



INCIDENT REPORT

Notification Guidelines: Immediately notify your SMART caseworker or on-call person verbally. The written report should be completed and provided to SMART Child and Family Services with in 24 hours.
- Attach additional pages as needed -

Reported by: _____ Verbally Reported to: _____

Date of Report: ____ / ____ / ____ Date Reported: ____ / ____ / ____

Foster Child's Name: _____

Date of Incident: ____ / ____ / ____ Time of Incident: _____ A.M. P.M.

Place of incident: _____

Type of Incident: (Check all that apply)

- AWOL
- Emergency medical treatment and/or hospitalization
- Suicidal threat or action: Any self-harm
- Property damage/loss (over \$5.00)
- Fire
- Abuse/neglect allegation
- Physical injury to: Himself/herself Younger child Older child Adult Animal
- Auto accident
- Violation of agency policy
- Alleged criminal/delinquent behavior
- Adverse occurrences
- Medication error

Physical Intervention – **contact SMART Clinical Supervisor immediately following incident**

- 1. Duration of intervention: _____ minutes
- 2. Is the person who performed the physical intervention trained? Yes No
- 3. If #2 is Yes, indicate date of most recent Mandt training: _____

- Client Rights Issues:
- Supervising a phone call without prior DHHS authorization
 - Searching/reading mail without prior DHHS authorization
 - Searching personal belongings
 - Other: _____

Please provide rationale: _____

- Sexually reactive behavior with: Younger child Peer Older child Adult Animal Self
- Any unusual incident that may have significant implications for treatment or placement
- Check here if incident involved the client's biological family member

Description of Incident: _____

Who was involved: _____

What preceded the incident _____

Please complete this form in black or blue ink.

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What happened: _____

Witnesses: _____
What measures were taken to prevent or deescalate the situation: _____

Was another provider involved? Yes No Date: ___/___/___ Time: _____ Location: _____
Provider's Name: _____ Telephone: _____

Outcome of involvement: _____
Is follow-up/further evaluation needed and/or changes to the plan for safety: Yes No
If "yes", describe follow-up/further evaluation that is needed: _____

NOTIFICATION DOCUMENTATION: To be completed by SMART Child and Family Services staff.

Date Written Report Received at Office: ___/___/___

Caseworker: Date: ___/___/___ Initials: _____ Comments: _____

Clinical Supervisor: Date: ___/___/___ Initials: _____ Comments: _____

When Incident Involves Therapeutic Physical Interventions:

Clinical Supervisor: Date: ___/___/___ Initials: _____ Comments: _____

****If Incident Involves Client Rights, complete Clients Rights Violation Form**

Copy faxed by _____ to _____ on the date of ___/___/___.

Copy faxed by _____ to _____ on the date of ___/___/___.

This was completed and forwarded to SMART within 24 hours of the incident.

Please complete this form in black or blue ink.

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