SAMPLE CHILD SAFETY INCIDENT AFTER-ACTION REPORT

This form is intended to collect information about incidents in violation of the (Name of YSO) Policies and Procedures for child and youth safety, boundary violations, disclosures of abuse, child/youth safety concerns or other behaviors or allegations of behavior that led to the suspicion that a child/youth in our care was being or was in danger of being harmed. The information in this report will be used in the ongoing analysis of our policies, training, and responsibilities to keep our children and youth safe. As such, the children or youth that are the subject(s) of the information do not need to be identified by name.

NOTE: This form is for statistical analysis only and does not substitute for an individual’s responsibility to report incidents of suspected child abuse or neglect to (Organization name) or to DCF.

1. Date of incident(s)/behavior(s):_________________________________________________

2. Number of children/youth involved______________________________________________

3. Ages and gender of children/youth involved_______________________________________

4: Description of incident(s)/behavior(s): (attach additional sheets as needed)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

5. How did the situation come to your attention?
   Child self-disclosed____
   Employee observed____
   Employee suspected____
   Volunteer observed____
   Volunteer suspected____
   Other individual disclosed, observed or suspected____
   Who? __________________________________________

6. Who did the report/incident involve?
   Family member____
   Another child/youth____
   Staff member____
   Volunteer____
   Stranger____
   Other____

7: Was the incident reported to (Name of internal reporting authority)?
Yes____
Immediately____ Within 24 hours____ Other____
No (please explain) __________________________________________________________

8. Was phone contact with DCF made?
   Yes____
   Immediately____ Within 24 hours____ Other____
   No (please explain) __________________________________________________________

9. Was a written report (51A) filed within 24 hours of the phone contact with DCF?
   Yes____
   Immediately____ Within 24 hours____ Other____
   No (please explain) __________________________________________________________

10: Is there any way we at (Name of organization) can improve our response in situations like this?
    Yes____
    Refresher training____, Assist with parents____, More on-site technical assistance____,
    Other (please explain) ______________________________________________________________________
    ______________________________________________________________________________________
    No____

11: Is there any way we can prevent situations like this from happening in the future? ______
    ______________________________________________________________________________________
    ______________________________________________________________________________________
    ______________________________________________________________________________________

12: Any other comments/observations? ________________________________________________
    ______________________________________________________________________________________
    ______________________________________________________________________________________
    ______________________________________________________________________________________