



Incident Report Form

Program Information

| | | |
|--|--|---|
| Provider Organization Name: _____ | | Provider Phone #: _____ |
| Program Site or Foster Home Address: _____ | | Site or Foster Home Jurisdiction: _____ |
| Program Type: <input type="checkbox"/> ALU | <input type="checkbox"/> DETP | <input type="checkbox"/> Group Home |
| <input type="checkbox"/> ILP | <input type="checkbox"/> Mother -Child | <input type="checkbox"/> High Intensity Respite |
| | <input type="checkbox"/> TFC | |

Incident Information

Incident Date: _____ Incident Time: _____ am pm

Date Reported to OLM: _____ Time Reported to OLM: _____ am pm

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|--|
| Incident Location (If different from site location): _____ |
| Notification Method (Check all that apply): <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email PDF to olm.incidents@maryland.gov |
| Reporter's Name: _____ |
| Reporter's Job Title: _____ |

Persons Involved in the Incident

Youth in Placement (Use additional paper if needed)

| First Name and Last Initial of Youth Involved in Incident | DOB | Gender | Injury sustained (Y/N) | Placing Agency |
|---|-----|--------|------------------------|----------------|
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Staff Members / Foster Parent (Use additional paper if needed)

| Full Legal Name | Position (If foster parent, provide phone number) | Behavior Management Certified (Y/N) |
|-----------------|---|-------------------------------------|
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| | | |

Others involved in the incident (Use additional paper if needed)

| Full Legal Name | Relationship to child | DOB | Contact Phone # |
|-----------------|-----------------------|-----|-----------------|
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Incident Type

Choose as many as apply to the situation. Be sure that each issue identified is addressed in the narrative.

- | | |
|--|---|
| <input type="checkbox"/> Assault On Other Youth | <input type="checkbox"/> Injury To Foster Parent/Staff |
| <input type="checkbox"/> Assault On Foster Parent/Staff | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Death Of Child | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Death Of Staff /Foster Parent While On Duty | <input type="checkbox"/> Automobile Accident |
| <input type="checkbox"/> Injury To Youth Subject Of The Incident | <input type="checkbox"/> Possible Violation Of Youth's Rights |
| <input type="checkbox"/> Injury To Other Youth | |

Behavioral Issues:

- Awol
- Sexual Misconduct
- Police Involvement
- Possession Of Contraband
- Arrest
- Fire Setting
- Gang Involvement
- School Suspension (> 3days)
- School Expulsion

Mental Health/Substance Use

- Alcohol Use/Possession
- Drug Use/Possession
- Emergency Petition
- Ingestion Of Harmful Substance
- Injury To Self
- Homicidal Ideation
- Homicidal Attempt
- Suicidal Ideation
- Suicidal Attempt

Medical Event

- Emergency Medical Treatment
- Emergency Hospitalization
 - Medical
 - Psychiatric
- Medical Event (Significant but Non-Emergency)

Other: _____

Restraint

| | | | |
|---|---|---|---|
| Name of Behavioral Intervention Protocol used: | | | |
| Length of Time in Restraint: | | | |
| Reason for Restraint: | <input type="checkbox"/> Danger to Self | <input type="checkbox"/> Danger to Others | <input type="checkbox"/> Destruction of Property |
| Type of Restraint Used: | <input type="checkbox"/> One Person | <input type="checkbox"/> Two Persons | <input type="checkbox"/> Three Persons <input type="checkbox"/> Small Child |

Suspected Abuse/Neglect

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|---|
| Date /Time Reported to CPS: |
| Name Of Caseworker Taking Report: |
| Type of Allegation: <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Verbal/Mental Injury <input type="checkbox"/> Neglect |

Notification Information

| | Name | Date and Time | Phone/Fax/Meeting/Etc. |
|--|-----------------------|---------------|------------------------|
| Program Administrator / Designee | | | |
| Assigned LDSS/Placing Agency Case worker: | | | |
| DHR Licensing Coordinator: | | | |
| Parent/Guardian (if appropriate): | | | |
| Law Enforcement: | | | |
| Police Report# _____ | Badge #: _____ | | |
| Police District: _____ | | | |

