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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** |
|  |
| **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 |