Notice of Child Fatality/Near Fatality

Complete and submit this Notice within 24 hours of learning of a child fatality or near fatality.

Send this information in Word format (.doc or .docx) to Minnesota Department of Human Services (department), Child Mortality Review staff via:

- *Encrypted email to:* dhs.childfatalityreview@state.mn.us *or*
- *Fax: 651-431-7522*

County or tribe where incident occurred:

☐ Fatality date: ___/___/____
☐ Near fatality date: ___/___/____

Date of this report: ___/___/____

Date the agency became aware of fatality or near fatality: ___/___/____

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 and the manner of injury or death was by other than natural causes (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.

I.

Family information			
Child's name Home address		DOB:	
Mother's name		Address:	
Father's name		Address:	
Indian custodian:			
Alleged offender:		Relationship to child:	
Name of other adults in the household	Relationship to child	Reside in the household where the incident occurred?	
		☐Yes ☐No	
		☐Yes ☐No	

		☐Yes ☐No
Name/age of surviving children in household	Relationship to child	Child's current location: (i.e., home, relative, foster care)

Is the child an American Indian? ☐ Yes ☐ No	Name of the child's tribe: Has the child's tribe been notified of the fatality/near fatal injury? ☐ Yes ☐ No (Note: The child's tribe should be invited to attend the local child mortality review meeting.)

II.

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

III.

Fatality or near fatality in a licensed facility	
Type of facility	☐ N/A – Incident did not occur in a facility
☐ Family daycare ☐ Foster care ☐ Residential treatment center	☐ Center-based daycare ☐ Group home ☐ Other, specify:
Provider name:	
County or tribe where located:	Licensing agency

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? 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 ☐ Yes ☐ No ☐ Yes ☐ No

V.

Other professionals involved	
Is there a current law enforcement investigation regarding the fatality/near fatality?	☐ Yes ☐ No
Contact information for law enforcement conducting the investigation:	
☐ Emergency medical services/fire department	Agency:
☐ Coroner/medical examiner	Agency:
☐ Physician/hospital	Agency:

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:	
Title:	Phone:
Email address:	
Supervisor's name, email and phone contact information:	

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

To be completed by the Minnesota Department of Human Services
Is CAPTA disclosure required? ☐ Yes ☐ No ☐ TBD Date this notice was received by the department: __/__/____ Department staff assigned:_____