



**UNUSUAL INCIDENT REPORT  
CHILDREN IN THE CUSTODY AND CARE OF  
THE ARIZONA DEPARTMENT OF CHILD SAFETY**

**IN CASE OF SERIOUS INJURY/ACCIDENT, THE DEPARTMENT OF CHILD SAFETY (DCS) MUST BE NOTIFIED AS SOON AS POSSIBLE.** Significant incident is partially defined as: unexplained marks or bruises, an accident involving injury or trauma, runaway/missing, unauthorized visit, behavior not witnessed before, significant information not previously known, death, police contact, damage or theft of property, and other unusual events as stated in the Arizona Administrative Code, Title 6, Chapter 5, Article 58 (Family Foster Parent Licensing Requirements), Article 59 (Group Foster Home Licensing Requirements), Article 65 (Adoption Functions and Procedures for Providing Adoption Services), and Article 74 (Child Welfare Agencies).

Complete this form right away, type or print clearly. Include any supporting documentation.

**TO BE COMPLETED BY RESPONSIBLE PERSON(S) INVOLVED/WITNESSING THE INCIDENT**

1. DATE OF INCIDENT (Mo/Day/Yr)	2. TIME OF INCIDENT	3. NAME OF FACILITY/RESIDENCE WHERE INCIDENT OCCURED	4. LOCATION OF INCIDENT (NO., STREET, CITY, STATE, ZIP)

5. NAME OF CHILD/INDIVIDUAL INVOLVED (Last, First, M.I.)	6. PARTICIPANT ID (if in DCS custody)	7. BIRTH DATE (Mo/Day/Yr)	8. PLACED IN THE CARE OF CAREGIVER/CONTRACTOR (include address):

**9. DESCRIBE EVENT OR INCIDENT:**

(Please include in detail what happened prior to, during, and after the incident. As applicable, include details of the child's mental and physical condition before, during, and after the incident. If any injuries occurred, describe the appearance and location of the injuries.)

Yes, additional pages attached

**10. DESCRIBE STEPS TAKEN TO PREVENT INCIDENT AT THE TIME OF INCIDENT AND IN THE FUTURE:**

(Please explain any actions taken prior to the incident to prevent it. For example, was the RBHA, Probation, DCS Specialist, DDD engaged prior to incident? What actions were taken after the incident to prevent the incident from occurring again?)

Yes, additional pages attached

11. NAME OF WITNESS (Last, First, M.I.)	12. PHONE NUMBER OF WITNESS	13. RELATION OF WITNESS TO REPORTED CHILD/REN

**14. WAS THE CHILD ABUSE HOTLINE NOTIFIED?**

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	DATE	TIME
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**15. WAS LAW ENFORCEMENT NOTIFIED?**

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	NAME OF LAW ENFORCEMENT AGENCY	NAME OF OFFICER AND BADGE NUMBER	POLICE REPORT NUMBER
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**16. RECORD OF VERBAL NOTIFICATION** BASED ON INCIDENT DESCRIPTION, PLEASE CHECK WHICH CONTACTS WERE VERBALLY NOTIFIED

CONTACTS NOTIFIED	NAME OF PERSON(S) CONTACTED	DATE	TIME	PHONE NUMBER
<input type="checkbox"/> DCS Specialist/Supervisor				
<input type="checkbox"/> Licensing Agency				
<input type="checkbox"/> Juvenile Probation/Parole				
<input type="checkbox"/> Other				

**17. SIGNATURE / TITLE OF PERSON WHO PREPARED THIS REPORT**

SIGNATURE	TITLE	DATE
NAME (Last, First, M.I.)	Phone No.	RELATION TO REPORTED CHILD IN CUSTODY OF DCS

**18. SIGNATURE / TITLE OF PERSON WHO REVIEWED THIS REPORT (if applicable)**

SIGNATURE	TITLE	DATE
NAME (Last, First, M.I.)	Phone No.	RELATION TO REPORTED CHILD IN CUSTODY OF DCS

**19. COPY OF WRITTEN REPORT SENT TO (please include the date sent):**

DCS Specialist/Supervisor    DCS Contracts    OLR/OLCR    Licensing Agency    Juvenile Probation    Other \_\_\_\_\_  
Date \_\_\_\_\_   Date \_\_\_\_\_   Date \_\_\_\_\_   Date \_\_\_\_\_   Date \_\_\_\_\_   Date \_\_\_\_\_

## GENERAL INSTRUCTIONS FOR COMPLETION

1. Enter the month, day, and year the incident or injury took place.
2. Enter the time the incident or injury occurred.
3. Enter the name of the location where the incident or injury occurred.
4. Enter the address of location (stated in section 3) where the incident or injury occurred.
5. 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.
6. If the child is in DCS custody, enter the child's Participant ID.
7. Enter the birth date of each child involved in the incident or injury.
8. Enter the name of the child's care giver or contracted placement and their address.
9. 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 the event.
10. Document any preventative actions you may have taken prior to the event, incident, and/or injury occurring. Describe what steps will be taken to prevent the event, incident, and/or injury from occurring in the future.
11. Enter the last name, first name, and middle initial of each witness.
12. Enter the witness's phone number.
13. Indicate the relation of the witness to the child.
14. Indicate if the Child Abuse Hotline was notified. Incidents of child abuse and neglect should be reported as outlined in Arizona Revised Statute §13-3620: Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors; medical records; exception; violation; classification; definitions.
15. If applicable, indicate if law enforcement was notified. If so, enter the name of the officer, the officer's badge number, and the Police report number.
16. 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.
17. 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.
18. 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.
19. Indicate who written copies of the report were sent to. If needed, indicate additional parties informed under *Other*.