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|  | | **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 | | | | FAMILINK CASE NAME | | | | | FAMILINK 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** | | | | | | | | | | | | | |
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| **Action Taken by Visit Agency** | | | | | **Original Notification to DCYF** | | | | | | | | |
| None – Information Only  Visit Agency Supervisor intervention  DCYF case worker consulted during visit  DCYF Centralized Intake called  911 called  Other (please describe): | | | | | DATE | | | TIME  **:** | | | | | AM  PM |
| DCYF STAFF INCIDENT REPORTED TO: | | | | | | | | |
| PHONE NUMBER | | | EMAIL ADDRESS | | | | | |
| METHOD OF CONTACT  Phone  Voicemail  Email | | | | | | | | |