Bureau of Indian Education

SCAN/Employee Incident Report Checklist (2015 – 2016)

Child's Name: (b) (6) **School:** Chemawa Indian School

☒ **BIE** ☐ **Grant**

Date Received: 4/28/16 **Date of Incident:** 4/25/16 **On-going:** ☒ **Yes** ☐ **No**

Type of Report:
- ☒ **Critical Incident** ☐ **Non-CIR**
- ☐ **Employee Incident**
- ☐ **SCAN** ☐ **PA** ☐ **EA** ☐ **SA** ☐ **N**
- ☐ **Non-SCAN** ☐ **Non-EIR**

Tracking Notifications sheet completed	☒ **Yes**	☐ **No**
Victim Statement	☐ **Yes**	☒ **No**
Witness Statements	☐ **Yes**	☒ **No**
Other Documents	☒ **Yes**	☐ **No**

Notifications:

☐ *ADD East (Grant schools), Rosie Davis*	***Date/time sent:***
☒ *ADD-West (BIE-operated schools), Eric North, SSS*	***Date/time sent:*** 5/2/16 at 1:35 PM
☐ *ADD-Navajo, Dr. Tamarah Pfeiffer*	***Date/time sent:***
☐ *Dept. of Diné Education, Dr. Florinda Jackson*	***Date/time sent:***
☐ *Employee/Labor Relations:*	***Date/time sent:***

If Employee is Alleged Offender:

Name & Title: N/A

- **Employee written & signed statement (date):** N/A
- ***Notification to Alleged Offender*** **(date):** N/A
- ***Notification of Closure to Alleged Offender*** **(date):** N/A
- ***Law Enforcement Report/Log number*** **(date):**

Officer's Name:

Other Remarks/Comments:

(b) (6)

Revised: 07.07.15

Bureau of Indian Education
Critical Incident or Death Reporting Form

TAKE PRIDE IN AMERICA

The Critical Incident or Death Reporting Form documents a critical incident or death occurring at a school. Users will complete and fax the form immediately to: the Bureau of Indian Education (BIE) Director or official designee at (202) 208-3312, the respective Associate Deputy Director or official designee, the Chief of Staff at (202) 208-3312, the Suspected Child Abuse/Neglect (SCAN) Program Specialist at (505) 563-5292, and the respective Education Line Office.

School Name: Chemawa Indian School Date: 04/25/2016

Student Name: (b) (6) Grade: (b) (6)

Tribe: (b) (6) Age: (b) (6)

Incident Location: [●] School [○] Dorm [○] Other (specify): _____

Incident Description (e.g., what happened, who was involved?)—attach additional sheets as needed:

(b) (6)

Indicate persons who were notified of the incident (if applicable):

[☑] Parent/Guardian: (b) (6) Date/Time: 04/25/2016 10:17 am

[☑] Law Enforcement: (b) (6) Date/Time: 04/25/2016 9:15 am

[☑] Hospital/EMT: (b) (6) Date/Time: 04/25/2016 9:15 am

[☑] Education Line Office: Lora Braucher, Superintendent Date/Time: 04/25/2016 9:16 am

Certification:

I certify that the information contained in this report is true and correct to the best of my knowledge.

(b) (6)
Signature

04/25/2016
Date

(b) (6)
Telephone Number

Re-issued: 7/23/2013

(b) (6)

Salem Hospital
Emergency Department

890 Oak Street, Salem, OR 97301

After Visit Summary (b) (6)

4/25/2016

You were seen by

You were seen by (b) (6)

Reason for Visit

(b) (6)

Reason for Visit History

Diagnoses this visit

Your diagnosis was (b) (6)

Follow-Up Provider Instructions

If you do not have a primary care provider and have been given a referral, please call the provider listed to make a follow up appointment. In making this appointment, please state you were referred from the Salem Health Emergency Department.

If you are denied a follow up appointment, please call the Salem Health Medical Staff Office at (503)561-5531 for assistance.

Follow-up Information

Follow up with Ctr, Chemawa Indian Health In 1 week.
Contact information:
3750 Chemawa Rd NE
Salem OR 97305
503-304-7600

If you were given prescriptions, they are listed below. PLEASE NOTE: No refills will be given for prescriptions written in the ED. Please contact your Physician or referring physician for refills.

Notice

You have not been prescribed any medications.

(b) (6)

Discharge Instructions

Panic Attacks

Panic attacks are sudden, short-lived surges of severe anxiety, fear, or discomfort. They may occur for no reason when you are relaxed, when you are anxious, or when you are sleeping. Panic attacks may occur for a number of reasons:

- Healthy people occasionally have panic attacks in extreme, life-threatening situations, such as war or natural disasters. Normal anxiety is a protective mechanism of the body that helps us react to danger (*fight or flight response*).
- Panic attacks are often seen with anxiety disorders, such as panic disorder, social anxiety disorder, generalized anxiety disorder, and phobias. Anxiety disorders cause excessive or uncontrollable anxiety. They may interfere with your relationships or other life activities.
- Panic attacks are sometimes seen with other mental illnesses, such as depression and posttraumatic stress disorder.
- Certain medical conditions, prescription medicines, and drugs of abuse can cause panic attacks.

SYMPTOMS

Panic attacks start suddenly, peak within 20 minutes, and are accompanied by four or more of the following symptoms:

- Pounding heart or fast heart rate (*palpitations*).
- Sweating.
- Trembling or shaking.
- Shortness of breath or feeling smothered.
- Feeling choked.
- Chest pain or discomfort.
- Nausea or strange feeling in your stomach.
- Dizziness, light-headedness, or feeling like you will faint.
- Chills or hot flushes.
- Numbness or tingling in your lips or hands and feet.
- Feeling that things are not real or feeling that you are not yourself.
- Fear of losing control or going crazy.
- Fear of dying.

Some of these symptoms can mimic serious medical conditions. For example, you may think you are having a heart attack. Although panic attacks can be very scary, they are not life threatening.

DIAGNOSIS

Panic attacks are diagnosed through an assessment by your health care provider. Your health care provider will ask questions about your symptoms, such as where and when they occurred. Your health care provider will also ask about your medical history and use of alcohol and drugs, including prescription medicines. Your health care provider may order blood tests or other studies to rule out a serious medical condition. Your health care provider may refer you to a mental health professional for further evaluation.

TREATMENT

- Most healthy people who have one or two panic attacks in an extreme, life-threatening situation will not require treatment.
- The treatment for panic attacks associated with anxiety disorders or other mental illness typically involves counseling with a mental health professional, medicine, or a combination of both. Your health care provider will help determine what treatment is best for you.
- Panic attacks due to physical illness usually go away with treatment of the illness. If prescription

(b) (6)

medicine is causing panic attacks, talk with your health care provider about stopping the medicine, decreasing the dose, or substituting another medicine.
- Panic attacks due to alcohol or drug abuse go away with abstinence. Some adults need professional help in order to stop drinking or using drugs.

HOME CARE INSTRUCTIONS

- Take all medicines as directed by your health care provider.
- Schedule and attend follow-up visits as directed by your health care provider. It is important to keep all your appointments.

SEEK MEDICAL CARE IF:

- You are not able to take your medicines as prescribed.
- Your symptoms do not improve or get worse.

SEEK IMMEDIATE MEDICAL CARE IF:

- You experience panic attack symptoms that are different than your usual symptoms.
- You have serious thoughts about hurting yourself or others.
- You are taking medicine for panic attacks and have a serious side effect.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 12/18/2006 Document Revised: 12/23/2014 Document Reviewed: 08/01/2014

(b) (6)

You have been referred to a physician for follow-up on the condition that was evaluated in the emergency department today. It is your responsibility to call and schedule the appointment.

If your condition worsens, please return to the emergency department.

MyChart Instructions

Your MyChart Account Activation Code & Instructions

Thank you for your interest in signing up for MyChart. Please follow the instructions below to securely access your online health information.

Why Should I Sign Up?

- Communicate with your primary care provider's (PCP) office
- Request prescription refills
- View test results
- Schedule appointments with your PCP
- Review information from future and past appointments
- Review your discharge instructions

How Do I Sign Up?

1. In your Internet browser, go to http://www.salemhealth.org/mychart
   - Under "**New User?**" click "**Sign Up Now**"
2. On the "**Please Identify Yourself**" screen, enter the following information:
   - Your MyChart Activation Code exactly as it appears:
     (b) (6)
     Expires: 6/9/2016 11:26 AM
   - Your Date of Birth (mm/dd/yyyy)
   - Last 4 digits of your Social Security Number
   - Click **Next**
3. On the "**Choose a Username & Password**" screen, enter the following information:
   - Create and Type in a MyChart Username
   - Type in a MyChart password
   - Retype your Password
   - Select a Security Question from the dropdown list
   - Type in your Secret Answer
   - Click **Next**
4. On the "E-mail Notifications" screen, enter the following information:
   - Click the **Yes** button to Enable E-mail Notifications
   - Type in your personal e-mail address
   - Retype your e-mail address
   - Click **Sign In**

For help with the MyChart web site please refer to the MyChart home page FAQs at https://mychart.salemhealth.org/mychart/default.asp?mode=stdfile&option=faq.

For questions about your medical information in MyChart, please contact your doctor or clinic.

Thank You

(b) (6)redacted

Thank You (continued)

As your Emergency Department Nursing Manager, thank you for placing your trust in us to care for you and your family. Providing top quality and satisfying care is our goal. You may be receiving a survey regarding your care with us. We **"strive for fives"** and hope that our commitment to your well-being has been met and that you will continue to utilize Salem Health for your health care needs.

For questions or concerns related to the customer service you received while in the Emergency Department, please contact me at the email address listed below. For other inquiries, please contact the main hospital switchboard at 503-561-5200. If you have any questions about your emergency visit or your discharge instructions call our discharge calling office at 503-814-1358.

(b) (6)redacted

Thank you for choosing the Salem Hospital Emergency Department to care for you and your family. The next time you have an urgent medical concern that may not warrant an ED visit, give Salem Hospital Convenient Care a call. We offer convenient, same-day appointments by telephone or on a walk-in basis. The office is conveniently located near Salem Hospital at 1002 Bellevue Street.

Salem Hospital Convenient Care – "Here to care for your urgent medical needs"

(503) 561-5554

Office phone lines open at 9:00 a.m. Appointment times begin at 10:00 a.m. and are available until 8:00 p.m. EVERY DAY of the week.

Kinsel, Karyn

From: Kinsel, Karyn
Sent: Monday, May 02, 2016 1:35 PM
To: North, Eric
Cc: Begay, Michelle
Subject: three CIRs 4/28/16 Chemawa
Attachments: (b) (6) [redacted]

1. Studen(b) (6) [redacted]
2. Student (b) (6) [redacted]
3. Student [redacted]

United States Department of the Interior
BUREAU OF INDIAN EDUCATION
CHEMAWA INDIAN SCHOOL
3700 Chemawa Road, NE
Salem, Oregon 97305-1199
Phone: 505-399-5721 Fax: 503-399-5870

Critical Incident Report Cover Sheet

From: Lora Braucher, Superintendent

To: Charles Roessell, Director – (202) 208-3312
Greg Anderson, Chief of Staff – (202) 208-3312
Michelle Begay, SCAN Program – (505) 563-5292
Tony Dearman, Education Line Officer – (505) 563-5345
Eric North, Safety Specialist – (505) 563-5345

Total Number of Pages (including cover sheet): 19

Bureau of Indian Education

SCAN/Employee Incident Report Checklist (2015 – 2016)

Child's Name: [redacted] **School:** Chemawa Indian School

☒ **BIE** ☐ **Grant**

Date Received: 12/21/15 **Date of Incident:** 12/16/15 **On-going:** ☐ **Yes** ☒ **No**

Type of Report: ☒ **Critical Incident** ☐ **Non-CIR**
☐ **Employee Incident**
☐ **SCAN** ☐ **PA** ☐ **EA** ☐ **SA** ☐ **N**
☐ **Non-SCAN** ☐ **Non-EIR**

Tracking Notifications sheet completed	☒ **Yes**	☐ **No**
Victim Statement	☐ **Yes**	☒ **No**
Witness Statements	☐ **Yes**	☒ **No**
Other Documents	☒ **Yes**	☐ **No**

Notifications:

☐ ***ADD East (Grant schools), Rosie Davis***	***Date/time sent:***
☒ ***ADD-West (BIE-operated schools), Eric North, SSS***	***Date/time sent:*** 12/22/15 at 3:25 PM
☐ ***ADD-Navajo, Desmond Jones, SSS***	***Date/time sent:***
☐ ***Dept. of Diné Education, Dr. Florinda Jackson***	***Date/time sent:***
☐ ***Employee/Labor Relations:***	***Date/time sent:***

If Employee is Alleged Offender:

Name & Title: N/A

- **Employee written & signed statement (date):** N/A
- ***Notification to Alleged Offender* (date):** N/A
- ***Notification of Closure to Alleged Offender* (date):** N/A
- ***Law Enforcement Report/Log number* (date):**

Officer's Name:

Other Remarks/Comments:

(b) (6) [redacted]

Revised: 07.07.15

Bureau of Indian Education
Critical Incident or Death Reporting Form

TAKE PRIDE IN AMERICA

The Critical Incident or Death Reporting Form documents a critical incident or death occurring at a school. Users will complete and fax the form immediately to: the Bureau of Indian Education (BIE) Director or official designee at (202) 208-3312, the respective Associate Deputy Director or official designee, the Chief of Staff at (202) 208-3312, the Suspected Child Abuse/Neglect (SCAN) Program Specialist at (505) 563-5292, and the respective Education Line Office.

