CRITICAL INCIDENT REPORTING FORM

North Carolina Division of Social Services
Regulatory and Licensing Services

Attention: This form must be completed by agency staff and submitted to the North Carolina Division of Social Services, Regulatory and Licensing Services, **via email** to your NC Division of Social Services Program Consultant and copied to Sandra.Craig@dhhs.nc.gov **within 72 hours** of the incident. This form must be **password protected** before being emailed.

GENERAL INFORMATION

Agency Name: _____

Agency Address: _____

Please choose ONE of the following (A OR B):

A. Name of residential facility or maternity home: _____

Address of residential facility or maternity home: _____

B. Name(s) of foster parent(s): _____

Address of foster parent(s): _____

Facility ID Number of foster home: _____ (Family ☐ or Therapeutic ☐)

Client name: _____ Age: _____ Date client placed with agency: _____

Parent/Guardian or Legal Custodian: _____ Date/Time of notification: _____/_____

Date of incident: _____ First person to learn of incident: _____

Was the client treated by a physician for the incident: ☐ Yes ☐ No If yes, date of treatment: _____

Was the client restrained at the time of the incident: ☐ Yes ☐ No If yes, Restraint Form must be completed

Was the client in seclusion at the time of the incident: ☐ Yes ☐ No

Date/Time report prepared: _____/_____ Name/Title of staff completing report: _____/_____

Name/Title of supervisory staff reviewing report: _____/_____

TYPE OF INCIDENT (Check all items that apply)

Incident which requires ADMISSION to a hospital:

☐ Accident ☐ Injury
Includes self-injurious behaviors
☐ Medication Error ☐ Other

Death, Suicide Attempt, Runaway, Arrest:

☐ Death ☐ Suicide Attempt ☐ Runaway
Lasting more than 24 hours
☐ Arrest

Child Abuse or Neglect:

☐ Any case of abuse or neglect being investigated by a County Department of Social Services

County DSS reported to: _____ Date reported: _____

Date accepted for Investigation: _____ County DSS investigating the report: _____

NARRATIVE

For Child Protective Services incidents describe the circumstances of the allegation. Include the place where the incident occurred and if the incident involved a staff member, foster parent, or someone else (state relationship). Please state what was reported to the county department of social services (if known). Please note that for incidents involving child abuse or neglect you are NOT to conduct your own investigation. Describe the safety plan that has been put in place.

For Other incidents (not Child Protective Services) describe the incident. Include the place where the incident occurred, cause of the incident (if known), and the individuals involved. State any investigation that has been done to determine the cause of the incident and any corrective measures put in place or planned to be put in place as a result of the incident.

_____

NOTIFICATION

List other authorities that have been notified as a result of the incident:

County DSS: _____ Name of DSS worker contacted: _____ Date: _____

NC Division of Social Services Program Consultant: _____ Date: _____

Law Enforcement: _____ Date: _____

Other authorities: _____ Date: _____