**INCIDENT REPORT**

Child’s Name:       Today’s Date:

Person making report:

How many involved:       Time of Incident:       Location of Incident:

**Type of Incident: *(check all that apply)***

**1. Emergency**: **2. Medication**: **3. Staff**: **4: Violation**:

[ ] Emergency [ ] Medication Problem [ ] Injury to Staff [ ] Youth Rights

 **5. Aggression**: [ ] Verbal/Physical [ ] Aggression Against

 **6**. **Sexual Experimentation or Assault with**:[ ] Peers [ ] Others

 **7. Illness/Injury to Youth**:**[ ]** Accidental [ ] Assaulted by Peer [ ] Self-Inflicted [ ] Contagious Disease

**8. Drugs/Alcohol**:[ ] Abuse of [ ] Suspected User [ ] Self-Admitted [ ] Dispensing[ ] Medical**ly**
 Drugs/Alcohol Documented

 **9. Suicide**: [ ] Verbal Suicide Threat \_\_[ ] Physical Gesture \_\_[ ] Physical Attempt(attach lethality assessment)

 **10**. **Legal/Police**: [ ] Illegal Actions [ ] Questioning [ ] Status Offense

 **11. Youth AWOL**: [ ] less than 1hr [ ] 1-5hrs [ ] whereabouts unknown [ ] Whereabouts known
 \_\_youth returned

**12. Allegation of Youth Against**: [ ] Child [ ] Physical(slapping) [ ] Sexual [ ] Other(swearing, etc)

**13. Property Damage**: \_\_\_\_[ ] $0-$10 \_\_\_\_[ ] $10-$50 \_\_\_\_[ ] $50-$100 \_\_\_\_[ ] Other $

**14.** **Other (please describe):**       **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Summary of Incident**: (why, what, where, when, outcome)

Child Care Specialist Signature:      Date:

**NOTIFICATION**:

|  |  |  |
| --- | --- | --- |
| Name/Position | Date of Contact | Time |
| Andril Bishop, Residential Program Director |       |       |
| Catherine Lewis, LMSWResidential Program Coordinator |       |       |
| Erica Thompson, LBSWTransitional Living Program Manager |       |       |

**Final Status of Report:**

[ ] No Further Discussion Needed

 [ ] Additional discussion/investigation required (specify)

Signature/Title Date

Copies sent to:

[ ] DHR Worker Date:      Sent Via: email

[ ] State DHR Date:      Sent Via: email

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