

**INSTRUCTIONS FOR COMPLETING FORM OPWDD 147**  
**(Revised 01/2016)**

Use of Form OPWDD 147: All agencies **may** use Form OPWDD 147 to report reportable incidents, serious notable occurrences and minor notable occurrences classified as theft/financial exploitation as defined in Part 624. Incidents must be entered into the Incident Report and Management Application (IRMA) within 24 hours or by the close of the following business day.

All agencies **must** use Form OPWDD 147 to report minor notable occurrences classified as injury as defined in Part 624 **unless** they are entered into IRMA. In the case of a voluntary provider, this is at the discretion of the agency.

Intent of the Form: Form OPWDD 147 is intended to be used specifically for the purpose of identifying and recording that an event which must be reported in conformance with Part 624 has occurred. However, the OPWDD 147 is only required when the incident is classified as a minor notable injury and is not recorded in IRMA. For reportable incidents, serious notable occurrences and minor notable occurrences classified as theft/financial exploitation, entry into IRMA **must** be completed. It is not intended to capture information collected subsequent to the identification of the event. (e.g. investigation reports, medical reports or findings, standing committee review documentation, etc.).

Obtaining Form OPWDD 147: The form is available on the OPWDD website at [http://www.opwdd.ny.gov/opwdd\\_resources/incident\\_management/forms](http://www.opwdd.ny.gov/opwdd_resources/incident_management/forms)

**General Instructions for Completing Form OPWDD 147:**

- Type or print legibly, using a dark colored ink that will reproduce when photocopied.
- Enter the complete names of agencies and facilities, as appropriate.
- The staff who may complete Form OPWDD 147 are to be designated in agency policy.
- Full names of persons receiving services and staff are to be used in completing Form OPWDD 147.
- Complete each line or box; if the requested information is not applicable, enter "N/A."
- It is possible that not all requested information will be available at the time the form is completed. Complete the form as thoroughly as possible.

**Line-by-Line Instructions for Completing Form OPWDD 147**

Item 1 – AGENCY COMPLETING THIS FORM:

Enter the name of the agency that is initiating the report (this is the agency under whose auspices the event occurred.).

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### Item 2 – FACILITY:

Enter the name of the facility where the event occurred or is alleged to have occurred. For family care homes, the sponsoring agency is to enter the name(s) of the certified provider(s). Enter N/A if the location is a non-certified site.

### Item 3 – PROGRAM TYPE:

Specify the type of facility identified in Item 2 by the following classifications (the initials may be used):

- Supervised Individualized Residential Alternative (IRA - Supervised)
- Supportive Individualized Residential Alternative (IRA - Supportive)
- Intermediate Care Facility (other than a DC) (ICF)
- Developmental Center (DC)
- Small Residential Unit (SRU)
- Family Care (FC)
- Supervised Community Residence (CR - Supervised)
- Supportive Community Residence (CR - Supportive)
- Free Standing Respite (FSR)
- Residential School (RS)
- Day Habilitation Site (DH)
- Day Treatment (DTX)
- Day Training (DT)
- Clinic (C)
- If none of the above, specify

If the site is a non-certified location, be as specific as possible.

### Item 4 – ADDRESS:

Enter the complete address of the facility or non-certified location identified in Item 2.

### Item 5 – PHONE:

Enter the telephone number, including the area code, of the facility or non-certified location identified in Item 2.

### Item 6 – MASTER INCIDENT NUMBER:

Each incident being reported in IRMA will be assigned a Master Incident Number (MIN). If there is more than one person receiving services involved in the reported incident, the same MIN is to be specified on each report.

### Item 7 – AGENCY INCIDENT NUMBER:

Each incident being reported may be assigned an agency incident number in addition to the MIN, if applicable. It would be beneficial if the numbering system enabled the agency to distinguish between those incidents that occur in a facility and those that occur at a non-certified location. If there is more than one person receiving services involved in the reported event requiring the filing of more than one report (when there are different classifications), the same incident number is to be specified on each report.

### Item 8 – WAS AN OPWDD 147 PREVIOUSLY SUBMITTED?

Indicate if an OPWDD 147 was previously submitted regarding the incident.

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### Item 9 – NAME OF PERSON RECEIVING SERVICES (LAST, FIRST):

Enter the full name of the person receiving services to which the incident occurred by entering the last name and then the first name (carefully check spelling). Do not use nicknames or initials. If more than one person receiving services is involved in the same event, it is permissible to note, “see attached,” and to attach a list of names with appropriate information.

### Item 10 – DATE OF BIRTH:

Enter the date of birth of the person receiving services whose name appears in Item 9.

### Item 11 – GENDER:

Check “M” for male or “F” for female for the person receiving services whose name appears in Item 9.

### Item 12 – TABS ID:

Enter the TABS ID number used for the person receiving services by the agency.

### Item 13 – RECEIVES MEDICATION:

Indicate whether the person receiving services (name in Item 9) is taking any medications. This includes medications taken orally (by mouth), topically (applied to the skin) or any other route. If you do not know whether medication is received check the box, “unknown by the person completing the form.”

### Item 14 – DATE AND TIME INCIDENT WAS OBSERVED/DISCOVERED:

Indicate whether the date and time entered in this section was that of observation, or discovery by making an “x” in the appropriate box. If the report is made at the time the event took place (or immediately subsequent to it), mark the “observed” box. If the report is made at another time (hours, days, weeks later) because it was discovered or reported at a later date, rather than when witnessed and reported immediately, mark the “discovered” box, even if the exact time the event took place is reported then. Complete the rest of the Item by filling in the month, day (date), year, hour, and minutes using the boxes provided. One number only should be entered in each division. Make an “x” in the applicable box to indicate whether the time is between midnight and 11:59 (A.M.) or between noon and 11:59 (P.M.). The next item records the date and time the event occurred. If the report is made out immediately, based on observation, the dates and times in Items 14 and 15 would be the same.

