

OCOK SERIOUS INCIDENT REPORT

REPORTABLE (check specific box below)

or

NON-REPORTABLE

Critical Injury/Illness

Allegations of Abuse/Neglect

Child Absent from Operation

Suicide Attempt

Unsafe Operation

EBI of Any Kind

Physical Abuse Child to Child

Sexual Abuse Child to Child

Child Involved with the Law

FACILITY INFORMATION

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| Foster/Adoptive Home or Facility Name: |
| Physical Address: |
| Phone Number(s): |

DATE/TIME OF INCIDENT AND WHEN REPORTED

| | |
|--|---|
| Date/Time of Incident: | Date/Time Reported to OCOK: |
| Date/Time Reported to Hotline (if applicable): | Date/Time Reported to RCCL Rep (if applicable): |

CHILD(REN) INVOLVED IN INCIDENT (only list children who were involved in the incident; use additional piece of paper if needed)

| Name | Chrono Age | Dev Age | Sex (M or F) | Date of Admission | 3b Child? (Y or N) | Additional Comments |
|------|------------|---------|-----------------|-------------------|-----------------------|---------------------|
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ADULTS INVOLVED IN INCIDENT (only list adults who were involved in the incident; use additional piece of paper if needed)

| Name | Relationship to Child(ren) |
|------|----------------------------|
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WITNESSES (may be children or adults; use additional piece of paper if needed)

| Name (or other means of identifying information) | Relationship to Child(ren) |
|---|----------------------------|
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DESCRIPTION OF INCIDENT (thoroughly describe the nature and circumstance of the incident and include all relevant details; use additional piece of paper if needed)

INTERVENTIONS (describe interventions made during and after the incident, such as medical intervention, contacts made, or other follow-up actions; include names, dates, and times of contacts made to CVS, law enforcement, or other individuals; if any child required medical treatment, document date of the exam, name of health-care professional, their findings, and any provided treatment; use additional piece of paper if needed)

RESOLUTION TO INCIDENT (use additional piece of paper if needed)

OCOK INTERVENTIONS AND FOLLOW-UP (use additional piece of paper if needed)

Report Completed by: _____ **Date:** _____

Reviewed by Supervisor: _____ **Date:** _____

OCOK Reviewed by: _____ **Date:** _____

OCOK Reviewed by: _____ **Date:** _____