

Incident Report

Name: _____ **Date of Incident:** _____ **Time of Incident:** _____

Type of Incident:

- | | |
|---|--|
| <input type="checkbox"/> Absent from Foster Home without permission > 4 hours | <input type="checkbox"/> Licensing Violation |
| <input type="checkbox"/> Allegation (physical, emotional, sexual abuse) | <input type="checkbox"/> Medication Error |
| <input type="checkbox"/> Death of youth while in KFF placement | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Grievance (against social worker or KFF) | <input type="checkbox"/> Self-Harmful Behavior |
| <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Serious Illness/Injury (not self-inflicted) |
| <input type="checkbox"/> Law Violation | <input type="checkbox"/> Therapeutic Hold |

Location of Incident:

- | | | | |
|--|--------------------------------------|---|---------------------------------|
| <input type="checkbox"/> KFF Office | <input type="checkbox"/> Foster Home | <input type="checkbox"/> Public Setting | <input type="checkbox"/> School |
| <input type="checkbox"/> Place of Employment | <input type="checkbox"/> Shelter | <input type="checkbox"/> Other: _____ | |

Description of Incident:

Facts & Observations –

Injuries? (Describe if any) –

Actions Taken –

Recommendations –

Participants of the Incident:

Name: _____

Role: Collateral (Contact) Initiator (Reporter) Perpetrator (Offender) Person in Charge
 Victim Witness (Observer) Not Determined Other

Type: Client Foster Parent Outside Organization Contact
 Relative/Collateral Staff

Name: _____

Role: Collateral (Contact) Initiator (Reporter) Perpetrator (Offender) Person in Charge
 Victim Witness (Observer) Not Determined Other

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