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| **UNUSUAL INCIDENT/INJURY REPORT** | **INSTRUCTIONS:**NOTIFY THE FOLLOWING PEOPLE BY THE NEXT BUSINESS DAY OF THE INCIDENT:THE RFA SOCIAL WORKER AND THE CHILD’S SOCIAL WORKER. LICENSING SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE.  |
| NAME OF RFA FAMILY      | RFA NUMBER      | TELEPHONE NUMBER(   )       |
| ADDRESS      | CITY, STATE, ZIP      |
| **CHILD INVOLVED** | **DATE OF INCIDENT** | **AGE** | **SEX** | **REQUIRED MEDICAL ATTENTION** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**TYPE OF INCIDENT**

**AGENCIES/INDIVIDUALS NOTIFIED** *(SPECIFY NAME AND TELEPHONE NUMBER)*

Unauthorized Absence Alleged Client Abuse [ ]  Rape [ ]  Injury-Accident [ ]  Medical Emergency

[ ]  Aggressive Act/Self [ ]  Sexual [ ]  Pregnancy [ ]  Injury-Unknown Origin [ ]  Other Sexual Incident

[ ]  Aggressive Act/Another Child [ ]  Physical [ ]  Suicide Attempt [ ]  Injury-From another Client [ ]  Theft

[ ]  Aggressive Act/Staff [ ]  Psychological [ ]  Other [ ]  Injury-From behavior episode [ ]  Fire

[ ]  Aggressive Act/Family, Visitors [ ]  Financial [ ]  Epidemic Outbreak [ ]  Property Damage

[ ]  Alleged Violation of Rights [ ]  Neglect [ ]  Hospitalization [ ]  Other *(explain)*

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETRATOR, NATURE OF INCIDENT, ANY ANTECEDENTS LEADING UP TO INCIDENT AND HOW CLIENTS WERE AFFECTED, INCLUDING ANY INJURIES:

PERSON(S) WHO OBSERVED THE INCIDENT/INJURY:

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN (INCLUDE PERSONS CONTACTED):

MEDICAL TREATMENT NECESSARY? [ ]  YES [ ]  NO IF YES, GIVE NATURE OF TREATMENT:

|  |  |
| --- | --- |
| WHERE ADMINISTERED:       | ADMINISTERED BY:       |

FOLLOW-UP TREATMENT, IF ANY:

ACTION TAKEN OR PLANNED (BY WHOM AND ANTICIPATED RESULTS:

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RFA SUPERVISOR COMMENTS:

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| --- | --- | --- |
| REPORT SUBMITTED BY: |       | DATE      |
| REPORT REVIEWED/APPROVED BY: |  NAME AND TITLE      | DATE      |