

11/2023

DEATH OF CHILD IN A PRIVATE CHILD CARING FACILITY COMPREHENSIVE REPORT

Pursuant to 922 KAR 1:300 this form is to be completed by the agency Executive Director when there is a death of a child placed with the agency. This form is to be completed the next business day after the verbal notification was made to the Department of Community Based Services Commissioner. The completed form is to be sent to the DCBS Commissioner.

AGENCY:

CHILD/YOUTH: Click or tap here to enter text.

DOB: Click or tap here to enter text.

DATE OF THE CHILD'S ADMISSION: Click or tap here to enter text.

DCBS SERVICE REGION and COUNTY: Click or tap here to enter text.

NAME OF DCBS WORKER AND FSOS: Click or tap here to enter text.

HAVE THE WORKER AND FSOS BEEN NOTIFIED: YES NO

WAS A REPORT MADE TO THE CHILD ABUSE HOTLINE: YES NO

DATE AND TIME OF DEATH/INCIDENT: Click or tap here to enter text.

NAME COTTAGE OR UNIT WHERE THE INCIDENT OCCURRED: Click or tap here to enter text.

NAME/S OF DIRECT CARE STAFF PRESENT DURING INCIDENT: Click or tap here to enter text.

NAMES OF CHILDREN/RESIDENTS PRESENT DURING THE INCIDENT: Click or tap here to enter text.

POLICE INVOLVEMENT Click or tap here to enter text.

PROVIDE DETAILS OF POLICE INVOLVEMENT Click or tap here to enter text.

DATE OF NOTIFICATION TO YOUTH'S FAMILY Click or tap here to enter text.

Provide details of what was occurring prior to the death and the detail of what appears to be the cause of death. Include information regarding all individuals involved in events leading up to the death. Include copies of all recent and relevant incident reports involving the youth.

Click or tap here to enter text.

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What support is being provided to other youth in the program?

Click or tap here to enter text.