

DEPARTMENT OF HUMAN SERVICES CRITICAL INCIDENT REPORTING FORM INSTRUCTIONS

As defined at [7.701.26F](#) of the General Rules for Child Care Facilities, a **critical incident** is a serious life safety or potential life safety incident or concern that poses a danger to the life, health, and/or well-being of a child or children at the facility or of a staff member at the facility.

Within 24 hours of the occurrence of a critical incident, the facility or child placement agency must report in writing to the licensing or certifying authority any critical incident(s) involving a child in the care of the facility or a staff member on duty.

Instructions for completing the form:

1. Facility Information: Enter the name of the facility as it appears on the license, the license I.D. number, the type of license, the location address of the facility, including county where the facility resides, and the telephone number at the facility.

License types are as follows:

DT	Day Treatment	PRCCF	Psychiatric Residential Child Care Facility
FFHC	Family Foster Home	RCCF	Residential Child Care Facility
GRPCC	Group Center	SRTC	Secure Residential Treatment Center
GRPHC	Group Home	TRCCF	Therapeutic Residential Child Care Facility

2. Governing Body: Enter the name of the individual, partnership, corporation, or association in whom ultimate authority and legal responsibility are vested for the administration and operation of the child care facility. Include phone number, county where the governing body resides, and the license I.D. number if the governing body is a Child Placement Agency.
3. Incident Type: Check the appropriate box to indicate the type of critical incident (select the one type that has the highest severity level). The types of major injury to a child or a staff member while at the facility that must be reported are those serious injuries that require medical attention by a health care professional or admission to a hospital. The types of major illness of a child or staff member while at the facility that must be reported are those serious illnesses that must be reported to the Colorado Department of Public Health and Environment or its local unit. The communicable illnesses that must be reported include but are not limited to measles, mumps, diphtheria, rubella, tuberculosis, shigella, hepatitis, meningitis, salmonella, and giardia.
4. If Incident Type is Abuse: If the critical incident type is abuse related (physical or sexual), provide the name of the local county department of social or human services or the law enforcement agency the alleged abuse was reported to. Indicate the date the referral was made to the local county department of social or human services or law enforcement agency.
5. Date and Time of Occurrence and Discovery: Be sure to indicate the date and time of *occurrence*, if known, for all Critical Incident Reports. If date and time are unknown, indicate the estimated date and time that the incident occurred. The date and time of *discovery* for all incidents are mandatory. This indicates when staff discovered the incident.

6. Number of Youth and Staff Present at Incident: Enter the number of youth and staff actually present at the incident. The staff members included in the staff-to-child ratio are only those staff directly in the vicinity of the group of children actively supervising them.
7. Contributing Factors: Choose any or all factors that may have contributed to the occurrence of the incident. If **other** is chosen provide a brief explanation.
8. Report Prepared By: Provide the name and title of the person who authorized the initial critical incident. Provide the date the report was prepared.
9. Incident Location: Indicate where the incident occurred. Indicate if the incident was on the grounds at the licensed location of the facility or away from the licensed facility such as at a school or recreation center. If the incident occurred on the grounds of the facility indicate the name of the unit, dorm, cabin, wing, and/or any other designation of the residence where the child lived and the specific area within the facility where the incident occurred. If the incident occurred off the grounds of the facility indicate the location of the incident and whether a staff person from the facility was with the child at the time of the incident.
10. Parties: If more than one person is involved in the incident use the additional party spaces on the last page of the report and attach additional pages of parties involved if necessary. Provide the name of the person(s) involved in the critical incident. Indicate the status of the person such as staff, client, visitor, etc. for each person involved in the incident. The birth date for any staff member involved in an incident is mandatory; for other parties, such as visitors, provide if available. Enter the date of birth; this is a mandatory field for the child who is a client or resident of the facility. Indicate if the party is a male or female. Provide child I.D. or client I.D. number. Mark "Yes" next to CHRP if the client receives CHRP funds; mark "No" if they do not. Indicate if the child is placed through a contractual arrangement with a county department of social or human services (DSS), the Division of Youth Corrections (DYC), the parent of the child (Private), or outside of Colorado (out-of-state). Do not include those persons who only witnessed the incident but were not involved in the incident, instead, indicate those persons who witnessed the incident in the witness section later in the report.
11. Incident Description: Provide a detailed written explanation of the critical incident. This document will be transferred to an automated database. In the description include specific details regarding any or all contributing factors indicated previously in the report. Include a description of how all parties previously indicated in the report were involved such as if a witness observed only part of the incident.
12. Notifications: Indicate all persons notified about the critical incident. The facility is required to notify those persons who are responsible for the placement of the child and all entities who through a regulatory or contractual basis require notification of the incident. These entities may be different for each child in placement. Fill in the name of the person notified and the date, time, and name of person who did the notifying. The date and time that notifications were made are mandatory fields.
13. Witnesses: Provide names of any witnesses to the critical incident. Indicate status of witness. A witness is a person who saw the critical incident but was not an involved party

and indicated in the parties' section of this report.

14. Action Item: Indicate what action occurred or will be occurring as a result of the critical incident. Indicate who is going to do what and when. An action item might be a pending child protection investigation by a local county department of social or human services, a police investigation, or a physical building safety issue. It should be very apparent to the reader how this action item is going to resolve this incident or prevent future similar incidents. Indicate whether the estimated timeframe for the resolution of the action taken as a result of the incident is a long-term or short-term action. If more than one action is taken as a result of the incident and the timeframes for implementation are both short-term and long-term, check both boxes and provide the timeframes for each action item in the detailed description of the action items section. If **other** is chosen give a brief explanation.
15. Additional Parties Page: Use this page for additional parties involved in the critical incident.