UNIFORM INCIDENT REPORTING FORM

Program Information

Provider Organization Name: _____	**Provider Phone #:** _____
Program Site or Foster Home Address: _____	**Site or Foster Home Jurisdiction:** _____
Program Type: ☐ ALU ☐ DETP ☐ Group Home ☐ High Intensity Respite ☐ ILP ☐ Mother –Child ☐ TFC	

Incident Information

Incident Date: _____ **Incident Time**:_____ ☐ am ☐ pm

Date Reported to Licensing Agency _____ **Time Reported to Licensing Agency:**_____ ☐ am ☐ pm

Date Reported to Placement Agency: _____ **Time Reported to Placement Agency:**_____ ☐ am ☐ pm

Incident Location (If different from site location):
Notification Method (Check all that apply): ☐ Phone ☐ Fax ☐ Email
Reporter's Name:
Reporter's Job Title:

Persons Involved in the Incident

Youth in Placement (Use additional paper if needed)

First Name and Last Initial of Youth Involved in Incident	DOB	Gender	Injury sustained (Y/N)	Placing Agency

Staff Members / Foster Parent (Use additional paper if needed)

Full Legal Name	Position (If foster parent, provide phone number)	Behavior Management Certified (Y/N)

Others involved in the incident *(Use additional paper if needed)*

Full Legal Name	Relationship to child	DOB	Contact Phone #

Incident Type

Choose as many as apply to the situation. Be sure that each issue identified is addressed in the narrative.

- ☐ Assault On Other Youth
- ☐ Assault On Foster Parent/Staff
- ☐ Death Of Child
- ☐ Death Of Staff /Foster Parent While On Duty
- ☐ Injury To Youth Subject Of The Incident
- ☐ Injury To Other Youth
- ☐ Injury To Foster Parent/Staff
- ☐ Property Damage
- ☐ Theft
- ☐ Automobile Accident
- ☐ Possible Violation Of Youth's Rights

Behavioral Issues:
- ☐ Awol
- ☐ Sexual Misconduct
- ☐ Police Involvement
- ☐ Possession Of Contraband
- ☐ Arrest
- ☐ Fire Setting
- ☐ Gang Involvement
- ☐ School Suspension (> 3days)
- ☐ School Expulsion

Mental Health/Substance Use
- ☐ Alcohol Use/Posession
- ☐ Drug Use/Possession
- ☐ Emergency Petition
- ☐ Ingestion Of Harmful Substance
- ☐ Injury To Self
- ☐ Homicidal Ideation
- ☐ Homicidal Attempt
- ☐ Suicidal Ideation
- ☐ Suicidal Attempt

Medical Event
- ☐ Emergency Medical Treatment
- ☐ Emergency Hospitalization
- ☐ **Medical**
- ☐ **Psychiatric**
- ☐ Medical Event (Significant but Non-Emergency)

Other: _____

Restraint

Name of Behavioral Intervention Protocol used:
Length of Time in Restraint:
Reason for Restraint: ☐ Danger to Self ☐ Danger to Others ☐ Destruction of Property
Type of Restraint Used: ☐ One Person ☐ Two Persons ☐ Three Persons ☐ Small Child

Suspected Abuse/Neglect

Date /Time Reported to CPS:
Name Of Caseworker Taking Report:
Type of Allegation: ☐ Physical ☐ Sexual ☐ Verbal/Mental Injury ☐ Neglect

Notification Information

	Name	Date and Time	Phone/Fax/Meeting/Etc.
Program Administrator / Designee			
Licensing Agency			
Placing Agency Case Worker			
Parent/Guardian (if appropriate):			
Law Enforcement: **Police Report# _____** **Police District: _____**	**Badge #: _____**		

Narrative Information

Use this space to provide details of the incident. Answer the questions below to provide a detailed account of the incident being reported. Use additional paper if necessary.

I. Describe the incident and surrounding circumstances. Include information on antecedent behaviors, specific behaviors of the youth, staff/foster parent responses. Provide facts – avoid speculation, subjectivity or personal comments.

II. Identify the actions taken by staff/foster parents to de-escalate the situation and ensure safety of all involved. Include information about staff/foster parent intervention, behavior management techniques, the involvement of law enforcement and other emergency personnel involvement and any other relevant information regarding the intervention provided.

III. Describe any follow-up, corrective action and other relevant safety measures taken, plans/subsequent interventions put in place.

_____
Reporter's Signature

_____
Program Administrator/Designee's Signature

_____
Program Administrator Printed Name