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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** | |
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**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:

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