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)* | |
|  |

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

|  |  |
| --- | --- |
| 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 Victim  AP: Alleged Perpetrator  IRS: 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:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Left | |  |  |  | Right | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | Right | |  |  | Left | |  | |   (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