### Serious Incident Report

All “Serious Incidents” should be reported to your Case Manager within two hours of the incident or as soon as you become aware of it.

**Child’s Name: Date & Time of Incident:**

**Date of Birth: Placement Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Foster Family: \_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Foster Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Incident Type**

The following types **ARE** considered “Serious Incidents” by DFPS and must be reported to the **CPS Hotline within 24 ours as well as the Managing Conservator (CPS Caseworker) by the next business day.**

 [ ]  Commission of a Crime [ ]  Hospitalization (Medical)

 [ ]  Arrest of a Child  [ ]  Hospitalization (Psychiatric)

 [ ]  Consensual Sex (With Significant Age Difference) [ ]  Non-consensual Sex (Perpetrator)

 [ ]  Drug and Alcohol Usage or Possession [ ]  Non-consensual (Victim)

 [ ]  Cruel or Harsh Discipline by Caregiver or Any Adult [ ]  Medical-Critical Injury or Illness

 [ ]  Suicide Attempt [ ]  Personal Restraint

 [ ]  Homicidal Attempt [ ]  Runaway-Missing Less Than 2 Hours

 [ ]  Abusive Behavior Toward Another Child (With Significant Difference in Age, Size or Developmental Level)

**List Initials, date of birth, date of admission, & ender of all children involved:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **DOB** | **DOA** | **Gender** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**List names and relationship of other individuals involved in or witness to the incident:**

|  |  |
| --- | --- |
| **Name** | **Relationship to Child** |
|  |  |
|  |  |
|  |  |
|  |  |

*Reminder: Identifying information for one child should not be placed in the record of another. Use initials only!* **Summarize Incident, Incl. Circumstances, Triggers, & Any Efforts to Intervene:**

**Follow-up & Resolution:**

**Was Make A Way staff notified?**  **[ ]  YES [ ]  NO**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Date** | **Time** | **By Phone or Email?** |
|  |  |  |  |

**Were the police notified?**  **[ ]  YES [ ]  NO**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Date** | **Time** | **Report #** |
|  |  |  |  |

**Was a report made to the CPS Hotline?** **[ ]  YES [ ]  NO**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Date** | **Time** | **Report #** |
|  |  |  |  |

**Was the CPS caseworker notified?**  **[ ]  YES [ ]  NO**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Date** | **Time** | **By Phone or Email?** |
|  |  |  |  |

 **Additional Notes by Case Manager**

**Review by Program Administrator**

[ ]  Appropriate follow-up has occurred, and no further action or resolution is necessary at this time.

[ ]  Consulted with case manager on \_\_\_\_\_\_\_\_\_\_. [ ]  Staffed with psychiatrist on \_\_\_\_\_\_\_\_\_\_.

Additional Notes by Program Administrator:

**Person Completing this Report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Make A Way Case Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Make A Way Director (LCPAA/LEVEL I) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**