School Name: Chemawa Indian School Date: 12/16/2015

Student Name: (b) (6) Grade: (b) (6)

Tribe: (b) (6) Age (b) (6)

Incident Location: [○] School [◉] Dorm [○] Other (specify): _____

Incident Description (e.g., what happened, who was involved?)—attach additional sheets as needed:

(b) (6)

(b) (6)

Indicate persons who were notified of the incident (if applicable):

[☑] Parent/Guardian: (b) (6)	Date/Time: 12/16/2015 7:20 pm
[☐] Law Enforcement: _____	Date/Time: _____
[☑] Hospital/EMT: (b) (6)	Date/Time: 12/16/2015 7:05 pm
[☑] Education Line Office: By Lora Braucher	Date/Time: 12/16/2015 7:35 pm

Certification:

I certify that the information contained in this report is true and correct to the best of my knowledge.

(b) (6)
Signature

12/16/15
Date

(b) (6)
Telephone Number

Re-issued: 7/23/2013

(b) (6)

Salem Hospital

890 Oak Street, Salem, OR 97301

After Visit Summary

12/16/2015

(b) (6)

You were seen by

You were seen by (b) (6)

Reason for Visit

(b) (6)

Reason for Visit History

Diagnoses this visit

Your diagnosis was (b) (6)

Administrations This Visit

Administered	Action	Dose	Route
(b) (6)	(b) (6)		

Follow-Up Provider Instructions

If you do not have a primary care provider and have been given a referral, please call the provider listed to make a follow up appointment. In making this appointment, please state you were referred from the Salem Health Emergency Department.

If you are denied a follow up appointment, please call the Salem Health Medical Staff Office at (503)561-5531 for assistance.

(b) (6)

(b) (6)redacted

Follow-up Information (continued)

Contact information:
890 Oak Street
Salem Oregon 97301
503-814-1572

If you were given prescriptions, they are listed below. PLEASE NOTE: No refills will be given for prescriptions written in the ED. Please contact your Physician or referring physician for refills.

Notes

(b) (6)redacted

(b) (6)

Discharge Instructions

Asthma

Asthma is a recurring condition in which the airways swell and narrow. Asthma can make it difficult to breathe. It can cause coughing, wheezing, and shortness of breath. Symptoms are often more serious in children than adults because children have smaller airways. Asthma episodes, also called asthma attacks, range from minor to life-threatening. Asthma cannot be cured, but medicines and lifestyle changes can help control it.

CAUSES

Asthma is believed to be caused by inherited (*genetic*) and environmental factors, but its exact cause is unknown. Asthma may be triggered by allergens, lung infections, or irritants in the air. Asthma triggers are different for each child. Common triggers include:

- Animal dander.
- Dust mites.
- Cockroaches.
- Pollen from trees or grass.
- Mold.
- Smoke.
- Air pollutants such as dust, household cleaners, hair sprays, aerosol sprays, paint fumes, strong chemicals, or strong odors.
- Cold air, weather changes, and winds (which increase molds and pollens in the air).
- Strong emotional expressions such as crying or laughing hard.
- Stress.
- Certain medicines, such as aspirin, or types of drugs, such as beta-blockers.
- Sulfites in foods and drinks. Foods and drinks that may contain sulfites include dried fruit, potato chips, and sparkling grape juice.
- Infections or inflammatory conditions such as the flu, a cold, or an inflammation of the nasal membranes (*rhinitis*).
- Gastroesophageal reflux disease (GERD).
- Exercise or strenuous activity.

SYMPTOMS

Symptoms may occur immediately after asthma is triggered or many hours later. Symptoms include:

- Wheezing.
- Excessive nighttime or early morning coughing.
- Frequent or severe coughing with a common cold.
- Chest tightness.
- Shortness of breath.

DIAGNOSIS

The diagnosis of asthma is made by a review of your child's medical history and a physical exam. Tests may also be performed. These may include:

- Lung function studies. These tests show how much air your child breathes in and out.
- Allergy tests.
- Imaging tests such as X-rays.

TREATMENT

Asthma cannot be cured, but it can usually be controlled. Treatment involves identifying and avoiding your child's asthma triggers. It also involves medicines. There are 2 classes of medicine used for asthma treatment:

(b) (6)redacted

- Controller medicines. These prevent asthma symptoms from occurring. They are usually taken every day.
- Reliever or rescue medicines. These quickly relieve asthma symptoms. They are used as needed and provide short-term relief.

Your child's health care provider will help you create an asthma action plan. An asthma action plan is a written plan for managing and treating your child's asthma attacks. It includes a list of your child's asthma triggers and how they may be avoided. It also includes information on when medicines should be taken and when their dosage should be changed. An action plan may also involve the use of a device called a peak flow meter. A peak flow meter measures how well the lungs are working. It helps you monitor your child's condition.

HOME CARE INSTRUCTIONS

- Give medicines only as directed by your child's health care provider. Speak with your child's health care provider if you have questions about how or when to give the medicines.
- Use a peak flow meter as directed by your health care provider. Record and keep track of readings.
- Understand and use the action plan to help minimize or stop an asthma attack without needing to seek medical care. Make sure that all people providing care to your child have a copy of the action plan and understand what to do during an asthma attack.
- Control your home environment in the following ways to help prevent asthma attacks:
  - Change your heating and air conditioning filter at least once a month.
  - Limit your use of fireplaces and wood stoves.
  - If you must smoke, smoke outside and away from your child. Change your clothes after smoking. **Do not** smoke in a car when your child is a passenger.
  - Get rid of pests (such as roaches and mice) and their droppings.
  - Throw away plants if you see mold on them.
  - Clean your floors and dust every week. Use unscented cleaning products. Vacuum when your child is not home. Use a vacuum cleaner with a HEPA filter if possible.
  - Replace carpet with wood, tile, or vinyl flooring. Carpet can trap dander and dust.
  - Use allergy-proof pillows, mattress covers, and box spring covers.
  - Wash bed sheets and blankets every week in hot water and dry them in a dryer.
  - Use blankets that are made of polyester or cotton.
  - Limit stuffed animals to 1 or 2. Wash them monthly with hot water and dry them in a dryer.
  - Clean bathrooms and kitchens with bleach. Repaint the walls in these rooms with mold-resistant paint. Keep your child out of the rooms you are cleaning and painting.
  - Wash hands frequently.

SEEK MEDICAL CARE IF:

- Your child has wheezing, shortness of breath, or a cough that is not responding as usual to medicines.
- The colored mucus your child coughs up (*sputum*) is thicker than usual.
- Your child's sputum changes from clear or white to yellow, green, gray, or bloody.
- The medicines your child is receiving cause side effects (such as a rash, itching, swelling, or trouble breathing).
- Your child needs reliever medicines more than 2-3 times a week.
- Your child's peak flow measurement is still at 50-79% of his or her personal best after following the action plan for 1 hour.
- Your child who is older than 3 months has a fever.

SEEK IMMEDIATE MEDICAL CARE IF:

- Your child seems to be getting worse and is unresponsive to treatment during an asthma attack.
- Your child is short of breath even at rest.
- Your child is short of breath when doing very little physical activity.
- Your child has difficulty eating, drinking, or talking due to asthma symptoms.

(b) (6)

- Your child develops chest pain.
- Your child develops a fast heartbeat.
- There is a bluish color to your child's lips or fingernails.
- Your child is light-headed, dizzy, or faint.
- Your child's peak flow is less than 50% of his or her personal best.
- Your child who is younger than 3 months has a fever of 100°F (38°C) or higher.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your child's condition.
- Will get help right away if your child is not doing well or gets worse.

Document Released: 12/18/2008 Document Revised: 05/04/2015 Document Reviewed: 04/30/2014

(b) (6)

MyChart Instructions

Your MyChart Account Activation Code & Instructions

Thank you for your interest in signing up for MyChart. Please follow the instructions below to securely access your online health information.

Why Should I Sign Up?

- Communicate with your primary care provider's (PCP) office
- Request prescription refills
- View test results
- Schedule appointments with your PCP
- Review information for future and past appointments
- Review your discharge instructions

How Do I Sign Up?

1. In your Internet browser, go to http://www.salemhealth.org/mychart
   - In the "First Time Users" section, Click **Activate Your MyChart Account**.
2. On the "Please Identify Yourself Screen", enter the following information:
   - Your MyChart Activation Code exactly as it appears:
     (b) (6)
     Expires: 1/30/2016 8:55 PM
   - Date of Birth (mm/dd/yyyy)
   - Last 4 digits of your Social Security Number (xxxx)
   - Click **Next**
3. On the Choose a Username & Password Screen, enter the following information:
   - Create and Type in a MyChart Username. This will be your MyChart Username
   - Type in a MyChart password
   - Retype your Password
   - Select a Security Question from the dropdown list
   - Type in your Secret Answer
   - Click **Next**
4. On the E-mail Notifications Screen, enter the following information:
   - Click the **Yes** button to Enable E-mail Notifications
   - Type in your personal e-mail address
   - Retype your e-mail address
   - Click **Sign In**

For help with the MyChart web site please refer to the MyChart home page FAQs section.

For questions about your medical information in MyChart, please contact your provider.

Thank You

As your Emergency Department Nursing Manager, thank you for placing your trust in us to care for you and your family. Providing top quality and satisfying care is our goal. You may be receiving a

(b) (6)

Thank You (continued)

survey regarding your care with us. We **"strive for fives"** and hope that our commitment to your well-being has been met and that you will continue to utilize Salem Health for your health care needs.

For questions or concerns related to the customer service you received while in the Emergency Department, please contact me at the email address listed below. For other inquiries, please contact the main hospital switchboard at 503-561-5200.

(b) (6)

Thank you for choosing the Salem Hospital Emergency Department to care for you and your family. The next time you have an urgent medical concern that may not warrant an ED visit, give Salem Hospital Convenient Care a call. We offer convenient, same-day appointments by telephone or on a walk-in basis. The office is conveniently located near Salem Hospital at 1002 Bellevue Street.

Salem Hospital Convenient Care – "Here to care for your urgent medical needs"

(503) 561-5554

Office phone lines open at 9:00 a.m. Appointment times begin at 10:00 a.m. and are available until 8:00 p.m. EVERY DAY of the week.

Kinsel, Karyn

From: Kinsel, Karyn
Sent: Tuesday, December 22, 2015 3:25 PM
To: North, Eric
Cc: Begay, Michelle
Subject: six CIRs 12/21/15 Chemawa
Attachments: (b) (6)

1. Student (b) (6)
2. Student x2 reports
3. Student (b) (6)
   (b) (6)
4. Student (b) (6)
   (b) (6)
5. Student (b) (6)

United States Department of the Interior
BUREAU OF INDIAN EDUCATION
CHEMAWA INDIAN SCHOOL
3700 Chemawa Road, NE
Salem, Oregon 97305-1199
Phone: 505-399-5721 Fax: 503-399-5870

Critical Incident Report Cover Sheet

From: Lora Braucher, Superintendent

To: Charles Roessell, Director – (202) 208-3312
Greg Anderson, Chief of Staff – (202) 208-3312
Michelle Begay, SCAN Program – (505) 563-5292
Tony Dearman, Education Line Officer – (405) 247-5529
Eric North, Safety Specialist – (505) 563-5345

Total Number of Pages (including cover sheet): 9

Bureau of Indian Education

SCAN/Employee Incident Report Checklist (2019 – 2020)

Child's Name: (b) (6) **School:** Chemawa Indian School

Date Received: 09/18/19 **Date of Incident:** 09/16/19 ☒ **BIE** ☐ **Grant**

Type of Report:
- ☒ **Critical Incident** ☐ **Non-CIR**
- ☐ **Employee Incident** ☐ **Non-EIR**
- ☐ **SCAN** ☐ **PA** ☐ **SA** ☐ **Non-SCAN**

Tracking Notifications sheet completed ☒ **Yes** ☐ **No**

Victim Statement	☐ **Yes**	☒ **No**
Witness Statements	☐ **Yes**	☒ **No**
Other Documents	☐ **Yes**	☒ **No**

Notifications:

☐ *ADD (Tribally-controlled Grant schools)*	***Date/time sent:***
☒ *ADD-West (BIE-operated schools)*	***Date/time sent:*** deferred
☐ *ADD-Navajo*	***Date/time sent:***
☐ *Dept. of Diné Education*	***Date/time sent:***
☐ *Employee/Labor Relations:*	***Date/time sent:***

If Employee is Alleged Offender:

Name & Title: N/A

- **Employee written & signed statement (date):**
- ***Notification to Alleged Offender*** **(date):** ☐ **R/A** ☐ **A/L** ☐ **N/A**
- ***Notification of Closure to Alleged Offender*** **(date):**

SCAN REPORTS:

- ***Law Enforcement Report/Log number*** **(date):**

Officer's Name:

Agency:

Remarks/Comments:

(b) (6)

Bureau of Indian Education
Critical Incident or Death Reporting Form

TAKE PRIDE IN AMERICA

The Critical Incident or Death Reporting Form documents a critical incident or death occurring at a school. Users will complete and fax the form immediately to: the Bureau of Indian Education (BIE) Director or official designee at (202) 208-3312, the respective Associate Deputy Director or official designee, the Chief of Staff at (202) 208-3312, the Suspected Child Abuse/Neglect (SCAN) Program Specialist at (505) 563-5292, and the respective Education Line Office.

School Name: Chemawa Indian School Date: 09/16/2019

Student Name: (b) (6) Grade: (b) (6)

Tribe: (b) (6) Age: (b) (6)

Incident Location: [○] School [◉] Dorm [○] Other (specify): _____

Incident Description (e.g., what happened, who was involved?)—attach additional sheets as needed:

(b) (6)

Indicate persons who were notified of the incident (if applicable):

[☑] Parent/Guardian: (b) (6) Date/Time: 09/16/2019 8:00 pm

[☐] Law Enforcement: _____ Date/Time: _____

[☐] Hospital/EMT: _____ Date/Time: _____

[☑] Education Line Office: Acting Ryan Cox via: Lora Braucher Date/Time: 09/16/2019 4:20 pm

Certification:

I certify that the information contained in this report is true and correct to the best of my knowledge.

(b) (6) 09/17/2019 (b) (6)

Signature Date Telephone Number

(b) (6)

Re-issued: 7/23/2013

United States Department of the Interior
BUREAU OF INDIAN EDUCATION
CHEMAWA INDIAN SCHOOL
3700 Chemawa Road, NE
Salem, Oregon 97305-1199
Phone: 505-399-5721 Fax: 503-399-5848

Critical Incident Report
Fax Cover Sheet

From: Lora Braucher, Superintendent, CIS (503) 399-5721

To:
- ☐ Tony Dearman, Director, BIE – (202) 208-3312
- ☐ Juanita Medoza, Chief of Staff – (202) 208-3312
- ☐ Hankie Ortiz, Deputy Director, BOS (505) 563-5345
- ☐ Jim Hastings, EPA, Phoenix ERC– (602) 265-0293
- ☐ Michelle Begay, SCAN Program – (505) 563-5292

Total Number of Pages (including cover sheet): 9

Bureau of Indian Education

SCAN/Employee Incident Report Checklist (2019 – 2020)

Child's Name: (b) (6) **School:** Chemawa Indian School

Date Received: 09/09/19 **Date of Incident:** 09/07/19 ☒ **BIE** ☐ **Grant**

Type of Report:
- ☒ **Critical Incident** ☐ **Non-CIR**
- ☐ **Employee Incident** ☐ **Non-EIR**
- ☐ **SCAN** ☐ **PA** ☐ **SA** ☐ **Non-SCAN**

Tracking Notifications sheet completed	☒ **Yes**	☐ **No**
Victim Statement	☐ **Yes**	☒ **No**
Witness Statements	☐ **Yes**	☒ **No**
Other Documents	☒ **Yes**	☐ **No**

Notifications:

☐ *ADD (Tribally-controlled Grant schools)*	***Date/time sent:***
☒ *ADD-West (BIE-operated schools)*	***Date/time sent:*** 09/09/19, 1:35 PM
☐ *ADD-Navajo*	***Date/time sent:***
☐ *Dept. of Diné Education*	***Date/time sent:***
☐ *Employee/Labor Relations:*	***Date/time sent:***

If Employee is Alleged Offender:

Name & Title: N/A

- **Employee written & signed statement (date):**
- ***Notification to Alleged Offender*** **(date):** ☐ **R/A** ☐ **A/L** ☐ **N/A**
- ***Notification of Closure to Alleged Offender*** **(date):**

SCAN REPORTS:

- ***Law Enforcement Report/Log number*** **(date):**

Officer's Name:

Agency:

Remarks/Comments:

(b) (6)

Bureau of Indian Education
Critical Incident or Death Reporting Form

TAKE PRIDE IN AMERICA

The Critical Incident or Death Reporting Form documents a critical incident or death occurring at a school. Users will complete and fax the form immediately to: the Bureau of Indian Education (BIE) Director or official designee at (202) 208-3312, the respective Associate Deputy Director or official designee, the Chief of Staff at (202) 208-3312, the Suspected Child Abuse/Neglect (SCAN) Program Specialist at (505) 563-5292, and the respective Education Line Office.

School Name: Chemawa Indian High school Date: 09/07/2019

Student Name: (b) (6) Grade: (b) (6)

Tribe: Arapahoe Age: (b) (6)

Incident Location: [○] School [○] Dorm [◉] Other (specify): Cramton Hall-Lower Rec. Center

Incident Description (e.g., what happened, who was involved?)—attach additional sheets as needed:

(b) (6)

Indicate persons who were notified of the incident (if applicable):

[☑] Parent/Guardian: (b) (6) Date/Time: 09/07/2019 5:13 pm

[☐] Law Enforcement: Date/Time:

[☑] Hospital/EMT: (b) (6) Date/Time: 09/07/2019 5:18 pm

[☑] Education Line Office: Lora Braucher Superintendent Date/Time: 09/07/2019 5:16 pm

Certification:

I certify that the information contained in this report is true and correct to the best of my knowledge.

(b) (6)
Signature

09/07/2019
Date

(b) (6)
Telephone Number

(b) (6)

Re-issued: 7/23/2013

Attachment for (b) (6) -Ambulance & Emergency Room Visit-Critical Incident Report 09/07/2019 4:50pm

(b) (6)

Attachment for (b) (6) -Ambulance & Emergency Room Visit-Critical Incident Report 09/07/2019 4:50pm

(b) (6)

Written by: Michael Singer Cramton Staff

(b) (6)

Diagnosis:

(b) (6)

Prescriptions:

(b) (6)

Written by: Mr. Coty Wheeler & Lisa Stabler

AFTER VISIT SUMMARY

Salem Health Hospitals & Clinics

(b) (6)

9/7/2019 Emergency Department 503-561-5200

Instructions

Your medications have changed

START taking:

(b) (6)

Review your updated medication list below.

Read the attached information

Allergies Pediatric (English)

Pick up these medications from any pharmacy with your printed prescription

(b) (6)

(b) (6)

Today's Visit

You were seen by (b) (6)

Reason for Visit

(b) (6)

Diagnoses

(b) (6)

Medications Given

(b) (6) last given at 6:24 PM

(b) (6)

(b) (6)

Changes to Your Medication List

START taking these medications

(b) (6)

START (b) (6)
Generic drug: (b) (6)

START (b) (6)

START (b) (6)

(b) (6)

MyChart Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to https://mychart.salemhealth.org/mychart/, click "Sign Up Now", and enter your personal activation code:
(b) (6) Activation code expires 10/22/2019.

Person Summary Report

[redacted]

Person ID: [redacted]

Gender:
Birth Date:
Staff Number:
Person GUID:

[redacted]

Student Number: [redacted]
Student State ID:
Staff State ID:

Contact Information:

Other Phone:
Work Phone:
Cell Phone:
Preferred Language:

Pager:
Email:
Secondary Email:

Non-Household Relationships

[redacted]

Race/Ethnicity Information

State Race/Ethnicity:
Federal Race/Ethnicity Designation:
Race(s):
Hispanic/Latino:
Race/Ethnicity Determination:

[redacted]

Date Entered US:
Date Entered US School:

Person Comments:

Contact Information Comments:

Johnson, Fellina

From: Johnson, Fellina
Sent: Monday, September 09, 2019 1:35 PM
To: Ortiz, Hankie
Cc: Begay, Michelle
Subject: CIR-4x
Attachments: (b) (6)

Greetings,

Attached are four (4) CIR reports.

Fellina Johnson
Program Support Assistant
Bureau of Indian Education
Administration (SCAN)
1011 Indian School Rd NW, Ste 332
Albuquerque, NM 87104

OFFICE: (505) 563-5229
FAX: (505) 563-5292
EMAIL: Fellina.Johnson@bie.edu
For our forms, visit: **https://www.bie.edu/Programs/SSS/index.htm**
(It is best to use Google Chrome)

EFFECTIVE: September 19, 2016

United States Department of the Interior
BUREAU OF INDIAN EDUCATION
CHEMAWA INDIAN SCHOOL
3700 Chemawa Road, NE
Salem, Oregon 97305-1199
Phone: 505-399-5721 Fax: 503-399-5848

Critical Incident Report
Fax Cover Sheet

From: Lora Braucher, Superintendent, CIS (503) 399-5721

To:
- ☐ Tony Dearman, Director, BIE – (202) 208-3312
- ☐ ~~Juanita Medoza~~, Clint Bowers, Chief of Staff – (202) 208-3312
- ☐ Hankie Ortiz, Deputy Director, BOS (505) 563-5345
- ☐ Jim Hastings, EPA, Phoenix ERC– (602) 265-0293
- ☐ Michelle Begay, SCAN Program – (505) 563-5292

Total Number of Pages (including cover sheet): 9

Bureau of Indian Education

SCAN/Employee Incident Report Checklist (2019 – 2020)

Child's Name: (b) (6) **School:** Chemawa Indian School

Date Received: 11/19/2019 **Date of Incident:** 11/17/2019 ☒ **BIE** ☐ **Grant**

Type of Report:
- ☒ **Critical Incident**
- ☐ **Employee Incident**
- ☐ **SCAN** ☐ **PA** ☐ **SA**
- ☐ **Non-CIR**
- ☐ **Non-EIR**
- ☐ **Non-SCAN**

Tracking Notifications sheet completed	☐ **Yes**	☐ **No**
Victim Statement	☐ **Yes**	☐ **No**
Witness Statements	☐ **Yes**	☐ **No**
Other Documents	☐ **Yes**	☐ **No**

Notifications:

☐ *ADD (Tribally-controlled Grant schools)*	***Date/time sent:***
☒ *ADD-West (BIE-operated schools)*	***Date/time sent:*** 11/17/2019, 8:15 PM
☐ *ADD-Navajo*	***Date/time sent:***
☐ *Dept. of Diné Education*	***Date/time sent:***
☐ *Employee/Labor Relations:*	***Date/time sent:***

If Employee is Alleged Offender:

Name & Title:

- **Employee written & signed statement (date):**
- ***Notification to Alleged Offender*** **(date):** ☐ **R/A** ☐ **A/L** ☐ **N/A**
- ***Notification of Closure to Alleged Offender*** **(date):**

SCAN REPORTS:

- ***Law Enforcement Report/Log number*** **(date):**

Officer's Name:

Agency:

Remarks/Comments:

(b) (6)

Bureau of Indian Education
Critical Incident or Death Reporting Form

TAKE PRIDE IN AMERICA

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School Name: Chemawa Indian School Date: 11/17/2019

Student Name: (b) (6) Grade: (b) (6)

Tribe: (b) (6) Age: (b) (6)

Incident Location: [○] School [○] Dorm [◉] Other (specify): Gym

Incident Description (e.g., what happened, who was involved?) – attach additional sheets as needed:

(b) (6)

(b) (6)

Indicate persons who were notified of the incident (if applicable):

[☑] Parent/Guardian: (b) (6) Date/Time: 11/17/2019 8:45 pm

[☐] Law Enforcement: _____ Date/Time: _____

[☑] Hospital/EMT: (b) (6) Date/Time: 11/17/2019 8:10 pm

[☑] Education Line Office (b) (6) Date/Time: 11/17/2019 8:15 pm

Certification:

I certify that the information contained in this report is true and correct to the best of my knowledge.

(b) (6)
Signature

(b) (6)
Date

(b) (6)
Telephone Number

Re-issued: 7/23/2013

AFTER VISIT SUMMARY

(b) (6)

11/17/2019 Legacy Silverton Emergency Department 503-873-1500

Instructions

Your personalized instructions can be found at the end of this document.

Read the attached information

(b) (6)

(b) (6)

Today's Visit

You were seen by (b) (6)

(b) (6)

Reason for Visit

(b) (6)

Diagnosis

(b) (6)

Imaging Tests

(b) (6)

Your End of Visit Vitals

(b) (6)

What's Next

You currently have no upcoming appointments scheduled.

*******We are providing you with information on new and changed medications only. If you have questions about what medications to continue at home, contact the physician who prescribed them. Notify your physicians of all new and changed medications. Carry medication information with you at all times in the event of an emergency.*******

(b) (6)

* When illness, accidents, and injuries happen, where should you go for care? The answer depends on the severity and type of illness. Some options for health care include doctor's offices and clinics, urgent care clinics, and hospital emergency rooms. If you're unsure where to go for help, your first step may be to call a health help line. Many insurance companies and hospitals have a 24/7 nurse help line, listed on your insurance card or insurance web site, to help you decide where to go for care. If you have online access, please visit the Legacy website http://www.legacyhealth.org/HouseCalls to search the index for your

(b) (6)

Person Summary Report

(b) (6)

Person ID: (b) (6)

Gender:
Birth Date: (b) (6)
Staff Number:
Person GUID: (b) (6)

Student Number: (b) (6)
Student State ID:
Staff State ID:

Contact Information:

Other Phone:
Work Phone:
Cell Phone:
Preferred Language:

Pager:
Email:
Secondary Email:

Non-Household Relationships

(b) (6)

Race/Ethnicity Information

State Race/Ethnicity:
Federal Race/Ethnicity Designation:
Race(s):
Hispanic/Latino:
Race/Ethnicity Determination:

(b) (6)

Date Entered US:
Date Entered US School:

Person Comments:

Contact Information Comments:

United States Department of the Interior
BUREAU OF INDIAN EDUCATION
CHEMAWA INDIAN SCHOOL
3700 Chemawa Road, NE
Salem, Oregon 97305-1199
Phone: 503-399-5721 Fax: 503-399-5870

Critical Incident Report Cover Sheet

From: Amanda Ward Acting, Superintendent – (503) 399-5721

To:
- ☐ Tony Dearman, Director, BIE – (202) 208-3312
- ☐ Clint Bowers, Chief of Staff – (202) 208-3312
- ☐ Hankie Ortiz, Deputy Director, BOS (505) 563-5345
- ☐ Jim Hastings, EPA, Phoenix ERC – (602) 265-0293
- ☐ Michelle Begay, SCAN Program – (505) 563-5292

Total Number of Pages (including cover sheet): 5

Bureau of Indian Education

SCAN/Employee Incident Report Checklist (2019 – 2020)

Child's Name: (b) (6) **School:** Cheyenne-Eagle Butte School (EAGLE)

Date Received: 09/12/19 **Date of Incident:** 09/12/19 ☒ **BIE** ☐ **Grant**

Type of Report:
- ☒ **Critical Incident**
- ☐ **Employee Incident**
- ☐ **SCAN** ☐ **PA** ☐ **SA**
- ☐ **Non-CIR**
- ☐ **Non-EIR**
- ☐ **Non-SCAN**

Tracking Notifications sheet completed	☒ **Yes**	☐ **No**
Victim Statement	☐ **Yes**	☒ **No**
Witness Statements	☐ **Yes**	☒ **No**
Other Documents	☐ **Yes**	☒ **No**

Notifications:

☐ ***ADD (Tribally-controlled Grant schools)***	***Date/time sent:***
☒ ***ADD-West (BIE-operated schools)***	***Date/time sent:*** 09/17/19, 10:42 AM
☐ ***ADD-Navajo***	***Date/time sent:***
☐ ***Dept. of Diné Education***	***Date/time sent:***
☐ ***Employee/Labor Relations:***	***Date/time sent:***

If Employee is Alleged Offender:

Name & Title: N/A

- **Employee written & signed statement (date):**
- ***Notification to Alleged Offender*** **(date):** ☐ **R/A** ☐ **A/L** ☐ **N/A**
- ***Notification of Closure to Alleged Offender*** **(date):**

SCAN REPORTS:

- ***Law Enforcement Report/Log number*** **(date):**

Officer's Name:

Agency:

Remarks/Comments:

(b) (6)

Revised: 06.19.19

Bureau of Indian Education
Critical Incident or Death Reporting Form

TAKE PRIDE IN AMERICA

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School Name: Cheyenne-Eagle Butte E.A.G.L.E. Center Date: 09/12/2019

Student Name: (b) (6) Grade: (b) (6)

Tribe: (b) (6) Age: (b) (6)

Incident Location: [◉] School [○] Dorm [○] Other (specify): _____

Incident Description (e.g., what happened, who was involved?)—attach additional sheets as needed:

(b) (6)

Indicate persons who were notified of the incident (if applicable):

[☑] Parent/Guardian (b) (6) Date/Time: 09/12/2019 12:42 pm

[☑] Law Enforcement: (b) (6) Date/Time: 09/12/2019 12:50 pm

[☑] Hospital/EMT: (b) (6) Date/Time: 09/12/2019 1:12 pm

[☑] Education Line Office: Jim Hastings Date/Time: 09/12/2019 2:30 pm

Certification:

I certify that the information contained in this report is true and correct to the best of my knowledge.

(b) (6) 9-12-19 (b) (6)

Signature Date Telephone Number

Re-issued: 7/23/2013

Person Summary Report

(b) (6)

Person ID: (b) (6)

Gender: (b) (6)
Birth Date: (b) (6)
Staff Number:
Person GUID: (b) (6)

Student Number: (b) (6)
Student State ID:
Staff State ID:

Contact Information:

Other Phone:
Work Phone:
Cell Phone:
Preferred Language:

Pager:
Email:
Secondary Email:

Non-Household Relationships

(b) (6)

Race/Ethnicity Information

State Race/Ethnicity:
Federal Race/Ethnicity Designation:
Race(s):
Hispanic/Latino:
Race/Ethnicity Determination:

(b) (6)

Date Entered US:
Date Entered US School:

Person Comments:

Contact Information Comments:

Johnson, Fellina

From: Johnson, Fellina
Sent: Tuesday, September 17, 2019 10:42 AM
To: Ortiz, Hankie
Cc: Begay, Michelle
Subject: CIR-2x
Attachments: (b) (6)

Greetings,

Please see the attached CIRs.

Fellina Johnson
Program Support Assistant
Bureau of Indian Education
Administration (SCAN)
1011 Indian School Rd NW, Ste 332
Albuquerque, NM 87104

OFFICE: (505) 563-5229
FAX: (505) 563-5292
EMAIL: Fellina.Johnson@bie.edu
***For our forms, visit*: https://www.bie.edu/Programs/SSS/index.htm**
(It is best to use Google Chrome)

EFFECTIVE: September 19, 2016

Attention

The attached file contains information which was obtained under a pledge of confidentiality. The information must not be discussed in such a manner that would disclose the identity of the Confidential Source(s).

Dissemination, distribution, copying, or unauthorized use of the information contained in the attached Report is strictly prohibited. As requested in writing, the identity of the person making the attached report must not be disclosed to individuals who do not have a need to know the information as part of their official duties without the written consent of the individual.

Questions about the handling or possible use of protected source information should be directed to the BIE Program Specialist (SCAN) at (505) 563.5290. All requests for disclosure of information will be referred to the Bureau of Indian Affairs Freedom of Information and Privacy Act Officer.

Attention

Bureau of Indian Education

SCAN/Employee Incident Report (2018 – 2019)

Child's Name: (b) (6) [redacted] **School:** Flandreau Indian School

☒ BIE ☐ Grant

Date Received: 09/09/18 **Date of Incident:** 09/08/18 **On-going:** ☐ Yes ☒ No

Type of Report:
- ☒ Critical Incident ☐ Non-CIR
- ☐ Employee Incident ☐ Non-EIR
- ☐ SCAN ☐ PA ☐ EA ☐ SA ☐ N
- ☐ Non-SCAN ☐ FILE AS IS

Tracking Notifications sheet completed ☒ Yes ☐ No

Victim Statement	☐ Yes	☒ No
Witness Statements	☐ Yes	☒ No
Other Documents	☒ Yes	☐ No

Notifications:

☐ *ADD (Tribally-controlled Grant schools)*	***Date/time sent:***	
☒ *ADD-West (BIE-operated schools), Eric North, SSS*	***Date/time sent:***	09/11/18, 8:52 AM
☐ *ADD-Navajo, Dr. Tamarah Pfeiffer*	***Date/time sent:***	
☐ *Dept. of Diné Education*	***Date/time sent:***	
☐ *Employee/Labor Relations:*	***Date/time sent:***	

Employee as Alleged Offender:

Name & Title: N/A

- **Employee written & signed statement (date):**
- ***Notification to Alleged Offender*** **(date):** ☐ R/A ☐ A/L
- ***Notification of Closure to Alleged Offender*** **(date):**
- ***Law Enforcement Report/Log number*** **(date):**

Officer's Name:

Agency:

Remarks/Comments:

(b) (6) [redacted]

Revised: 08.07.18

Bureau of Indian Education
Critical Incident or Death Reporting Form

TAKE PRIDE IN AMERICA

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School Name: Flandreau Indian School Date: 9/8/118

Student Name: (b) (6) Grade: (b) (6)

Tribe: (b) (6) Age: (b) (6)

Incident Location: [○] School [○] Dorm [Ø] Other (specify): Outing in Sioux Falls SD

Incident Description (e.g., what happened, who was involved?)—attach additional sheets as needed:

(b) (6)

Indicate persons who were notified of the incident (if applicable):

[☒] Parent/Guardian (b) (6) Date/Time: 9/8/18 10:30

[☐] Law Enforcement: _____ Date/Time: _____

[☒] Hospital/EMT: (b) (6) Date/Time: 9/8/18 9:45

[☒] Education Line Office: Jim Hastings, Michelle Begay, Gloria Yepa Date/Time: 9/9/18 4:30

Certification:

I certify that the information contained in this report is true and correct to the best of my knowledge.

(b) (6) 9/8/18 (b) (6)

Signature Date Telephone Number

Re-issued: 7/23/201

Avera

Avera Flandreau Hospital

(b) (6)

09/09/18

Discharge Instructions/Orders
Patient/Caregiver Instructions
Follow up Appointments and Exams:
FOLLOW UP ON MONDAY AS DIRECTED BY PROVIDER

(b) (6)

Visit Information
Discharge Disposition: 1 Home, Self-care

Care Team Members
(b) (6) CNP, EMERGENCY, FAMILY MEDICINE

EMERGENCY ROOM

214 N Prairie St., Flandreau, SD 57028
Phone: (605) 997-2433 Fax: (605) 997-3611

(b) (6) (b) (6) (b) (6)

PROCEDURE Orthopedic

ORDER TYPE Referral

PERFORMING LOCATION

SPECIALTY Orthopedic

TO PRACTICE Orthopedic Institute
TO PROVIDER

ORDER PERIOD

SERVICE DATE

DIAGNOSIS (b) (6)

OF VISITS

REFERRAL TEXT

(b) (6)

Electronically Signed By (b) (6) 09/08/18 2359

(b) (6) CNP

Person Summary Report

(b) (6)

Person ID: (b) (6)

Gender:
Birth Date:
Staff Number:
Person GUID:

(b) (6)

Student Number:
Student State ID:
Staff State ID:

(b) (6)

Contact Information:

Other Phone:
Work Phone:
Cell Phone:
Preferred Language:

Pager:
Email:
Secondary Email:

Non-Household Relationships

(b) (6)

(b) (6)

Race/Ethnicity Information

State Race/Ethnicity:
Federal Race/Ethnicity Designation:
Race(s):
Hispanic/Latino:
Race/Ethnicity Determination:

(b) (6)

Date Entered US:
Date Entered US School:

Person Comments:

Contact Information Comments:

Johnson, Fellina

From: Johnson, Fellina
Sent: Tuesday, September 11, 2018 8:52 AM
To: Ortiz, Hankie; North, Eric
Cc: Begay, Michelle
Subject: CIR-2x (Flandreau IS)
Attachments: (b) (6) [redacted]

Greetings,

Please see the attached CIRs.

