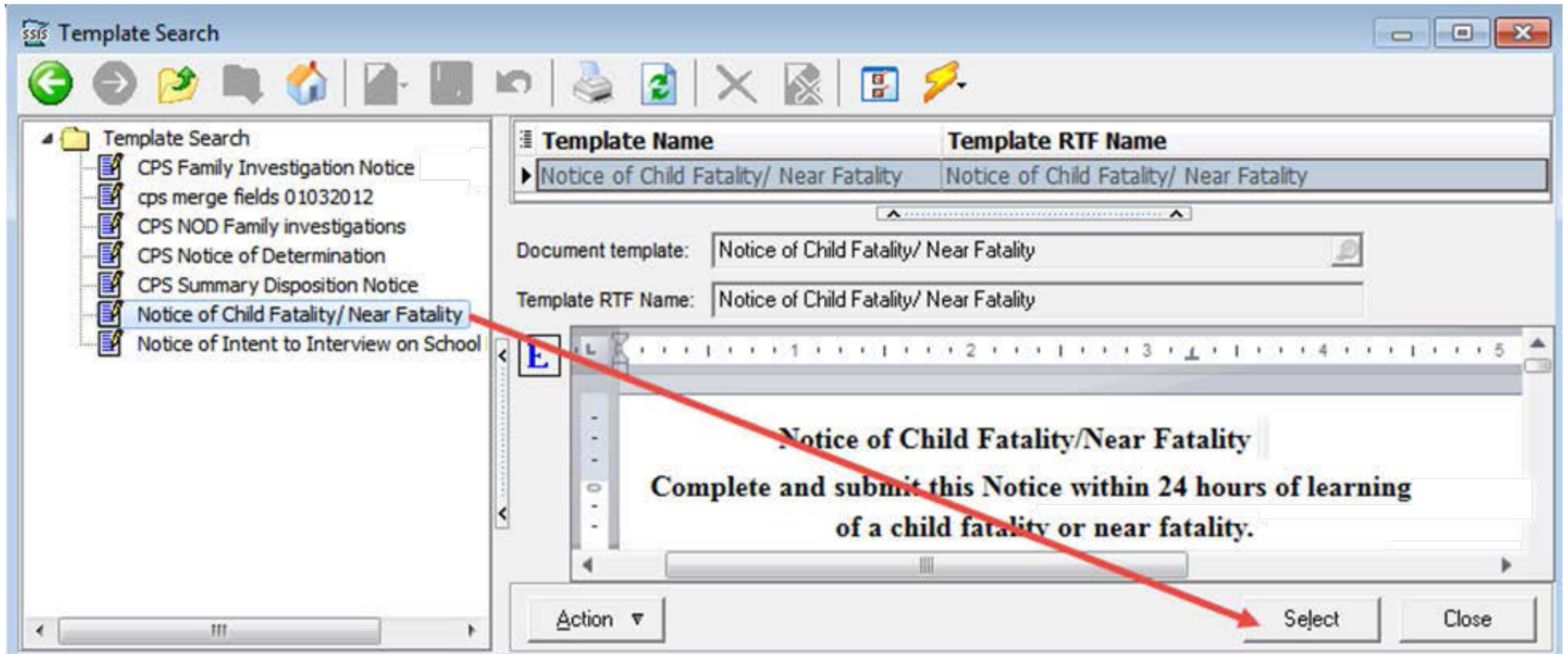
The **Child Fatality/Near Fatality Document** is opened from **Chronology**.  
Click the *magnifying glass* button to locate the template.

# Locate the Document



To shorten the list of documents in the **Template Search** Tree View, select **State** in the **Group type** field and **Child Protective Services** in the **Category** field prior to clicking the **Search** button.

# Open the Document



Click on the **Child Fatality/Near Fatality Document** in the Tree View, and click the **Select** button to open it.

# Setup Tab #1

The screenshot displays a software interface with a file tree on the left and a 'Setup' tab on the right. The file tree shows a hierarchy starting with 'Nezbit Elsa Anna, SSIS Case #226919559', followed by 'Case Details', 'Nezbit Elsa Anna CP Assessment 4/14/2016', and 'Chronology'. Under 'Chronology', there are folders for 'Case Notes', 'Documentation', 'Reports', 'Contacts', 'Activities', and 'Documents'. The 'Documents' folder is expanded, showing a document named 'Document - Text Here Displays in Tree View'. The 'Setup' tab on the right has three sub-tabs: 'Setup', 'RTF Document', and 'Properties'. The 'Setup' sub-tab is active and contains the following fields: 'Document template' (Notice of Child Fatality/ Near Fatality), 'Description' (Text Here Displays in Tree View), 'Status' (Draft), and 'Finalized date'. Below this is a 'Document' section with a 'Document' field (Text Here Displays in Tree View) and an 'Elements' section with four date fields: 'Date of this report', 'Date the agency became aware of fatality', 'Fatality date', and 'Near fatality date'. All these date fields have the value '4/25/2016' entered. A blue dashed arrow points from the 'Description' field in the 'Setup' tab to the 'Document - Text Here Displays in Tree View' entry in the file tree.

Text entered in any document's **Description** field copies into the Tree View.

Enter the correct **Date** fields within the **Document** section.

# Setup Tab #2

Workgroup  
Workgroup: Nezbit Elsa Anna CP Assessment 4/14/2016

Child  
Participant: Johnsini, Amy  
First name: Amy  
Middle initial:  
Last name: Johnsini  
Date of birth: 04/01/2015

Address  
Address: Physical location  
Formatted address: 444 Lafayette Road North  
St. Paul, MN 55155

Alleged Offender  
Relationships: Nezbit, Elsa Anna  
Gender specific relationship: Parent's partner  
First name Last name: Elsa Nezbit

Other adult in the household 1  
Relationships: Carcel, Hans Kristoff  
Gender specific relationship: Birth father  
First name Last name: Hans Carcel

Surviving child in household 3  
Relationships: Nezbit, Emma Brooke  
Gender specific relationship: Partner's child  
First name Last name: Emma Nezbit

Select the following persons in their related **Participants** or **Relationships** fields, and select a current **Address** as is applicable:

- The name of the identified **Child**
- The name of the **Alleged Offender**
- The names of as many as **3 Other adults in the household**, and
- The names of as many as **6 Surviving children in the household**.

# Setup Tab #3

The screenshot displays a software interface with three tabs: "Father", "Indian Custodian", and "Mother". Each tab contains a "Participant" field, a "First name Last name" field, an "Address" field with a dropdown menu, and a "Formatted address" field. Red circles highlight the "Father", "Indian Custodian", and "Mother" tabs, and the dropdown menu in the "Address" field of the "Father" and "Mother" tabs.

**Father**

Participant: Carcel, Hans Kristoff

First name Last name: Hans Carcel

Address: Address: Physical location

Formatted address: 444 Lafayette Road North  
St. Paul, MN 55155

**Indian Custodian**

Participant:

First name Last name:

**Mother**

Participant: Johnsin, Kristin

First name Last name: Kristin Johnsin

Address: Address: Physical location

Formatted address: 555 Continent Lane  
Riyadh Riyadh Riyadh Saudi Arabia

Select the following persons in their related **Participants** fields, and select a current **Address** as is applicable:

- The Child's **Father**
- The Child's **Indian Custodian**
- The Child's **Mother**

# Setup Tab #4 and Editor Button

Social Worker

Staff: Walswick, Angela

Full name: Angela Walswick

Document credentials: SSIS Trainer

Title: Social Worker

Phone: (651)431-4793

E-mail: angela.m.walswick@state.mn.

