

Connecticut Department of Children and Families
SIGNIFICANT EVENT REPORT FORM

DCF-824
 4/16 (Rev.)



NAME OF REPORTER:	RELATIONSHIP/AREA OFFICE/FACILITY:
DATE/TIME OF INCIDENT:	DATE/TIME REPORTED TO DCF RISK MANAGEMENT:

NAME OF CHILD:	DATE OF BIRTH:	CHILD'S PRIMARY LANGUAGE:
SEX:	AGE:	RACE:
LEGAL STATUS:	DATE/TIME DCF NOTIFIED OF INCIDENT:	DATE/TIME POLICE NOTIFIED OF INCIDENT:

I - DCF CASE STATUS

Active	Closed Date Case Last Closed:	No prior involvement	Link Number:
Worker's Name:		Area Office/Facility:	
NAME OF CHILD:	DATE OF BIRTH:	CHILD'S PRIMARY LANGUAGE:	
SEX:	AGE:	RACE:	LEGAL STATUS:
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NOTE: SIGNIFICANT EVENT AS DEFINED IN DCF POLICY 31-8-3 MUST BE REPORTED TO THE OFFICE FOR RESEARCH AND EVALUATION/RISK MANAGEMENT (DCF.RISKMANAGEMENT@CT.GOV) (Phone: 860-560-7095) (Fax: 860-920-3050)

abduction of a child in DCF custody or care

an incident involving group runaways from one facility

an incident of a single person runaway, when the child is 13 or older, who:

- has not returned within one hour OR
- has returned with any injury OR
- who is suspected of being the victim of a crime while away from the foster home or facility

a significant disturbance involving a youth at a DCF operated or licensed facility

allegation of a serious crime by an adult authorized by the Department to be responsible for the care of a child (including a DCF employee, licensed foster/adoptive parent or an employee of a licensed or contracted provider)

arrest of any child or youth in the care or custody of DCF

a serious injury suffered by a DCF employee in the course of his/her duties

a serious threat to a DCF employee in the course of his/her duties resulting in notification to law enforcement (Human Resources, Workplace Violence Report.)

suicide or suicide attempt by a child in DCF custody or care, a child with an open DCF case

deterioration of care or other important agency function due to some disruption of the physical plant or environment within a DCF licensed or operated setting. (e.g., fire, natural disaster, failure of electronic equipment, other safety conditions, etc.)

any call for Police or Emergency Services intervention

an injury to a child or youth in DCF care or custody which required medical attention

any event that may affect the health, welfare or safety of the residents at a DCF licensed, contracted or operated facility, such as

- strikes
- major disturbances
- public health issues
- bomb threats

any event related to DCF that is likely to result in media coverage.

STAFF OR OTHERS INVOLVED, IF APPLICABLE:

II - OTHER CHILDREN LIVING AT THE SETTING AT TIME OF INCIDENT (N/A for facilities)

Name	D.O.B.	Living situation after incident

III - NOTIFICATION MADE TO:

Family Member	Name		Police	Name	
Attorney	Name		Hotline	Name	
Area Office	Name		Facility Worker	Name	
Other	Name				

IV-DESCRIPTION OF INCIDENT

SIGNATURE OF PROVIDER, OFFICE DIRECTOR, SUPERINTENDENT, OR DCF DESIGNEE	TITLE
AREA OFFICE/FACILITY	DATE