

CRITICAL INCIDENT REPORT – CONFIDENTIAL

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



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

Complete this report and submit it to the child and family services agency responsible for the child. If the agency is not known, submit the form to the Director of Child and Family Services (fax: 204-945-7521, email: cfs-criticalincident@gov.mb.ca). If you are a foster parent, submit this report to both the licensing agency and placing agency. Those providing care for a child at a family residence, place of safety and volunteers may report an incident by phone (to the Director at 204-945-5320 if the agency is not known). Report all known information within one hour of the critical incident becoming known. Submit additional information as soon as it becomes known.

Death Serious Injury

Date: _____

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: _____