



**Sentinel Event Reporting Form (cont.)**

**Part II: Individual** [about whom the Sentinel Event Report is made]

<b>11. Demographics</b> <input type="checkbox"/> male <input type="checkbox"/> female	Date of birth: _____ (mm/dd/yyyy)
<b>12. Address</b> Street address:  City/town:	
<b>13. Legal Factors</b> [identify the individual's legal factor(s); check all that apply] <input type="checkbox"/> <b>Child Protection</b> [check all that apply] <input type="checkbox"/> abused <input type="checkbox"/> neglected <input type="checkbox"/> guardianship <input type="checkbox"/> co-guardianship <input type="checkbox"/> out of home care / physical custody <input type="checkbox"/> foster family care <input type="checkbox"/> relative/kinship care <input type="checkbox"/> residential/congregate living <input type="checkbox"/> independent service option (ISO) <input type="checkbox"/> <b>Juvenile Justice Services</b> [check all that apply] <input type="checkbox"/> child in need of services (CHINS) <input type="checkbox"/> delinquent <input type="checkbox"/> committed to Sununu Youth Services Center <input type="checkbox"/> furlough <input type="checkbox"/> medical furlough <input type="checkbox"/> administrative furlough <input type="checkbox"/> administrative release <input type="checkbox"/> detained pending revocation <input type="checkbox"/> parole <input type="checkbox"/> detained <input type="checkbox"/> <b>Division of Community Based Care Services (DCBCS)</b> <input type="checkbox"/> authorized representative: individual has identified someone to act on his/her behalf for a specific purpose <input type="checkbox"/> conditional discharge <input type="checkbox"/> durable power of attorney (DPOA) <input type="checkbox"/> of health care <input type="checkbox"/> guardian of estate and/or <input type="checkbox"/> guardian of person <b>Psychiatric hospitalization (NHH or designated receiving facility (DRF))</b> [check all that apply] <input type="checkbox"/> involuntary emergency admission (IEA) (up to 10 days) <input type="checkbox"/> involuntary commitment by probate (admission beyond 10 days) <input type="checkbox"/> revocation of conditional discharge	
<b>14. Psychiatric diagnosis(es)</b>	
<b>15. Medical diagnosis(es)</b>	
<b>16. Individual's Services</b> [list all services individual is or was receiving, if case recently closed]	

**Sentinel Event Reporting Form (cont.)**

**Part III: Sentinel Event**

17. Describe the event [what happened, when and where it happened, how it happened]

18. Was the individual in a 24-hour residential facility or institution within the preceding 30 days?  no  yes

If yes, name of facility:

If yes, check the type of facility:

DCYF Child Protection and Juvenile Justice Services

levels of care

- group home       inpatient (NHH)
- intensive       youth services center (Sununu Ctr.)
- shelter       other
- substance abuse

DCBCS

- adult family care
- acute psychiatric treatment program (APRTP)
- community residence-certified (group home, shelter)
- hospital-psychiatric or DRF (designated receiving facility)
- hospital-medical
- mid-level care facility
- nursing facility
- prison / jail
- residential care / assisted living
- residential treatment facility
- respite: type of facility: \_\_\_\_\_
- substance abuse treatment facility
- other (describe): \_\_\_\_\_

19. Witness(es) to the Sentinel Event

Last name:	First name:	Phone:
Last name:	First name:	Phone:
Last name:	First name:	Phone:
Last name:	First name:	Phone:

**Part IV: Notification**

20. Initial Division Director or Bureau Administrator notification

*[voice-mail and e-mail should not include confidential information]*

Name of director/administrator notified:

Date:

21. Sentinel Event Reporting Form sent to DHHS

[see #5 for applicable division/bureau; a completed form is sent via E-Studio and must not be e-mailed]

Date:

Time:

am  pm

**Part V: Follow-Up Information**

**22. Provide additional information available after the initial *Sentinel Event Reporting Form* submitted to DHHS**

Provided by:

Date:

**Part VI: Sentinel Event Review** *[for office use]*

**23. Sentinel Event Review**

Date of scheduled Sentinel Event Review, if applicable: