

**County of San Bernardino
Department of Behavioral Health**

**AB 2149 Group Home Reporting Bill
Special Incident Report**

Date

Name of Group Home

Special incident report must be filed with the CCL and a copy must be sent to the county in which the group home is located.

Please fax this cover letter and the special incident report (with child identifiers blacked out) to Attn: Kelly Cross, (909) 388-0182 or mail to:

County of San Bernardino
HSS Legislation and Research Unit
Attn: Kelly Cross
150 S. Lena Rd., San Bernardino, CA 92415-0515
(909) 388-0174

The County of San Bernardino cover letter for the Special Incident Reports for children supervised by other counties must include the following:

Which safety/law enforcement agency was called (please check all that apply):

- Law Enforcement (e.g. Sheriff, Police)
- Paramedics
- Fire

Date of the incident: _____

Who was involved in the incident (please check all that apply):

- Group Home minor(s): how many group home minors were involved _____
- Staff member(s)
- Third party (e.g. child not placed in the group home, neighbor, etc.)

Type of incident: Restraints Personal Rights violations

- Accident (child broke arm, nose bleed, allergic reactions, etc.)
- Fighting among group home minors
- Child ran away/AWOL
- Child and staff member and had an altercation
- Drugs involved
- Other: _____

Comment (optional): _____

