

Children and Family Services (CFS) must be notified within 24 hours of any incidents. When an incident meets the threshold of a 'serious incident,' CFS must be notified immediately.

Section 1: Child Information		
Child's Name (first Name/ last name)	Date of Birth (yyyy-mm-dd)	Child's I.D. Number
Child Intervention Practitioner (CIP)	CIP Office	CFS Status <input type="checkbox"/> CAG <input type="checkbox"/> CAY <input type="checkbox"/> ICO  <input type="checkbox"/> TGO <input type="checkbox"/> PGO <input type="checkbox"/> SFP

Section 2: Facility Information	
Name of Agency/ Program/ Foster Caregivers/ Kinship Caregivers	
Type of Facility	
<input type="checkbox"/> Foster Care <input type="checkbox"/> Kinship Care <input type="checkbox"/> ILS/ SIL/ TSIL <input type="checkbox"/> Community Group Care <input type="checkbox"/> Agency Campus-based Treatment Centre	<input type="checkbox"/> Ministry Campus-based Treatment Centre <input type="checkbox"/> Personalized Community Care <input type="checkbox"/> Secure Services / PSECA Confinement <input type="checkbox"/> PSECA (Voluntary) <input type="checkbox"/> 'Other' Please specify
License # / Caregiver ID (if applicable)	Facility/ Caregiver Address

Section 3: Incident Background		
Name of Person Completing Report	Title/Position/Role	
Date of Incident (yyyy-mm-dd)	Time of Incident Occurrence	Time of Incident End / Return Time
Description of who was involved in the incident including any witness(es)	Description of Incident Location	

Section 4: Type of Incident	
Identify the type of incident (select as many categories as apply to the incident that has occurred)	
<input type="checkbox"/> Accident	<input type="checkbox"/> Medication Error/ Medication Concern

<input type="checkbox"/> Allegation of Abuse/Neglect Allegation relates to (must also select appropriate purported maltreater sub-categories), <input type="checkbox"/> Current staff/caregiver <input type="checkbox"/> Program/ house peer <input type="checkbox"/> Parent/guardian <input type="checkbox"/> Previous caregiver <input type="checkbox"/> Community member <input type="checkbox"/> 'Other' Please describe	<input type="checkbox"/> Medical Attention Required Medical attention was required for (must also select appropriate sub-categories), <input type="checkbox"/> Child <input type="checkbox"/> Program/ house peer <input type="checkbox"/> Staff/Caregiver
<input type="checkbox"/> Absent from Care/ Unauthorized Absence	<input type="checkbox"/> Placement Disruption
<input type="checkbox"/> Child Criminal Activity/Charges/Offences (or potential of)	<input type="checkbox"/> Self-harm/ Self-injury
<input type="checkbox"/> Criminal Activity (child witness)	<input type="checkbox"/> Sexually Problematic Behaviours
<input type="checkbox"/> Staff/Caregiver Criminal Activity/Charges/Offences (or potential of)	<input type="checkbox"/> Substance Use/Abuse (must also select appropriate sub-categories). Use occurred, <input type="checkbox"/> In licensed facility or placement/home <input type="checkbox"/> Outside of licensed facility or placement/ home
<input type="checkbox"/> Death of the Child	<input type="checkbox"/> Suicide Attempt/ Suicidal Ideation
<input type="checkbox"/> Destruction	<input type="checkbox"/> Weapons
<input type="checkbox"/> Fire	<input type="checkbox"/> Violence/ Aggression
<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> Victimization
<input type="checkbox"/> Injury to Child Level of harm (must also select appropriate sub-categories) <input type="checkbox"/> <u>Minor</u> injury (non-life threatening, may or may not have required first aid attention) <input type="checkbox"/> <u>Moderate</u> injury (non-life threatening, medical attention required) <input type="checkbox"/> <u>Serious</u> Injury to Child (serious injury is defined as a life-threatening injury to the child, or an injury that may cause significant impairment to the child's health)  Purported Perpetrator <input type="checkbox"/> Injury by <u>self</u> <input type="checkbox"/> Injury by <u>program peer</u> <input type="checkbox"/> Injury by <u>staff/caregiver</u> <input type="checkbox"/> Injury by <u>community member</u> <input type="checkbox"/> ' <u>Other</u> ' Please describe <input type="checkbox"/> <u>Unknown</u>	<input type="checkbox"/> Injury to Staff/Caregiver Level of harm (must also select appropriate sub-categories) <input type="checkbox"/> <u>Minor</u> injury (non-life threatening, may or may not have required first aid attention) <input type="checkbox"/> <u>Moderate</u> injury (non-life threatening, medical attention required) <input type="checkbox"/> <u>Serious</u> Injury (serious injury is defined as a life-threatening injury, or an injury that may cause significant impairment to the staff/caregiver's health)  Purported Perpetrator <input type="checkbox"/> Accidental ( <u>self</u> ) <input type="checkbox"/> Injury by <u>child/youth</u> in program/house <input type="checkbox"/> Injury by <u>staff/caregiver</u> <input type="checkbox"/> Injury by <u>community member</u> <input type="checkbox"/> ' <u>Other</u> ' Please describe <input type="checkbox"/> <u>Unknown</u>
<input type="checkbox"/> 'Other' occurrence that may seriously affect the health or safety of the child.	

**Incidents with use of Intrusive Measures and Restrictive Procedures**

Identify the type of response (select as many as apply) to the incident.

- Use of Intrusive Measures (must also select appropriate sub-categories)
  - Use of monitoring and/or restricting private communication
  - Surveillance
  - Room search
  - Personal search
  - Voluntary surrender
  - Restricting access to or confiscating personal property
- Use of Restrictive Procedure (must also select appropriate sub-categories)
  - Physical restraint (physical escort, seated, supine, standing, and/or floor restraint)
  - Isolation room (locked confinement)
  - Inclusionary time out
  - Exclusionary time out
- Use of a Prohibited Practice(s)

**Section 5: Incident Details**

**Preceding Events**  
Provide a description of conditions including events and activities that led up to the incident.  
Insert content

**Contributing Factors**  
Provide a description of factors including environmental that may have contributed to the incident.  
Insert content

**Incident Description**  
Provide a description of the events in chronological order. Include details relating to who, what, when and where the incident occurred.  
Insert content

**Mitigation Approaches**  
Description of actions and measures taken to proactively problem solve, de-escalate, manage, and mitigate the incident.  
Insert content

**Safety Plan**  
Provide a description of child safety plan created following the incident (where applicable).

**Continuous Improvement**  
Description of any follow up, recommendations, and continuous improvement measures that may be required to prevent a similar incident from occurring in the future.  
Insert content

**Section 6: Restrictive Procedures – to be completed in circumstances where the incident involved the use of a restrictive procedure.**

Was a debrief completed with the child?  
 YES  
 NO

If yes, provide details of the debrief.

Insert content

During the debrief, was the child informed of their rights, available grievance procedures and access to the OCYA?

YES  
 NO

Section 7: Notification			
Parties Notified	Y/N	Name of Person Contacted (if applicable)	Date Notified
Child Intervention Practitioner	<input type="checkbox"/> Y <input type="checkbox"/> N		
Child Intervention Intake and Response Team (CIIRT)	<input type="checkbox"/> Y <input type="checkbox"/> N		
Child's Family	<input type="checkbox"/> Y <input type="checkbox"/> N		
Child's Legal Guardian	<input type="checkbox"/> Y <input type="checkbox"/> N		
Agency Director/Manager	<input type="checkbox"/> Y <input type="checkbox"/> N		
Agency On Call	<input type="checkbox"/> Y <input type="checkbox"/> N		
Licensing Officer	<input type="checkbox"/> Y <input type="checkbox"/> N		
Police/ RCMP	<input type="checkbox"/> Y <input type="checkbox"/> N		
Medical Services	<input type="checkbox"/> Y <input type="checkbox"/> N		
Therapist/ Clinician	<input type="checkbox"/> Y <input type="checkbox"/> N		
Probation	<input type="checkbox"/> Y <input type="checkbox"/> N		
'Other' Please Describe	<input type="checkbox"/> Y <input type="checkbox"/> N		

Section 8: Signatures		
Name of Program Staff/ Foster Caregiver/ Kinship Caregiver (Please Print)	Date (yyyy-mm-dd)	Signature
Name of Program Manager/Director (Agency or CFS) (Please Print)	Date (yyyy-mm-dd)	Signature