

## 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: