|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Missouri Department Of Social Services  Children's Division Residential Program Unit Critical Incident Report | | | | | | | | | | | P. O. Box 88  Jefferson City, MO 65103 | | | | |
| Name of Agency / Operating Site | | | | | |  | | | | | | | | | | | |
| Name Of Child Involved: | | | | | |  | | | | | | | | | | | |
| Name Of Staff Involved: | | | | | |  | | | | | | | | | | | |
| Other Staff Present: | | | | | |  | | | | | | | | | | | |
| # of Other Child(ren) Present: | | | | | |  | | | | | | | | | | | |
| Date of Incident: | | | | | Time Began: | | | | | | Time Ended: | | | | | | Place: |
| Type Of Critical Incident: | | | | | | | | | | | | | | | | | |
| Injury of a child during physical restraint | | | | | | | | | Attempted suicide | | | | | | | | |
| Serious physical or sexual aggression by or toward the child | | | | | | | | | Fire setting | | | | | | | | |
| Significant physical injuries requiring medical attention | | | | | | | | | Child death | | | | | | | | |
| Allegations of sexual abuse | | | | | | | | | Information which must be reported to the Child Abuse/Neglect hotline pursuant to section 210.115, RSMo | | | | | | | | |
| Criminal conduct involving the child | | | | | | | | | Other (Explain) | | | | | | | | |
| Elopement (please indicate below date, time, and by who Law Enforcement and the National Center for Missing and Exploited Children were contacted) | | | | | | | | |
| Type of Unusual Incident: | | | | | | | | | | | | | | | | | |
| Loss of electricity, gas, water, telephone, or any other conditions affecting the health and safety of children for a period longer than 12 hours or requires the removal of residents | | | | | | | | | | | | | | | Emergency that requires summoning first responders | | |
| Describe any actions staff took to prevent the incident. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Describe in detail the events of the incident: (Give Details Of Who, What, When, Where, Why And How. Just state facts. DO NOT INCLUDE OPINION. Use another sheet if necessary). | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Describe any discipline or procedure following the incident as well as corrective action taken by the agency. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Reported To | | | | Date | | | | Time | | | | By Whom | | | | | |
| Licensing | | | | | | |  | | |  | | | | |  | | |
| CD Case Manager | | | | | | |  | | |  | | | | |  | | |
| Law Enforcement | | | | | | |  | | |  | | | | |  | | |
| Parent/Guardian | | | | | | |  | | |  | | | | |  | | |
| National Center for Missing and Exploited Children | | | | | | |  | | |  | | | | |  | | |
| Other | | | | | | |  | | |  | | | | |  | | |
| Signature | | |  | | | | | | | | | | | Date | |  | |
| Reviewer | | |  | | | | | | | | | | | Date | |  | |