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|  | Missouri Department Of Social ServicesChildren's Division Residential Program Unit Critical Incident Report | P. O. Box 88Jefferson 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 |        |