

EEC
51A or Incident Checklist for Residential Programs

For use when an incident alleges abuse or neglect by program staff

Program Name:	Facility #:
Licensee Name:	Report Date:
Employee Names:	
Dates of Hire:	
CORI Completion Date: Any issues?	
Training Completion Dates: 1. Orientation 2. CPR 3. 1st Aid 4. Restraint 5. Restraint Refresher	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Date of Most Recent Performance Evaluation? Any issues or concerns?	
Number of Training Hours Completed During Last 12 Months?	
Any Disciplinary Actions?	
Any Previous Allegations? Outcome?	
DSS Screening Decision?	Screen In or Screen Out. Investigator's Name, if known:
Any Other Pertinent Info?	

This report does not substitute for calling EEC to report an incident or 51A. Please complete this form and be prepared to fax this report to your licensor at the time you report the incident. This checklist does not replace an internal investigation. Please submit your internal investigation within 10 days.