| I. Identifying Information |
| --- |
| **Incident Primary Category**:  **If Category of other is used briefly describe here:**  |
| **Incident Secondary Category:**  **If Category of other is used briefly describe here:** |
| **If incident is a child or adult death, the initial manner of death is:** **Adult**  **Child:**  |
| **If incident is for client arrest, list the exact charges (i.e. aggravated assault, burglary, grand-theft, etc.) here:**  |
| **Does this incident involve child-on-child sexual abuse?**   |
| **The child’s history of sexual abuse/acting out is (please note this information needs to also be included in the child’s case record in FSFN):**  |
| **The child has received (history) the following services as a result of his/her involvement with child sexual abuse (please note this information needs to also be included in the child’s case record in FSFN):**  |
| **The child is receiving (current) the following services as a result of his/her involvement with child sexual abuse (please note this information needs to also be included in the child’s case record in FSFN):** |
| **Does this incident involve human trafficking:**  |
| **Date of Incident:**        | **Date Incident Became Known:**       | **Time of Incident:**       |
| **Immediate Notice Incidents: Does this incident fit criteria for immediate telephone notice to PSF? (client death, life threatening injury/illness, potential media interest)**   |
| **Is there likely to be media interest in this incident?**  |
| **Your Name:** |       | **Your Title:** |       |
| **Your Agency:** |        | **Your Telephone #:** |       |
| **Circuit:** | Circuits 3 & 8  | **County**:  | **Case Status:**  |
| **Case Name:**  |       | **Abuse Report # related to this incident, if applicable:**       |
| **Victim/Person Involved (if multiple victims, oldest first. List all children open to services affected by incident):**       |
| **Victim/Person Type:**  | **Victim/Person Group:**  |  |
| **Placement Type at Time of Incident:** |        |
| **Partner Family/Facility Name (if applicable):**       |
| **For Licensed Placements Name of Provider Agency For Home/Placement:**  |
| **Location/Address of Incident:**       |
| **Current Placement (If different than at time of Incident):**       |
| **Immediate Supervisor’s Name:**       |
| **Date and Time Supervisor Notified:**       |
| **Primary Caseworker (if other than Incident Reporter):**       |

| II. All Participant(s) Witness(es) (also include all clients in household) |
| --- |
| **Full Name** | **Birth Date** | **Age** | **Race** | **Gender** | **Type of Witness** |
|       |       |       |  |  |  |
|       |       |       |  |  |  |
|       |       |       |  |  |  |
|       |       |       |  |  |  |
|       |       |       |  |  |  |
|       |       |       |  |  |  |
|       |       |       |  |  |  |

| III. Description of Incident |
| --- |
| **Give Detailed Account – (Who, What, When, Where, Why, How)**       |

| IV. Immediate Corrective Action and Follow Up |
| --- |
| **Immediate Corrective Action Taken:**       |
| **Follow- up action needed:**       |

| V. Individuals Notified |
| --- |
|  | **Abuse Registry** | **Health Care Admin/Hospital** | **Law Enforcement** |
| **Name:** |       |       |       |
| **Badge/ID#:** |       |       |       |
| **Date:** |       |       |       |
| **Time:** |       |       |       |
| **Notified How:** |       |       |       |
| **Accepted:**  |  |
|  | **Parent (Mother)** | **Parent (Father)** | **Licensing**(Please Specify Name) |
| **Name:** |       |       |       |
| **Date:** |       |       |       |
| **Time:** |       |       |       |
| **Notified How:** |       |       |       |

| VI. Safety Plans |
| --- |
| **Does event require a new or updated safety plan:** [ ]  Yes [ ]  No **if no, why not:**       |
| **If yes, date safety plan signed by caregiver, FCC and FCCS:**  |
| **For child sexual abuse victim or sexually acting out: Child has own room:** [ ]  Yes [ ]  **No If no, why not and how does safety plan address/control for the child not having their own room:**       |
| **For child sexual abuse victim or sexually acting out: Was sexual abuse safety plan implemented:** [ ]  Yes [ ]  No **if yes, date signed by caregiver, FCC and FCCS:**       **and if no, why not:**       |
| **For child sexually acting out: Child is youngest child in home?:** [ ]  Yes [ ]  No  **if no, why not and how does safety plan address/control for the child not being the youngest child in the home:**       |
| **Date child referred for Sexual Abuse Assessment:**  |

