

**San Mar Children's Home, Inc.
Treatment Foster Care Program
Incident Report**

Name of youth involved in incident:

Date that the incident occurred:

Date this report was written:

Type of incident: **Daily**

Critical

Facts about this incident:

Who was involved in this incident?

Where did the incident occur?

When did this incident occur? Time:

Duration:

What type of incident occurred? Please check *only* those that apply to the incident – may be more than one.

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> 1 Verbal aggression | <input type="checkbox"/> 2 Physical aggression | <input type="checkbox"/> 3 Threatening behavior | <input type="checkbox"/> 4 Self harm* | <input type="checkbox"/> 5 Property damage |
| <input type="checkbox"/> 6 Runaway* | <input type="checkbox"/> 7 Injury | <input type="checkbox"/> 8 Hospitalization* | <input type="checkbox"/> 9 Severe Non compliant behavior | <input type="checkbox"/> 10 Cursing |
| <input type="checkbox"/> 11 Stealing | <input type="checkbox"/> 12 Possession of illegal substances* | <input type="checkbox"/> 13 Use of illegal substances | <input type="checkbox"/> 14 Possession of a weapon* | <input type="checkbox"/> 15 Visit information |
| <input type="checkbox"/> 16 Medication error | <input type="checkbox"/> 17 Medical emergency | <input type="checkbox"/> 18 Community related | <input type="checkbox"/> 19 Allegation of abuse* | <input type="checkbox"/> 20 Other |

* indicates a critical incident

Comments:

How did you respond?

a. Whom did you notify?

Person	When (Day and Time)	How did you contact them? (phone, in writing, face to face)
On call		
911 – police, ambulance, fire		
Executive Director		
Therapist		
Director of Treatment Foster Care		
Case Manager		
Program Coordinator		
Child Protective Services		
Agency Worker		
Natural, foster or resource family		
Other:		

b. Was the youth given a consequence for his/her behavior? Yes _____ No _____

If yes, what consequence was given? _____

c. Was the youth restrained during this incident? Yes _____ No _____

If yes, what was the duration of the restraint? _____

Required Signatures:

Person writing this report

Print Name

Signature

Date

Case Manager:

Print Name

Signature

Date

Director of Treatment Foster Care:

Print Name

Signature

Date

Instructions for completing an incident report:

General guidelines:

1. All incidents must be written in bold print with black ink. No colored pens or pencils can be used on any document that becomes part of the permanent client record.
2. All reports need to be written legibly and neatly.
3. Incident reports should not include statements regarding what the writer thinks the youth’s issue or problem may be. The writer should never write, “I think (youth) had an attitude because she doesn’t like me.”
4. If the writer should make a mistake on the form, he/she should draw a single line through the word so the word can still be seen. It is important that the writer not scribble or completely cover up the mistake, just simply draw a line. Then, the writer should write “error” above the line to note why this was done and initial the error. The writer should not use white out.
5. **If the writer should have any questions, he/she should contact his/her supervisor.**

Instructions:

1. **Name of the youth involved in incident** – write the full name of the youth. If two foster children are involved, write a separate incident report for each child.
2. **Date that the incident occurred** –write the date that the incident occurred.
3. **Date this report was written** – write the date that the report was written.
4. **Type of incident** – check if the incident was a daily or a critical incident (see definitions below). All critical incidents require the Executive Director’s signature and will be sent to state officials within 24 hours of the incident taking place. It is very important that any incident identified as critical is communicated to TFC staff immediately.
5. **Who was involved in this incident?** Write the name/s of all people (youth, staff, foster parent, teacher, therapist, employer, doctor, biological parent, relative, agency worker etc.) involved in the incident. If another foster child is involved in the incident, use initials to protect his/her confidentiality – do not write out the name (even the first name) of one child on a report for the other child.
6. **Where did the incident occur?** Write the location that the incident occurred – examples: school, at the mall, in the foster home, at San Mar, at the bus stop, in the doctor’s office, at a specific relative’s home, etc.
7. **What type of incident occurred?** Check the type of incident that occurred – more than one type may have occurred, but it is important *only* to identify those that apply to the incident being documented. The incidents that have a asterisk after them are always considered a critical incident. The other types can be a daily or a critical depending upon the intensity of the behavior. The examples below are to be used as a guideline.

Type of incident	Daily	Critical
Verbal aggression	Name calling, disrespectful behaviors	NA
Physical aggression	Knocking over furniture, horseplay, cruelty to animals	Assault leaving/receiving a mark. Sexual offense.
Threatening behavior	Youth make statements of wanting to strike, hit, kick, slap, or push, etc., another person	Youth makes statements of wanting to kill or mortally wound another person. Threaten to bomb or burn property.
Self harm	NA	Life-threatening and non-life-threatening
Property damage	Overloaded clothes washer – not severe	Fire, broken glass or furniture, hit a mailbox
Runaway	NA	Whenever youth’s whereabouts are unknown
Injury	Minor injury that can be treated with basic first aid (e.g. skinned knee)	Any injury requiring medical attention (hospital, doctor, emergency room, etc.); any life-threatening injury
Hospitalization	NA	Medical or psychiatric hospitalizations
Non-compliant behavior	Behavior more severe than normal. Continues after a verbal warning.	NA
Cursing	Always a daily – cursing would have to be repeated after a verbal warning	NA
Stealing	Hoarding food, taking something from foster family	Whenever law enforcement becomes involved
Possession of illegal substances	NA	Drugs, alcohol, cigarette
Use of illegal substances	Cigarettes	Drugs and alcohol, abuse of prescription medications
Possession of a weapon	NA	Knife, gun, matches, sharp object
Visit information	Coming home late, incorrect information given concerning time, location or people	Not returning from a visit
Medication error	Youth refuses medication. Youth takes the wrong dose (either too much or not enough) medication. Youth’s prescription has not been refilled.	Lack of medication, or overdose of medication produces dramatic change in behavior, child becomes physically ill from error in medication
Medical emergency	Food poisoning, allergic reaction	Life threatening illness
Community related	Acting out in church, at the mall, roller rink, place of employment, friend’s house, in a public place	Incident involving law enforcement, fire department, or other emergency services.
Abuse allegation	NA	Physical, sexual or emotional
Other	Encopresis, enuresis, suspension, expulsion	

8. **How did you respond?** Write when and how you notified the appropriate person/s. A foster parent may notify on call, 911, the Director of Treatment Foster Care, the Case Manager or the Program Coordinator. TFC staff will notify the Executive Director, therapist, Child Protective Services, the Agency Worker and the natural/biological family if and when it is necessary.
9. **Was the youth given a consequence for his/her behavior?** Check yes or no. If the writer checks yes, he/she should write the consequence that was given to the youth.
10. **Was the youth restrained during the incident?** Check yes or no. If the writer checks yes, he/she should write how long the youth was held in the restraint.
11. **Required signatures** – The person writing the report, the Case Manager and the Director of Treatment Foster Care must print and sign their names. The report must also be dated.