

## Critical Incident Form Lakemary Center –Supported Family Living

Child's Name	DOB:
Date/Time of Incident:	Location where incident occurred:
Agency Involvement:	Guardian Name:
Name and Address of Placement:	
Type of Incident: <input type="checkbox"/> Fire damage to family foster home or endangers the foster child <input type="checkbox"/> Vehicle accident involving any child in foster care <input type="checkbox"/> Missing or runaway child in foster care <input type="checkbox"/> Physical restraint of a child in foster care <input type="checkbox"/> Injury or illness of a child in foster care that requires medical attention <input type="checkbox"/> Death of a child or any other resident of the family foster home <input type="checkbox"/> Arrest of a child in foster care <input type="checkbox"/> Incident involving the presence of law enforcement <input type="checkbox"/> All complaint investigations by the department or SRS <input type="checkbox"/> Other incident that jeopardizes the safety of a child in foster care description of other type of incident _____	
<input type="checkbox"/> This incident was reported Immediately to Lakemary Center (During business hours contact the SFL Team at (913)671-1800. After business hours: Jodi Rivera at 913-636-6158) <input type="checkbox"/> A written report was submitted the next working day <input type="checkbox"/> If it was abuse and/or neglect it was reported to SRS or law enforcement and Lakemary Center within 24 hours	
Factual Summary of the Event:	
Factual summary of the immediate action taken, including the name of each individual involved:	

**\*Keep a copy of this in your home book\***

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date of the report