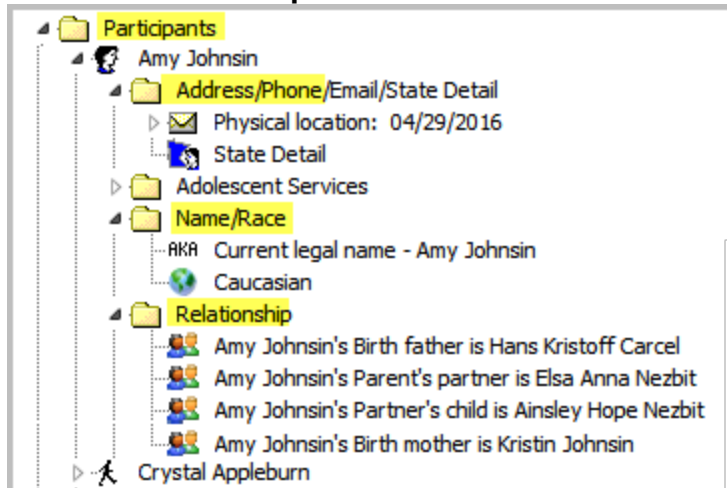


Notice of Child Fatality / Near Fatality SSIS Tutorial

The Notice of Child Fatality / Near Fatality document is completed within 24 hours of learning that a child fatality or near fatality has occurred. The document may be electronically submitted from SSIS to DHS Child Mortality Review staff via encrypted email by following the steps outlined below.

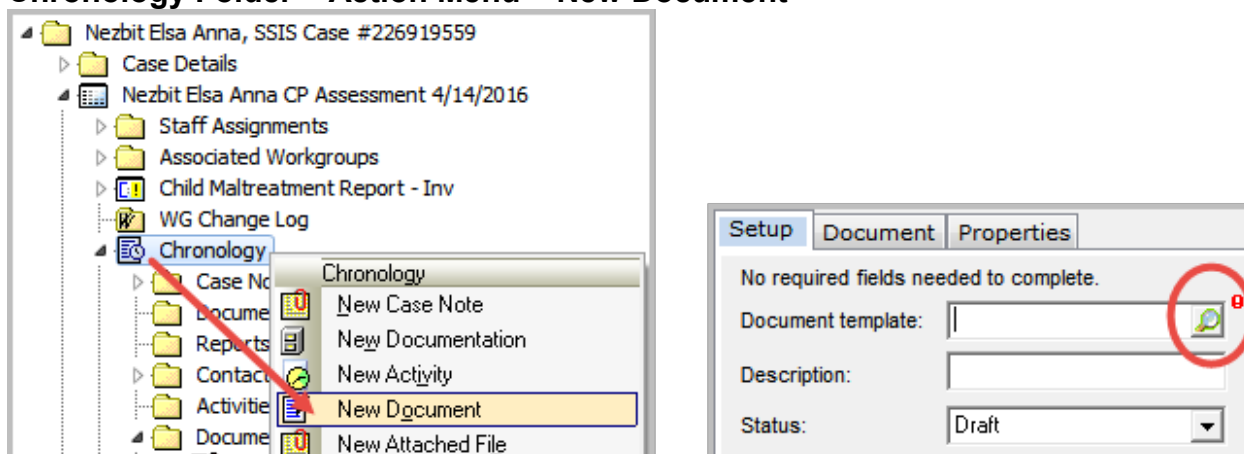
Tree View – Participants Folder – Client Node Subfolders



Before Opening the Notice of Child Fatality / Near Fatality Document:

1. Ensure the names of the following persons are entered as **Participants**:
 - **Child** with accurate **Legal name**, **Date of birth**, and **Address**
 - **Alleged Offender** with **Relationship** to identified Child
 - **Other adults in the household** with **Relationships** to identified Child
 - **Surviving children in the household** with **Relationships** to Child
 - Name of identified Child's **Father** and current **Address**
 - Name of identified Child's **Indian Custodian**, if applicable
 - Name of identified Child's **Mother** and current **Address**
 - Name of **Primary Social Worker**, and
 - Name of **Supervisor**.
2. Click **Save** and **Refresh** in the toolbar.

