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|  | **OYA FOSTER CARE****YOUTH INCIDENT REPORT** | State of OregonOREGON YOUTH AUTHORITY |

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| Foster Home: |  |
| Youth Name: |  | JJIS #: |  |
| Date of Incident: |  | Time: |  | [ ]  AM [ ]  PM |
| (Note: If you were not present at the incident, use the date you became aware of the incident) |
| Date of Report: |  |  |
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| **Critical** | **Significant** | **Abuse** | **Unusual Incident** |
| *(Requires Mandatory Child Abuse Report. See Notification section.)* |
| [ ]  Youth Suicide[ ]  Attempted Youth Suicide[ ]  Youth Death[ ]  Complaint of Youth Abuse[ ]  Danger to Health & Safety[ ]  Homicide[ ]  Controlled Substance Medication Error[ ]  Complaint of Violation of Youth’s Rights[ ]  Major Medication Change[ ]  Other | [ ]  Injurious Behavior to Self or Others[ ]  Property Damage/ Destruction[ ]  Serious Illness/Injury to Youth[ ]  Runaway[ ]  Intervention from Law Enforcement (police appeared, includes report)[ ]  Fight[ ]  Report Filed with Police (but, police did not appear) | [ ]  Physical Injury Caused by Other Than Accidental Means or That Appears to be a Variance with the Explanation Given of the Injury[ ]  Willful Infliction of Physical Pain or Injury[ ]  Sexual Harassment or Exploitation, Including but not Limited to any Sexual Contact Between Youth[ ]  Neglect[ ]  Abuse Unrelated to Staff (e.g. youth to youth; prior to enrollment; not program staff, volunteer, etc.) | [ ]  Illness, Injury or substance use that required emergency medical treatment[ ]  Fire [ ]  Behavior that is Not Typical of the Person[ ]  Incident that will Result in a Complaint or Grievance[ ]  Medication Error[ ]  Lost or Stolen Money or Property[ ]  Any Other Unusual Incident[ ]  Documentation Error (medical)[ ]  Behavior Incident[ ]  Youth Declines Medication, Treatment or Procedures[ ]  Contraband[ ]  Possession of drugs or alcohol. [ ]  Potential Safety Risk (e.g., missing knife, missing guard on equipment, weapon found, but no person or property was hurt) |
| Persons Involved:  |  |  |
| Location of Incident: |  |

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| **NOTIFICATIONS: *For Abuse, contact the ODHS hotline at 1-855-503-7233 and/or law enforcement immediately and follow all Mandatory Child Abuse Reporting Procedures.*** |
| **List Who Was Notified** | **By Whom** | **Date Notified** | **Time Notified** |
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Description of Incident (attach additional pages if necessary):

Interventions:

Results:

Follow-Up Plan:

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| Report Prepared By:  |
| Print Name: |  |  |  |  |
| Signature: **X** |  | Date: |  |  |
|  |
| Supervisor Review and Findings: *(Include information from result of follow-up plan, if available.)* |
|  |
| **X** |  |  |  |  |
|  | (OYA Foster Care Program Manager Signature) |  | (Date) |  |