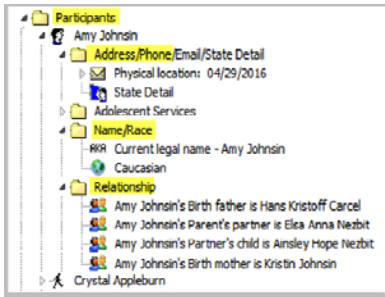


Check Client Node Folders

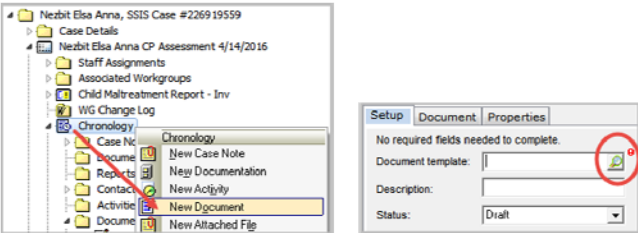


Save time by ensuring information in all Client node folders is updated prior to opening the document.

In particular check:

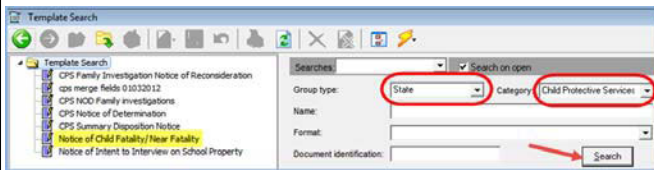
- Legal Name spelling
- Addresses
- Relationships
- ICWA status

Access the Document



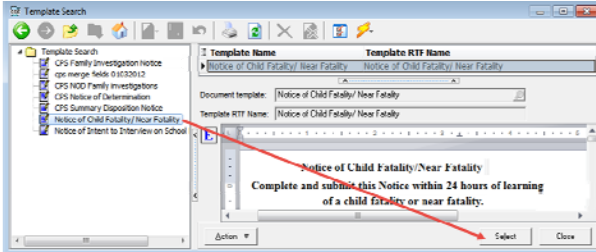
The **Child Fatality/Near Fatality Document** is opened from **Chronology**.
Click the *magnifying glass* button to locate the template.

Locate the Document



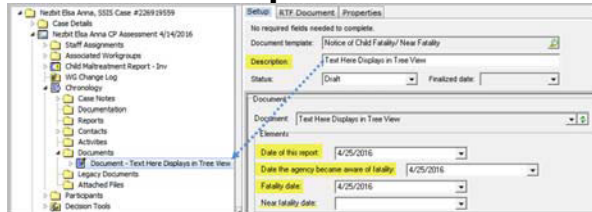
To shorten the list of documents in the **Template Search** Tree View, select **State** in the **Group type** field and **Child Protective Services** in the **Category** field prior to clicking the **Search** button.

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



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

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

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

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.

Fatality Case Information Section

II. Fatality or near fatality case information	
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.

13

Fatality in a Licensed Facility Section

III. Fatality or near fatality in a licensed facility	
Type of facility:	<input type="checkbox"/> N/A – Incident did not occur in a facility
<input type="checkbox"/> Family daycare <input type="checkbox"/> Foster care <input type="checkbox"/> Residential treatment center	<input type="checkbox"/> Center-based daycare <input type="checkbox"/> Group home <input type="checkbox"/> 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.

14

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an open investigation linked to the fatality or near fatality?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were social services provided to the family in the year prior to the fatality or near fatality?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Complete the **Current or prior child protection involvement** section.
Enter text and/or select checkboxes as are applicable.

15

Other Professionals Section

Other professionals involved	
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.

16

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
 Supervisor's name, email and phone contact information:
 Jim Warren, DHS
 Supervisor
 (651)431-3000
 jim.warren@sis.bjorn.mn.us

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

17

Setup Tab – Finalize Document

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.

18

Questions?



19

Contacts

- Child Mortality Review Team
 - 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

20
