REPORTABLE INCIDENT
CHILD RESIDENTIAL AND DAY TREATMENT FACILITIES
55 Pa. Code Chapter 3800

☐ Initial Report ☐ Final Report ☐ Both Initial/Final Report

A. FACILITY INFORMATION

Name of Legal Entity: _____

Address of Legal Entity: _____

_____

Name of Facility (if not same as legal entity): _____

Address of Facility (if not same as legal entity): _____

Certificate of Compliance #_____ County _____

Type of Facility (check all applicable for this facility): ☐ Residential ☐ Secure ☐ Detention
☐ Transitional Living ☐ Outdoor ☐ Mobile ☐ Day Treatment

B. DATE/TIME OF INCIDENT:

DATE: ___ ___ / ___ ___ / ____ ____ ____ ____ TIME: ____ ____ : ____ ____ AM / PM

C. TYPE OF INCIDENT: Check all applicable.

☐ Death of a child ☐ Suicidal-physical act ☐ Injury, trauma or illness of child (inpatient treatment) ☐ Serious injury or trauma of child (outpatient treatment) ☐ Violation of child's rights	☐ Intimate sexual contact between children ☐ Child absence from premises 4+ hours w/o staff approval ☐ Child absence from premises 30+ minutes w/o staff approval (immediate jeopardy)	☐ Abuse or misuse of child's funds ☐ Outbreak of serious communicable disease ☐ Incident requiring fire or police departments ☐ Condition which results in closure of the facility

D. DESCRIPTION OF INCIDENT: Provide at least the following information: Where did the incident happen? What were the circumstances leading up to the incident? Who were the other people involved in the incident and how can they be contacted? (Use additional sheets if necessary).

E. CHILD INFORMATION: Complete for any incident relating to a specific child(ren).

Name(s) of Child(ren)

Last	First MI	Sex	Date of Birth	Social Security Number	Name of Contracting Agency

F. ACTION TAKEN: What action, if any, was initiated in response to the incident? What, if any, further action is planned? (Use additional sheets if necessary.)

G. NOTIFICATION

Parent/Guardian/Custodian	☐ YES ☐ NO	Date ___ ___ / ___ ___ / ____ ____ ____ ____	Time ____ ____ : ____ ____	☐ AM ☐ PM
Parent/Guardian/Custodian	☐ YES ☐ NO	Date ___ ___ / ___ ___ / ____ ____ ____ ____	Time ____ ____ : ____ ____	☐ AM ☐ PM
Parent/Guardian/Custodian	☐ YES ☐ NO	Date ___ ___ / ___ ___ / ____ ____ ____ ____	Time ____ ____ : ____ ____	☐ AM ☐ PM
Contracting Agency	☐ YES ☐ NO	Date ___ ___ / ___ ___ / ____ ____ ____ ____	Time ____ ____ : ____ ____	☐ AM ☐ PM
Regional Office of DPW	☐ YES ☐ NO	Date ___ ___ / ___ ___ / ____ ____ ____ ____	Time ____ ____ : ____ ____	☐ AM ☐ PM

H. CONTACT INFORMATION

Name of person completing report:

Last First MI Title

Signature of Reporter Date Signature of Supervisor Date

Contact Person Name: _____ Contact Person Telephone # _____

Summary of Regulatory Reporting Requirements

☐ IMMEDIATELY	Contact parent/guardian/custodian.
☐ 12 hours	Call Regional Office of DPW and Contracting Agency (if fire requiring relocation, unexpected death of child, child who is missing if police notified.
☐ 24 Hours	Send completed form to Regional Office of DPW and Contracting Agency (all reportable incidents).