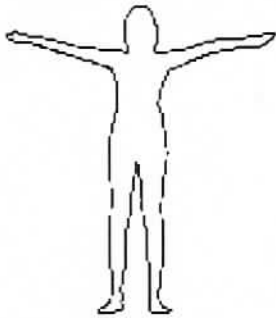
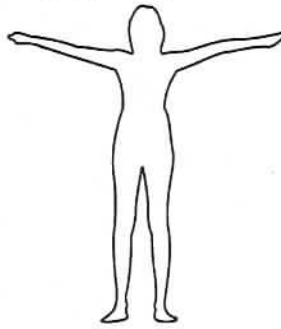


Describe any injuries: _____

Illustrate on the diagram below the position or place of injury, if any:



Front



Back

Do you suspect maltreatment has occurred? Yes No (Circle One)

Individual Completing Report

Date

For the Registered Nurse:

1. Review page 1 for thoroughness. Additional information: _____

2. Identify whether there is a pattern of similar incidents: _____

3. Describe corrective actions needed/taken: _____

4. **All incidents must be reported** to the legal representative, case manager and day placement within 24 hours of the occurrence, or within 24 hours of receipt of the information unless another license holder has reported the incident. In the case of maltreatment, this is not required if the legal rep or the case manager is involved in the suspected maltreatment. **Do not** disclose personal information about another consumer.

Name of Legal Representative Notified

Date and Time Notified

Name of Case Manager Notified

Date and Time Notified

Name of Day Placement Contact Notified

Date and Time Notified

If the incident was reported to CEP, you must disclose information about the nature of the activity, the agency that received the report, and the phone number of DHS Licensing Division (651-296-3971). _____
(Date)

Designated Coordinator Signature

Date