

## Attachment B: Critical Incident Report Form

**Referral ID:** enter numbers  
**Date of Incident:** enter a date.  
**County:** enter text.  
**Fatality:**   
**Near Fatality:**

### Critical Incident Report Form

**Check all that apply:**

- A child of a family who has no history with CPS or Youth Services.
- A child who received CPS or Youth Services within the past 12 months including cases opened for services and cases assessed.
- A child in the custody of the Department

**Parent or Guardian**

Name:	FACTS Client ID:	Current Address:
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

**Deceased or severely injured child**

Name: Click here to enter text.	DOB: Click here to enter text.	Facts ID#: Click here to enter text.
Name: Click here to enter text.	DOB: Click here to enter text.	Facts ID#: Click here to enter text.

Were other siblings in the home full or part time or facility at the time of fatality or injury? Yes  No

If yes, list below:

Name: Click here to enter text.	DOB: Click here to enter text.	Facts ID#: Click here to enter text.
Name: Click here to enter text.	DOB: Click here to enter text.	Facts ID#: Click here to enter text.
Name: Click here to enter text.	DOB: Click here to enter text.	Facts ID#: Click here to enter text.

Name: [Click here to enter text.](#) DOB: [Click here to enter text.](#) Facts ID#: [Click here to enter text.](#)

Was action taken to assure the protection of other children in the home?

Explain:

[Click here to enter text.](#)

**Nature of the family’s involvement with CPS:**

Date of CPS referral regarding fatality or near fatality: [Click here to enter text.](#)

CPS Screening Decision: [Click here to enter text.](#)

Manner of fatality or near fatality: [Click here to enter text.](#)

Dates of Notification:

Prosecuting Attorney: [Click here to enter date.](#)

Law Enforcement: [Click here to enter date.](#)

Medical Examiner: [Click here to enter date.](#)

Please list current and past referrals and/or case numbers in FACTS with dates and a brief description of outcome:

Date	Intake Number	Allegations	Outcome of Intake-Substantiated/not substantiated or Open Case.

Upon completion of the Detailed Critical Incident Report, it is to be forwarded through the Field Operations chain of command and include the Director of Field Support, Regional Program Manager, Director of Children and Adult Services and the Director of Planning and Quality Improvement within 5 working days of the date of the referral.

X

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Signature of CPS Supervisor:

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[Print name here.](#)

**Critical Incident Report Form 09/17**