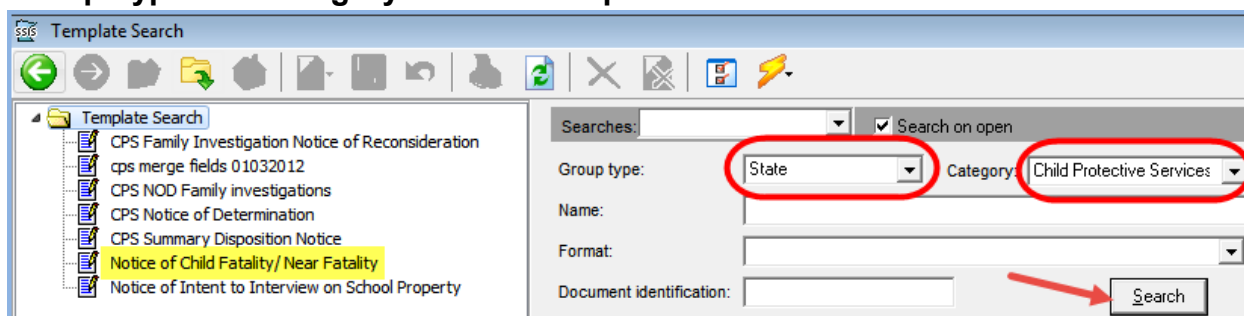
Chronology Folder – Action Menu – New Document



To Search for the Child Fatality / Near Fatality Document:

3. Right-click on the **Chronology** folder and select **New Document**.
4. From the **Setup** tab, click the magnifying glass button in the **Document template** field.

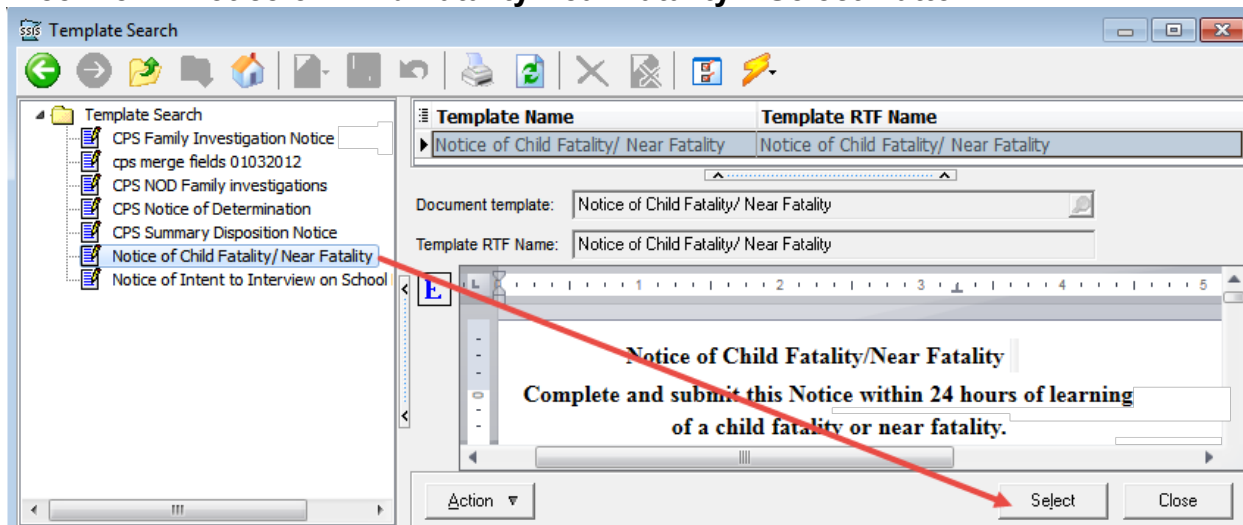
Group Type and Category Fields – Template Search Tree View



To Locate the Notice of Child Fatality / Near Fatality Document:

5. In the **Group type** field select **State**.
6. In the **Category** field select **Child Protective Services**.
7. Click the **Search** button.
8. Click on the **Notice of Child Fatality/Near Fatality** in the Tree View.

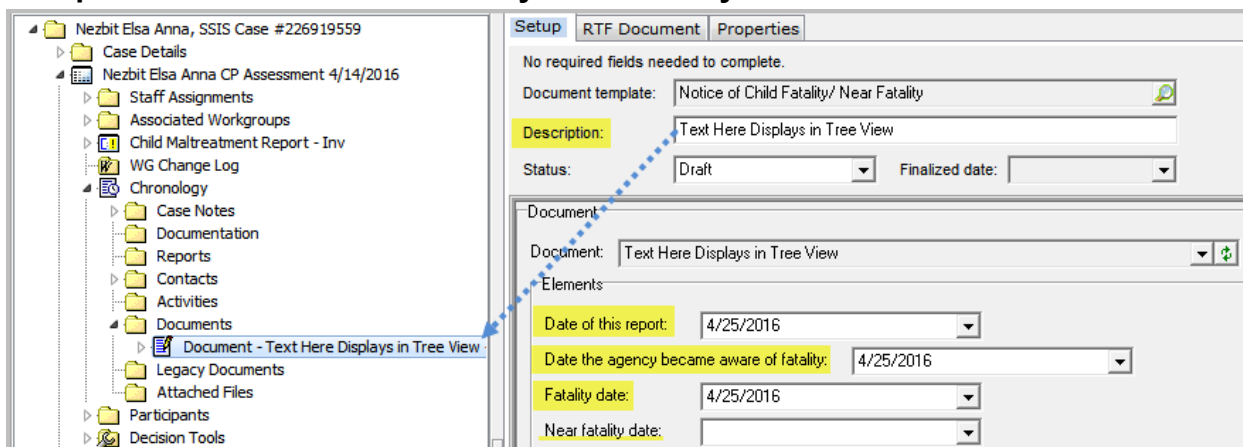
Tree View - Notice of Child Fatality/Near Fatality – Select Button



