# FOSTER CARE
# INCIDENT REPORT FOR CONTAINMENT

**Program**: Foster Care ______ **Date of Incident**: ____________ **Time of Incident**: __________ AM / PM

**Client Name: <CFULLNFML>** ______ **Gender**: <CG> **Age**: <CAGE> **Admit Date**: <CID>

☐ Danger to Self ☐ Danger to Others

**Primary Staff Involved in Containment**: ________________________________

**Witnesses / Persons Involved & Roles**: ________________________________

**Person Assigned to Monitor Breathing**: ________________________________

**Place Where Incident Occurred**: ________________________________

**Caregiver Responsible at Time of Incident**: ________________________________

**Home Name**: <FHFULLN> ____________________ **Phone Number**: <FHPHHOME> ______

**Physical Address**: <FHA1>, <FHA2>, <FHAC>, <FHAS>, <FHAZ> ____________________

**TYPE OF INCIDENT:**

| | | |
|---|---|---|
| ☐ Verbal Aggression | ☐ Significant Behavior Disruption | ☐ Death |
| ☐ Physical Aggression | ☐ Injury to Client | ☐ Hospitalization medical |
| ☐ Destruction of Property | ☐ Injury to Staff | ☐ Hospitalization psychiatric |
| ☐ Containment | ☐ Self injury non-suicidal | ☐ Medical problem |
| ☐ School related problem | ☐ Suicidal ideation | ☐ Medication error |
| ☐ Sexual behavior | ☐ Suicidal gesture | ☐ Medication refused |
| ☐ Substance abuse | ☐ Suicide attempt | ☐ Allegations: abuse/neglect |
| ☐ Criminal behavior | ☐ Short personal restraint | ☐ Incarceration |
| ☐ Other *(please specify)*: | | |
| ☐ Runaway | Time left: AM / PM | Time/Date returned: AM / PM |

| **PREPARED BY *(signature)*** | **TITLE** | **DATE COMPLETED** |
|---|---|---|
| | | |

**PERSONAL CONTAINMENT:**

☐ Elbow to Hip Containment
☐ Hug Containment
☐ Bear Hug Neutralization
☐ Two Person Containment
☐ Release from Ground Containment
☐ Back Choke Release
☐ Second Person Choke Release
☐ Object Retrieval/Person Facing Away
☐ Hair Pull/Finger Weave Release
☐ Bite Neutralization
☐ Wrist Grasp Cross Release
☐ Wrist Grasp/One Hand on Each Release
☐ Elbow to Hip Follow to Ground
☐ Hug Containment Follow to Ground
☐ Bear Hug Release
☐ Front Choke Release
☐ Forearm Choke Release
☐ Object Retrieval/Person Facing Forward
☐ Hair Pull Neutralization
☐ Hair Pull/Knuckle Release
☐ Bite/Jaw Release
☐ Bite/Check Release
☐ Wrist Grasp/Straight Release
☐ Wrist Grasp/Two Hands on One Release

**Duration of Containment**: ___________________

Detailed description of precipitating events or circumstances and specific behaviors that led to the emergency situation and if applicable, the specific behavior which continued to constitute an emergency situation:

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**ALTERNATIVE STRATEGIES ATTEMPTED BEFORE PERSONAL CONTAINMENT:**

☐ Verbal Redirection
☐ Time Out
☐ SAMA Verbal Intervention
☐ Unresisted Relocation
☐ Quiet Time

Description of alternative strategies attempted and the child's reaction to those strategies: _____________________

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**Client Name**: **<CFULLNFML>**
**Date**: ___________ **Time**: ________ AM/PM

Description of specific containment used: ____________________________________________

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Description of specific de-escalation strategies used during containment and the child's response: __________

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Description of any injury the child sustained as a result of the incident or the use of containment and the care and treatment provided: ____________________________________________________________

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Description of the Caregivers actions to facilitate the child's return to normal activities following release from containment: ________________________________________________________________

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Description of the child's perceptions to being provided an opportunity to discuss the situation which led to the need for personal containment and the child's perception of the caregiver's use of containment:

**DATE AND TIME OF DISCUSSION:** ____________________ ________________ AM / PM

Date Time

**SUMMARY OF DISCUSSION:**

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**Client Name**: **<CFULLNFML>**
**Date**: ___________ **Time**: _________ AM / PM

**SUMMARY OF PRECAUTIONS:**

☐ Suicide: Date: ______________ Time: _________ AM / PM
☐ Runaway: Date: ______________ Time: _________ AM / PM
☐ Aggression Date: ______________ Time: _________ AM / PM
☐ Sexual Acting Out: Date: ______________ Time: _________ AM / PM
☐ Other: Date: ______________ Time: _________ AM / PM

**DATE/TIME OF ACTIONS TAKEN:**

☐ Medical Treatment Date: ______________ Time: _________ AM / PM

Name of Treating Physician: ______________________________________________

Doctor's Instructions for Follow Up: ______________________________________

______________________________________________________________________

☐ First Aid Administered Date: ______________ Time: ______________ AM / PM

☐ Short Personal Restraint Date: ______________ Duration: __________________

☐ **Protection from external danger** *(i.e. entering street, hot stove, separating children from physical altercations)*
☐ **Child <5 y/o Disruptive Behavior** *(other efforts have failed)*
☐ **Child >5 y/o Safety Risk** *(i.e. disrobing, provoking, fighting)*

| NOTIFICATIONS: | DATE | TIME *(select AM or PM)* | NAME OF PERSON CONTACTED |
|---|---|---|---|
| ☐ On Call Staff | | ☐AM ☐PM | |
| ☐ Supervisor & Case Manager | | ☐AM ☐PM | |
| ☐ Police **/ Rpt #** | | ☐AM ☐PM | |
| ☐ JPD/TYC | | ☐AM ☐PM | |
| ☐ DFPS Caseworker & Supervisor | | ☐AM ☐PM | |
| ☐ TDFPS Hotline **/ Rpt #** | | ☐AM ☐PM | |
| ☐ Residential Contract Manager (only reportable incidents) | | | |
| ☐ Other | | ☐AM ☐PM | |

**ADMINISTRATIVE USE ONLY:**

Operation ID: ☐ Assessment 520244 ☐ GRO 030031 ☐ CPA 209976
Level of Care: ☐ Basic ☐ Moderate ☐ Specialized
Service Level: ☐ Child Care Services ☐ Treatment Services

**REVIEW, RECOMMENDATIONS, AND COMMENTS**
**ON "CRITICAL" INCIDENTS *(if indicated)***

**Title of Staff Person**: Case Manager/Caseworker: <WN>, <WC> ____________________

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____________________

Signature: <*TS> ____________ Date: ____________

**Title of Staff Person**: Unit/Foster Care Supervisor: <SN>, <SC> ____________________

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Signature: <*SS> ____________ Date: ____________

**Title of Staff Person**: Program Director: ____________________

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Signature: ____________ Date: ____________

**Title of Staff Person**: Executive Director: ____________________

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Signature: ____________ Date: ____________

**Title of Staff Person**: ____________________

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Signature: ____________ Date: ____________