Supervisor

Staff: Warren, Jim

Full name: Jim Warren

Document credentials: DHS

Title: Supervisor

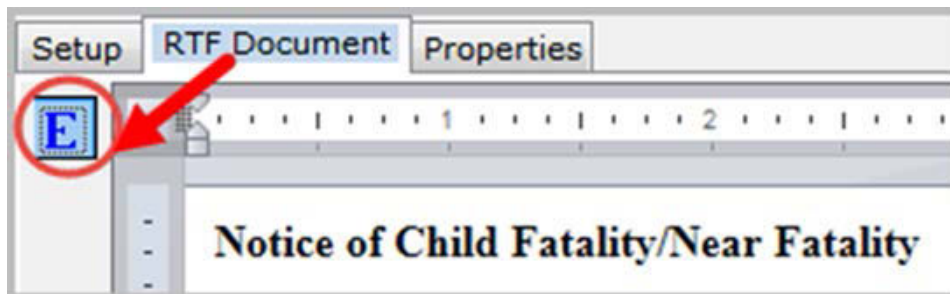
Phone: (651)431-3000

E-mail: jim.warren@ssis.bjorn.mn.us

Select the following **Staff** persons:

- The **Social Worker**, and
- The **Supervisor**.

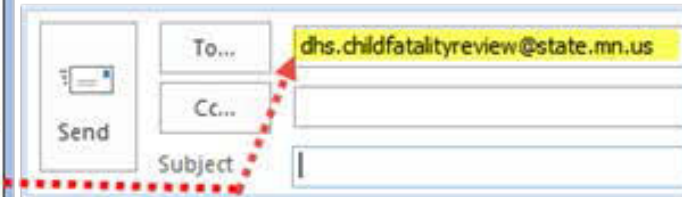
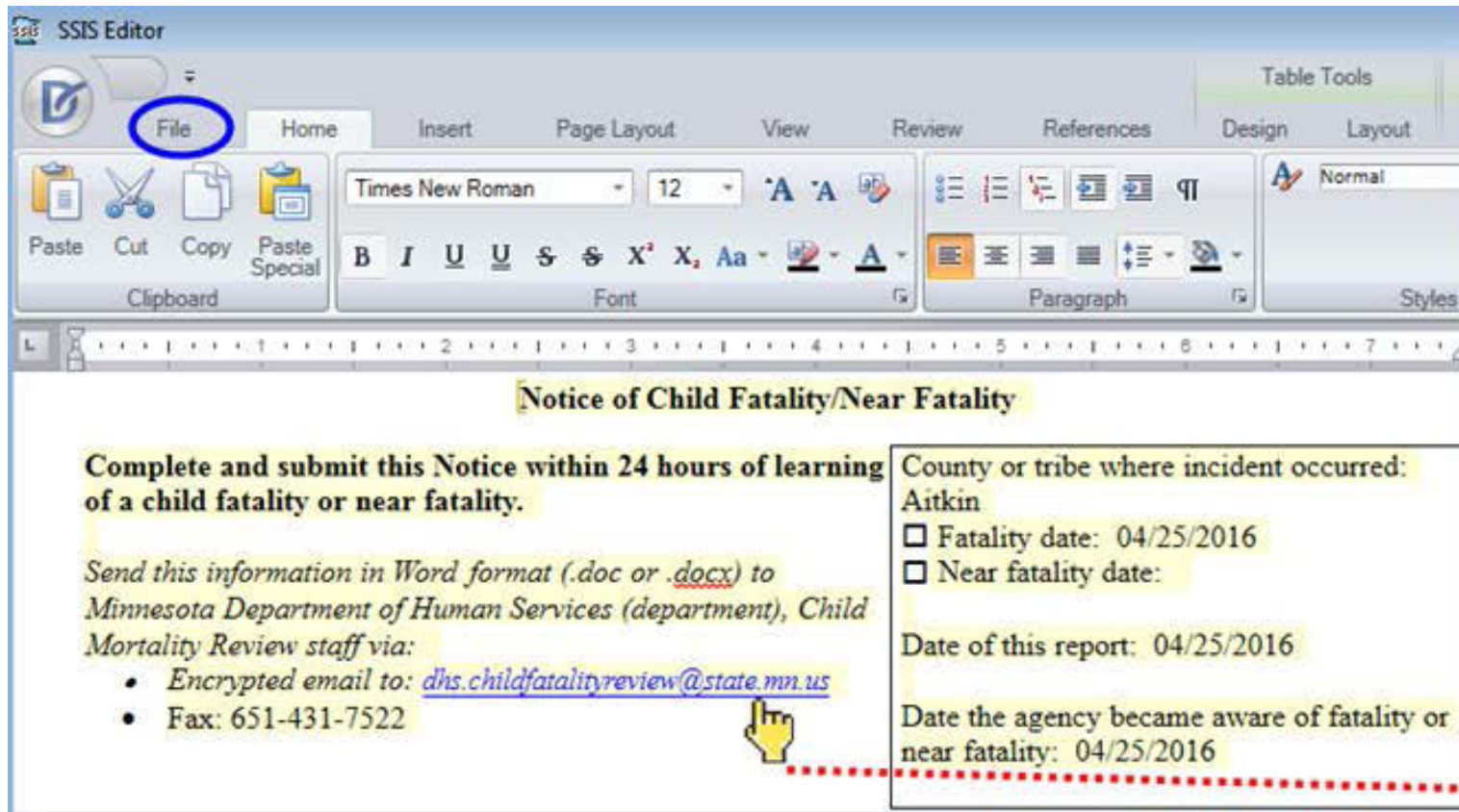
The remaining fields merge information as previously entered in SSIS Admin.