To Open the Child Fatality / Near Fatality Document:

9. A preview of the **Notice of Child Fatality/Near Fatality** document displays.
10. Click the **Select** button.

Setup Tab - Notice of Child Fatality/Near Fatality – Document Section Fields



To Complete the Document Section Fields:

1. The **Setup** tab displays.
2. If desired, delete the text in the **Description** field and enter text to identify the document in the Tree View (such as the Child's name).
3. Enter the **Date** of this report in the corresponding field.
4. As is applicable, in the corresponding fields enter either the
 - a. **Date the agency became aware of fatality**, and **Fatality date**, or
 - b. **Near fatality date**.

Setup Tab – Child, Offender, Other Adult and Surviving Child Fields

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

Child

Participant: Johnsni, Amy

First name: Amy
 Middle initial:
 Last name: Johnsni
 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



To Complete the Child, Offender, Other Adult and Surviving Child Fields:

5. Select the name of the identified Child in the **Participant** field.
6. Select the child's current **Address** in the corresponding field.
7. Select the name of the **Alleged Offender** in the corresponding **Relationships** field.
8. Select the names of as many as **3 Other adults in the household** in the **Relationships** fields.
9. Select the names of as many as **6 Surviving children in the household** in the corresponding **Relationships** fields.

Setup Tab – Father, Indian Custodian, and Mother Fields

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 Saudi Arabia




To Complete the Father, Indian Custodian, and Mother Fields:

10. Select the identified Child's **Father** in the corresponding **Participant** field, and select his current **Address**.
11. If any, select the name of the identified Child's **Indian Custodian** in the corresponding **Participant** field.
12. Select the identified Child's **Mother** in the corresponding **Participant** field, and select her current **Address**.

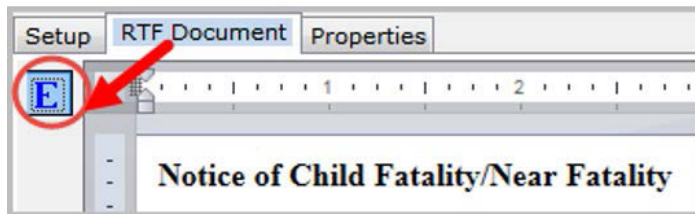
Setup Tab – Social Worker and Supervisor Fields

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



 **To Complete the Child Offender, Other Adult and Surviving Child Fields:**

13. Select the name of the Primary **Social Worker** in the corresponding **Staff** field. Additional fields autofill from selections entered in SSIS Admin.
14. Select the name of the Primary Social Worker's **Supervisor** in the corresponding **Staff** field. Additional fields autofill from selections entered in SSIS Admin.
15. Click the  **Save** button in the toolbar.

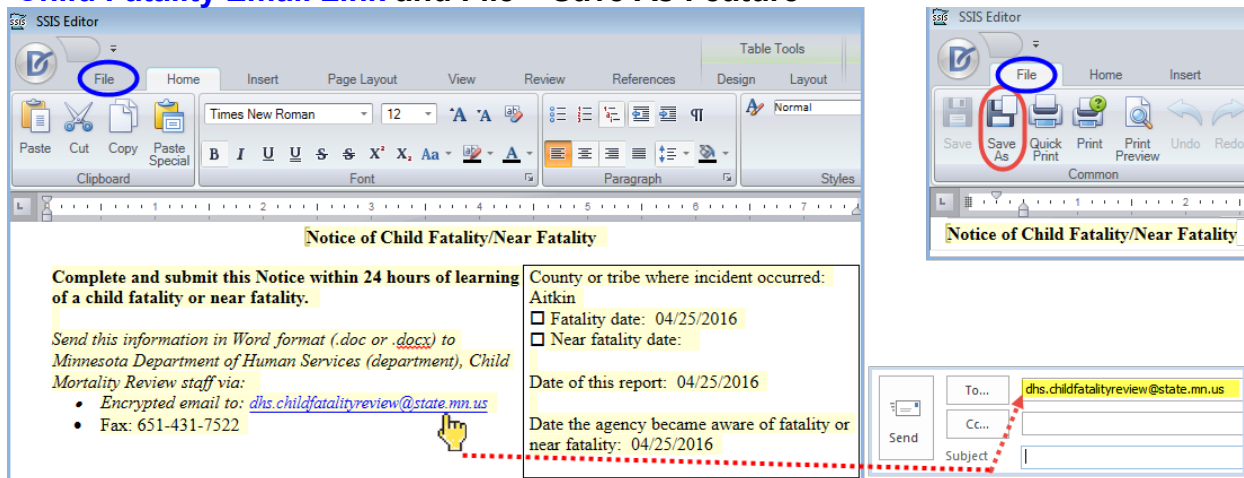
RTF Document Tab – E Editor Button – Document Preview Screen



