

# WHIMSPIRE Critical Incident Report

Instructions: This form is to be used to report all critical incidents defined in Policy 300.26 (note that the policy includes accidents or serious illnesses that require medical attention). Take necessary emergency action to assure the safety and well being of children in your care, then telephone your Foster Home Coordinator (or WhimSpire staff on providing crisis coverage if after hours), and then fax this written report to WhimSpire. We are required to notify the Colorado Division of Child Care Licensing of critical incidents within 24 hours of the incident (or the first working day after a weekend). Thus, these reports must be submitted immediately after the incident.

Youth's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Caseworker: \_\_\_\_\_

Foster Family: \_\_\_\_\_

WhimSpire Staff answering call: \_\_\_\_\_

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Date of Incident: \_\_\_\_\_ Location: \_\_\_\_\_ Time: \_\_\_\_\_

Name of witness (s) to accident, injury, or incident:

_____	Phone: _____
_____	Phone: _____
_____	Phone: _____
_____	Phone: _____

Description of accident, injury, illness, or incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action taken or treatment given to youth in the home:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**INJURY, ACCIDENT, OR ILLNESS SECTION**

Home treatment given by: \_\_\_\_\_

Hospital, clinic, physician's office, etc. to which youth was taken:  
\_\_\_\_\_  
\_\_\_\_\_

Attending Physician: \_\_\_\_\_

Is youth still under treatment? \_\_\_\_\_ Where? \_\_\_\_\_

Name of person making report: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*(This section to be filled out by WhimSpire staff)*

WhimSpire Staff Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Name of referring agency on-call staff notified:  
\_\_\_\_\_ Time: \_\_\_\_\_

Was referring agency caseworker contacted? \_\_\_\_\_ Time: \_\_\_\_\_  
Was GAL contacted? \_\_\_\_\_ Time: \_\_\_\_\_

Time and date report received by Foster Home Coordinator: \_\_\_\_\_

Time and date report entered on Trails: \_\_\_\_\_  
Copy of report forwarded to:

Signature of Foster Home Coordinator: \_\_\_\_\_

Additional copies to: Youth File, FP file, Regional Director

