



REPORT OF SUSPECTED ABUSE/NEGLECT, DEATH, SERIOUS INJURY OF STAFF OR RESIDENT IN A SECURE RESIDENTIAL TREATMENT FACILITY TO DCF

*CHILD'S NAME _____ *CHILD'S DATE OF BIRTH _____
 *DATE OF INJURY/INCIDENT _____ TIME _____ AM PM
 *DESCRIPTION OF INJURY/INCIDENT _____
 *ACTION TAKEN AT FACILITY AFTER INJURY/INCIDENT (FIRST AID, SAFETY PLAN) _____

DOCTOR CONSULTED _____ ADDRESS _____

DOCTOR'S DIAGNOSIS _____

STAFF IN CHARGE WHEN INJURY/INCIDENT OCCURRED _____ SHIFT _____

WITNESSES TO INJURY/INCIDENT:

NAME	Resident or Staff	Usual shift (if staff)
_____	R S	_____
_____	R S	_____
_____	R S	_____

DESCRIPTION OF ACTIVITY, LOCATION IN FACILITY AND CIRCUMSTANCES IMMEDIATELY BEFORE AND AT TIME OF INJURY/INCIDENT (indicate any victim names and DOB):

WHAT CORRECTIVE MEASURES COULD BE TAKEN TO ELIMINATE SUCH INJURIES OR INCIDENTS IN THE FUTURE?

REPORT PREPARED BY _____ DATE _____
Name/Signature Title

*NAME OF FACILITY _____ LIC. NO. _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ FAX NUMBER _____

REPORT TO	✓	DATE	TIME	REPORT TO	✓	DATE	TIME
DCF				Parent			
Police				Placing Agency			

IN ACCORDANCE WITH K.A.R. 28-4-341, IF TELEPHONING REPORT TO DCF, BE PREPARED TO GIVE DATA MARKED WITH AN ASTERISK AND FOLLOW UP WITHIN 5 DAYS WITH THE COMPLETED FORM.

Directions for submission related to K.A.R. 28-4-341(8): Fax completed form within 24 hours (excluding weekends and holidays) to DCF. Notify DCF of any suspected abuse or neglect of a child.