## ARIZONA DEPARTMENT OF CHILD SAFETY INCIDENT REPORT FOR CHILDREN IN THE CUSTODY AND CARE OF THE ARIZONA DEPARTMENT OF CHILD SAFETY (DCS)

PLEASE TYPE OR PRINT CONFIDENTIAL INFORMATION								
TO BE COMPLETED BY RESPONSIBLE	E PERSON(S) INVOLVED IN	WITNESSSING THE	INCIDENT					
1. NAME OF OUT-OF-HOME CARE PROVIDER	2. NAME OF LICE	NSING AGENCY/GROUP	HOME/SHELTER (If Applicable)					
3. DATE OF INCIDENT (MM/DD/YY) 4. TIM	E OF INCIDENT 5. LOC	ATION OF INCIDENT (NO	., STREET, CITY, STATE, ZIP)					
6. NAME OF CHILD/INDIVIDUAL INVOLVED (Last, First, M.I.)	7. PARTICIPANT ID (If in DCS Custody)	8. BIRTH DATE (MM/DD/YY)	9. PLACED IN THE CARE OF PROVIDER/CONTRACTOR (Include Address)					
		1 1						
		/ /						
		1 1						
10. DESCRIBE EVENT OR INCIDENT:		/ /						
11. DESCRIBE STEPS TAKEN TO PREVEN (Explain any actions taken prior to the incident to incident? What actions were taken after the incident.)	prevent it. For example, was the RB	INCIDENT AND IN TH						
			es, additional pages attached					
		14 DELATION	SHIP OF WITNESS TO CHILD/REN					
12. NAME OF WITNESS (Last, First, M.I.)	13. WITNESS PHONE NU	IMBER 14. KELATION	SUBJECT OF REPORT					
			-					

15. IF THE INCIDENT HOTLINE NOTIFI		LEGATIONS OF CI	HILD ABU	SE/NEGLE	CT, WAS THE C	HILD ABUSE	
☐ YES ☐ N		DATE / /		TIME	NAME OF DCS	INTAKE SPECIALIST	
NOTIFICATIONS							
<ul> <li>copy of this Incide</li> <li><u>Licensed foster ho</u>         for questions and/         and OLR (email to         </li> <li><u>Shelters/Group Ho</u>         questions and/or re</li> </ul>	ent Report to the DCS omes: Contact your Correporting requirem on: DCSOLRIncident omes: Contact your I eporting requirements	Contact the DCS Special Specialist/Supervisor. Child Placing Agency, Donents. Send a copy of thi Reports@azdes.gov).	alist/Supervi CS Specialis s Incident Ro or, Office of cident Repor	sor for any quest/Supervisor, or eport to your Cl Licensing and left to your DCS	the Office of Licenthild Placing Agency Regulation (OLR) at Specialist/Superviso	ng requirements. Send a sing and Regulation (OLR), DCS Specialist/Supervisond/or DCS Contracts for an r; OLR (email to:	
16. WAS LAW ENFOR	RCEMENT NOTI	FIED?					
	AME OF LAW ENFOR		AME OF OFF	ICER AND BAD	OGE NUMBER	POLICE REPORT NUMBER	
17. RECORD OF VER	BAL NOTIFICAT	ΓΙΟΝ Based	on incident d	lescription, che	ck which contacts w	ere verbally notified	
CONTACTS NO		NAME OF PERSON(S CONTACTED		DATE	TIME	PHONE NUMBER	
☐ DCS SPECIALIST/SU	JPERVISOR			/ /			
☐ LICENSING AGENC	Y			/ /			
☐ JUVENILE PROBAT	ION/PAROLE			/ /			
OTHER				/ /			
OTHER				/ /			
18. SIGNATURE/TITI	E OF PERSON V	VHO PREPARED T	HIS REPO	RT	<u> </u>	Ļ	
SIGNATURE			TITLE			DATE / /	
NAME (Last, First, M.I.)		PHONE NUMBER	RELATION TO REPORTED CHILD		IN CUSTODY OF DCS		
19. SIGNATURE / TIT	LE OF PERSON	WHO REVIEWED	THIS REP	ORT (If Applie	cable)		
SIGNATURE		TITLE			DATE / /		
NAME (Last, First, M.I.)		PHONE NUMBER	RELATION TO CHILD/REN S		O CHILD/REN SUBJE	BJECT OF REPORT	
20. COPY OF WRITTI	EN REPORT SEN	TO (Include the date s	sent):	_			
☐ DCS Specialist/Supervisor	☐ DCS Contracts	☐ OLR/OLCR	☐ Lice	ensing Agency	☐ Juv. Probation	Other	
DATE:	DATE:	DATE:	DATE:		DATE:	DATE:	

## GENERAL INSTRUCTIONS FOR COMPLETION

- 1. Enter the name of the Out-of-Home Care Provider.
- 2. Enter the name of the licensing agency/group home/shelter, if applicable.
- 3. Enter the month, day, and year the incident or injury took place.
- 4. Enter the time the incident or injury occurred.
- 5. Enter the address of location where the incident or injury occurred.
- 6. Enter the last name, first name, and middle initial of each child involved in the incident or injury, regardless of whether the child is in DCS custody. If child is not in DCS custody, complete as fully as possible.
- 7. If the child is in DCS custody, enter the child's Participant ID.
- 8. Enter the birth date for each child involved in the incident or injury.
- 9. Enter the name of the child's out-of-home caregiver or contracted placement and his/her address.
- 10. Describe the event, incident, and/or injury in detail. Give a statement of facts leading up to the event and after the event. Indicate the child's physical and mental status before, during and after the event.
- 11. Document any preventative actions you may have taken prior to the event, incident, and/or injury. Describe what steps will be taken to prevent the event, incident, and/or injury from occurring in the future.
- 12. Enter the last name, first name, and middle initial of each witness.
- 13. Enter the telephone number of each witness.
- 14. Indicate the relationship of the witness to the child.
- 15. Indicate if the Child Abuse Hotline was notified. Incidents of child abuse and neglect must be reported as outlined in Arizona Revised Statutes § 13-3620.
- 16. If applicable, indicate if law enforcement was notified. If so, enter the name of the officer, the officer's badge number, and the law enforcement report number.
- 17. Indicate who was verbally notified of the event, incident, and/or injury. Enter the name of each person contacted, the date and time reported, and the contacted person's phone number.
- 18. Enter the last name, first name, and middle initial of the person who prepared the report. Include the person's phone number, title, and relation to the child or children involved in the event, incident, and/or injury. Sign and date the report.
- 19. All relevant information and documentation should be reviewed. Enter the last name, first name, and middle initial of the person who reviewed the report. Include the person's phone number, title, and relation to the child or children involved in the event, incident, and/or injury. Sign and date the report.
- 20. Indicate to whom written copies of the report were sent. If needed, indicate additional informed parties under Other.

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