

Resource Family/Unusual Incident or Injury Report

INSTRUCTIONS: A resource parent is to notify the RFA Agency, Placement Agency within 24 hours or by the next business day following the event. If the report was completed by telephone and did not include the required information, the resource parent will complete and submit this written report within 7 days of occurrence. Retain a copy of the report in the child's file and your RFA file. Written Directives Section 11-06 Reporting Requirements.

| NAME OF RESOURCE FAMILY | | APPROVAL NUMBER | | TELEPHONE NUMBER |
|----------------------------|---------------|------------------|-----|-------------------|
| ADDRESS | | CITY, STATE, ZIP | | |
| PERSONS/RESIDENTS INVOLVED | DATE OCCURRED | AGE | SEX | DATE OF ADMISSION |
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TYPE OF INCIDENT

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> Unauthorized Absence <input type="checkbox"/> Aggressive Act/Self <input type="checkbox"/> Aggressive Act/Another Client <input type="checkbox"/> Aggressive Act/Staff <input checked="" type="checkbox"/> Aggressive Act/Family, Visitors <input type="checkbox"/> Alleged Violation of Rights | <input type="checkbox"/> Alleged Client Abuse <input type="checkbox"/> Sexual <input type="checkbox"/> Physical <input type="checkbox"/> Psychological <input type="checkbox"/> Financial <input type="checkbox"/> Neglect | <input type="checkbox"/> Rape <input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Missing Child Report | <input type="checkbox"/> Injury-Accident <input type="checkbox"/> Injury-Unknown Origin <input type="checkbox"/> Injury-From another Client <input type="checkbox"/> Injury-From Behavior Episode <input type="checkbox"/> Epidemic Outbreak <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Other Sexual Incident <input type="checkbox"/> Theft <input type="checkbox"/> Fire <input type="checkbox"/> Property Damage <input type="checkbox"/> Other (explain) |
|---|---|--|--|---|

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETRATOR, NATURE OF INCIDENT, ANY ANTECEDENTS LEADING UP TO INCIDENT AND HOW PERSONS 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:

ACTION TAKEN OR PLANNED (BY WHOM AND ANTICIPATED RESULTS):

COMMENTS:

FOLLOW-UP TREATMENT, IF ANY:

NAME OF ATTENDING PHYSICIAN

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

AGENCIES/INDIVIDUALS NOTIFIED (SPECIFY NAME AND TELEPHONE NUMBER)

- RFA AGENCY _____ ADULT/CHILD PROTECTIVE SERVICES _____
- OMBUDSMAN _____ PARENT/GUARDIAN/CONSERVATOR _____
- LAW ENFORCEMENT _____ PLACEMENT AGENCY _____

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| AGENCY FILE: RESOURCE FAMILY CHILD'S FILE |
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