Initial Incident Report

Incident Location and Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Division: |       | Program Type: | Click here | FID: |       |
| Supervising Entity: |       | Program VID: |       |
| *(Responsible for the individual at the time of incident)* |  |  |  |
| Incident Address:  |       |
| County: | Click here | State: | Click here | Zip: |       |
|  |  |  |  |

Allegations and Events

|  |  |
| --- | --- |
| Incident Code: | Click here |
| Sub-Code: | Click here |
| *\* To duplicate this section, click here and select the Plus sign  to the right. 🡪* |

Incident Dates

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Incident Occurred: Date: | Click here | Time: |       | Unknown |[ ]
|  |  |  |  |  |  |
| Known to Staff: Date: | Click here | Time: |       |  |  |
|  |  |  |  |  |  |
| Notification made to Responsible Provider: Date: | Click here | Time: |       |  |  |
| *(If applicable)* |

Incident Profile

|  |  |
| --- | --- |
| Law enforcement notification: |[ ]  Life threatening emergency: |[ ]
| 911 called: |[ ]  Date: | Click here | Time: |       |

Providers

Reporter Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Prepared by: |       | Title: |       | Agency: |       |
| VID:  |       | Date: | Click here | Phone: |       | Ext. |       |
|  |  |  |  |
| Supervisor’s Name: |       | Supervisor Title: |       |  |
|  |  |  |  |

Provider Contact

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supervising Entity: |  |  | VID: |       |
| Investigation/Verification Contact: |  |       |  |
| Phone: |       |  | Email: |       |  |

Description

|  |
| --- |
| Events leading up to reportable incident, please explain and describe:*(Activity | Setting | People | Possible Trigger)*  |
|       |

|  |
| --- |
| Information about the incident:*(Who | What | When | Where | How)*  |
|       |

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| Steps taken:*(Preventive and/or corrective during or immediately after the incident).* |
|       |

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| Detail any injuries or hospital treatment provided, as well as all medical and injury, diagnoses related to this incident: *(i.e., Laceration to forehead, pressure applied 🡪 911 called 🡪 sent to Virtua Memorial Hospital 🡪 received 3 sutures to laceration 🡪 discharged back with diagnosis of forehead laceration.)*  |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Photos taken of the injury by the Agency: | Date: | Click here | Time: |       |

Person(s)

Alleged Perpetrator/Victim

|  |
| --- |
| AV: Alleged VictimAP: Alleged PerpetratorIRS: Individual Receiving Services |
| Role: | AV: [ ]  AP: [ ]  |
| Person Type: | IRS: [ ]  Staff: [ ]  Visitor/Other: [ ]  |
| First Name |       | Middle: |       | Last Name: |       | Sex: | (Select) |
| Residential Information (Residential Name, Address): |       | VID |       |
| MIS Number |       | DOB: |        | Legal Status: |       |
| Guardian Type: | (Select) | Medical License/Cert: |       |
| Guardian Name: |       | Guardian Phone: |       |
| Support Coordination: Agency |       | Name |       |
| County Medicaid #: |       | CCW Medicaid # |       | Does not have Medicaid: | [ ]  |
| Injury Type:  |       | Body Part:  |       | Injury Level: | (Select) |
|  |
| Body Chart:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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 |

(Click an area and type ‘x’) | Provide detailed description of injuries noted on body chart:      |
| \* To duplicate this section, click here and select the Plus sign  to the right. 🡪 |

Witness/Other(s) involved

|  |  |
| --- | --- |
| Relationship:  | (Select) |
| First Name: |       | Middle: |       | Last Name: |       | Sex: | (Select) |
| Title: |       |
| *\* To duplicate this section, click here and select the Plus sign  to the right. 🡪* |
| Relationship:  | (Select) |
| First Name: |       | Middle: |       | Last Name: |       | Sex: | (Select) |
| Title: |       |
| *\* To duplicate this section, click here and select the Plus sign  to the right. 🡪* |

Actions

|  |
| --- |
|  |
| **List all actions taken regarding this incident**:*(---)* |
|       |
| Action planned date:  | (Select) | Action *taken* date: | (Select) |
| *\* To duplicate this section, click here and select the Plus sign  to the right. 🡪* |

|  |
| --- |
|  |
| **To prevent reoccurrence - list all actions planned/taken**:*(---)* |
|       |
| Action planned date:  | (Select) | Action *taken* date: | (Select) |
| *\* To duplicate this section, click here and select the Plus sign  to the right. 🡪* |

Notifications

People Notified

|  |  |
| --- | --- |
| **Person Notified** *–**Please ensure guardianship notification is in this section* |  |
| Method:  | Select |
| First Name: |       | Last Name: |       | Title: |       |
| **Notified by** |  |
| First Name: |       | Last Name: |       | Title: |       |
|  |
| Date:  | (Select) | Time: |       |
| Person involved: |       |  |  |
| *\* To duplicate this section, click here and select the Plus sign  to the right. 🡪* |
| **Person Notified** *–**Please ensure guardianship notification is in this section* |  |
| Method:  | Select |
| First Name: |       | Last Name: |       | Title: |       |
| **Notified by** |  |
| First Name: |       | Last Name: |       | Title: |       |
|  |
| Date:  | (Select) | Time: |       |
| Person involved: |       |  |  |
| *\* To duplicate this section, click here and select the Plus sign  to the right. 🡪* |

Description of Required notification(s)

|  |  |
| --- | --- |
| Stephen Komnino’s Law – 2-hour guardianship notification: **Yes** [ ]  **No** [ ]  |  |
| *If yes, provide a detailed description of what was told to the guardian about the incident:* |
|       |
| Law enforcement notification required: Yes [ ]  No [ ]  |  |
| *If yes, provide name of responding officer, date/time, and detailed description of what was reported to law enforcement:* |
|       |

Documents

[ ]  Photos Taken, uploaded, and sent to ORM

[ ]  Relevant documents uploaded and sent to ORM