



Incident Tracking System 2.3

Add New SIR

SIR | Security | Report | Log Out | Help

Logged on as

102956

SIR - Special Incident Report (* = Required)

Incident Details ?

Vendor: SOUTHERN CALIFORNIA FOSTER FAMILY AGENCY (102956) - FFA

License #: 191500291 - SOUTHERN CALIFORNIA FOSTER FAMILY AGENCY ? * || ||

(Select) ?

Certified Parent Name:

Last Name: First Name:

Facility Address:

Incident Date: (mm/dd/yyyy) Incident Date Unknown

Incident Time: Incident Time Unknown

Location of Incident: (Select) ? *

Incident Types ?

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Behavioral/Mental Health Incident | <input type="checkbox"/> Self Injurious Behavior | <input type="checkbox"/> Hospitalization(Medical) | <input type="checkbox"/> Sexual |
| <input type="checkbox"/> Assaultive Behavior(Caregiver) | <input type="checkbox"/> Staff Related | <input type="checkbox"/> Hospitalization(Psychiatric) | <input type="checkbox"/> Verbal/Emotional |
| <input type="checkbox"/> Assaultive Behavior(Peer) | <input type="checkbox"/> Substance Abuse | Death | Agency Emergency/Disaster |
| <input type="checkbox"/> Assaultive behavior (Other) | <input type="checkbox"/> Suicidal Ideation | <input type="checkbox"/> Death | <input type="checkbox"/> Earthquake Damage |
| <input type="checkbox"/> Inappropriate Sexual Behavior | <input type="checkbox"/> Suicide Attempt | Unauthorized Absence | <input type="checkbox"/> Epidemic |
| <input type="checkbox"/> Medical Related | <input type="checkbox"/> Theft | <input type="checkbox"/> Abduction | <input type="checkbox"/> Explosion |
| <input type="checkbox"/> Physical Restraint | Injury, Illness or Accident | <input type="checkbox"/> Run Away | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Police Involvement | <input type="checkbox"/> Accident | Child Abuse | <input type="checkbox"/> Flood |
| <input type="checkbox"/> Property Damage | <input type="checkbox"/> Illness | <input type="checkbox"/> Neglect | Other |
| <input type="checkbox"/> Seclusion | <input type="checkbox"/> Injury | <input type="checkbox"/> Physical | <input type="checkbox"/> Other |

Foster Children Involved:

Others Involved

Add Person ?

Child - DOB Clear Selection

Click the "Add Person" button to insert selected child into the report.

- or - New Person Out of county child

Last Name: First Name:
Birth Date: State ID: -

How is this person involved: (Select) ?

Add Person

Comments ?

Describe the Incident

Describe the Injuries Sustained and Care Given/Medical Intervention

Conclusions/Action Taken

Reporting Parties

Name of staff making report: *

Title: *

Telephone: * Ext.

Please use digits only for phone number

Supervisor Remarks(If Applicable)

Name of Supervisor: *

Title: *

Telephone: * Ext.

Please use digits only for phone number

Cross Reports 

Add Cross Report

Report To	Date/Time Reported	Reported Via	Contact Name	CWS Referral No
<input type="text" value="(Select)"/>	<input type="text"/> * <small>(mm/dd/yyyy hh:mmAM/PM)</small>	<input type="text" value="(Select)"/>	<input type="text"/>	

Add Cross Report

If the youth is a DMH client, please print out the SIR and mail it with the additional DMH form. Please [click here](#) if you need a copy of the DMH form (close the DMH form after you print form).

Other Reports (If Applicable. Per DMH, DO NOT include reference of DMH form in this section.)

 **Save** **Submit** **Clear** 