**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** |
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**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