After saving, click the **RTF Document** tab.

Click the **E Editor** button to open the document in its own Editor window; this provides editing features such as Spell Check.

# Editor Window Email Link



Text is highlighted to indicate where it is editable.

Once the document is complete, click **Save As** beneath the **File** tab and save it to a secure location. Click the [link](mailto:dhs.childfatalityreview@state.mn.us) in the document to open an email window;

Attach the document to electronically submit it to DHS.

# Editor Window Tip Sheet Link

When a local agency learns of a fatality or near fatality under circumstances listed below, the agency shall complete the Child Fatality and Near Fatality Notice form in its entirety, except for the noted department's section.

The following are circumstances surrounding the fatality or near fatality that require Notice completion, the:

- Fatality or near fatality of a child resulted from maltreatment or suspected maltreatment,
- Manner of death was due to Sudden Infant Death Syndrome, or was other than by natural causes, and the child was a member of a family receiving social services from a local agency, a member of a family that received social services during the year previous to the child's death, or a member of a family that was the subject of a child protection assessment, **AND** the fatality or near fatality was likely due to external factors (not natural disease process),
- Fatality or near fatality occurred in a licensed facility (day care, foster care, group home, etc.)

Minnesota Statute 626.556, subd. 11d defines near fatality as: "...a case in which a physician determines that a child is in serious or critical condition as the result of sickness or injury caused by child abuse or neglect." See the [Tip Sheet for Determining a Near Fatality](#) to assist in accurately identifying near fatalities that are required to be reported to the department via this Notice.

Read the document's instructions.

Click the **Tip Sheet** link to access additional help in determining a near fatality.

The **Tip Sheet** opens in its own internet tab.



