

CRITICAL INCIDENT REPORT – CONFIDENTIAL

- Foster Parent
- Service Provider
- Other (e.g., volunteers)

Manitoba Child and Family Services Act, Section 8.17(1) and (2)

Please complete and submit this report to the responsible agency or, if unknown, to the Director of Child and Family Services by fax to 204-945-7521 and/or email to cfs-criticalincident@gov.mb.ca. If you are a foster parent, please submit this report to the licensing agency and placing agency. Foster parents, those providing care for a child at a family residence, place of safety, and volunteers may report an incident by phone. Please report all known information within one hour of the critical incident becoming known. Please submit additional information as soon as possible, as it becomes known.

Date: December 7, 2015

Death Serious Injury

If this is a serious injury, what is the expected outcome? _____

Child's Name: _____ aka: _____

Date of Birth: _____

Gender: Male Female Other

Date of Death/Serious Injury: _____ Time of Death/Serious Injury: _____

Child in Care: Yes: No: ; Supervision Order

If yes, what is legal status of child?

Apprehension Voluntary Placement Agreement Temporary Ward
Permanent Ward Voluntary Surrender of Guardianship Other

Name of guardian agency: _____

Current Placement: _____

Known circumstances of death/serious injury (include location): _____

Current whereabouts of child if the critical incident is a serious injury: _____

Name of foster parent: _____

Additional relevant information about the child or critical incident, including any other children living in the home: _____

Completed by: _____ Position: _____

Date and Time: _____