**INCIDENT REPORT**

Michigan Department of Health & Human Services

Send Completed Form to: [MDHHS-DCWL@michigan.gov](mailto:MDHHS-DCWL@michigan.gov)

# FACILITY

|  |
| --- |
| **Registration/License Number:** |
| **Facility/Home/Provider Name:** |
| **Address:** |

**INCIDENT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Incident Number:**  (Year, month, day, youth initials) | **Incident Date:**  **Incident Time:** | | **Submitted Date:**  **Submitted Time:** |
| **Contact Person Info:** | | | |
| **Location:** | | **Sub Location:** | |

**INCIDENT TYPE(S):**

|  |  |
| --- | --- |
| **Seclusion/Isolation and Other- Indicate type** | **Sub Type** |
|  |  |
| **Restraint – Provide details** | **Restraint Sub Type – check all that apply** |
|  | prevent serious injury to child  prevent self-Injury  prevent injury to other  prevent escape where youth may be at risk of injury to self or others  restraint involving pregnant or post-partum  other:  \_\_\_\_\_\_\_  physical  mechanical  chemical  \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**DESCRIBE INCIDENT:**

**INCIDENT NOTE(S):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Note Number** | **Note Date** | **Note Time** | **Contact Name** | **Contact Type** | **Contact Method** |
|  |  |  |  |  |  |
| **Incident Note:** | | | | | |
|  | | | | | |

**YOUTH DETAILS:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | | **Gender:** | | | **Birthdate:**  **Age:** | |
| **MiSACWIS Person ID:** | | | | | | | |
| **Native American Heritage: Race:** | | | | | | | |
| **Address:** | | | | | | | |
| **Incident Role:** | | | | | | | |
| **Was Child Restrained:** | | **Why was the Child Restrained:** | | | | | **Restrained Hands:**  **Feet :** |
| **Date Began:**  **Time Began:** | | | | **Date Ended:**  **Time Ended:** | | | |
| **Was Child placed in Seclusion:** | | | | | | | |
| **Date In: Time In:** | | | | **Date Out: Time Out:** | | | |
| **Was Child placed in Suicide Watch:** No | | | | | | | |
| **Date Began: Time Began:** | | | | **Date Ended: Time Ended:** | | | |
| **Family Notified:** | | | | | | | |
| **Date:** | | | | **Time:** | | | |
| **Was Child Injured:** | **Was Child ill or Became ill:** | | | | **Medical Attention Required:** | | |

**Medical Appointment:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Category** | **Service Type** | **Date** | **Provider Name** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**STAFF INVOLVED – insert additional names as necessary**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Incident Role** | **Gender** | **DOB** | **Medical Contacted** | **Date Seen By Medical** | **Time Seen By Medical** |
|  |  |  |  |  |  |  |

|  |
| --- |
| **Please enter details pertaining to staff and supervisor debriefing**: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff and Supervisor Debriefing** | **Date/Time Occurred** | **Persons Present** | **Details** |
|  |  |  |  |

|  |
| --- |
| **Please enter details pertaining to debriefing with youth:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Youth Debriefing** | **Date/Time Occurred** | **Persons Present** | **Details** |
|  |  |  |  |

|  |
| --- |
| **Please enter details pertaining to leadership review of this restraint and team discussion:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Leadership Review** | **Date/Time Occurred** | **Persons Present** | **Details** |
|  |  |  |  |

|  |
| --- |
| **Please enter details pertaining to all techniques utilized to avoid the restraint:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Alternate Techniques Utilized** | **Date/Time Occurred** | **Persons Involved in Alternate Methods to Prevent** | **Details** |
|  |  |  |  |

**Person Completing This Report**

**Name:**

# Title:

# Signature: Date:

# Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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