**SPECIALIZED FOSTER CARE PROGRAM**

**INCIDENT REPORTING FORM**

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| **Section I** | | | | |
| Name of Foster Home: | | Name of Foster Parent or Staff Reporting: | | |
| Date of Report (MM/DD/YY): | Date of Incident (MM/DD/YY): | | | Time of Incident:  AM  PM |
| Address of Foster Home: | | Phone Number: | | |
| **Youth Subject of This Report:**  Last Name:  First Name:  Age: | | **Other Youth Involved (age & gender only):**  Age:       Gender:  Age:       Gender:  Age:       Gender:  Age:       Gender: | | |
| Name of Youth’s Social Worker: | | | Name of Youth’s Probation Officer: | |
| **Please Select ALL Incident Categories Applicable:**  Abuse of youth  AWOL/runaway  Child death  Criminal activity by foster parent/staff  Criminal activity by youth  Threat of harm to others/Physical Aggression  Injury or illness  Medical severity: Minor  Moderate  Serious  Medical emergency  Medication errors | | Physical restraint  Psychiatric emergency (e.g., hospitalization, psychosis)  Self-harm Occurred  Medical severity: Minor  Moderate  Serious  Threat of Self-harm  Sexual acting out  Suicide attempt  Suicide completion  Youth arrested/cited/law enforcement involvement  Other(e.g., fire, natural disaster, foster parent crisis) | | |
| **Section II** | | | | |
| Describe Event or Incident in detail (Include location, the nature of the incident, including what led up to the incident, efforts made to de-escalate the situation, interventions, and who was involved): | | | | |

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| **Section III** |
| List names of staff involved in or witness to the incident: |
| **Section IV** |
| Explain what immediate action was taken (Include persons contacted such as the youth’s social worker and family and the date and time contacted) and, if injury occurred what was the immediate response: |
| **Section V** |
| Describe follow-up action (Include the outcome or resolution of the incident, consequences given to youth, and the steps taken to prevent reoccurrence): |
| **Section VI** |
| **Person Reporting:**  Signature: Date (MM/DD/YY): |