Fellina Johnson
Program Support Assistant
Bureau of Indian Education
Administration (SCAN)
1011 Indian School Rd NW, Ste 332
Albuquerque, NM 87104

OFFICE: (505) 563-5229
FAX: (505) 563-5292
EMAIL: Fellina.Johnson@bie.edu
***For our forms, visit*: https://www.bie.edu/Programs/SSS/index.htm**
(It is best to use Google Chrome)

EFFECTIVE: September 19, 2016

Bureau of Indian Education

SCAN/Employee Incident Report Checklist (2017 – 2018)

Child's Name: (b) (6) **School:** Ojibwa Indian School

☒ **BIE** ☐ **Grant**

Date Received: 03/29/18 **Date of Incident:** 03/29/18 **On-going:** ☒ **Yes** ☐ **No**

Type of Report: ☒ **Critical Incident** ☐ **Non-CIR**
☐ **Employee Incident**
☐ **SCAN** ☐ **PA** ☐ **EA** ☐ **SA** ☐ **N**
☐ **Non-SCAN** ☐ **Non-EIR**

Tracking Notifications sheet completed ☒ **Yes** ☐ **No**

Victim Statement ☐ **Yes** ☒ **No**
Witness Statements ☐ **Yes** ☒ **No**
Other Documents ☒ **Yes** ☐ **No**

Notifications:

☐ ***ADD (Tribally-controlled Grant schools)*** ***Date/time sent:***

☒ ***ADD-West (BIE-operated schools), Eric North, SSS*** ***Date/time sent:*** 04/02/18, 8:42 AM

☐ ***ADD-Navajo, Dr. Tamarah Pfeiffer*** ***Date/time sent:***

☐ ***Dept. of Diné Education, Phillip Belone*** ***Date/time sent:***

☐ ***Employee/Labor Relations:*** ***Date/time sent:***

If Employee is Alleged Offender:

Name & Title: N/A

- **Employee written & signed statement (date):**
- ***Notification to Alleged Offender* (date):**
- ***Notification of Closure to Alleged Offender* (date):**
- ***Law Enforcement Report/Log number* (date):**

Officer's Name:

Other Remarks/Comments:

(b) (6)

Revised: 01.08.18

Bureau of Indian Education
Critical Incident or Death Reporting Form

TAKE PRIDE IN AMERICA

The Critical Incident or Death Reporting Form documents a critical incident or death occurring at a school. Users will complete and fax the form immediately to: the Bureau of Indian Education (BIE) Director or official designee at (202) 208-3312, the respective Associate Deputy Director or official designee, the Chief of Staff at (202) 208-3312, the Suspected Child Abuse/Neglect (SCAN) Program Specialist at (505) 563-5292, and the respective Education Line Office.

School Name: Ojibwa Indian School Date: 03/29/2018

Student Name: (b) (6) Grade: (b) (6)

Tribe: (b) (6) Age: (b) (6)

Incident Location: [○] School [○] Dorm [◉] Other (specify): home

Incident Description (e.g., what happened, who was involved?)---attach additional sheets as needed:

(b) (6)

Indicate persons who were notified of the incident (if applicable):

[☑] Parent/Guardian (b) (6) Date/Time: 03/29/2018 9:47 am

[☐] Law Enforcement: Date/Time:

[☑] Hospital/EMT (b) (6) Date/Time: 03/29/2018 9:48 am

[☑] Education Line Office: Jim Hastings Date/Time: 03/29/2018 9:47 am

Certification:

I certify that the information contained in this report is true and correct to the best of my knowledge.

(b) (6) 03/29/2018 (b) (6)

Signature Date Telephone Number

Re-issued: 7/23/2013

March 29, 2018

To Whom It May Concern,

(b) (6), (b) (5)

Lorinda G Beck LSW

Ojibwa Indian School

701-477-3108 ext 129

3/29/18

(b) (5), (b) (6)

Person Summary Report

(b) (6)

Person ID: (b) (6)

Gender:
Birth Date:
Staff Number:
Person GUID:
Student Number:
Student State ID:
Staff State ID:

(b) (6)

(b) (6)

Contact Information:

Other Phone:
Work Phone:
Cell Phone:
Pager:
Email:
Preferred Language: en_US

(b) (6)

Primary Household: (b) (6)
Household Phone:
Address(es):

(b) (6)

(b) (6)

Non-Household Relationships

Race/Ethnicity Information

State Race/Ethnicity:
Federal Race/Ethnicity Designation:
Race(s):
Hispanic/Latino:
Race/Ethnicity Determination:

(b) (6)

Date Entered US:
Date Entered US School:

Person Comments:

(b) (6)

Contact Information Comments:

(b) (6)

(b) (6)

(b) (6) ▼ School Ojibwa Indian School ▼ NASIS

[redacted]

Fees Lockers Graduation Athletics JetRac Letters Waiver NASIS Records Transfer Student Waiver Request Report Comments

Summary Enrollments Schedule **Attendance** Flags Grades Transcript Credit Summary Assessment Behavior Transportation

New Period Detail Daily Detail

Absent (b) (6)
Early Release 0 0 0 0
Tardy 0 0 0 0

Absent (b) (6)
Early Release 0 0 0 0
Tardy (b) (6)

Absent [redacted]
Early Release 0 0 0 0
Tardy [redacted]

Absent 0 0 0 0
Early Release 0 0 0 0
Tardy [redacted]

7001 7th Grade Attendance-WA
7002 Seventh Grade Attendance PM [redacted]

Unknown Excused Unexcused Exempt

Date	AM	PM
03/26/2018 Mon		
03/21/2018 Wed		
03/16/2018 Fri		
03/15/2018 Thu		
03/13/2018 Tue		
03/12/2018 Mon		
03/06/2018 Tue		
03/02/2018 Fri		
02/27/2018 Tue		
02/15/2018 Thu		
02/12/2018 Mon		
02/09/2018 Fri		
02/02/2018 Fri		
01/29/2018 Mon		
01/26/2018 Fri		
01/24/2018 Wed		
01/23/2018 Tue		
01/22/2018 Mon		
01/19/2018 Fri		
01/18/2018 Thu		
01/17/2018 Wed		
01/11/2018 Thu		
01/10/2018 Wed		
01/03/2018 Wed		
12/18/2017 Mon		
12/07/2017 Thu		
12/05/2017 Tue		
12/04/2017 Mon		
11/30/2017 Thu		
11/16/2017 Thu		
11/09/2017 Thu		
11/08/2017 Wed		
11/07/2017 Tue		
11/06/2017 Mon		
11/01/2017 Wed		
10/13/2017 Fri		

(b) (6) [redacted]

[redacted] School: Ojibwa Indian School

[redacted] (b) (6)

Grade: (b) (6) (b) (6) DOB: (b) (6) Gender: [redacted]

Fees Lockers Graduation Athletics AdHoc Letters Waiver NASIS Records Transfer Student Waiver Request Report Comments

Summary Enrollments Schedule Attendance Flags Grades Transcript Credit Summary Assessment Behavior Transportation

Choose a Report Card Format

Legend: Final Grade In-Progress Grade Future In-Progress Grade Grade Not Available Yet

7000-2 Culture [redacted]	Final Grade Mid Term Quarter Grade Quarter Grade
7020-2 Language Arts [redacted]	Final Grade Mid Term Quarter Grade Quarter Grade
7040-2 Math [redacted]	Final Grade Mid Term Quarter Grade Quarter Grade
7105-2 Music Vacant	Final Grade Mid Term Quarter Grade Quarter Grade
7100-2 Physical Education Vacant	Final Grade Mid Term Quarter Grade Quarter Grade
7050-2 Reading/ELA [redacted]	Final Grade Mid Term Quarter Grade Quarter Grade
7020-2 Science [redacted]	Final Grade Mid Term Quarter Grade Quarter Grade
7040-2 Social Studies [redacted]	Final Grade Mid Term Quarter Grade Quarter Grade
7060-2 Spelling (b) (6)	Final Grade Mid Term Quarter Grade Quarter Grade
7070-2 Writing (b) (6)	Final Grade Mid Term Quarter Grade Quarter Grade

(b) (6)

Term GPA (b) (6)

Rolling Cumulative GPA

Grades shown in gray do not contribute to a Term GPA

(b) (6)

Person Summary Report

[redacted]

Person ID: [redacted]

Gender:
Birth Date:
Staff Number:
Person GUID:

[redacted]

Student Number:
Student State ID: [redacted]
Staff State ID:

Contact Information:

Other Phone:
Work Phone:
Cell Phone:
Preferred Language:

Pager:
Email:
Secondary Email:

Non-Household Relationships

[redacted]

[redacted]

Race/Ethnicity Information

State Race/Ethnicity:
Federal Race/Ethnicity Designation:
Race(s):
Hispanic/Latino:
Race/Ethnicity Determination:

[redacted]

Date Entered US:
Date Entered US School:

Person Comments:

[redacted]

Contact Information Comments:

Begay, Michelle

From: Begay, Michelle
Sent: Tuesday, August 21, 2018 12:22 PM
To: Keplin, Cory (cory.keplin@BIE.EDU); Beck, Lorinda
Subject: CIR (03/29/2018)

Importance: High

Greetings,

Though a **Critical Incident Report** was filed for child, (b) (6) during the previous school year, our record remains open pending an update to it. Please advise accordingly, For the Record.

Your earliest attention and response ***by COB Friday, 08/24/2018*** is greatly appreciated. .

Thank you.

Michelle Begay, LMSW, Program Specialist
Bureau of Indian Education, Albuquerque
(505) 563 – 5290 – Office
(505) 563 – 5292 – Fax
(505) 554 – 8496 -- Mobile

Johnson, Fellina

From: Johnson, Fellina
Sent: Friday, March 30, 2018 1:35 PM
To: Keplin, Cory; Beck, Lorinda
Cc: Begay, Michelle
Subject: CIR - Ojibwa IS (L.A.)

Greetings,

Michelle is out of the office for the day. However, she was able to review the CIR that was submitted for (b) (6) and wanted me to relay the message to you:

(b) (6)

Should you have any questions, you can respond to Michelle.

Fellina Johnson
Program Support Assistant
Bureau of Indian Education
Administration (SCAN)
1011 Indian School Rd NW, Ste 332
Albuquerque, NM 87104

OFFICE: (505) 563-5229
FAX: (505) 563-5292
EMAIL: Fellina.Johnson@bie.edu

EFFECTIVE: September 19, 2016

Johnson, Fellina

From: Johnson, Fellina
Sent: Monday, April 02, 2018 8:42 AM
To: ADD BIE-Operated Schools (Eric.North@bie.edu)
Cc: Begay, Michelle
Subject: CIR - Ojibwa IS (L.A.)
Attachments: (b) (6) [redacted]

Greetings,

Please see the attached CIR for (b) (6) [redacted]

NOTE: She has SCAN-2x on file.

Fellina Johnson
Program Support Assistant
Bureau of Indian Education
Administration (SCAN)
1011 Indian School Rd NW, Ste 332
Albuquerque, NM 87104

OFFICE: (505) 563-5229
FAX: (505) 563-5292
EMAIL: Fellina.Johnson@bie.edu

EFFECTIVE: September 19, 2016

United States Department of the Interior
BUREAU OF INDIAN EDUCATION
OJIBWA INDIAN SCHOOL
PO BOX 600
BELCOURT, ND 58316
PHONE: 701-477-3108
FAX: 701-477-6039

Facsimile Transmittal Sheet

To: BIE - Director's staff Michael Beggs

From: (b) (6) [redacted]

Department:

Date: 3/29/18 Time: 10:06 am

Fax Number: 202-208-3312 202-208-3310 505-563-5292

Total Pages: 6

Phone Number:

Reference Number:

Re:

Message: CI Report

Bureau of Indian Education

SCAN/Employee Incident Report Checklist (2015 – 2016)

Child's Name: (b) (6) **School:** Riverside Indian School

☒ **BIE** ☐ **Grant**

Date Received: 2/4/16 **Date of Incident:** 2/2/16 **On-going:** ☒ **Yes** ☐ **No**

Type of Report: ☒ **Critical Incident** ☐ **Non-CIR**
☐ **Employee Incident**
☐ **SCAN** ☐ **PA** ☐ **EA** ☐ **SA** ☐ **N**
☐ **Non-SCAN** ☐ **Non-EIR**

Tracking Notifications sheet completed	☒ **Yes**	☐ **No**
Victim Statement	☐ **Yes**	☒ **No**
Witness Statements	☐ **Yes**	☒ **No**
Other Documents	☒ **Yes**	☐ **No**

Notifications:

☐ *ADD East (Grant schools), Rosie Davis*	***Date/time sent:***
☒ *ADD-West (BIE-operated schools), Eric North, SSS*	***Date/time sent:*** 2/4/16 at 12:32 PM
☐ *ADD-Navajo, Desmond Jones, SSS*	***Date/time sent:***
☐ *Dept. of Diné Education, Dr. Florinda Jackson*	***Date/time sent:***
☐ *Employee/Labor Relations:*	***Date/time sent:***

If Employee is Alleged Offender:

Name & Title: N/A

- **Employee written & signed statement (date):** N/A
- ***Notification to Alleged Offender* (date):** N/A
- ***Notification of Closure to Alleged Offender* (date):** N/A
- ***Law Enforcement Report/Log number* (date):**

Officer's Name:

Other Remarks/Comments:

(b) (6)

Revised: 07.07.15

Bureau of Indian Education
Critical Incident or Death Reporting Form

TAKE PRIDE IN AMERICA

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School Name: Riverside Indian School Date: 02/02/2016

Student Name: (b) (6) Grade: (b) (6)

Tribe: (b) (6) Age: (b) (6)

Incident Location: [○] School [○] Dorm [◉] Other (specify): Bus ride home in Chickasha

Incident Description (e.g., what happened, who was involved?)—attach additional sheets as needed:

(b) (6)

Indicate persons who were notified of the incident (if applicable):

[☑] Parent/Guardian: (b) (6) Date/Time: 02/02/2016 10:40 pm

[☐] Law Enforcement: _____ Date/Time: _____

[☑] Hospital/EMT: (b) (6) Date/Time: 02/02/2016 10:48 pm

[☑] Education Line Office: Tony Dearman Date/Time: 02/02/2016 10:40 am

Certification:

I certify that the information contained in this report is true and correct to the best of my knowledge.

(b) (6) 02/02/2016 (b) (6)

Signature (b) (6) Date Telephone Number

Re-issued: 7/23/2013

STUDENT INJURY REPORT

Name: (b) (6) Date of Birth: 10/27/98

Date of Injury: 2/2/16 Time of Injury: 1:40pm

Location injury occurred at (i.e. dorm): Chickasha, on the bus.

Description of accident: (b) (6)

(b) (6)

Ambulance used: ____Yes X No
If yes, name of ambulance service: _____

Medical Facility taken to: (b) (6)

Time taken: 10:48 PM Time returned or taken to another medical facility: none

Services provided: (Check all that apply and name of vendor)

X Emergency Room – Vendor Name (b) (6)

____ Emergency Room -- (other costs) Vendor Name _____

____ Lab work – Vendor Name _____

____ X-Ray – Vendor Name _____

____ Radiology – (reads x-rays) Vendor Name _____

Diagnosis (b) (6)

(b) (6)

Signature: _____ Date: 2/2/16

Submit original of all ambulance and hospital/ER forms with the original of this form to (b) (6) within 24 hours of injury.

Kinsel, Karyn

From: Moore, Patrick
Sent: Tuesday, February 09, 2016 4:02 PM
To: Kinsel, Karyn
Subject: Re: Status: CIR (b) (6)

The student was released the night of with no injuries. It was believed to be related to (b) (5), (b) (6)

Sent from my iPhone

On Feb 9, 2016, at 4:24 PM, Kinsel, Karyn <Karyn.Kinsel@BIE.EDU> wrote:

> Good Afternoon,
>
> For Our Record, please provide a status of the *Critical Incident Report* for child, (b) (6) filed on 02/04/16. It's indicated in the report that this child was transported to the (b) (5), (b) (6)
> (b) (5), (b) (6)
>
> Thank you,
> Karyn D. Kinsel, Program Support
> BIE, Administration (SCAN)
> 1001 Indian School NW, Suite 219
> Albuquerque, NM 87104
>
> (505) 563-5229 office
> (505) 563-5292 fax
> karyn.kinsel@bie.edu

Kinsel, Karyn

From: Kinsel, Karyn
Sent: Thursday, February 04, 2016 12:32 PM
To: North, Eric
Cc: Begay, Michelle
Subject: Five CIRs 2/4/16 Riverside
Attachments: CIR_(b) (6) CIR_(b) (6)
CIR_(b) (6) CIR_(b) (6)

1. Student (b) (6)
   a. Previous SCAN filed 9/10/15
2. Student (b) (6)
3. Student (b) (6)
4. Student (b) (6)
   a. Previous SCAN filed 11/24/14
5. Student (b) (6)
   a. Previous CIR filed 11/19/15

Bureau of Indian Education

SCAN/Employee Incident Report Checklist (2015 – 2016)

Child's Name: (b) (6) **School:** Riverside Indian School

☒ **BIE** ☐ **Grant**

Date Received: 11/19/15 **Date of Incident:** 11/17/15 **On-going:** ☐ **Yes** ☒ **No**

Type of Report:
- ☒ **Critical Incident** ☐ **Non-CIR**
- ☐ **Employee Incident**
- ☐ **SCAN** ☐ **PA** ☐ **EA** ☐ **SA** ☐ **N**
- ☐ **Non-SCAN** ☐ **Non-EIR**

Tracking Notifications sheet completed	☒ **Yes**	☐ **No**
Victim Statement	☐ **Yes**	☒ **No**
Witness Statements	☐ **Yes**	☒ **No**
Other Documents	☐ **Yes**	☒ **No**

Notifications:

☐ *ADD East (Grant schools), Rosie Davis*	***Date/time sent:***
☒ *ADD-West (BIE-operated schools), Eric North, SSS*	***Date/time sent:*** 11/19/15 at 9:44 AM
☐ *ADD-Navajo, Desmond Jones, SSS*	***Date/time sent:***
☐ *Dept. of Diné Education, Dr. Florinda Jackson*	***Date/time sent:***
☐ *Employee/Labor Relations:*	***Date/time sent:***

If Employee is Alleged Offender:

Name & Title: N/A

- **Employee written & signed statement (date):** N/A
- ***Notification to Alleged Offender*** **(date):** N/A
- ***Notification of Closure to Alleged Offender*** **(date):** N/A
- ***Law Enforcement Report/Log number*** **(date):**

Officer's Name:

Other Remarks/Comments:

(b) (6)

Revised: 07.07.15

Bureau of Indian Education
Critical Incident or Death Reporting Form

TAKE PRIDE IN AMERICA

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School Name: Riverside Indian School Date: 11/17/2015

Student Name: (b) (6) Grade: (b) (6)

Tribe: (b) (6) Age (b) (6)

Incident Location: [○] School [◉] Dorm [○] Other (specify): _____

Incident Description (e.g., what happened, who was involved?)—attach additional sheets as needed:

(b) (6)

Indicate persons who were notified of the incident (if applicable):

[☑] Parent/Guardian (b) (6) Date/Time: 11/17/2015 11:40 pm

[☐] Law Enforcement: _____ Date/Time: _____

[☑] Hospital/EMT: (b) (6) Date/Time: 11/17/2015 10:40 pm

[☑] Education Line Office: Patrick Moore Date/Time: 11/17/2015 10:45 pm

Certification:

I certify that the information contained in this report is true and correct to the best of my knowledge.

(b) (6) 11/18/15 (b) (6)

Signature Date Telephone Number

(b) (6)

Re-issued: 7/23/2013

Kinsel, Karyn

From: Kinsel, Karyn
Sent: Thursday, November 19, 2015 9:44 AM
To: North, Eric
Cc: Begay, Michelle
Subject: CIR 11/19/15 Riverside
Attachments: CIR_(b) (6)

1. Student (b) (6)

United States Department of the Interior
BUREAU OF INDIAN EDUCATION
RIVERSIDE INDIAN SCHOOL
101 RIVERSIDE DRIVE
ANADARKO, OK 73005
(405) 247-6670

IN REPLY REFER TO:
Administration

FACSIMILE TRANSMISSION

DATE: 11/19/15

TO: SCAN

FAX NUMBER: (505) 563-5292

NUMBER OF PAGES (INCLUDING COVER PAGE): 2

FROM: PATRICK MOORE – ACTING SUPERINTENDENT

MESSAGE: SEE ATTACHMENT

THE ORIGINAL WILL NOT BE MAILED

Bureau of Indian Education

SCAN/Employee Incident Report Checklist (2017 – 2018)

Child's Name: (b) (6) **School:** Rocky Ridge Boarding School

☒ **BIE** ☐ **Grant**

Date Received: 06/08/2018 **Date of Incident:** 01/16/2018 **On-going:** ☐ **Yes** ☒ **No**

Type of Report:
☒ **Critical Incident** ☐ **Non-CIR**
☐ **Employee Incident**
☐ **SCAN** ☐ **PA** ☐ **EA** ☐ **SA** ☐ **N**
☐ **Non-SCAN** ☐ **Non-EIR**

Tracking Notifications sheet completed ☐ **Yes** ☐ **No**

Victim Statement ☐ **Yes** ☐ **No**
Witness Statements ☐ **Yes** ☐ **No**
Other Documents ☐ **Yes** ☐ **No**

Notifications:

☐ ***ADD (Tribally-controlled Grant schools)*** ***Date/time sent:*** _____

☐ ***ADD-West (BIE-operated schools), Eric North, SSS*** ***Date/time sent:*** _____

☒ ***ADD-Navajo, Dr. Tamarah Pfeiffer*** ***Date/time sent:*** Deferred

☐ ***Dept. of Diné Education, Phillip Belone*** ***Date/time sent:*** _____

☐ ***Employee/Labor Relations:*** _____ ***Date/time sent:*** _____

If Employee is Alleged Offender:

Name & Title: _____

- **Employee written & signed statement (date):** _____
- ***Notification to Alleged Offender*** **(date):** _____
- ***Notification of Closure to Alleged Offender*** **(date):** _____
- ***Law Enforcement Report/Log number*** **(date):** _____

Officer's Name: _____

Other Remarks/Comments:

(b) (6)

Revised: 01.08.18

Department of Interior
Bureau of Indian Education

CRITICAL INCIDENT AND DEATH REPORTING FORM

The purpose of this form is to report an critical incident or death occurring at a school. This form is to be completed immediately and faxed to the OIEP Director at 202-208-3312, Deputy Director at 505-563-5231, the DOI Law Enforcement and Security Watch Office at 202-208-3421 and Education Line Officer. If the incident occurs during the night, a telephone contact must be made to the Education Line Officer and one of the following officials: Director at 505-280-6467 or Deputy Director's Office at 505-563-5227 or 505-280-4191.

School Name: Rocky Ridge Boarding School Date: 1/16/18

Student Name: (b) (6) Age: (b) (6) Grade: (b) (6)

Tribe: (b) (6)

Location of Incident: ____ School ____ Dormitory ____✓ Other (Specify home)

Description of incident – What happened? Who was involved? (attached additional sheets as needed).

(b) (6)

Indicate persons that were notified of the incident (if applicable)

✓ Parent/Guardian (b) (6) Date/time: 1/16/18 @10am
____ Law Enforcement Date/time:
✓ Hospital/EMT (b) (6) Date/time: 1/16/18 @1pm
✓ Education Line Officer Emily Arviso, Chief Student Navajo BIE. Date/time: 1/16/18 @11am

Certification:
I certify that the information contained in this report is true and correct to the best of my knowledge.

(b) (6) 1/16/18 (b) (6)
Signature Date telephone number

January 16, 2018

(b) (6)

(b) (6)

[redacted]

[redacted]

Person Summary Report

Person ID: [redacted]

Gender:
Birth Date:
Staff Number:
Person GUID:

[redacted]

Student Number: [redacted]
Student State ID:
Staff State ID:

Contact Information:

Other Phone:
Work Phone:
Cell Phone:
Preferred Language:

Pager:
Email:
Secondary Email:

Non-Household Relationships

[redacted]

State Race/Ethnicity:
Federal Race/Ethnicity Designation:
Race(s):
Hispanic/Latino:
Race/Ethnicity Determination:

[redacted]

Date Entered US:
Date Entered US School:

Person Comments:

[redacted]

Contact Information Comments:

Generated on 11/19/2018 11:29:01 AM

Bureau of Indian Education

SCAN/Employee Incident Report (2018 – 2019)

Child's Name: (b) (6) **School:** Sherman Indian High School

☒ **BIE** ☐ **Grant**

Date Received: 12/04/18 **Date of Incident:** 12/02/18 **On-going:** ☐ **Yes** ☒ **No**

Type of Report:
- ☒ **Critical Incident** ☐ **Non-CIR**
- ☐ **Employee Incident** ☐ **Non-EIR**
- ☐ **SCAN** ☐ **PA** ☐ **EA** ☐ **SA** ☐ **N**
- ☐ **Non-SCAN** ☐ **FILE AS IS**

Tracking Notifications sheet completed	☒ **Yes**	☐ **No**
Victim Statement	☐ **Yes**	☒ **No**
Witness Statements	☐ **Yes**	☒ **No**
Other Documents	☐ **Yes**	☒ **No**

Notifications:

☐ *ADD (Tribally-controlled Grant schools)*	***Date/time sent:***
☒ *ADD-West (BIE-operated schools), Eric North, SSS*	***Date/time sent:*** 12/10/18, 11:02 AM
☐ *ADD-Navajo, Dr. Tamarah Pfeiffer*	***Date/time sent:***
☐ *Dept. of Diné Education*	***Date/time sent:***
☐ *Employee/Labor Relations:*	***Date/time sent:***

Employee as Alleged Offender:

Name & Title: N/A

- **Employee written & signed statement (date):**
- *Notification to Alleged Offender* **(date):** ☐ **R/A** ☐ **A/L**
- *Notification of Closure to Alleged Offender* **(date):**
- *Law Enforcement Report/Log number* **(date):**

Officer's Name:

Agency:

Remarks/Comments:

(b) (6)

Revised: 08.07.18

Bureau of Indian Education
Critical Incident or Death Reporting Form

TAKE PRIDE IN AMERICA

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School Name: Sherman Indian High School Date: December 2, 2018

Student Name: (b) (6) Grade: (b) (6)

Tribe: (b) (6) Age:

Incident Location: [○] School [●] Dorm [○] Other (specify): _____

Incident Description (e.g., what happened, who was involved?)—attach additional sheets as needed:

(b) (6)

Indicate persons who were notified of the incident (if applicable):

[☑] Parent/Guardian (b) (6) (message left.) Date/Time: 12/2/18 @ 8:51pm

[☐] Law Enforcement: Date/Time: _____

[☑] Hospital/EMT (b) (6) Date/Time: 12/2/18 @ 8pm

[☑] Education Line Office: Jim Hastings Date/Time: 12/4/18 / 11:15am Via fax

Certification:

I certify that the information contained in this report is true and correct to the best of my knowledge.

(b) (6) 12/2/18 (b) (6)

Signature Date Telephone Number (b) (6)

(b) (6) 12/4/18

Re-issued: 7/23/2013

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

Begay, Michelle

From: Johnson, Gayle
Sent: Wednesday, January 09, 2019 4:17 PM
To: Begay, Michelle
Cc: Johnson, Kathaleen; Yarger, Mary; Torres, Celestina
Subject: RE: CIR (b) (6)

(b) (5), (b) (6)

Thank You,
Gayle Johnson

From: Begay, Michelle
Sent: Wednesday, January 09, 2019 10:38 AM
To: Johnson, Gayle; Torres, Celestina; Yarger, Mary
Subject: CIR (b) (6)
Importance: High

Good Morning,

Your assistance is sought to please provide a status of a *Critical Incident Report* for (b) (6) No final report, this incident, is on record.

Please advise to the services she may have, and may continue to, receive related to her need that given day. It is hoped that with some time since, an update is available.

Thank you.

Michelle Begay, LMSW, Program Specialist
Bureau of Indian Education, Albuquerque
(505) 563 – 5290 – Office
(505) 563 – 5292 – Fax
(505) 554 – 8496 -- Mobile

Person Summary Report

(b) (6)

Person ID (b) (6)

Gender:
Birth Date: (b) (6)
Staff Number:
Person GUID: (b) (6)

Student Number: (b) (6)
Student State ID:
Staff State ID:

Contact Information:

Other Phone:
Work Phone:
Cell Phone:
Preferred Language:

Pager:
Email:
Secondary Email:

Non-Household Relationships

(b) (6)

Race/Ethnicity Information

State Race/Ethnicity:
Federal Race/Ethnicity Designation:
Race(s):
Hispanic/Latino:
Race/Ethnicity Determination:

(b) (6)

Date Entered US:
Date Entered US School:

Person Comments:

Contact Information Comments:

Emergency Department Record
Parkview Community Hospital Medical Center - Emergency Department
3865 Jackson Street, Riverside, CA 92503
951-688-2211

Patient: (b) (6)
DOB:
MRN;
Acct #:
DOS: 12/02/2018 20:12

Ht: PRELIMINARY
PROVIDER: (b) (6)
Printed: 12/02/2018 20:44
Page 1 of 1

TRANSITION CHART

You have been provided a copy of this brief summary of tests and procedures you received while in our Emergency Department. In addition, your diagnosis (impression) and follow up plan are summarized. Any new medications you were prescribed are listed or attached via the Medication Reconciliation document, as well as any changes that might be necessary for your other medications. Please consider giving this form to your follow up provider, as this might be helpful information to him/her.

DISCHARGE INSTRUCTIONS:
Instructions given to the patient: (b) (6)
Follow up provider: (b) (6) (b) (6)
Follow up: NONE.

IMPRESSION(S):
(b) (6)

Parkview Community Hospital Medical Center
Emergency Department
3865 Jackson Street
Riverside, CA 92503 , (951) 686-2211

PATIENT: (b) (6)
MRN: (b) (6)
Acct. No: (b) (6)
DOB: (b) (6)

PROVIDER: (b) (6)
12/2/2018 8:43:58 PM

Emotional Crisis

Part of your problem today may be due to an emotional crisis. Emotional states can cause many different physical signs and symptoms. These may include:

- Chest or stomach pain.
- Fluttering heartbeat.
- Passing out.
- Breathing difficulty.
- Headaches.
- Trembling.
- Hot or cold flashes.
- Numbness.
- Dizziness.
- Unusual muscle pain or fatigue.
- Insomnia.

When you have other medical problems, they are often made worse by emotional upsets.

Emotional crises can increase your stress and anxiety. Finding ways to reduce your stress level can make you feel better. You will become more capable of dealing with these emotional states. Regular physical exercise such as walking can be very beneficial. Counseling or medicine to treat anxiety or depression may also be needed . See your caregiver if you have further problems or questions about your condition.

Document Released: 12/18/2006 Document Revised: 03/11/2013 Document Reviewed: 06/03/2008

PATIENT: (b) (6)
MRN: (b) (6)
Acct. No: (b) (6)
DOB: (b) (6)

PROVIDER: (b) (6)
12/2/2018 8:43:58 PM

Follow Up Instructions

Follow up with:

[redacted]

Follow up times:
NONE

Patient Signature: _____ RN Signature: _____ Time: _____

Emergency Department Medication Reconciliation
Parkview Community Hospital Medical Center

PATIENT: (b) (6)
MRN: (b) (6)
Acct. No: (b) (6)
Wt: (b) (6) S Ht:

PROVIDER: (b) (6)
Date of Service: 12/2/2018

(b) (6)

☐ Resume all home medications unless otherwise instructed

☐ Inpatient admission continue medications as indicated

☐ 72 Hour Psychiatric Detention continue medications

Reported Home Medications ☐ Per Patient ☐ Per Med Record ☐ Per Pharmacy

Medication	Dose	Route	Frequency	Last Dosage	Discontinue & Follow up with Primary MD	Continue medication on admission Yes	No

Medications Administered in Emergency Dept

Medication	Time Given	Comment	RN Initial

RN Signatures

Initials | Initials | Initials

New Medication Orders

Medication	Dose	Unit	Frequency	Comment	RX Given
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐

Because your home medications were prescribed by your personal doctor (PCP), the decision regarding whether these medications are appropriate for you should be made by your PCP, not the Emergency Department physician/PA. Unless otherwise specified above, continue your home medications.

Nurse Signature: _____ Date: ____/____/____ Time: ____:____

PATIENT: (b) (6)
MRN: (b) (6)
Acct. No: (b) (6)
Wt: (b) (6) Ht:

PROVIDER: (b) (6)
Date of Service: 12/2/2018

(b) (6)

Physician Signature: _____ Date: ____/____/____ Time: ____:____

☐ TELEPHONE ORDER / READBACK

Nurse Name (Received Order): _____ Date: ____/____/____ Time: ____:____

Nurse Signature: _____ Print Name MD Giving Order: _____

Signature attest that orders were readback to provider

Physician Signature: _____ Date: ____/____/____ Time: ____:____

Noted by RN: _____

Crisis Resources 2017

If you are experiencing emotional distress and would like to speak to someone call one of the following crisis lines. For more information about each entity listed visit their website by clicking on each name.

HELPLine - 24 Hour Crisis/Suicide Intervention
The HELPline is a free, confidential Crisis/Suicide Intervention service. Operated by highly trained volunteers, the line is open 24-hours a day, seven days a week.
Phone: (951) 686-HELP (4357) www.Up2Riverside.org

Peer Navigation Line 1-888-768-4968
Hours of Operation: 8am- 4pm M-F
The Peer Navigation Line is a phone line where you can talk to a real person who is in their own behavioral health recovery – they have 'been there' and have had the same questions, fears, and judgments. They want to help!

National Suicide Prevention Lifeline
By calling , you'll be connected to a skilled, trained counselor at a crisis center in your area, **anytime 24/7.**
Phone: (800) 273-TALK (800-273-8255)
Spanish line: (888) 628-9454
TTY: (800) 799-4TTY (4889)

Veterans Crisis Line
The Veterans Crisis Line is a Department of Veterans Affairs (VA) resource that connects Veterans in crisis or their families and friends with qualified, caring VA professionals. Confidential support is available 24 hours a day, 7 days a week.
Phone: (800)-273-8255 Press 1

The Trevor Lifeline
National organization providing crisis and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) Youth.
Phone: 866-4-U-TREVOR (866-488-7386)

Riverside County Regional Medical Center Emergency Treatment Services (ETS)
Provides psychiatric emergency services 24 hours a day, 7 days a week for all ages, which includes evaluation, crisis intervention, and referrals for psychiatric hospitalization, as needed for adults, children, and adolescents. Consumers may be referred to the Inpatient Treatment Facility (ITF) or other private hospitals.
Phone: (951) 358-4881 - Se Habla Español
9990 County Farm Road, Ste. 4 Riverside, CA 92503

IF YOU OR SOMEONE YOU KNOW IS EXPERIENCING A PSYCHIATRIC EMERGENCY CALL 9-1-1 IMMEDIATELY, OR GO TO THE NEAREST EMERGENCY ROOM.

SUICIDE IS 100% PREVENTABLE. SPEAK UP, REACH OUT!

National Suicide Prevention Lifeline App:

MY3
SUICIDE PREVENTION
My3app.org

24/7 Mental Health Urgent Care
Provides 24 hour, 7 days a week, 365 days a year urgent mental health screening and assessment services and medications to address the needs of those in crisis in a safe, efficient, trauma informed, and least restrictive setting. Includes peer support, psychiatric support, recovery education, nutritional education, health and recreation, community coordination and follow up.
Serves those 18 years and older who are voluntarily seeking help for crisis.
Length of stay: no more than 23 hours
Phone: 951 509-2499
Location: 9890 County Farm Road, Bldg 2, Riverside 92503

Riverside County Mental Health CARES Line
(800) 706-7500
Provides Information and referrals for Medi-Cal beneficiaries seeking Mental Health Services.

Riverside County Substance Use CARES Line
(800) 499-3008
Serves Adult men and women. Programs include prevention, residential detoxification, outpatient and residential medication assisted treatment (MAT) for those addicted to alcohol or opiates, residential, outpatient counseling (ODF), intensive outpatient counseling (IOT), and narcotic treatment (NTP). All programs utilize evidence based practices (EBP) which are proven and approved methods of treatment. Locations are county-wide.

Student Name: (b) (6) Date: 12/21/18

UPON INITIAL ENTRY TO SICK BAY/TRANSITION DORM or DORM OF ORIGIN, STAFF WILL RECORD STUDENT OBSERVATIONS AS FOLLOWS:

IF A STUDENT IS INTOXICATED, *DOCUMENT THAT STUDENT IS CHECKED EVERY **FIFTEEN MINUTES (Student must be observed at ALL times).**

IF THE STUDENT IS NOT INTOXICATED RECORD OBSERVATIONS EVERY **THIRTY MINUTES.** USE ADDITIONAL FORMS AS NEEDED.

(b) (6)

Staff on duty: (b) (6)		Time in: 3	Time out: 11
Staff on duty:		Time in: 2-	Time out: 10
Staff on duty:		Time in: 2	Time out: 10p
Staff on duty:		Time in: 11pm	Time out: 7Am

Bureau of Indian Education

Student Minor/Major Referral and Incident Report

Part I:

School Name: **Sherman Indian High School** Date of Incident: **Dec. 2, 2018** Time of Incident: **5:55pm**

Student Name: (b) (6) Age: (b) (6) Grade: (b) (6)

Location of Incident: [ ] School [ ] Dormitory_____ [X] Other (specify): **Outside Recreation**

School Category or Offense: (b) (6) Student Dorm: **Wauneka Dorm**

(b) (6)

Part III: Action Taken

Part IV: Indicate persons who were notified of incident:

[X] Parent/Legal Guardian: (b) (6) Phone Number: (b) (6) Date: **12-2-18**

[X] Parent/Legal **Guardian:** (b) (6) Phone Number: (b) (6) Date: **12-2-18**

( ) Law Enforcement: _____ Date: __/__/____

[ ] Hospital/EMT: _____ Date: __/__/____

[ ] Education Line Officer: _____ Date: __/__/____

Student Signature: (b) (6) Date: 12/2/18

Part IV: Certification:

I certify that the information contained in this report is true and correct to the best of my knowledge

(b) (6) (b) (6) 12/2/18 (b) (6)

Staff Signature: Date: Telephone number:

Distribution:

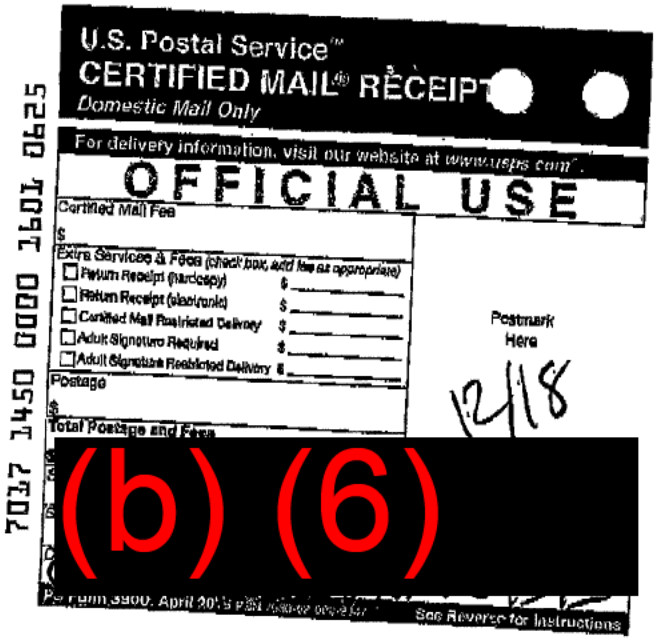
FAX a copy to Michelle Begay, Program Specialist: 505.563.5292 – or – e-mail: michelle.begay@bia.edu

