

DFSS Incident Report Form



DFSS SSC Team Supervisor and/or Delegate Agency Staff:	
Date Form Completed:	
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:	
Initial Report of Incident Made: <i>Email, phone call, other?</i>	



<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:</p> <p><i>Name & title of person/s interviewed.</i></p> <p><i>Location & time of incident. Was child harmed? Describe in detail what occurred.</i></p>	



<p><i>Was the family notified & when?</i></p> <p><i>Name/s of staff witnesses & job titles.</i></p> <p><i>Was an Incident Report completed?</i></p> <p><i>If incident involved staff, -Where is staff now?</i></p> <p><i>- What is the agency policy regarding incidents involving staff, consultants, or volunteers?</i></p> <p><i>Was staff:</i></p> <ul style="list-style-type: none"><i>- Told they must leave?</i><i>- Told when they can return?</i><i>- On leave, with/out pay?</i><i>- Informed of the consequences of this action?</i> <p><i>Additional details:</i></p>	
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<p>Evidence obtained or reviewed at visit: <i>Attach photos as applicable & video footage to be reviewed.</i></p>	
<p>Timeline</p>	<p>DFSS Concerns & Recommended Next Steps:</p>

