

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency**



Critical Event Reporting Form

DISCLOSURE WARNING - The information inside in this form may contain electronic protected health information (“ephi”) which is confidential and protected from unauthorized disclosure by federal confidentiality laws. If transmitting this form electronically, please ensure that data is secure both in transmission and upon delivery to the intended recipient. Transmission of this document via open networks and unsecure networks is strictly prohibited.

I. DEMOGRAPHIC/FAMILY INFORMATION

FOCUS CHILD INFORMATION			
CHILD’S NAME	DOB	GENDER	RACE
BIOLOGICAL/ADOPTIVE FAMILY INFORMATION			
MOTHER’S NAME	DOB	ADDRESS	
FATHER’S NAME	DOB	ADDRESS	
FOSTER/KINSHIP/OTHER CARETAKER INFORMATION (IF APPLICABLE)			
FOSTER/KINSHIP PARENT(S) NAME	DOB	ADDRESS	
OTHER CARETAKER(S) NAME	DOB	ADDRESS	
SIBLING INFORMATION			
SIBLING NAME	DOB	GENDER	

II. CRITICAL EVENT DETAILS

DATE OF HOTLINE CALL		TIME OF HOTLINE CALL	
REPORTER		RELATIONSHIP TO CHILD	

DATE OF CRITICAL EVENT		TIME OF CRITICAL EVENT	
LOCATION OF CRITICAL EVENT			
TYPE OF LOCATION	<input type="checkbox"/>	Home of Foster/Kinship Parent	
	<input type="checkbox"/>	Institution	
	<input type="checkbox"/>	Home of Biological Parent	
	<input type="checkbox"/>	In the community	
	<input type="checkbox"/>	Other (Please specify below)	
CURRENT REPORT/REFERRAL ID #			
DATE OF POLICE NOTIFICATION			
CHILD IS/WAS HOSPITALIZED BECAUSE OF THIS INCIDENT?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	<input type="checkbox"/>	No	<input type="checkbox"/>
	<input type="checkbox"/>	N/A	
DOES THIS CRITICAL EVENT REPORT WARRANT A CPS INVESTIGATION?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
	<input type="checkbox"/>	No	

ALLEGED MALTREATER NAME	DOB	GENDER	ADDRESS

NATURE AND TYPE OF THE CRITICAL EVENT (CHECK ALL THAT APPLY):	
<input type="checkbox"/>	DEATH
<input type="checkbox"/>	NEAR-FATALITY OR SERIOUS BODILY INJURY
<input type="checkbox"/>	ABUSE (resulting in a near-fatality or serious bodily injury (CFSA involved children only) as determined and reported by a medical or other qualified professional. Please identify the nature of the abuse below.)
	<input type="checkbox"/> Sexual Assault
	<input type="checkbox"/> Broken bones
	<input type="checkbox"/> Scalding burn in a child under Six (6)
	<input type="checkbox"/> Trauma or injury
	<input type="checkbox"/> Other (Please specify below)
<input type="checkbox"/>	NEGLECT (resulting in a near-fatality as determined and reported by a medical or other qualified professional)

IV. NARRATIVE (DESCRIPTION OF THE CRITICAL EVENT)

A large, empty rectangular box with a thin black border, intended for the user to provide a narrative description of the critical event.