Education Line Office

School Safety Specialist – Eric North—Fax 505-563-5345 or e-mail eric.north@bie.edu

Sections Below NOT for Parental Distribution

(b) (6)


U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.
OFFICIAL USE
Certified Mail Fee
$
Extra Services & Fees (check box, add fee as appropriate)
Return Receipt (hardcopy) $
Return Receipt (electronic) $
Certified Mail Restricted Delivery $
Adult Signature Required $
Adult Signature Restricted Delivery $
Postage
$
Total Postage and Fees
Postmark Here
12/18
(b) (6)
See Reverse for Instructions
7017 1450 0000 1601 0625

CONDENSED MINUTES OF REVIEW BOARD HEARING
Sherman Indian High School

STUDENT: (b) (6)

DOB: (b) (6)

PARENT/GUARDIAN: (b) (6)

CHAIRPERSON: Tara Sherlock

VOTING MEMBER: Mark McFall

VOTING MEMBER: Renee Batts-Nsiah

REFERRAL (S) Refusing Choice Dorm

COMMITTEE RECOMMENDATION:

(b) (6)

Conditions: (b) (6)

(b) (6)

(b) (6)

ADMINISTRATIVE SIGNATURE

(b) (6)

Administrative

12/17/18
Date

Any student engaged in a due process proceeding will not be allowed to participate in any school activity, and any student who has been *suspended* or *expelled* will not be allowed on campus nor be allowed to participate in any school-sponsored activity, including but not limited to Pow Wow.

United States Department of the Interior
Bureau of Indian Affairs

Sherman Indian High School
9010 Magnolia Avenue
Riverside, Ca 92503
(951) 276-6326
Fax: (951) 276-6335

To: Parent/Guardian: (b) (6)

Chair Person: Tara Sherlock
Committee Member: Mark McFall
Committee Member: Renee Batts-Nsiah

Subject: Review Board Hearing for: (b) (6)

Dorm: Wauneka
Date: 12/13/18 **Time:** 11:00 A.M. **(PDT)**

Place: Telephone conference at the following number
In person: (b) (6)

**Please note: Sherman Indian High School tried to contact you*

Contact person is: Tara Sherlock (951) 276-6326, Ext. 380

cc: Principal

Student Commitment
2018 – 2019

Sherman Indian High School believes that it offers students an exceptional educational environment for student success. Students who make the commitment to follow the *Student Guide to Success* will succeed at Sherman Indian High School.

☒ I have read the *Student Guide to Success* and have had any questions answered and explained to me.

☒ I hereby pledge to follow the policies set forth by the *Student Guide to Success*.

☒ I understand that the *Student Guide to Success* has been adopted and approved by the Sherman Indian High School's School Board.

Print Student Name: (b) (6)

Student Signature: (b) (6)

Dorm Staff: (b) (6) Date: 8/25/18

Dorm: (b) (6)

Reminder: The *Student Guide to Success* is a thorough document. It is intended to help all students succeed at Sherman. This document may be edited or altered during the course of the school year by the school administration. Additional documents may also be provided to students later in the school year which should be considered additions to the original text.

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN EDUCATION
Sherman Indian High School
9010 Magnolia Avenue
Riverside, California 92503
915-276-6325

FACSIMILE TRANSMITTAL SHEET

To:	From:
Ms. Michelle Begay	Kathy Johnson for Sister Mary Yarger
FAX NUMBER:	**Date:**
505-563-5292	January 9, 2019
COMPANY:	**TOTAL NO. OF PAGES INCLUDING COVER:**
DOI/BIE	17
PHONE NUMBER:	**SENDER'S REFERENCE NUMBER:**

RE:
Critical Incident or Death Reporting Form

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Please find attached the following critical incident form and all supporting documents for the following student;

(b) (6)

Johnson, Fellina

From: Johnson, Fellina
Sent: Monday, December 10, 2018 11:02 AM
To: Bureau Operated Schools-SSS (Eric.North@bie.edu)
Cc: Begay, Michelle
Subject: CIR-8x
Attachments: (b) (6)

Greetings,

Please see the attached CIRs.

Fellina Johnson
Program Support Assistant
Bureau of Indian Education
Administration (SCAN)
1011 Indian School Rd NW, Ste 332
Albuquerque, NM 87104

OFFICE: (505) 563-5229
FAX: (505) 563-5292
EMAIL: Fellina.Johnson@bie.edu
***For our forms, visit*: https://www.bie.edu/Programs/SSS/index.htm**
(It is best to use Google Chrome)

EFFECTIVE: September 19, 2016

Bureau of Indian Education

SCAN/Employee Incident Report Checklist (2017 – 2018)

Child's Name: (b) (6) **School:** Wingate High School

☒ **BIE** ☐ **Grant**

Date Received: 06/19/2018 **Date of Incident:** 06/18/2018 **On-going:** ☐ **Yes** ☒ **No**

Type of Report:
- ☒ **Critical Incident** ☐ **Non-CIR**
- ☐ **Employee Incident**
- ☐ **SCAN** ☐ **PA** ☐ **EA** ☐ **SA** ☐ **N**
- ☐ **Non-SCAN** ☐ **Non-EIR**

Tracking Notifications sheet completed	☐ **Yes**	☐ **No**
Victim Statement	☐ **Yes**	☐ **No**
Witness Statements	☐ **Yes**	☒ **No**
Other Documents	☐ **Yes**	☒ **No**

Notifications:

☐ *ADD (Tribally-controlled Grant schools)*	***Date/time sent:***
☐ *ADD-West (BIE-operated schools), Eric North, SSS*	***Date/time sent:***
☒ *ADD-Navajo, Dr. Tamarah Pfeiffer*	***Date/time sent:*** 06/20/2018, 11:26 AM
☐ *Dept. of Diné Education, Phillip Belone*	***Date/time sent:***
☐ *Employee/Labor Relations:*	***Date/time sent:***

If Employee is Alleged Offender:

Name & Title:

- **Employee written & signed statement (date):**
- ***Notification to Alleged Offender*** **(date):**
- ***Notification of Closure to Alleged Offender*** **(date):**
- ***Law Enforcement Report/Log number*** **(date):**

Officer's Name:

Other Remarks/Comments:

Revised: 01.08.18

RECEIVED
AUG 16 2018
BIE

Bureau of Indian Education
Critical Incident or Death Reporting Form

TAKE PRIDE IN AMERICA

The Critical Incident or Death Reporting Form documents a critical incident or death occurring at a school. Users will complete and fax the form immediately to: the Bureau of Indian Education (BIE) Director or official designee at (202) 208-3312, the respective Associate Deputy Director or official designee, the Chief of Staff at (202) 208-3312, the Suspected Child Abuse/Neglect (SCAN) Program Specialist at (505) 563-5292, and the respective Education Line Office.

School Name: Wingate High School Date: 06/18/2018

Student Name: (b) (6) Grade: (b) (6)

Tribe: (b) (6) Age: (b) (6)

Incident Location: [○] School [◉] Dorm [○] Other (specify): _____

Incident Description (e.g., what happened, who was involved?)—attach additional sheets as needed:

(b) (6)

Indicate persons who were notified of the incident (if applicable):

[☑] Parent/Guardian: (b) (6) Date/Time: 06/18/2018 3:20 pm

[☐] Law Enforcement: _____ Date/Time: _____

[☑] Hospital/EMT: (b) (6) Date/Time: 06/18/2018 7:00 pm

[☑] Education Line Office: John McIntosh (928) 871-5945 Date/Time: 06/19/2018 4:00 pm

Certification:

I certify that the information contained in this report is true and correct to the best of my knowledge.

(b) (6)
Signature

6/19/18
Date

(b) (6)
Telephone Number

Re-issued: 7/23/2013

PATIENT REFERRAL NOTICE

INSTRUCTIONS (This form my be used by Medical, Dental, and Paramedical personnel to refer DIN Beneficiaries for medical, dental, or related services.)

1. TO (Names, title, and address of person or organization or institution to whom referral is made.)

(b) (6)

2. NAME OF PATIENT (Last Name, First Name, Middle Name)	3. SEX	4. BIRTHDATE	5. REGISTRATION NO.
(b) (6)	(b) (6)	(b) (6)	

6. ADDRESS	7. TRIBE	8. RESERVATION
(b) (6)		

9. ADDITIONAL INFORMATION

(b) (6)

10. REASON FOR REFERRAL (Type of service required)

(b) (6)

11. SIGNIFICANT MEDICAL OR DENTAL FACTORS (Including diagnosis, prognosis, treatment, Etc.)

12. REPORT BY PARAMEDICAL PERSONNEL

13. FROM (Name, title, and address of person making referral)

(b) (6)

14. DATE

6-18-18

Person Summary Report

[redacted]

Person ID: [redacted]

Gender:
Birth Date: [redacted]
Staff Number:
Person GUID: [redacted]

Student Number: [redacted]
Student State ID:
Staff State ID:

Contact Information:

Other Phone:
Work Phone:
Cell Phone:
Preferred Language:

Pager:
Email:
Secondary Email:

Non-Household Relationships

[redacted]

Race/Ethnicity Information

State Race/Ethnicity:
Federal Race/Ethnicity Designation:
Race(s):
Hispanic/Latino:
Race/Ethnicity Determination:

[redacted]

Date Entered US:
Date Entered US School:

Person Comments:

[redacted]

Contact Information Comments:

Generated on 05/15/2020 04:40:08 PM

HP LaserJet 500 colorMFP M570dn

Fax Confirmation

Jun-19-2018 3:29PM

Job	Date	Time	Type	Identification	Duration	Pages	Result
6665	6/19/2018	3:28:29PM	Send	15055635292	1:17	3	OK

CONFIDENTIAL

Date: Tuesday, June 19, 2018

To: Michelle Begay, SCAN Specialist
505-563-5292 (FAX)

From: Alta Mitchell, LADAC (b) (6)
Wingate High School

Re: CRITICAL INCIDENT: Wingate High School student

HP LaserJet 500 colorMFP M570dn

Fax Confirmation

Jun-19-2018 3:31PM

Job	Date	Time	Type	Identification	Duration	Pages	Result
6666	6/19/2018	3:30:30PM	Send	19288715945	0:47	3	OK

CONFIDENTIAL

Date: Tuesday, June 19, 2018

To: John McIntosh, Special Assistant
(928) 871-5945 (FAX)

From: Alta Mitchell, LADAC (b) (6)
Wingate High School

Re: CRITICAL INCIDENT: Wingate High School student

HP LaserJet 500 colorMFP M570dn

Fax Confirmation

Jun-19-2018 3:32PM

Job	Date	Time	Type	Identification	Duration	Pages	Result
6667	6/19/2018	3:32:07PM	Send	19288715945	0:46	3	OK

CONFIDENTIAL

Date: Tuesday, June 19, 2018

To: Emily Arviso, Superintendent of Schools
(928) 871-5945 (FAX)

From: Alta Mitchell, LADAC (b) (6)
Wingate High School

Re: CRITICAL INCIDENT: Wingate High School Student

HP LaserJet 500 colorMFP M570dn

Fax Confirmation

Jun-19-2018 3:34PM

Job	Date	Time	Type	Identification	Duration	Pages	Result
6668	6/19/2018	3:33:49PM	Send	12022083312	0:45	3	OK

CONFIDENTIAL

Date: Tuesday, June 19, 2018

To: Tony Dearman, BIE Director
202-208-3312 (FAX)

From: Alta Mitchell, LADAC (b) (6)
Wingate High School

Re: CRITICAL INCIDENT: Wingate High School Student

Begay, Michelle

From: Begay, Michelle
Sent: Wednesday, June 20, 2018 11:26 AM
To: Pfeiffer, Tamarah
Cc: Johnson, Fellina
Subject: Report x3
Attachments: (b) (6) [redacted]

Please note the attachments.

Thank you.

Michelle Begay, LMSW, Program Specialist
Bureau of Indian Education, Albuquerque
(505) 563 – 5290 – Office
(505) 563 – 5292 – Fax
(505) 554 – 8496 -- Mobile

CONFIDENTIAL

Date: Tuesday, June 19, 2018

To: Michelle Begay, SCAN Specialist
505-563-5292 (FAX)

From: Alta Mitchell, LADAC (b) (6)
Wingate High School

Re: CRITICAL INCIDENT: Wingate High School student