

 FOSTER CARE

**Incident Report**

**Confidential**

**Restricted Access**

**Program**: \_\_\_\_\_\_\_\_\_\_\_\_ **Date of Incident**: \_\_\_\_\_\_\_\_\_\_\_\_ **Time of Incident**: \_\_\_\_\_\_\_\_\_ AM / PM

**Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_ **Gender**: \_\_\_\_ **Age**: \_\_\_\_\_ **Admit Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Witnesses / Persons Involved & Roles**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place Where Incident Occurred**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Caregiver Responsible at Time of Incident**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Incident:**

|  |
| --- |
| ⬜ Verbal Aggression ⬜ Significant Behavior Disruption ⬜ Death |
| ⬜ Physical Aggression ⬜ Injury to Client ⬜ Hospitalization medical |
| ⬜ Destruction of Property ⬜ Injury to Staff ⬜ Hospitalization psychiatric |
| ⬜ Containment ⬜ Self injury non-suicidal ⬜ Medical problem |
| ⬜ School related problem ⬜ Suicidal ideation ⬜ Medication error |
| ⬜ Sexual behavior ⬜ Suicidal gesture ⬜ Medication refused |
| ⬜ Substance abuse ⬜ Suicide attempt ⬜ Allegations: abuse/neglect |
| ⬜ Criminal behavior ⬜ Short personal restraint ⬜ Incarceration |
| ⬜ Other *(please specify)*:  |
| ⬜ Runaway Time left: AM / PM Time/Date returned: AM / PM  |

|  |  |  |
| --- | --- | --- |
| **PREPARED BY *(signature)*** | **TITLE** | **DATE COMPLETED** |
|    |  |  |

**SUMMARY OF INCIDENT** *(For containments, skip this section and complete the containment report)***:**

Detailed description of precipitating events or circumstances and specific behaviors that led to the emergency situation and if applicable, the specific behavior which continued to constitute an emergency situation:

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Summary of Incident *(please be specific and state the facts of the incident)*:

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How was incident resolved?

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 *\* Summary continued on additional page? \_\_\_\_\_ yes \_\_\_\_\_ no*

**Client Name**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date**:\_\_\_\_\_\_\_\_\_\_\_ **Time**: \_\_\_\_\_\_\_\_\_ AM/PM

**Summary of Precautions:**

⬜ Suicide: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_ AM / PM

⬜ Runaway: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_ AM / PM

⬜ Aggression Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_ AM / PM

⬜ Sexual Acting Out: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_ AM / PM

⬜ Other: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_ AM / PM

**Date/Time of Actions Taken:**

⬜ Medical Treatment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_ AM / PM

 Name of Treating Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Instructions for Follow Up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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⬜ First Aid Administered Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM / PM

⬜ Short Personal Restraint Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(must last less than 60 seconds)*

 ⬜ **Protection from external danger** *(i.e. entering street, hot stove, separating children from physical altercations)*

 ⬜ **Child <5 y/o Disruptive Behavior** *(other efforts have failed)*

⬜ **Child >5 y/o Safety Risk** *(i.e. disrobing, provoking, fighting)*

**Notifications: DaTe Time** *(circle AM or PM)* **Name of Person Contacted**

⬜ On Call Staff \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ AM / PM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Supervisor/Case Manager \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ AM / PM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Police / **Rpt #** \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ AM / PM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ TDFPS/JPD/TYC \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ AM / PM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Parent/Conservator \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ AM / PM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ TDFPS Hotline / **Rpt #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ AM / PM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Other \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ AM / PM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADMINISTRATIVE USE ONLY:**

Reportable: ⬜ Non-Reportable: ⬜

Operation ID: ⬜ Assessment ⬜ GRO ⬜ CPA 6

Level of Care: ⬜ Basic ⬜ Moderate ⬜ Specialized

Service Level: ⬜ Child Care Services ⬜ Treatment Services

**Review, Recommendations, and Comments**

**on “Critical” Incidents *(if indicated)***

**Title of Staff Person**: Case Manager/Caseworker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of Staff Person**: Unit/Foster Care Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of Staff Person**: Program Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of Staff Person**: Executive Director:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of Staff Person**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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