

PRELIMINARY REPORT OF EVENT

Program: Res. Home Name of Facility: Growing Together, Inc.

Community _____ HRS Facility _____ Private Facility _____

Event (Check One): _____ Date/Time of Event: _____

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)
_____	15	W	M	C	P
Brett D'austr	28	W	M	E	W
_____	_____	_____	_____	_____	_____

Circumstances:

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

see attached
Baker Act 10/28/96

Individuals Notified

<u>Date/Time</u>	<u>District Administrator</u>	<u>Date/Time</u>	<u>Parent/Guardian</u>
1:45 10/29/96	Client Relations	10:28 am	HRAC/LTCOC
_____	Abuse Registry	_____	State Attorney
_____	District Program Office	_____	OLC
8:20 am 10/29/96	Law Enforcement	_____	Other

Reporting Employee Steven Millette Title Clinical Dir.
 Location 1000 Lake Ave. Lake Worth Tel 580-8992 Date 10/29/96
 Supervisor Mickey Bowman Title Exec. Dir.
 Review by Program Manager/Health Director _____ Date _____

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