 **To Open the Document with Editor Features (such as Spell Check):**

1. Click on the  **Document** tab.
2. Click on the  button to open the document in its own **Editor** window.

SSIS Editor Window – Notice of Child Fatality/Near Fatality Document Child Fatality Email Link and File – Save As Feature



 **To Enter Text in the Notice of Child Fatality/Near Fatality Document:**

3. Note the **Encrypted email** bullet.
4. After completing the document in the Editor window, select **Save As** and save the document to a secure location.

5. After ensuring your agency has secure email, click the dhs.childfatalityreview@state.mn.us link to open an email window.
6. Click **Insert** and **Attach File** to add the saved **Notice of Child Fatality/Near Fatality** document from its secure location, and electronically send the document to DHS.
7. Note the **Fax** number that alternatively displays to submit the document.

Notice of Child Fatality/Near Fatality Document Instructions

If you can also please add Pat Nygaard and Whitney (I need to find out her last name)-from Children's Mental Health to Hennepin as Pat indicated that they would likely be willing and able to review at Hennepin. Once I find out Whitney's last name I will let you know.

Tip Sheet for Determining a Near Fatality 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.



To Access a Tip Sheet for Determining a Near Fatality:

8. Read the instructions provided in the document.
9. Click on the [Tip Sheet for Determining a Near Fatality](#) to access a document providing additional information regarding near fatality determinations beneath its own internet tab.

Section I: Family Information

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.)	

**To Complete Section I: Family Information:**

10. Complete the **Family information** section.
11. Much of the data in this section merges from the **Setup** tab; all text whether merged or entered is editable.
12. Enter additional text and/or select checkboxes as are applicable.

Section II: Fatality or Near Fatality Case Information

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



To Complete Section II: Fatality or Near Fatality Case Information:

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

Section III: Fatality or Near Fatality in Licensed Facility

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:



To Complete Section III: Fatality or Near Fatality in Licensed Facility:

15. Complete the **Fatality or near fatality in a licensed facility** section.
16. Enter text and/or select checkboxes as are applicable.

Section IV: Current or Prior Child Protection Involvement

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

To Complete Section IV: Current or Prior Child Protection Involvement:

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

Section V: Other Professionals Involved

V.	
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:	

To Complete Section V: Other Professionals Involved:

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

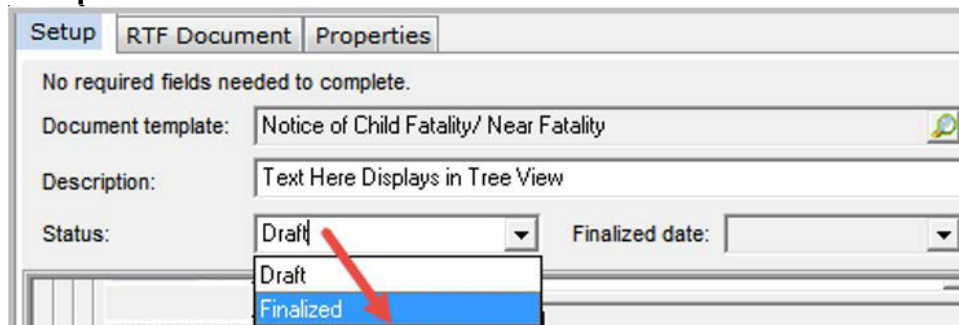
Section VI: Describe Circumstances

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@ssis.bjorn.mn.us	
For questions regarding completing this form, contact Child Mortality Review staff at: dhs.childfatalityreview@state.mn.us , or 651-431-4660.	

To Complete Section VI: Describe Circumstances:

21. Complete the **Describe circumstances** section.
22. Enter text and ensure the merged information throughout the document is correct.
23. **Print** the document if desired; click **Save** and then close the document.

Setup Tab – Status Field – Draft Selection to Finalized



The screenshot shows the 'Setup' tab of a software application. The 'Status' field is set to 'Draft'. A dropdown menu is open, showing 'Draft' and 'Finalized' options. A red arrow points to the 'Finalized' option.

To Finalize the Document:

24. 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.