

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*)* |