Alberta 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
- ☐ Serious change in the child's health
- ☐ Injury to the child
- ☐ Charges/Offences
- ☐ Fire
- ☐ Allegation of Abuse/Neglect
- ☐ Isolation
- ☐ Other, *please specify* _____
- ☐ Use of Physical Restraint
- ☐ Severe Acting Out
- ☐ Confinement
- ☐ Accident
- ☐ Infectious Disease
- ☐ Error in administration of prescribed medication to the child
- ☐ Death
- ☐ Violence
- ☐ Destruction
- ☐ Drug/Alcohol Abuse
- ☐ Unplanned Discharge
- ☐ Adverse reaction to medication
- ☐ AWOL

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
- ☐ Client's Family
- ☐ Licensing Officer
- ☐ Client's Legal Guardian
- ☐ Other, *please specify*
- ☐ Police
- ☐ Crisis Unit
- ☐ Caseworker
- ☐ Therapist
- ☐ Probation
- ☐ Intervention Services Supervisor/District Manager

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)