

Appendix

Child Safety Incident Report

This form should be used to report to the CSAIR Child Protection Committee any violation of the CSAIR Child Safety Policy, boundary violations, disclosure of abuse, child safety concerns, or other behavior or allegations of behavior that might jeopardize the safety of a child. Proof or direct knowledge of a behavior or incident is not necessary to submit this form, and as such some lines on this form may not be applicable to you. Provide whatever information you do have, and where extra space is needed, please continue below the line or attach an additional sheet.

1. Date(s) of incident/behavior, if known _____

2. Name(s) and contact information of child(ren) harmed, potentially harmed, or otherwise adversely impacted by incident/behavior: ___Unknown ___Known (*fill out lines below*)

<i>Child 1</i>	<i>Parent(s)</i>	<i>Email</i>	<i>Phone</i>
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<i>Child 2</i>	<i>Parent(s)</i>	<i>Email</i>	<i>Phone</i>
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3. Name(s) and contact information of individual(s) – adult or child – who accidentally or intentionally violated the Policy, or otherwise harmed, or potentially harmed (the above) child(ren), or who otherwise engaged in concerning behavior.

___Unknown ___Known (*fill out lines below*)

<i>Individual 1</i>	<i>Parent(s) (if individual is a minor)</i>	<i>Email</i>	<i>Phone</i>
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<i>Individual 2</i>	<i>Parent(s) (if individual is a minor)</i>	<i>Email</i>	<i>Phone</i>
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4. To your knowledge, does this individual have a prior history of violating the Policy or engaging in otherwise concerning behavior? If yes, please summarize such behavior and any steps taken to address it or refer to existing documentation that provides this information.

5. What Policy, if any, was violated?

6. Where did the incident/behavior occur?

7. Was there an ongoing activity at the time of the incident/behavior? If so, what?

8. Description of incident/behavior

9. Did you witness the concerning incident/behavior firsthand? ____Yes ____No

If not, how did you find out about it?

10. Who was present at the time of the incident/behavior?

Name *Role at CSAIR / Relationship to child*

Name *Role at CSAIR / Relationship to child*

11. Which individuals, other than those listed above, know about this incident? *Please include individuals in CSAIR and beyond.*

Name *Role at CSAIR / Relationship to child*

Name *Role at CSAIR / Relationship to child*

12. Please provide the following information for any law enforcement or child protection agencies that were contacted in reference to this incident:

Name of Agency 1 _____ Date(s) of contact _____

Means of communicating with agency _____ Report # _____

Name(s) of the individual(s) who contacted agency _____

Name(s) of other individual(s) present when agency was contacted _____

Name of Agency 2 _____ Date(s) of contact _____

Means of communicating with agency _____ Report # _____

Name(s) of the individual(s) who contacted agency _____

Name(s) of other individual(s) present when agency was contacted _____

13. Were any child protection professionals or experts, other than those listed above, contacted about this incident? If yes, please indicate the individual(s), or non-governmental agency contacted, the date of the contact, and the result of consult:

<i>Date</i>	<i>Consultant</i>	<i>Result</i>
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<i>Date</i>	<i>Consultant</i>	<i>Result</i>
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14. What additional steps have been, or will be, taken to respond to this incident/violation? (e.g. other consultations sought, consequences for the actor(s), support for the impacted child(ren), community notification)

<i>(Anticipated) Date</i>	<i>Response</i>
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<i>(Anticipated) Date</i>	<i>Response</i>
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<i>(Anticipated) Date</i>	<i>Response</i>
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<i>(Anticipated) Date</i>	<i>Response</i>
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15. What, if anything, can be done to prevent future similar incidents/violations or improve response procedures?

16. Individual submitting this report:

<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
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Please submit this form to the CSAIR Child Safety Committee by emailing childsafety@csair.org, mailing it to 475 West 250th Street, Bronx NY 10471, or dropping it in the slot of the Committee's private, locked mailbox, located in the lower level lobby.