**Serious Incidents and Reporting**

**A serious incident is a non-routine occurrence that has or may have dangerous or significant consequences on the care, supervision, and/or treatment of a child.**

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**You must report and document the following types of serious incidents involving a child in your care:**

|  |  |
| --- | --- |
| **Serious Incident** | **Reporting** |
| 1. Child Death | Within 2 hours after the child’s death |
| 1. Allegations or Suspected abuse, neglect, or exploitation | As soon as you become aware of incident |
| 1. Sexual abuse committed by a child against another child | As soon as you become aware of incident |
| 1. Runaway/Child leaves home without permission/Child is missing | **IMMEDIATELY** to Law Enforcement; within 2 hours to the Texas Abuse and Neglect Hotline |
| 1. Suicidal/Homicidal ideation or attempt | As soon as you become aware of incident |
| 1. Substantial physical injury or critical illness | No later than 24 hours after incident |
| 1. Physical abuse committed by a child against another child | As soon as you become aware of incident |
| 1. Any incidences involving Law Enforcement | No later than 24 hours after incident |
| 1. Hospitalization (Medical or Psychiatric) | No later than 24 hours after incident |
| 1. Contraction of a communicable disease | No later than 24 hours after you become aware of incident |
| 1. A disaster or emergency that requires your operation to close. Any incident that renders all or part of your agency unsafe or unsanitary for a child, such as a fire, flood, or emergency disaster. | No later than 24 hours after you become aware of incident |

**IMPORTANT NOTE:**

(IF ANY INCIDENT ABOVE OCCURS, YOU MUST REPORT TO THE **TEXAS ABUSE AND NEGLECT HOTLINE AT 1-800-252-5400 OR ONLINE AT WWW.TXABUSEHOTLINE.ORG** WITHIN THE TIME FRAME LISTED ABOVE. ADDITIONALLY, YOU MUST REPORT TO YOUR ANCHOR FAMILY SERVICES’ CASE MANAGER NO LATER THAN 24 HOURS AFTER ANY INCIDENT LISTED ABOVE.)

**Serious Incident Report**

**(PLEASE NOTE: You must complete this form and submit to your Anchor Family Services’ Case Manager no later than 24 hours after incident occurs.)**

**Report Number: \_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Write a separate incident report for each child, with only the first name or initials of each child involved)

1. Foster/Adoptive Home: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of Incident:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Incident: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Child:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Placement:      \_\_\_\_\_\_\_\_\_\_

Age:      \_\_\_\_\_\_\_\_\_\_\_ Gender:  Male  Female

1. The names of **ALL** adults involved **AND** their role in relation to the child(ren):

|  |  |
| --- | --- |
| **Name** | **Role** |
| **I.** |  |
| **II.** |  |
| **III.** |  |
| **IV.** |  |
| **V.** |  |

1. The names of **ALL** witnesses to the incident:

|  |  |
| --- | --- |
| **Name** | **Contact Information** |
| **I.** |  |
| **II.** |  |
| **III.** |  |
| **IV.** |  |
| **V.** |  |

1. Nature of Incident: (please be detailed in your description)

\_     \_\_\_\_\_\_\_\_\_

1. Circumstances Surrounding the Incident: (please be detailed in your description) \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Interventions Made During and After the Incident: (i.e. medical interventions, contacts made, and other follow-up actions)

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The Treating Licensed Health-Care Professional’s Name, Findings, and Treatment, if any:

1. Resolution of the Incident: (please be descriptive)

     \_\_\_\_\_\_\_\_\_\_\_\_

     

**Case Manager Signature: Date Received:**