

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**AGENCY REPORTING FORM FOR SERIOUS INJURIES,
ACCIDENTS, OR DEATHS OF CHILDREN IN FOSTER CARE
AND
DEATHS OF CHILDREN IN OPEN CHILD PROTECTIVE OR PREVENTIVE CASES**

INSTRUCTIONS

Call the appropriate Regional Office to report a serious injury, accident or death of a child in foster care or a fatality involving a child in an open protective or preventive case within 24 hours of death or as soon thereafter as the agency becomes aware of the injury, accident or death.

This form is to be filled in by an agency official to report:

- A serious injury or accident resulting in a medical treatment, hospitalization or death of a child in foster care.
- The death of a child in an open protective case.
- The death of a child in an open preventive case.

The form must be completed and sent to the appropriate Regional Office of the New York State Office of Children and Family Services (OCFS) within 72 hours of the injury, accident or death.

Check Case Type (Please check all that apply): <input type="checkbox"/> Foster Care <input type="checkbox"/> Protective <input type="checkbox"/> Preventive		
Was the SCR called? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was an SCR report registered <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Death/Injury:	CIN#:	Date of Birth:
Name of Child:		
Agency or Individual having legal custody:		
Address:		
City:	State:	Zip Code:
List any witnesses to the <input type="checkbox"/> injury, <input type="checkbox"/> accident or <input type="checkbox"/> death:		
Address:		
City:	State:	Zip Code:
Describe the circumstances of child's accident or injury, or cause of death. Details should include the date, time, location, and person responsible for the child's care.		
For a report involving a serious injury or accident of a foster child, describe the agency's actions following the accident or injury.		

For a report involving the death of a child in foster care or in an open preventive or protective case, report the name, address and telephone number of the child's parents or legal guardian.

For a report involving the death of a foster child, indicate if the parents were notified, describe when and the method of notification.

Attending Physician's Name: (if any)

Hospital, clinic or other treatment facility to which child was taken:

- For serious injury or accident involving a foster child, note where the child is now.
- For all reports, check if a hospital or medical report is attached.
- If a hospital or medical report is not attached, check if such a report has been requested.

Date the OCFS Regional Office was notified by telephone:

Name of Agency Caller:

Name of the Regional Office:

Name of representative contacted:

Additional comments to supplement the above information or to clarify the child's situation, condition, prognosis, official cause of death, etc.

Signature of individual completing the form: **X**

Name of Agency:

Date form completed:

Title of Agency Official:

To be completed by the OCFS Regional Office

Date Received in Regional Office:

OCFS Fatality Report Number (RO/Year#):

Reviewed by (Name of Regional Director):

Additional information that is needed by Regional Office:

Follow-up action assigned to: