

# Intensive Residential Treatment Programs DHS Critical Incident Reporting Form

Non Public File

**Within 10 days of the incident, submit one copy of this form with any attachments to your licenser.**  
**Division of Licensing Fax Number: 651 297-1490 (please include licenser's name on cover page)**  
**Please maintain records of all critical incidents on file at the facility in a way that is easily retrievable for review.**

**Facility's License Number:** \_\_\_\_\_

Facility Name ( <i>Please print</i> )	Telephone Number (____) _____ - _____	Date of Report ____/____/____			
Facility Address ( <i>Please print</i> )	Date of Incident _____ Time _____ ____/____/____				
Treatment Director (Last, First,) ( <i>Please print</i> )	Recipient(s) Involved (Last, First, Middle Name) ( <i>Please print</i> )				
Person Reporting (Last, First) ( <i>Please print</i> )	Staff Involved (Last, First,) ( <i>Please print</i> )				
<b>Incident Type – circle as applicable:</b> <b>(including but not limited to)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;">                     a. Suicide                      b. Attempted Suicide                      c. Homicide                      d. Death of a recipient                 </td> <td style="width: 33%; vertical-align: top;">                     e. Recipient injury – life threatening or requires medical attention                      f. Fire requiring fire department response                      g. Alleged maltreatment of recipient                 </td> <td style="width: 33%; vertical-align: top;">                     h. Assault of a recipient                      i. Assault by a recipient                      j. Other act or situation (describe below) that requires response by:                      1. law enforcement                      2. fire department                      3. an ambulance, or                      4. other emergency responder                 </td> </tr> </table>			a. Suicide b. Attempted Suicide c. Homicide d. Death of a recipient	e. Recipient injury – life threatening or requires medical attention f. Fire requiring fire department response g. Alleged maltreatment of recipient	h. Assault of a recipient i. Assault by a recipient j. Other act or situation (describe below) that requires response by: 1. law enforcement 2. fire department 3. an ambulance, or 4. other emergency responder
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Other act or situation:		Attachments: __ Yes __ No # of pages: ____			
Summary of Incident (or attach related reports)					

**PLEASE NOTE:**

**Notifying your licensing agency on this critical incident report does not take the place of your mandatory reporting responsibility.**

### QA Review of Critical Incident

Data Reviewed	Review Date	Reviewed by	Comment
Policies and procedures were followed.			
Staff response to the incident was evaluated.			
What could have prevented the incident from occurring?			
Need for policies/procedures/training plans/ ITP to be modified?			

**245X.03, Subdivision 10. Critical incident.** "Critical incident" means an occurrence that involves a recipient and requires the program to respond in a manner that is not a part of the program's ordinary daily routine, including but not limited to: suicide, attempted suicide, homicide, death of a recipient, injury that is either life-threatening or requires medical treatment, fire which requires fire department response, alleged maltreatment of a recipient, assault of a recipient, assault by a recipient, or other act or situation that requires a response by law enforcement, the fire department, an ambulance, or another emergency response provider.