# Family Information Section

**I.**

Family information		
Child's name:	Amy Johnsin	DOB: 04/01/2015
Home address:	444 Lafayette Road North St. Paul, MN 55155	
Mother's name:	Kristin Johnsin	Address: 555 Continent Lane Riyadh Riyadh Riyadh Saudi Arabia
Father's name:	Hans Carcel	Address: 444 Lafayette Road North St. Paul, MN 55155
Indian custodian:		
Alleged offender: Elsa Nezbit		Relationship to child: Parent's partner
Name of other adults in the household	Relationship to child	Reside in the household where the incident occurred?
Hans Carcel	Birth father	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name/age of surviving children in household	Relationship to child	Child's current location (i.e., home, relative, foster care)
Ainsley Nezbit	Partner's child	
Maia Nezbit	Partner's child	
Emma Nezbit	Partner's child	
Is the child an American Indian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of the child's tribe: Has the child's tribe been notified of the fatality/near fatal injury? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: The child's tribe should be invited to attend the local child mortality review meeting.)	

Complete the **Family information** section.

Much of the data in this section merges from the **Setup** tab; all text whether merged or entered is editable.

Enter additional text and/or select checkboxes as are applicable.

# Fatality Case Information Section

**II.**

<b>Fatality or near fatality case information</b>	
City, county, state where incident occurred:	City, county, state of child's death: <input type="checkbox"/> N/A (this is a near fatality)
Category of fatality/near fatality	
<input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Medical neglect/ medical issues <input type="checkbox"/> SIDS/SUDI* /SUID**	<input type="checkbox"/> Inflicted near fatal injury <input type="checkbox"/> Pending <input type="checkbox"/> Undetermined <input type="checkbox"/> Other, specify: * SUDI – Sudden Unexpected Death in Infancy **SUID – Sudden Unexpected Infant Death

Complete the **Fatality or near fatality case information** section.  
 Enter text and/or select checkboxes as are applicable.

# Fatality in a Licensed Facility Section

**III.**

**Fatality or near fatality in a licensed facility**

Type of facility:  N/A – Incident did not occur in a facility

Family daycare  Center-based daycare

Foster care  Group home

Residential treatment center  Other, specify:

Provider name:

County or tribe where located: Licensing agency:

Complete the **Fatality or near fatality in a licensed facility** section.

Enter text and/or select checkboxes as are applicable.

# Child Protection Involvement Section

## IV.

### Current or prior child protection involvement

If maltreatment is suspected, indicate maltreatment type:

Was a child protection report made as a result of the fatality or near fatality?

Yes  No

Yes  No

Is there an open investigation linked to the fatality or near fatality?

Were social services provided to the family in the year prior to the fatality or near fatality?

Yes  No

Complete the **Current or prior child protection involvement** section.

Enter text and/or select checkboxes as are applicable.

# Other Professionals Section

V.

<b>Other professionals involved</b>	
Is there a current law enforcement investigation regarding the fatality/near fatality? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact information for law enforcement conducting the investigation:	
<input type="checkbox"/> Emergency medical services/fire department Agency:	
<input type="checkbox"/> Coroner/medical examiner Agency:	
<input type="checkbox"/> Physician/hospital Agency:	

Complete the **Other professionals involved** section.  
Enter text and/or select checkboxes as are applicable.

# Describe Circumstances Section

VI.

Describe what is known about the circumstances surrounding the fatality or near fatality:  
(Include information about who was caring for the child at the time of the incident; information known to the agency about factors contributing to the incident; what was learned from the law enforcement investigation and medical evaluation, or other professionals. Include any other information deemed by the agency to be significant or useful in helping the department understand what occurred.)

Person completing this notice:

Angela Walswick, SSIS Trainer

Title: Social Worker

Phone: (651)431-4793

Email address: [angela.m.walswick@state.mn.us](mailto:angela.m.walswick@state.mn.us)

Supervisor's name, email and phone contact information:

Jim Warren, DHS

Supervisor

(651)431-3000

[jim.warren@ssis.bjorn.mn.us](mailto:jim.warren@ssis.bjorn.mn.us)

For questions regarding completing this form, contact Child Mortality Review staff at:

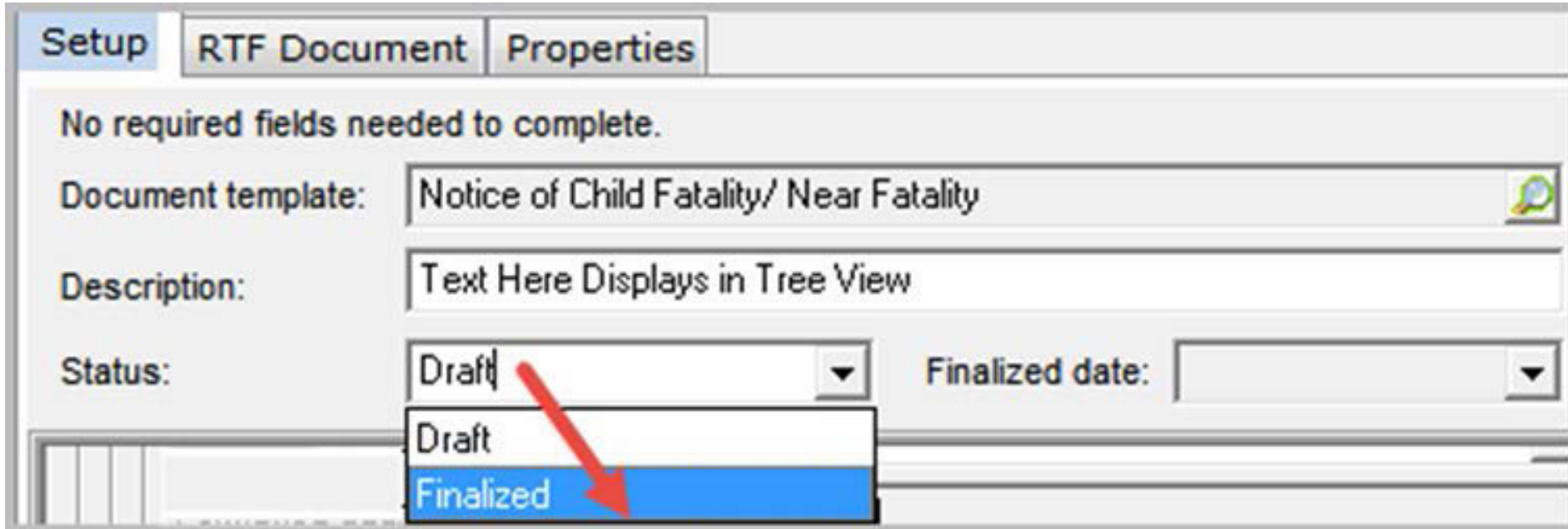
[dhs.childfatalityreview@state.mn.us](mailto:dhs.childfatalityreview@state.mn.us), or 651-431-4660.

Complete the  
**Describe  
circumstances**  
section.

Enter text and  
ensure the merged  
information  
throughout the  
document is  
correct.

**Print** the document  
if desired; click **Save**  
and then close the  
document.

# Setup Tab – Finalize Document



The screenshot shows a software interface with three tabs: 'Setup', 'RTF Document', and 'Properties'. The 'Setup' tab is active. Below the tabs, there is a message: 'No required fields needed to complete.' The 'Document template' field contains 'Notice of Child Fatality/ Near Fatality'. The 'Description' field contains 'Text Here Displays in Tree View'. The 'Status' dropdown menu is open, showing 'Draft' and 'Finalized' options. A red arrow points to the 'Finalized' option. The 'Finalized date' field is empty.

When the document is complete, return to the **Setup** tab and change the **Status** field from **Draft** to **Finalized** and click **Save** in the toolbar.

# Questions?



# Contacts

- Child Mortality Review Team
  - [Dhs.childfatalityreview@state.mn.us](mailto:Dhs.childfatalityreview@state.mn.us) or
  - 651-431-4660

If you'd like to reach one of the team members directly:

- Ruth Clinard – 651-431-4696
- Ryan Hartneck – 651-431-2693
- Kristine Frick – 651-431-4285
- Brittany Lochner – 651-431-4014