


DCD NF39C Form	Health Information and Quality Authority Designated centres for persons (Children and Adults) with disabilities (DCD) Quarterly notification of incidents* NF39C Any recurring pattern of theft or burglary	 Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte
Section 1. Centre details.		
Centre name		
Centre ID (OSV)		
Unit or ward name(if applicable)		
Reporting year		
Reporting quarter	Quarter 1 (Jan, Feb, Mar) Quarter 2 (Apr, May, Jun) Quarter 3 (Jul, Aug, Sep) Quarter 4 (Oct, Nov, Dec)	

* Please complete this form with HIQA's notification guidance. You can download the guidance at www.hiqa.ie

Section 2. Recurring pattern of theft or burglary.

Two or more occasions of theft or burglary at the designated centre.

#	Details of incident (1)	
1.	Date burglary/ theft discovered	
2.	Type of injured party	Resident Other
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Others
4.	Details of incident	
5.	Actions taken in response	
#	Details of incident (2)	
1.	Date burglary/ theft discovered	
2.	Type of injured party	Resident Other
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Other
4.	Details of incident	
5.	Actions taken in response	

Section 2. Recurring pattern of theft or burglary.

Two or more occasions of theft or burglary at the designated centre.

#	Details of incident (3)	
1.	Date burglary/ theft discovered	
2.	Type of injured party	Resident Other
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Others
4.	Details of incident	
5.	Actions taken in response	
#	Details of incident (4)	
1.	Date burglary/ theft discovered	
2.	Type of injured party	Resident Other
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Other
4.	Details of incident	
5.	Actions taken in response	

Section 2. Recurring pattern of theft or burglary.

Two or more occasions of theft or burglary at the designated centre.

#	Details of incident (5)	
1.	Date burglary/ theft discovered	
2.	Type of injured party	Resident Other
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Others
4.	Details of incident	
5.	Actions taken in response	
#	Details of incident (6)	
1.	Date burglary/ theft discovered	
2.	Type of injured party	Resident Other
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Other
4.	Details of incident	
5.	Actions taken in response	

Section 2. Recurring pattern of theft or burglary.

Two or more occasions of theft or burglary at the designated centre.

#	Details of incident (7)	
1.	Date burglary/ theft discovered	
2.	Type of injured party	Resident Other
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Others
4.	Details of incident	
5.	Actions taken in response	
#	Details of incident (8)	
1.	Date burglary/ theft discovered	
2.	Type of injured party	Resident Other
3.	Type of item stolen	Cash Personal belongings Pharmaceuticals Other
4.	Details of incident	
5.	Actions taken in response	

Section 3. Declaration	
I, the undersigned, declare that the information I have provided in this notification form is true to the best of my knowledge and belief.	
Name (print)	
Position	Person in charge Authorised signatory for and on behalf of the registered provider
Signed	
Date	
Contact number (during office hours)	

This form should be either:

- **emailed** to: dcd@hiqa.ie or,
- **posted** to: DCD Regulatory Support Team, Regulatory Support Services, Health Information and Quality Authority, Dublin Regional Office, George's Court, George's Lane, Smithfield, Dublin 7, D07 E98Y.

Telephone no: (01) 814 7400

Email: dcd@hiqa.ie