

DFSS Incident Report Form



DFSS SSC Team Supervisor and/or Delegate Agency Staff:	
Date Form Completed:	
Grant Number:	
Date Incident Reported to DFSS: <i>Time of call/email/visit.</i>	
Name of DA Staff Reporting Incident & Title:	
Date Incident Occurred:	
Delegate Agency:	
Site & Address:	
Class & Staff Name:	
Child/ren Names & Ages:	
Program Model/Option:	



<p>Initial Report of Incident Made: <i>Email, phone call, other?</i></p>	
<p>Emergency Medical Assistance: <i>Was child/ren taken to hospital?</i></p>	
<p>DCFS Involvement: <i>Include DCFS contact person/info. Who made call to DCFS? When?</i></p>	
<p>Chicago Police Dept.: <i>Who made call to CPD? When?</i></p>	
<p>DFSS Site Visit Conducted: <i>Date/Time.</i></p>	
<p>DFSS Site Visit Interviews & Incident Details + Supporting Docs: <i>Name & title of person/s interviewed.</i></p>	



<p>Location & time of incident. Was child harmed? Describe in detail what occurred.</p> <p>Was the family notified & when?</p> <p>Name/s of staff witnesses & job titles.</p> <p>Was an Incident Report completed?</p> <p>If incident involved staff, -Where is staff now?</p> <p>- What is the agency policy regarding incidents involving staff, consultants, or volunteers?</p> <p>Was staff: - Told they must leave? - Told when they can return? - On leave, with/out pay? - Informed of the consequences of this action?</p> <p>Additional details:</p>	
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<p>Evidence obtained or reviewed at visit: <i>Attach photos as applicable & video footage to be reviewed.</i></p>	
Timeline	DFSS Concerns & Recommended Next Steps:



