



**ADVERSE EVENT REPORT FOR BIRTH CENTERS
(K.A.R. 28-4-1308)**

Facility: _____ **License #:** _____
(Full name of Facility)

Event Detail: Date: _____ **Time:** _____ **Location:** _____

Event Involved: Mother Newborn On-duty Employee Premises

Event Type: Stillbirth Death Intentional Injury Unintentional Injury
 Fire Other Damage Impacting Safety
 Other _____

Facts of the Event:

Actions Taken:

Measure Taken to Mitigate Risk or Provide Protection:

Witnesses to the event: (Provide full names and include separate reports, as indicated)

Authorities to Which Event Was Reported: (Agency and Date of Report(s))

_____ **Email Contact #:** _____
Submitted by—Printed Name