

For additional guidance in completing this form please see line by line instructions.

NOTE: This form only contains the information available at the time of its completion.

REPORTING FORM: 14 NYCRR Part 624 - Reportable Incidents and Notable Occurrences

1. AGENCY COMPLETING FORM		
2. FACILITY (if applicable)		3. PROGRAM TYPE
4. ADDRESS		5. PHONE
6. MASTER INCIDENT NUMBER	7. AGENCY INCIDENT NUMBER	8. WAS A RELATED INCIDENT PREVIOUSLY REPORTED? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO

TO BE COMPLETED BY STAFF DESIGNATED IN POLICY

9. NAME OF PERSON(S) RECEIVING SERVICES (Last, First)				10. DATE OF BIRTH		11. GENDER 1 <input type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE		12. TABS ID (if applicable)						
13. RECEIVES MEDICATION: 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> UNKNOWN BY PERSON COMPLETING THIS FORM														
14. DATE & TIME INCIDENT WAS 1 <input type="checkbox"/> Observed 2 <input type="checkbox"/> Discovered					15. DATE AND TIME INCIDENT OCCURRED (if known)					16. NUMBER OF PERSONS RECEIVING SERVICES PRESENT AT TIME OF INCIDENT: _____				
MO.	DAY	YR.	HR.	MIN.	1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM	MO.	DAY	YR.	HR.	MIN.	1 <input type="checkbox"/> AM 2 <input type="checkbox"/> PM	17. NUMBER OF EMPLOYEES PRESENT AT TIME OF INCIDENT: _____		

18. PRELIMINARY CLASSIFICATION (X ONE) In addition to other required notifications REPORTABLE INCIDENTS <u>must</u> be reported to the Justice Center if the program is certified or operated by OPWDD										19. SPECIFIC LOCATION WHERE INCIDENT OCCURRED				
REPORTABLE INCIDENT – Abuse/Neglect 1 <input type="checkbox"/> Physical abuse 2 <input type="checkbox"/> Sexual abuse 3 <input type="checkbox"/> Psychological abuse 4 <input type="checkbox"/> Deliberate inappropriate use of restraints 5 <input type="checkbox"/> Use of aversive conditioning 6 <input type="checkbox"/> Obstruction of reports of reportable incidents 7 <input type="checkbox"/> Unlawful use or administration of a controlled substance 8 <input type="checkbox"/> Neglect					NOTABLE OCCURRENCES Serious Notable Occurrences 1 <input type="checkbox"/> Injury 2 <input type="checkbox"/> Unauthorized absence 3 <input type="checkbox"/> Death 4 <input type="checkbox"/> Choking, with no known risk 5 <input type="checkbox"/> Theft/Financial Exploitation 6 <input type="checkbox"/> Sensitive Situation 7 <input type="checkbox"/> ICF violations					1 <input type="checkbox"/> Living Room 2 <input type="checkbox"/> Bedroom 3 <input type="checkbox"/> Kitchen 4 <input type="checkbox"/> Bathroom 5 <input type="checkbox"/> Hallway 6 <input type="checkbox"/> Staircase 7 <input type="checkbox"/> Dining Room 8 <input type="checkbox"/> Program Room 9 <input type="checkbox"/> Recreation Area 10 <input type="checkbox"/> Off-Facility Property 11 <input type="checkbox"/> Unknown 12 <input type="checkbox"/> Vehicle 13 <input type="checkbox"/> Other (Specify)				
REPORTABLE INCIDENT - Significant Incidents 1 <input type="checkbox"/> Conduct between individuals receiving services 2 <input type="checkbox"/> Seclusion 3 <input type="checkbox"/> Unauthorized use of time-out 4 <input type="checkbox"/> Medication error with adverse effect 5 <input type="checkbox"/> Inappropriate use of restraints 6 <input type="checkbox"/> Other mistreatment 7 <input type="checkbox"/> Missing Person 8 <input type="checkbox"/> Choking, with known risk 9 <input type="checkbox"/> Self-abusive behavior with injury					Minor Notable Occurrences 1 <input type="checkbox"/> Injury 2 <input type="checkbox"/> Theft/Financial Exploitation									

20. BRIEF DESCRIPTION OF THE INCIDENT

(Continue on separate sheet if necessary)

21. LIST ALL THE IMMEDIATE CORRECTIVE/PROTECTIVE ACTIONS THAT HAVE BEEN TAKEN TO SAFEGUARD THE PERSON(S). THIS SHOULD INCLUDE, BUT IS NOT LIMITED TO, ANY FIRST AID, MEDICAL/DENTAL TREATMENT OR COUNSELING PROVIDED.

(Continue on separate sheet if necessary)

22. AS APPLICABLE, NOTIFICATION TO						
JUSTICE CENTER	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> N/A	DATE	TIME	JC IDENTIFIER	REPORTED BY
LAW ENFORCEMENT OFFICIALS	1 <input type="checkbox"/> YES	2 <input type="checkbox"/> N/A	DATE	TIME	LAW ENFORCEMENT AGENCY NAME	

23. PERMANENT RESIDENTIAL ADDRESS AND PHONE NUMBER *(of person listed in #9 above, if different than #4 and #5)*

24. TYPE OF RESIDENCE
 1 SOIRA 2 VOIRA 3 SOICF 4 VOICF 5 FC 6 DC 7 CR 8 Other: *(Specify)* _____

25. PRINT NAME OF PARTY COMPLETING ITEMS 1-24	TITLE	DATE
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26. PRINT NAME OF PARTY REVIEWING ITEMS 1-25	TITLE	DATE
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27. NOTIFICATIONS *(as appropriate)*

CONTACT	DATE	TIME	PERSON CONTACTED	REPORTED BY	METHOD
OPWDD IMU <i>(applies to all providers)</i>					
DDSOO Director/Agency CEO or Designee					
Family/Guardian/Advocate Notification					
Service Coordinator/Case Manager					
QIDP <i>(for ICF Resident)</i>					
Willowbrook CAB (Consumer Adv. Bd.)					
Willowbrook Attorneys <i>(if applicable)</i>					
OPWDD Willowbrook Liaison					
MHLS (Mental Hygiene Legal Service)					
Board of Visitors <i>(if applicable)</i>					
Coroner/Medical Examiner					
Other					

28. ADDITIONAL STEPS TAKEN TO ENSURE THE INDIVIDUAL'S SAFETY *(Use this section to explain any additions or modifications to immediate protections, item 21, or to add additional information.)*

29. PRINT NAME OF PARTY COMPLETING ITEM 28	TITLE	DATE
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