ALPHA TREATMENT CENTERS
FOSTER FAMILY AGENCY

Unusual/Serious Incident/Injury Report

Foster Parent(s) Name		☐ 5053 La Mart Dr., Ste. 107, Riverside CA 92507 Lic #330600001 Tel# 951-369-5282
Address:		
Telephone:		☐ 1044 W. West Covina Parkway, West Covina, CA 91790 Lic #197805881
Today's Date:		
Date Reported to Agency		

Clients/Residents Involved:	**Sex**	**DOB**	**DOP**

Incident Location	

Date of Incident		**Time**		**Adults Present** (at time of Incident)	_____ Phone_____ _____ Phone_____ _____ Phone_____

Type of Incident (check as many as applicable):

- ☐ Unauthorized Absence
- ☐ Aggressive Act/Self
- ☐ Aggressive Act/Staff
- ☐ Aggressive Act/Family,
- ☐ Aggressive Act/Visitors
- ☐ Aggressive/Another

Alleged Client Abuse

- ☐ Sexual
- ☐ Physical
- ☐ Psychological
- ☐ Neglect
- ☐ Rape Incident
- ☐ Pregnancy
- ☐ Suicide Attempt

- ☐ Injury-Accident
- ☐ Injury-Unkwn
- ☐ Injury-From another client
- ☐ Injury-From behavior episode
- ☐ Epidemic Outbreak
- ☐ Hospitalization
- ☐ Medical Emergency
- ☐ Other

- ☐ Sexual Perpetrator
- ☐ Other Sexual Incident
- ☐ Theft
- ☐ Fire
- ☐ Property Damage
- ☐ Other

_____

Describe Event/Incident: (INCLUDE: Location, Perpetrator, Nature of Incident, Any Antecedents (Past History) Leading Up To Incident and How Clients Were Affected, Including Any Injuries)

Explain What Immediate Action Was Taken:

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Reenter FP Name: Date Wrtten:

Medical Treatment Necessary ☐ No ☐ Yes If yes, give nature of treatment:

Where Administered (Doctors office/Urgent Care/ER, etc.) _____ Treatment/Care Administered By: _____
Name of Attending Physician: _____
Follow-Up Treatment, if any: _____

Person filling out SIR		**Phone**	
ATC Social Worker		**Phone**	
County Social Worker		**Phone**	
Police (If notified)		**Phone**	
Community Care Lic Duty Worker, if Applicable		**Date & Time Called**	
Community Care Licensing Analyst	Angela King, LPA	**Date & Time Called** **Date & Time Emailed**	
If LA minor-iTrack	**LA CCL IRs must go to *iTrack.com* within 24 hrs**	**Submitted On**	
SBCPU (Placement Unit)	**ssgcpu@hss.sbcounty.gov**	**Date & Time Emailed**	
Riverside Placement Unit	**centralplacementunit@riversidedpss.org**	**Date & Time Emailed**	

// FOR OFFICE USE ONLY //

Supervisors Comments:

_____
_____

Report Submitted By: Name: _____ Title: _____ Date: _____

Report Reviewed/Approved By: Name: _____ Title: _____ Date: _____