

Unusual Incident Disposition Form

Disposition Sign-off Date: ____/____/____

UIR Number: _____

Form Completed By:

Party Dispositioned: _____
Name, Case ID#, Provider ID#, or Initials

- ☐ A. Supervisor (DCFS or POS)
- ☐ B. Agency Performance Worker/DCFS POS Monitor
- ☐ C. Field Service / Child Protection Manager (DCFS)
- ☐ D. Licensing Supervisor/Administrator
- ☐ E. Other

Signature of above: _____

Either mark the checkbox or provide narrative below to disposition the above party.

- ☐ Further narrative unnecessary: response to date as outlined in the CFS 119 (actions taken, plans initiated) sufficient to disposition the above party from this UIR.

State disposition and explain the conditions supporting disposition for the above involved person or facility (Party)¹

¹ "Disposition" for purposes of an Unusual Incident Report means that activities or services have been undertaken such that the risk to a child(ren) or other person's health, safety or welfare have been mitigated or resolved to the point that usual and customary services can be provided, if appropriate. "Disposition" of an unusual incident does not mean a case is closed. Rather, "disposition" means that the extraordinary circumstances reported have been addressed appropriately by responsible staff of the Department or POS service providers and the actions taken have been recorded in a manner prescribed by the Department.

CFS 119- A Form Completion Instructions

Disposition Sign-off Date -Enter the date that the person completing the form provides a disposition.

UIR Number -Enter the corresponding UIR Number from the original CFS 119, Unusual Incident Report Form. This number can be obtained from the UIR System.

Party Dispositioned -Write the name of the party (person or facility) for whom this disposition applies. For a party to be dispositioned they MUST have been listed in Part 1 of the CFS 119.

Form Completed By - Check the appropriate title / unit of the person completing the form.

Signature of above- Enter the signature of the person completing the form.

NARRATIVE

Indicate the disposition in the Narrative Box. Two types of disposition are possible. All involved parties in a UIR must have a disposition achieved within **14 days** of the reported incident.

If the immediate actions taken contained in the narrative in Part 3 (Narrative of Incident) of the original CFS 119 were sufficient to mitigate or resolve the incident AND no further actions are required then, it is appropriate to place an 'X' in the checkbox " ☐ **Further narrative unnecessary: response to date as outlined in the CFS 119 sufficient to disposition the above party from this UIR.**"

If additional actions or plans than those delineated in the narrative in Part 3 of the original CFS 119 are needed to mitigate/resolve the incident for this party, then a narrative defining the activities undertaken to resolve/mitigate the incident and explanation supporting the disposition must be written in the space provided.

Filing

DCFS staff should submit the **CFS119-A** to designated data entry staff for entry into the DCFS mainframe UIR system. POS agencies submit the **CFS119-A** to the Agency Monitoring unit for entry into the DCFS mainframe UIR system. Residential providers should submit the **CFS 119-A** to the supervisor of the ward's Permanency Worker for entry into the DCFS mainframe UIR system. A copy of the **CFS 119-A** must be filed in the appropriate case file along with the original **CFS 119, Unusual Incident Report Form**.