

PRELIMINARY REPORT OF EVENT

Program: Substance abuse Name of Facility: Growing Together, Inc.

Community HRS Facility xx Private Facility

Event (Check One): Date/Time of Event: 2/14/95 2:00 P. M.

- Required Reporting
- Client Abuse/Neglect (FPSS # _____)
 - Client Death
 - Residential Factors
 - Elopement
 - Escape
 - Altercations
 - Suicide Attempt

- District Information Reporting
- Abduction
 - Accident/Injury
 - Disaster (Fire, Riot, Etc)
 - Facility/Property Damage/Theft
 - Hospitalization
 - Law Violation
 - Misconduct
 - Other _____

Participants/Witnesses

Name	Age	Race	Sex	Client (C) Employee (E)	Participant (P) Witness (W)
[REDACTED]	16	C.	F	C	P
[REDACTED]	16	C.	F	C	W
[REDACTED]	16	C.	F	C	W

Circumstances:

Brief Description - (Attach Additional Page If Necessary.)
 Where, what, who, Extent, Contributing Factors, Status, Criminal Charge, Immediate Action Taken, Media Attention, Etc.

Client eloped from a doctors appointment. She hit another client in the face. The police were notified and charges were pressed. Client was returned to Growing Together by the host home parent.

Individuals Notified

Date/Time	Individuals Notified	Date/Time
<u>2/17/95</u>	District Administrator	<u>2/14 3:00 PM</u>
	Client Relations	Parent/Guardian
	Abuse Registry	HRAC/LTCOC
	District Program Office	State Attorney
	Law Enforcement	OLC
		Other

Reporting Employee Barbara Griffith Title Ex. Director
 Location Growing Together Tel. 585-0892 Date 2/17/95
 Supervisor _____ Title _____
 Review by Program Manager/Health Director Date _____

**Form to be submitted to District Program Administrator/Designee