### Standard Incident Report

This form should be submitted to your Case Manager within two business days of the incident.

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

**Date of Birth: Foster Family:**

The following types are **NOT** considered “Serious Incidents” by DFPS. Report these incidents to your Case Manager within two business days. **This formal Report must be submitted within two business days.**

Choking  Medication Incident

Consensual Sex (With No Significant Age Difference)  School-Related Incidents

Physical Fighting  School Suspensions/Discipline

Homicidal Ideation  Short Personal Restraint

Inappropriate Boundaries  Self-Harming Behavior

Ingestion  Suicidal Ideation

Injury (bruising, bleeding, burn or injury to genital or buttocks) Runaway-Missing Less Than 2 Hours

Major Behavioral Issues (atypical tantrums, threats of physical violence, theft, property damage)

**List Initials, Gender, Age & Relationship of All Involved or Witnessing, Including Children and Adults:**

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

*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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**