

PRELIMINARY REPORT OF EVENT

Program: sub-abuse Name of Facility: Growing Together

Community HRS Facility Private Facility

Event (Check One): _____ Date/Time of Event: 3/12/95 11:25pm

- 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) |
|-------------------|-----------|----------|----------|----------------------------|--------------------------------|
| <u>[REDACTED]</u> | <u>15</u> | <u>C</u> | <u>F</u> | <u>C</u> | <u>P</u> |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

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 her home - Parents notified the police and the Growing Together Program.

Individuals Notified

| Date/Time | Individuals Notified | Date/Time | Individuals Notified |
|-------------------------|--------------------------------|-----------|------------------------|
| <u>3/13/95 12:42 PM</u> | <u>District Administrator</u> | _____ | <u>Parent/Guardian</u> |
| _____ | <u>Client Relations</u> | _____ | <u>HRAC/LTCOC</u> |
| _____ | <u>Abuse Registry</u> | _____ | <u>State Attorney</u> |
| _____ | <u>District Program Office</u> | _____ | <u>OLC</u> |
| _____ | <u>Law Enforcement</u> | _____ | <u>Other</u> |

Reporting Employee Mickey Blanchard Title Prog Director
 Location Growing Together Tel. 585-1892 Date 3/13/95
 Supervisor _____ Title _____
 Review by Program Manager/Health Director _____ Date _____

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