

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	AM PM
Staff Involved			
All Resident(s) Involved - Full Name(s)			
Incident Type (check as applicable – incident definitions)			
Suicide	Serious Resident Illness	Sexual Misconduct	
Attempted Suicide	Assault	1. Resident on Resident by Coercion	
Other Death (Identify)	1. Resident on Resident	2. Resident on Resident – Mutual Consent	
Natural Disaster	2. Resident on Staff	3. Resident on Staff	
Fire	3. Staff on Resident	4. Staff on Resident	
Serious Resident Injury	Runaway from locked facility or that requires emergency responders	Alleged Maltreatment	
		Other (Identify Below)	
Other	Attachments Yes 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: