# Incident Reporting Form

Child Name:

DOB:

Referring County:

Date and time of incident:

Others involved:

Did you witness the incident? [ ] Yes [ ] No

County Caseworker:      Notified[ ]  Time:

GAL:       Notified[ ]  Time:

Department of Human Services:       Notified[ ]  Time:

Local Law Enforcement:       Notified[ ]  Time:

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Please check the box that best matches the description of the incident:

[ ] Any serious illness or serious injury resulting in a foster child’s medical treatment away from the foster care home.

[ ] Hospitalization of a foster child.

[ ] A foster child who has run away.

[ ] The death of a child or household member as a result of an accident, suicide, assault, or any natural cause while at the foster home, or while on authorized or unauthorized leave from the foster home.

[ ] An injury to a child or foster parent that requires emergency medical attention by a health care professional or admission to a hospital.

[ ] A mandatory reportable illness, as required by the Colorado Department of Public Health and Environment, of a child or foster parent that requires emergency medical attention by a health care professional or admission to a hospital. For a list of mandatory reportable illnesses, visit: <http://www.cdphe.state.co.us/dc/Reportables%20physicians%202010.pdf>

[ ] Any allegation of physical, sexual, or emotional abuse or neglect to a child that results in reporting to a law enforcement or social services agency.

[ ] Any fire that is responded to by a local fire department.

[ ] Any major threat to the security of a foster home including, but not limited to, a threat to kidnap a child, riots, bomb threats, hostage situations, use of a weapon, or drive by shootings.

[ ] A drug or alcohol related incident involving a foster parent or a child that requires outside medical or emergency response.

[ ] An assault, by a child upon a child, a child upon an adult in the home, or an adult in the home upon a child which results in a report to law enforcement.

[ ]  A suicide attempt by a child at the foster home which requires emergency intervention.

[ ] Felony theft or destruction of property by a child while in placement at the foster home for which law enforcement is notified.

[ ] Any police or sheriff contact with the foster home for a crime committed by a foster child while in placement at the foster home.

[ ] Missed medications or a medication error (must also be called in to the child abuse hotline).

[ ] Any crisis mental health assessment for a child, even if it doesn’t result in hospital admission.

*If any of the above boxes are checked, this is a critical incident. Courage Community must submit a critical incident form to CDHS within 24 hours or the next business day.*

If none of the above applies, please detail the incident that occurred here:

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Signature Date

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Printed Name Date