|  |
| --- |
| VII. Human Trafficking Indicators |
| [ ]  Yes [ ]  No Running away or getting kicked out 4+ times AND history of sexual abuse. [ ] Current [ ] Historical \**Note runaways includes times the youth did not voluntarily return within 24 hours as well as episodes not reported to law enforcement*   |
| [ ]  Yes [ ]  No Inappropriate sexual behaviors (not limited to prostitution) [ ] Current [ ] Historical |
| [ ]  Yes [ ]  No Youth’s acknowledgement of being trafficked [ ] Current [ ] Historical |
| [ ]  Yes [ ]  No Child not allowed or unable to speak for him/herself or child extremely fearful [ ] Current [ ] Historical |
| [ ]  Yes [ ]  No Child has no personal items or possessions (includes identification documents) [ ] Current [ ] Historical |
| [ ]  Yes [ ]  No Child appears to have material items that he/she cannot afford (cell phones, etc) [ ] Current [ ] Historical |
| [ ]  Yes [ ]  No Shows signs of being groomed (hair done, nails done, new clothes that child has no means to obtain on their own) [ ] Current [ ] Historical |
| [ ]  Yes [ ]  No Suspicious tattoos or other signs of branding (tattoos of names, dollar signs, diamonds, stars – may also have designs/logos on nails or jewelry) [ ] Current [ ] Historical |
| [ ]  Yes [ ]  No Associates and/or has relationships with age-inappropriate friends, boyfriends/girlfriends [ ] Current [ ] Historical |
| [ ]  Yes [ ]  No Known to associate with confirmed or suspected CSEC youth [ ] Current [ ] Historical |
| [ ]  Yes [ ]  No Inappropriate, sexually suggestive activity on social media websites/chat apps [ ] Current [ ] Historical |
| [ ]  Yes [ ]  No Report of human trafficking by parent/guardian, law enforcement, medical or service provider, teacher, child protective services, and/or juvenile probation officer [ ] Current [ ] Historical |
| [ ]  Yes [ ]  No Child is 12 or older and has a history of allegations of sexual abuse (with or without findings) or a disclosure of sexual abuse by the child.[ ] Current [ ] Historical |
| [ ]  Yes [ ]  No Child is recovered from runaway episode in a hotel or known area of prostitution. [ ] Current [ ] Historical |
| [ ]  Yes [ ]  No Child has no knowledge about the community he/she is located in.[ ] Current [ ] Historical |
| Explain indicators marked:       |
| Is Child listed in FSFN as a Confirmed Commercially Exploited Child (CSEC) [ ]  Yes [ ]  N |
| Date Human Trafficking Screen Tool completed in regard to current Incident:       |

| VIII. Supervisor Review |
| --- |
| **Supervisor name:**  |       |
| **Date notified:**  |       | **Time notified:**  |        |
| **Supervisor comments:**Was the IR completely and accurately filled out when you initially received it? What actions did the FCC complete in addition to those listed in Section IV? How and when did the FCC or other Agency Staff contact the parents about the incident? If the parents have not been contacted, why not? What other actions should the FCC take in response to this incident? Describe any pertinent circumstances or events that preceded and may have caused or influenced the occurrence or outcome of the incident: Provide any recommendations or suggestions for preventing similar future incidents on a systemic level. If a licensing concern not involving a call to the hotline, how did the FCC or yourself address the concern with the Partner Family Parents directly prior to leaving the home or reporting the issue to PSF Licensing?  |
| **Date completed:**  |       |

| IX. Additional Operational Review and Follow-up |
| --- |
| **Manager Name:**  |       | **Title:** |       |
| **Follow–up actions to be taken/completed:**   |        |
| X. PSF Quality/Risk Management Review |
| **Quality Manager Name:**   |       | **Title:** |       |
| **Quality Issues Identified and Follow-up:**  |       |
| **Date Completed:** |       |
| **Report Routed to:** | [ ]  | Case Management Family Care Counselor | [ ]  | Case Management Family Care Counselor Supervisor |
|  | [ ]  | Case Management Agency Program Director | [ ]  | Case Management Agency Quality Assurance Manager |
|  | [ ]  | PSF Senior Vice President of Programs | [ ]  | PSF Senior Vice President of Finance and Administration |
|  | [ ]  | PSF Community Relations/Director of Community and Government Relations | [ ]  | PSF CEO |
|  | [ ]  | PSF Missing Child Coordinator | [ ]  | PSF Placement Manager |
|  | [ ]  | PSF Licensing Manager | [ ]  | PSF Contract/Provider Relations |
|  | [ ]  | PSF Director of Quality Operations  | [ ]  | PSF Quality Operations Manager |
|  | [ ]  | DCF Foster Care Licensing | [ ]  | DCF – Children’s Legal Services |
|  | [ ]  Other:       |

| XI. Death Review Information |
| --- |
| **Date of Death:**  |       | **Time of Death:**  |       |
| **Place of Death:**  |       |
| **Suspected Cause of Death:**  |       |
| **Classification of Death:**  |  |

| XII. Death Review Summary |
| --- |
| **Description of events leading to death*:***      |
| **Did death occur in restraint/seclusion?**  **Medical Examiner Case?**  |
| **Date Autopsy Requested, if applicable:**       **Date of Autopsy, if applicable:**  |
| **Medical Examiner/Physician Cause of Death:** |        |
| **Law Enforcement Involvement (Include charges filed, if any):**  |
|  |
| **CSA/FAHIS Findings (Beginning with most recent, list all maltreatments and respective findings, by CSA#):**  |
| **Prior Child Protection Services (Clearly summarize all prior DCF or PSF involvement, including dates):**  |
|  |
| **Summary of Findings (Provide a brief description of the findings and major issues related to the death):**  |