



Child Placing Agency Critical Incident Reporting Form

Please check which incident occurred. Report the incident immediately to the Case Management Provider and your DCCCA Specialist:

- Fire or other damage to property
- Vehicle accident involving a child in foster care
- Missing or runaway child in foster care
- Physical restraint of a child in foster care (complete restraint log as well)
- Injury of a child in foster care requiring medical attention
- Death of a child or any other resident in the family foster home
- Arrest of a child in foster care
- Incident involving the presence of law enforcement
- Complaint investigation by DCF
- Aggressive and assaulting behavior
- Any other incident that jeopardizes the safety of a child in foster care

Date of the incident: _____ Time of the incident: _____

Date reported: _____ Time reported: _____ Incident reported to: _____

Child involved: _____ Child's date of birth: _____

Location where incident took place: _____

Other individuals involved in the incident:

Describe any actions taken to prevent the incident:

Describe in detail the events of the incident:

Name of person reporting incident: _____

Date: _____

Foster Parent Signature: _____

Date: _____

REMINDER:

- Submit a written report to your Specialist by the next business day
- Keep a copy of the report on file in the home