Children’s
Services

**Incident Report**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name | *surname* | *first name* | Child’s I.D. Number |
|               |       |
| Agency/Program/Foster Parents | Birthdate (yyyy/mm/dd) |
|       |        |
| Name of Person Completing Report | Position/Title |
|       |       |
| Date of Incident (yyyy/mm/dd) | Time of Incident | Location of Incident |
|        |        |       |
| Who was involved/Witness(es) |
|       |

|  |
| --- |
| **Type of Incident** *(check off as many as apply)* |
| [ ]  | Threat of Self Harm/Suicide Attempt | [ ]  | Use of Physical Restraint | [ ]  | Death |
|  |  |  |  |  |  |
| [ ]  | Serious change in the child’s health | [ ]  | Severe Acting Out | [ ]  | Violence |
|  |  |  |  |  |  |
| [ ]  | Injury to the child | [ ]  | Confinement | [ ]  | Destruction |
|  |  |  |  |  |  |
| [ ]  | Charges/Offences | [ ]  | Accident | [ ]  | Drug/Alcohol Abuse |
|  |  |  |  |  |  |
| [ ]  | Fire | [ ]  | Infectious Disease | [ ]  | Unplanned Discharge |
|  |  |  |  |  |  |
| [ ]  | Allegation of Abuse/Neglect | [ ]  | Error in administration of prescribed medication to the child | [ ]  | Adverse reaction to medication |
|  |  |  |  |  |  |
| [ ]  | Isolation |  |  | [ ]  | AWOL |
|  |  |  |
| [ ]  | Other, *please specify* |       |
|  |  |  |

Description of incident and action taken:

Recommendations for further action:

Recommendations for charge in policy/procedures:

|  |
| --- |
| **People Contacted** *(check off as many as apply)* |
| [ ]  | Agency Director | [ ]  | Police | [ ]  | Therapist |
|  |  |  |  |  |  |
| [ ]  | Client’s Family | [ ]  | Crisis Unit | [ ]  | Probation |
|  |  |  |  |  |  |
| [ ]  | Licensing Officer | [ ]  | Caseworker | [ ]  | Intervention Services Supervisor/District Manager |
|  |  |  |  |  |  |
| [ ]  | Client’s Legal Guardian  |  |  |
|  |  |
| [ ]  | Other, *please specify* |       |
|  |  |  |

|  |
| --- |
| **Signatures** |
|       |  |       |  |        |
|
| Name of Child Care Worker/Foster Parent (please PRINT) | Signature of Child Care Worker/Foster Parent | date (yyyy/mm/dd) |
|       |       |        |
|
| Name of Program Supervisor/Director (please PRINT) | Signature of Program Supervisor/Director | date (yyyy/mm/dd*)* |