

### INCIDENT REPORT

**FOSTER HOME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_  
**DATE OF INCIDENT:** \_\_\_\_\_ **TIME OF INCIDENT:** \_\_\_\_\_ AM/PM  
**DATE REPORTED TO MCCS:** \_\_\_\_\_

**FOSTER CHILD(REN) INVOLVED:** \_\_\_\_\_ **AGE:** \_\_\_\_\_  
 \_\_\_\_\_ **AGE:** \_\_\_\_\_  
 \_\_\_\_\_ **AGE:** \_\_\_\_\_

**OTHER PERSONS INVOLVED:**

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

(Please indicate whether other persons involved are members of the foster home)

**LOCATION OF INCIDENT:**

Foster Home School Agency Other, specify: \_\_\_\_\_

**TYPE OF INCIDENT** (Check all that apply):

Accidental Injury Youth Threatened Suicide  
 Self-Inflicted Injury Youth Attempted Suicide  
 AWOL (more than 24 hrs) Youth Committed Suicide  
 Use of Restraint (NO INJURY) Accidental Death  
 Youth Injured During Restraint Death by Natural Causes  
 Youth Became Violent Suspicious/Unusual Cause of Death  
 Youth Fighting  
 Youth Threatened Other(s); Name(s): \_\_\_\_\_  
 Youth Injured Other(s); Name(s): \_\_\_\_\_  
 Property Damage/Loss, specify: \_\_\_\_\_  
 Youth Committed Criminal Act, specify: \_\_\_\_\_ Unintentional  
 Drug/Substance Overdose, specify drug/substance: \_\_\_\_\_  
 Intentional Drug/Substance Overdose, specify drug/substance: \_\_\_\_\_ Other,  
 specify: \_\_\_\_\_

**TYPE OF INJURY** (Check all that apply):

None Bite Bruise  
 Burn Swelling Sprain  
 Possible Fracture/Dislocation  
 Fracture/Break  
 Other, specify: \_\_\_\_\_

**DESCRIPTION OF INCIDENT/CAUSE OF INJURY:**

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**ACTION(S) TAKEN** (Check all that apply):

- Youth Taken to Hospital by Squad      Youth Taken to Hospital by Foster Parent/Caretaker
- Youth Treated by Family Doctor      Emergency Counseling Appointment
- Youth Treated by Paramedics      Youth Treated in Emergency Room
- Youth Treated by Foster Parent      Youth Treated by Other; specify \_\_\_\_\_
- Youth Admitted to Hospital      Youth Admitted to Psychiatric Unit
- Youth Arrested      Youth Placed in Juvenile Detention
- None

**RESULTS OF ACTIONS TAKEN:**

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**FURTHER ACTION(S) REQUIRED?:**                      NO                      YES (explain):

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**PERSONS/AGENCIES CONTACTED** (Check all that apply):

- IMPRINT Coordinator      Placement Caseworker                      Law Enforcement
- Primary Family/Guardian      Youth's Caseworker                      Hospital
- ER/Paramedic Squad      Fire Dept                      Mental Health Ctr.
- Mental Health Therapist      Mental Health Case Manager      Family Doctor
- Other, specify: \_\_\_\_\_

**FORM COMPLETED BY:** \_\_\_\_\_

**RELATIONSHIP TO CHILD:** \_\_\_\_\_

- \* Copies within 24 hours of the incident to:
- MCCS Director
  - Ongoing Supervisor
  - Placement Supervisor
  - Placement/IMPRINT Caseworker
  - Caseworker/child file
- To Be Completed By Placement Supervisor:
- General Incident    Critical Incident

Signature: \_\_\_\_\_

Date: \_\_\_\_\_