Connecticut Department of Children and Families

EXCEPTIONAL CIRCUMSTANCES





Case Name:			CASE INFORMATION LINK #			Current DCF Involvement No Prior Involvement Prior DCF Involvement				
	T =				Date Case La					
Date Reported to DCF:	Date of Incident:	Name of Report	Reporter			Reporter's Role:				
Victim's Name:			Victim's DOB:			im's Age: Victim's Primary Language:				
Victim's Gender:	n's Gender: Victim's Race:		Victim's Ethnicity, if Hispani				Victim's Legal S	Status:	-	
			FOR OPE	N CASES						
Type.	stigations	☐ Voluntary	□ ІСРС		ing	☐ Permane	ency \square A	dolescent	☐ SPM	
Assigned DCF Social Wo	orker:	DCF (Office:							
		F	AMILY INF	ORMATION						
Mother / Parent #1 Name Address, City, State, Zip					d Mer	nber's (Name, A	Age, DOB):			
Father / Parent #2 Name	1.		N	Minor Household Member's (Name, Age, DOB):						
Address, City, State, Zip										
ODITION INCIDENTS				NG (check all t						
has died; is in the care and contained a serieself-inflicted or inflicted has been hospitalized has broken bones, has a serious head has injuries to his one is in the care and contained in the care a	for purposes of notification sustody of DCF and has be incusted by someone else) duried with a life-threatening of serious burn that requires injury that requires immediately interested of DCF and has be ustody of DCF and has ruicognitive disability, etc.); or international human traffa DCF client that is likely to rearegiver	een abducted; s not limited to, burr ing a restraint or se condition; immediate medical diate medical attent en sexually assault n away and present ficking/sexual explo	as, laceration eclusion epis attention or ion; ed by an ad as an immine	ns, bone fractur ode at a DCF-o sentinel injurie ult; ent danger to hin	res, su operat s (i.e. m- or	bstantial hemated or -licensed bruising, oral in	toma, and injuries facility; njury, etc) and is fi ommunity (i.e. chil	to internal or	gans whether ge or younger;	
SIGNIFICANT EVENTS, are not limited to:	, for purposes of notification	on to DCF Risk Mar	nagement, a	are circumstanc	es tha	nt pertain to a cl	hild(ren) who is Do	CF-involved t	hat involve but	
a suicide attempt (a an incident involvin a significant disturb any call for emerge an allegation of a separent, an employe an arrest of any chi	a non-fatal, self-directed, p g one or more children wh ance involving children at ncy services (911, law enf erious crime by an adult a e of a DCF-contracted or ld or youth in an open DCI r caregiver in an open DCI	o has run away or i a congregate care forcement, 211-EMI uthorized by DCF to credentialed provide F case;	s AWOL from facility or lice PS); to be respons	m a DCF or oth ensed entity; sible for the care	er ope	erated or license child (including	ed entity; a DCF employee	, licensed fos		

CPS Report Information/Incident Information:									
Additional Updated / Information:									
Careline / Area Office Response: 737 Sent									
Assigned to DCF Office:									
Name of Program Supervisor / Office Director Notified:	Distributed by:	Date:							