**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 DispensingMedical**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, LMSW  Residential Program Coordinator |  |  |
| Erica Thompson, LBSW Transitional 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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