
## INCIDENT REPORT

Name of Child:

Date of Birth:

 Date of Placement:

 Foster Home:

 Placing Agency:

Legal Guardian’s Name:

**NOTIFY / REPORT WITHIN 24 HOURS / S.O. AS SOON AS POSSIBLE**

\*Carpe Diem must submit Serious Occurrence Reports to Ministry within 24 hours

Check off Type of **Incident**: **Serious Occurrence**: (\*Submit ASAP)

[ ]  Injury [ ]  Absences without Permission / Missing Persons

[ ]  Property Damage / Destruction [ ]  Unplanned Hospitalization

[ ]  Disclosure [ ]  Serious Injury or Illness

[ ]  Alcohol / Drug Use [ ]  Use of Physical Restraint

[ ]  Sexualized Behaviour [ ]  Alleged Abuse or Mistreatment of a child

[ ]  Criminal Activity [ ]  Disaster on Premises (i.e. Fire)

[ ]  School Issues (Concern, Suspension) [ ]  Complaint about Agency / Service Standard (water quality)

[ ]  Aggression / Defiance / Tantrums [ ]  Any third party Emergency Service (Police, Fire, Ambulance)

[ ]  Medication Error

[ ]  Food Issues (hoarding) [ ]  **Death (Coroner to be notified within 1 hour)**

[ ]  Lying [ ]  **Media Coverage (Enhanced Serious Occurrence - notify within 1 hour)**

[ ]  Stealing

[ ]  Fire Setting

[ ]  Food Issues (hoarding)

[ ]  Issues Relating to Visits or Family Contact

[ ]  Suicidal Thoughts or Attempts / Self-Harm

[ ]  Other: (Please Specify)

Date of Incident: Time/Duration:

Location of Incident:

Antecedent leading to the Incident:

Description of Incident (What, When, Where and How):

Action Taken:

Who was Notified:

[ ]  Carpe Diem Case Manager / Supervisor

[ ]  Carpe Diem On Call Worker (FOSTER PARENT – Call After Hours 905-799-2947 – Press 8)

[ ]  CAS Worker /After Hours Worker (TO BE DONE BY CARPE DIEM ON CALL WORKER)

[ ]  Other

Physical Injuries (Include specific details of injury and medical intervention):

Property Damage (Attach Damage Form):

Comments(Why):

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Completed By: