

CRITICAL INCIDENT REPORT – AGENCY

CONFIDENTIAL



Manitoba Child and Family Services Act, Section 8.18

Complete this agency critical incident report form and submit it to your mandating Authority and the Director of Child and Family Services – report to the Director by email at cfs-criticalincident@gov.mb.ca or fax at 204-945-7521. Report all known information within one hour after a person's report is received by the agency (or by 10 a.m. the next business day if received when the agency office is closed). Submit additional information as soon as it becomes known.

Date: _____

Death Serious Injury

If this is a serious injury, what is the expected outcome? _____

Child's Name: _____ aka: _____

Date of Birth: _____

Gender: Male Female Other

Date of Death/Serious Injury: _____ Time of Death/Serious Injury: _____

Child in Care: Yes No Supervision Order

If this is a child in care, what is the name, address, and community at time of death/serious injury:

Name: _____ Address/Community: _____

Placement Type: Place of Safety Licensed Foster Home Residential Care
 Extended Family Independent Living Not Known AWOL

If yes, what is legal status of child?

Apprehension Voluntary Placement Agreement Temporary Ward
 Permanent Ward Voluntary Surrender of Guardianship Other

If no, type of case: Protection Voluntary Family Services

Expectant Family Enhancement
 Parent Services

Status of Case/Intake:

Pending Open Waiting Closure Closed

If this is a closed case/intake, please provide date of closure: _____

Current whereabouts of child if the critical incident is a serious injury:

AGENCY INFORMATION

Reporting Agency: _____ Authority: _____

Worker: _____ Supervisor: _____

Guardian Agency: _____ Authority: _____

Worker: _____ Supervisor: _____

CIRCUMSTANCES SURROUNDING CRITICAL INCIDENT:

Where did the death/serious injury occur? _____

When did the death/serious injury occur? _____

Known circumstances surrounding the death / serious injury (including location):

When and by whom was the agency informed of the death/serious injury?

Is there any preliminary evidence that the death/serious injury is a result of abuse or suspicious circumstances?

Yes No If yes, provide details:

Other children in the home/placement at time of incident? Yes No

If yes, please enter the following if applicable:

Children of Foster Parents:

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Other Children Placed in this Home/Placement:

Name _____ DOB _____

Guardian agency _____ Guardian agency notified of incident? Yes No

Name _____ DOB _____

Guardian agency _____ Guardian agency notified of incident? Yes No

Name _____ DOB _____

Guardian agency _____ Guardian agency notified of incident? Yes No

Are the children in the home/placement safe? Describe:

If no, what is the safety plan?

Is law enforcement investigating? Yes No

Have there been criminal charges? Yes No Unknown

FAMILY INFORMATION:

Parents/Guardians:

Name _____ DOB _____ Address _____

Name _____ DOB _____ Address _____

Has the birth family been notified of the critical incident? Yes No

Details:

Siblings

Name _____ DOB _____

Legal Status _____ Placement _____

Name _____ DOB _____

Legal Status _____ Placement _____

Name _____ DOB _____

Legal Status _____ Placement _____

Name _____ DOB _____

Legal Status _____ Placement _____

HISTORY OF AGENCY'S INVOLVEMENT WITH THE CHILD AND THE CHILD'S FAMILY:

Provide a summary of agency's involvement with the family:

When did the agency become involved?

Reason for involvement:

Services provided /agency expectations:

If this is a closed case/Intake, please provide reason for closure:

Service completed Case transferred

Describe agency follow-up (i.e., providing support to child / family / foster family):

Completed by: _____ Position: _____

Date and Time: _____