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|  | **OYA FOSTER CARE**  **YOUTH INCIDENT REPORT** | State of Oregon OREGON 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) | | |  | |