



**ARIZONA DEPARTMENT OF CHILD SAFETY  
INCIDENT REPORT FOR CHILDREN  
IN THE CUSTODY AND CARE OF  
THE ARIZONA DEPARTMENT OF CHILD SAFETY (DCS)  
Confidential Information**

**To be Completed by Responsible Person(s) Involved In/Witnessing the Incident**

Name of Out-Of-Home Care Provider	Name of Licensing Agency/Group Home/Shelter (If Applicable)	Group Home Facility/Cottage/Casita
Name of Contracted Agency	QCID	Date Of Incident
Location Of Incident (No., Street)	City	State
		Zip

Name Of Child/Individual Involved (Last, First, M.I.)	Participant ID (If in DCS Custody)	Date of Birth (mm/dd/yy)	Placed In Care	Provider/Contractor Address

**Describe Event or Incident** *Yes, Additional Pages Attached*

*Include in detail what happened prior to, during, and after the incident. As applicable, include details of the child's mental and physical condition before, during, and after the incident. If any injuries occurred, describe the appearance and location of the injuries.*

**Describe Steps Taken to Prevent Incident at the Time of Incident and in the Future** *Yes, Additional Pages Attached*

*Explain any actions taken prior to the incident to prevent it. For example, was the RBHA, Probation, DCS Specialist, or DDD engaged prior to incident? What actions were taken after the incident to prevent the incident from occurring again?*



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**Witnesses** Yes, Additional Pages Attached

Name of Witness (Last, First, M.I.)	Witness Phone Number	Relationship Of Witness To Child(ren) Subject Of Report

**Child Abuse Hotline Notification**

If the Incident Involved Allegations of Child Abuse/Neglect, was the Child Abuse Hotline Notified?      **Yes**      **No**      **N/A**

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Date                      Time                      Name Of DCS Intake Specialist

**Notifications**

For questions, reporting requirements, and submittal of this Incident Report refer to the following:

- Unlicensed out-of-home care provider: Contact the DCS Specialist/Supervisor for any questions and/or reporting requirements. Send a copy of this Incident Report to the DCS Specialist/Supervisor.
- Licensed foster homes: Contact your Child Placing Agency, DCS Specialist/Supervisor, or the Office of Licensing and Regulation (OLR) for questions and/or reporting requirements. Send a copy of this Incident Report to your Child Placing Agency, DCS Specialist/Supervisor, and OLR (email to: olrincidentreportsfh@azdcs.gov).
- Shelters/Group Homes: Contact your DCS Specialist/Supervisor, Office of Licensing and Regulation (OLR) and/or DCS Contracts for any questions and/or reporting requirements.
- Send a copy of this Incident Report to your DCS Specialist/Supervisor; OLR (email to: olrincidentreportsawl@azdcs.gov); and DCS Contracts (email to: contracts@azdcs.gov).
- Shelters/Group Homes (Non-DCS Contracted): Contact the Office of Licensing and Regulation (OLR) for any questions on reporting requirements. Send a copy of this incident report to OLR (email to: olrnoncontractedincidentreports@AZDCS.gov).
- Contracted Service Provider: Contact the DCS Specialist/Supervisor for any questions and/or reporting requirements. Send a copy of this Incident Report to the DCS Specialist/Supervisor and DCS Contracts email [Contracts@azdcs.gov](mailto:Contracts@azdcs.gov) (please be sure to reference contract).

**Law Enforcement**

Was Law Enforcement Notified?      **Yes**      **No**      **N/A**

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Name of Law Enforcement Agency      Name Of Officer      Officer Badge Number      Police Report Number

**Record of Verbal Notification** Select if No Information Found

Based on incident description, check which contacts were verbally notified

Check	Contacts Notified	Name Of Person(S) Contacted	Phone Number	Date	Time
	DCS Specialist/Supervisor				
	Licensing Agency				
	Juvenile Probation/Parole				
	Contracted Service Provider				
	Other				
	Other				
	Other				



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**Signature/Title of Person who Prepared this Report**

_____ <i>Signature</i>	_____ <i>Title</i>	_____ <i>Date Completed:</i>
_____ <i>Name (Last, First, M.I.)</i>	_____ <i>Phone No.</i>	_____ <i>Relation To Reported Child In Custody Of DCS</i>

**Signature/Title of Person who Reviewed this Report (If Applicable)**

_____ <i>Signature</i>	_____ <i>Title</i>	_____ <i>Date Completed:</i>
_____ <i>Name (Last, First, M.I.)</i>	_____ <i>Phone No.</i>	_____ <i>Relation To Reported Child In Custody Of DCS</i>

**Copy Of Written Report Sent To: (Include the Date Sent)**

DCS Specialist/ Supervisor	DCS Contracts	OLR/OLCR	Licensing Agency	Juvenile Probation	Other
Date:	Date:	Date:	Date:	Date:	Date:



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**General Instructions For Completion**

1. Enter the name of the Out-of-Home Care Provider.
2. Enter the name of the licensing agency/group home/shelter, if applicable.
3. Enter the month, day, and year the incident or injury took place.
4. Enter the time the incident or injury occurred.
5. Enter the address of location where the incident or injury occurred.
6. Enter the last name, first name, and middle initial of each child involved in the incident or injury, regardless of whether the child is in DCS custody. If child is not in DCS custody, complete as fully as possible.
7. If the child is in DCS custody, enter the child's Participant ID.
8. Enter the birth date for each child involved in the incident or injury.
9. Enter the name of the child's out-of-home caregiver or contracted placement and his/her address.
10. Describe the event, incident, and/or injury in detail. Give a statement of facts leading up to the event and after the event. Indicate the child's physical and mental status before, during and after the event.
11. Document any preventative actions you may have taken prior to the event, incident, and/or injury. Describe what steps will be taken to prevent the event, incident, and/or injury from occurring in the future.
12. Enter the last name, first name, and middle initial of each witness.
13. Enter the telephone number of each witness.
14. Indicate the relationship of the witness to the child.
15. Indicate if the Child Abuse Hotline was notified. Incidents of child abuse and neglect must be reported as outlined in Arizona Revised Statutes § 13-3620.
16. If applicable, indicate if law enforcement was notified. If so, enter the name of the officer, the officer's badge number, and the law enforcement report number.
17. Indicate who was verbally notified of the event, incident, and/or injury. Enter the name of each person contacted, the date and time reported, and the contacted person's phone number.
18. Enter the last name, first name, and middle initial of the person who prepared the report. Include the person's phone number, title, and relation to the child or children involved in the event, incident, and/or injury. Sign and date the report.
19. All relevant information and documentation should be reviewed. Enter the last name, first name, and middle initial of the person who reviewed the report. Include the person's phone number, title, and relation to the child or children involved in the event, incident, and/or injury. Sign and date the report.
20. Indicate to whom written copies of the report were sent. If needed, indicate additional informed parties under Other.



Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.