**Out of State Family Time Visit**

**Unusual Incident Report**

Date of Report       Date of Incident       DCYF Office

Visitation Agency Agency Contact’s Name

Agency Phone Number (with Area Code)

DCYF Worker’s Name Famlink Case Name

Famlink Case Number

**Who was involved?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME** | **CHILD AND AGE** | **PARENT** | **VISIT SERVICE WORKER** | **VISITATION AGENCY SUPERVISOR** | **FOSTER PARENT / CAREGIVER** | **OTHER AND ROLE** |
|  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
|  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |

**Incident Narrative**

**Action Taken by Visit Agency**

**[ ]** None – Information Only [ ]  Visit Agency Supervisor intervention

[ ]  DCYF case worker consulted during visit [ ]  DCYF Centralized Intake called

**[ ]** Other (please describe):[ ]  911 called

**Original Notification to DCYF**

Date & Time of Family Time/Sibling Visit [ ]  Am [ ]  Pm

DCYF Staff Incident Reported To:       Email Address

Method Of Contact [ ]  Phone [ ]  Voicemail [ ]  Email