



Incident Report Review

REVIEWER'S NAME	DATE
AGENCY'S NAME	
PERIOD UNDER REVIEW	
FROM:	TO:

FAMLINK Record

	NUMBER OF INTAKES	NUMBER OF VALID(S)	NUMBER OF FOUNDED(S)	NUMBER PENDING
LD CPS Referrals				
Licensing Referrals				

Problems / concerns or risk factors noted in the investigations:

Patterns or trends in referrals that are health and safety concerns since the last review:

Were there any incidents that should have been called into intake? If yes, describe:

Incident Log or File

Is the agency following their reporting policy? Yes No

Does the documentation describe the incident that occurred? Yes No

Does management review all incident reports? Yes No