Fax within 24 hours to:
Children Come First
Clinical Services Manager
608-250-6637
During weekend call:
608-657-0964

Rev. 5/22/07

Children Come First

Critical Incident Report

Date and Time of Incident: / a.m.☐ /p.m.☐

Enrollee's Name: Sex: DOB: Age:

Name of Parent/Guardian:

Name of CCF Coordinator:

Name of Provider: Supervisor:

Type of Incident: (Please check one)

☐ Death ☐ Physical Assault ☐ Physical Injury
☐ Serious Offense ☐ Sexual Assault ☐ Physical Restraint
☐ Suicide Attempt/Suicidal ☐ Other

Location of Incident:

Description of Incident (include ages of all parties involved):

Describe immediate action taken:

Notifications made and when:

Report completed by:

Signature: Date and Time:

Signature of Supervisor: Date:

Date and Time received by Children Come First:

Action Taken/Recommended by Clinical Services Manager:

Person completing action:

Date action completed:

Original - Provider file; Copy - Enrollee file