

Children's Residential Facilities 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 licensor:
Division of Licensing Fax Number: 651-431-7673
(please include licensor's name on cover page)**

Facility License Number	Facility Name
Person Reporting	Date of Report
Telephone Number	Date of Incident
Time <input type="checkbox"/> AM <input type="checkbox"/> PM	
Staff Involved	
All Resident(s) Involved - Full Name(s)	
Incident Type (check as applicable – incident definitions) <input type="checkbox"/> Suicide <input type="checkbox"/> Serious Resident Illness <input type="checkbox"/> Sexual Misconduct <input type="checkbox"/> Attempted Suicide <input type="checkbox"/> Assault <input type="checkbox"/> 1. Resident on Resident by Coercion <input type="checkbox"/> Other Death (Identify) <input type="checkbox"/> 1. Resident on Resident <input type="checkbox"/> 2. Resident on Resident – Mutual Consent <input type="checkbox"/> Natural Disaster <input type="checkbox"/> 2. Resident on Staff <input type="checkbox"/> 3. Resident on Staff <input type="checkbox"/> Fire <input type="checkbox"/> 3. Staff on Resident <input type="checkbox"/> 4. Staff on Resident <input type="checkbox"/> Serious Resident Injury <input type="checkbox"/> Runaway from locked facility or that requires emergency responders <input type="checkbox"/> Alleged Maltreatment <input type="checkbox"/> Other (Identify Below)	
Other	Attachments <input type="checkbox"/> Yes <input type="checkbox"/> No # of pages:
Summary of incident or attach related reports (if needed, please attach additional pages)	

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

FOR OFFICE USE ONLY	
Date Reviewed:	Reviewed By:
Contacted Program:	Contacted Other: