

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 below) This is not all inclusive, 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)

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) Medical Interventions (if medical treatment was required, complete this section)

Licensed health-care professional's name: _____

Medical findings: _____

Medical treatment required: _____

*If Medical Intervention was required, a Professional Service Report should be completed by health-care professional.

V) 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 VI Notification.

If yes, what type: Hug Elbow to Hip

Other: _____

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:

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

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

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? _____

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

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?

Discuss the restraint itself. What does the child think and feel about the restraint?

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

How was privacy insured during the discussion?

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)?

VI) 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