

## Adriel - Significant Incident Report

(Must be submitted to office within 24 hours of incident)

Client Name:		Date of Report:
Date of Incident:	Time of Incident:	FC Region:
Name of Foster Parent Filing Report:		
Additional People Involved in Incident:		

### Type of Incident

<input type="checkbox"/> AWOL/unauthorized absence*	<input type="checkbox"/> Hospitalization or Professional Med. Treatment*
<input type="checkbox"/> Alleged Abuse	<input type="checkbox"/> Property Damage (see part I.)
<input type="checkbox"/> Assault	<input type="checkbox"/> Restraint (see part III.)
<input type="checkbox"/> Injury to Youth (see part II.)	<input type="checkbox"/> School Suspension/Expulsion
<input type="checkbox"/> Injury to Foster Parent (see part II.)	<input type="checkbox"/> Self harm/Suicide Attempt
<input type="checkbox"/> Medication Error (youth refusal)	<input type="checkbox"/> Medication Error (Parent Error)

\*Must speak with an Adriel worker or on-call worker within 1 hour of gaining knowledge of incident.

### Description of Incident

(if needed provide addition information on a separate page)

Antecedent (circumstances leading up to the behavior/incident):
Behavior:
Outcome:
Follow-Up (If necessary):

#### **FOR OFFICE STAFF**

1. Faxed to Guardian DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_ 2. Mail signed copy to Guardian

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### Notification

Consultant Notification (immediate notification mandatory)		
Date:	Time:	Name of Consultant:
Guardian Notification (consultant to complete)		
Date:	Time:	Person Contacted:
Other parties notified		
Date:	Time:	Person Contacted:
Law Enforcement Involvement		
Date:	Time:	Name of Officer:
Was youth incarcerated? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**FOR OFFICE STAFF**

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**Signatures in the following order:**

Foster Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Consultant/Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Regional FCA Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE STAFF**

*1. Faxed to Guardian* DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_ *2. Mail signed copy to Guardian*

## Significant Incident Report Addendum

### I. PROPERTY DAMAGE

 N/A

Property:	Owner:
Property:	Owner:
Property:	Owner:

### II. INJURIES

 N/A

Name:	Injury:	Treatment:
<i>Was this injury restraint-related?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name:	Injury:	Treatment:
<i>Was this injury restraint-related?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name:	Injury:	Treatment:
<i>Was this injury restraint-related?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
Was professional medical attention required? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If so, describe:		

### III. RESTRAINT

 N/A

<p><b>A. Basic Information</b></p> <p>PRIMARY RESTRAINER:</p> <p>DURATION OF RESTRAINT:</p> <p>If duration of restraint lasted longer than 15 minutes for children aged nine and younger or 30 minutes for children aged ten and older please indicate: Approval from:</p>
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**FOR OFFICE STAFF**

1. *Faxed to Guardian*    DATE: \_\_\_\_\_    INITIALS: \_\_\_\_\_    2. *Mail signed copy to Guardian*



G. During restraint, the client's need for ambulating, fluid intake, toileting, or other needs should be monitored every 15 minutes.

Describe results of assessments of these needs:

**FOR OFFICE STAFF**

1. *Faxed to Guardian* DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_ 2. *Mail signed copy to Guardian*