



Program Critical Incident Report
Incidents involving a Healthy Families NY Program
Policy- GA-5A
TO BE COMPLETED BY PROGRAM STAFF

Program/Site Name: Click or tap here to enter text.

Name of staff making the report: Click or tap here to enter text.

Role of the staff making the report: Click or tap here to enter text.

Incident Date: Click or tap to enter a date. Time: AM PM

Notified Contract Manager Date: Click or tap to enter a date.

Type of Incident (please check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Natural disaster | <input type="checkbox"/> Serious injury to staff | <input type="checkbox"/> Threats against the program |
| <input type="checkbox"/> Media Involvement | <input type="checkbox"/> State | <input type="checkbox"/> Local <input type="checkbox"/> National |
| <input type="checkbox"/> Litigation against program | <input type="checkbox"/> Misuse of funds | <input type="checkbox"/> Other |

Description of the incident: Description of the incident should include- Name(s) of program staff involved ,what led up to the incident, what are the details regarding the incident including whether there is media attention, details regarding any litigation against the program, specifics regarding misuse of funds, what impact the incident has had on services to families, the nature of the natural disaster, if staff has been threatened action taken to protect the staff, (such as order of protection), if there was a serious injury to staff, the nature, cause, and extent.

HFNY Critical Incident Report, Cont.

Describe Action Taken-

Include the following information, if applicable:(1) Authorities notified, such Law Enforcement, Child Abuse Maltreatment Hotline (2) if injury to staff, extent of injury and treatment received (3) Notification of lead agency Director, OCFS Contract Manager, or any other pertinent parties; (4) Support provided to staff since the incident.

Initial Report by name: Click or tap here to enter text. Title: Click or tap here to enter text.

Report Date: Click or tap to enter a date. Time: AM PM Oral Written

Report to Name: Click or tap here to enter text. Title: Click or tap here to enter text.

FOR OCFS USE ONLY

Date initial notification received:Click or tap to enter a date.

VIA Email Voicemail Phone Call In-Person

By: Click or tap here to enter text.To: Click or tap here to enter text.

Date form received:Click or tap to enter a date. Initials: Click or tap here to enter text.

Litigation: No Yes Media Coverage: State Local National N/A

Was HFA notified? No Yes Date: Click or tap to enter a date.

Updates since initial report: