

# *Circles of Care*

## **Incident Report and Restraint Documentation**

An incident constitutes anything that happens out of the ordinary. Some examples would be severe tantrums or anger outbursts, behavior that results in 24 hour restriction to foster home, hitting, injuries that occurred, restraints, runaway, youth being under the influence of drugs or alcohol or suicide threats. All incidents should be reported to CIRCLES OF CARE as soon as possible. Some incidents require immediate notification to CIRCLES OF CARE, so that other authorities can be notified; this includes abusive behavior by care givers (foster parents), child to child behavior that results in observable injury, Suicide attempts, severe life altering injury and death. (See section II below) This is not all inclusive list of examples, contact CIRCLES OF CARE immediately if in question about whether to do an incident report.

### **I) Identifying Information-**

Home: \_\_\_\_\_ Date of incident: \_\_\_\_\_

Child/Youth Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Other children/youth directly involved:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Other persons involved: (foster parents, teachers, etc.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**II) Nature of Incident:** (Example: Refusing Medication, Restraints, Injury/accident, Runaway, aggression, fight, skipping school, Drug use, being arrested)

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\_\_\_\_\_

Is State Licensing reporting necessary? (Subchapter D of standards which included the following): **1.** Child death **2.** Critical injury involving treatment by medical professional **3.** Allegations of abuse or neglect **4.** Child against child physical abuse resulting in substantial physical harm **5.** Abuse or neglect by care givers **6.** Non-consensual sexual activity **7.** Consensual sexual activity with more than 24 months age difference or significant developmental difference **8.** Child arrested, charged or indicted for a crime **9.** Runaway **10.** Child contracts communicable disease **11.** Adult with communicable disease has contact with child **12.** Suicide attempts **13.** Incident that renders home unsafe for child (i.e. fire/flood) **14.** Drug abuse by caregiver **15.** Caregiver arrested, charged or indicted for a crime Yes No

Caregiver must call in a major incident requiring State Licensing reporting immediately to Circles of Care by pager if after hours.



**IV) Restraint Incidents ( if incident included or was a restraint complete this section)**

Did a restraint occur (restriction of movement of any kind): Yes No, **If no, Skip to Section V**

**(notification)**

If yes, what type:  Hug  Elbow to Hip

Other: See attached sheet circle type \_\_\_\_\_

Time Restraint began: \_\_\_\_\_ Time Restraint Ended: \_\_\_\_\_

Who performed the restraint (name and title): \_\_\_\_\_

Did anyone else witness or observe the restraint:  No  Yes, if yes, names and

tile: \_\_\_\_\_

Did any injury occur as a result of a restraint: Yes No

If yes, describe injury in detail and how the injury occurred:

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What attempts were made to explain to the child what behaviors were necessary to be released from the

restraint: \_\_\_\_\_

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What actions were taken to help the child return to routine activities after a restraint?

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Did you provide 15 min. of eye to eye contact/supervision after the need for a restraint:

Yes No

**Describe processing/discussion with child/youth after the restraint. Please discuss and document the following:**

Discuss the child's behavior and circumstances leading to the restraint. How did the child feel their behavior led to the need for the restraint?

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How did the child feel regarding the caregiver's reaction to the situation?

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Discuss the strategies used by the caregiver before the restraint and how the child felt these worked or did not. How can this be improved in the future so the caregivers can help the child avoid a restraint?

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Document the discussion with the child about the restraint. What does the child think and feel about the restraint?

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What can the child do in the future to regain control of their behavior to avoid a restraint?

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How was privacy insured during the restraint?

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If any other children witnessed the restraint how was this processed with them?

Date and time discussion with the child was offered and the child's reaction to the opportunity for the discussion: \_\_\_\_\_

Date and Time when the discussion took place with the child (must be within 48 hours)?  
\_\_\_\_\_

**V) Notification-**

Was Circles of Care notified of the incident?  Yes  No

Notified by:  Phone  Person Date: \_\_\_\_\_ Time: \_\_\_\_\_

If State Licensing reporting was necessary ( see section II), what time and what was call ID number: \_\_\_\_\_

If State licensing reporting required, Circles of Care worker must complete a case management incident report to go to licensing.

\_\_\_\_\_  
Care giver/person recording incident

\_\_\_\_\_  
Circles of Care Worker

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
FHD Supervisor