### Item 15 – DATE AND TIME INCIDENT OCCURRED, IF KNOWN:

If the event was witnessed, this would be the same date and time as the previous entry. If the event was “discovered” (learned about later or reported at a later date, rather than when witnessed and reported immediately), and the person receiving services or staff can provide information as to the date and time the event was supposed to have happened, it would be entered here.

### Item 16 – NUMBER OF PERSONS RECEIVING SERVICES PRESENT AT TIME OF INCIDENT:

The purpose of Items 16 and 17 is to provide information to investigators about potential witnesses. Enter only the number of persons receiving services who were in reasonable proximity to the event, *including the person(s) identified in Item 9*. Include all persons

receiving services who could potentially have witnessed the event or who were close enough to have heard something, depending on the circumstances.

**Item 17 – NUMBER OF EMPLOYEES PRESENT AT TIME OF INCIDENT:**

The purpose of Items 16 and 17 is to provide information to investigators about potential witnesses. Enter only the number of employees who were in reasonable proximity to the event. Include all employees who could potentially have witnessed the event or who were close enough to have heard something, depending on the circumstances. For the purposes of this item, include consultants, contractors and volunteers in the number reported.

**Item 18 – PRELIMINARY CLASSIFICATION:**

In addition to other required notifications **reportable incidents must** be reported to the Justice Center if the program is certified or operated by OPWDD. Check one box which most closely describes the situation. Do not add a category not listed. Make the decision based on the definitions in Part 624. If the situation could be classified in more than one category the most serious category should be checked. The Justice Center and/or OPWDD is the ultimate decision maker of classification, therefore, this preliminary classification may be changed at any time.

**Item 19 – SPECIFIC LOCATION WHERE INCIDENT OCCURRED:**

Check only one box. If the location where the event occurred is not listed, check “Other” and specify the location.

**Item 20 - DESCRIPTION OF THE INCIDENT:**

*(Note: To the extent possible, this should be completed by the person who observed and/or discovered the incident or it should be a verbatim description provided by a person who observed and/or discovered the incident/allegation)*

A clear, concise description of those facts known at the time the report is being completed must be provided here without speculation or opinion. The description should cover the “who,” “what,” “where,” “when,” and “how” of the incident. The full names of all persons receiving services, staff, and others who are involved in the incident must be listed. **DO NOT USE INITIALS.** When providing the “who” information, be sure to include the names and title (or other appropriate descriptor) of those involved. Also list the full names of persons known to have witnessed the event. If additional space is needed, continue the description on a separate sheet of paper.

**Item 21 – IMMEDIATE CORRECTIVE/PROTECTIVE ACTIONS:**

List all the corrective/protective actions taken to ensure the health or safety of those receiving services is maintained. This should include, but is not limited to any initial medical/dental treatment (including first aid) or counseling provided. Other examples are: increased supervision, correction of hazardous conditions, training provided, etc. Include a brief description of these actions (attach another sheet of paper, if necessary).

**Item 22 – NOTIFICATION TO JUSTICE CENTER AND/OR LAW ENFORCEMENT:**

14 NYCRR Part 624.6(d) requires that an appropriate law enforcement official must be contacted immediately in the event that an emergency response by law enforcement is needed. Also, agencies shall report to an appropriate law enforcement official anytime a crime may have been committed against an individual by a custodian. The report must be

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made as soon as practicable, but in no event later than 24 hours after occurrence or discovery. On the Form OPWDD 147, indicate if a referral was made to law enforcement and/or if the incident was reported to the Justice Center by checking the appropriate box. Enter the date and time that law enforcement and/or the Justice Center was notified, the name of the law enforcement official who was contacted and/or the Justice Center identifier, given to you by the call center staff who takes your call, the name of the party (staff) who made the notification to law enforcement, and the name of the law enforcement agency that was contacted (e.g. New York State Police – Troop E, Dutchess County Sheriff’s Office, Herkimer County DA, Buffalo Police Department, etc.).

### Item 23 – PERMANENT RESIDENTIAL ADDRESS AND PHONE NUMBER:

If the report is not initiated at the residence of the person receiving services (identified in Item 9), the name, address and phone number of the place of residence of the person receiving services must be entered in this Item. For people in family care, the family care provider’s name must be included. If the place of residence is the same as the facility address specified in Item 4, enter “same.”

### Item 24 – TYPE OF RESIDENCE:

Check the appropriate box that applies to the residence of the person receiving services (identified in Item 9):

- 1) SOIRA State Operated Individualized Residential Alternative
- 2) VOIRA Voluntary Operated Individualized Residential Alternative
- 3) SOICF State Operated Intermediate Care Facility
- 4) VOICF Voluntary Operated Intermediate Care Facility
- 5) FC Family Care
- 6) DC Developmental Center
- 7) CR Community Residence
- 8) Other

### Item 25 – NAME OF PARTY COMPLETING ITEMS 1-24, TITLE, DATE:

The party completing Items 1-24 of this form is to print his or her name and title, and to enter the date that Items 1-24 were completed.

### Item 26 – NAME OF PARTY REVIEWING ITEMS 1-25, TITLE, DATE:

The party completing the review of Items 1-25 of the form is to print his or her name and title, to sign in the space designated, and to enter the date of the review. The person signing this section is indicating that the information in Items 1-25 is as accurate and complete as can be immediately determined. Corrections or additions can be made at a future date in the file. However, distribution of this form is not to be delayed pending this entry.

### Item 27 – NOTIFICATIONS:

Various notifications are required following an incident. Refer to the specific requirement in Part 624 to determine if a particular notification must be made and determine the timeframe required for that notification. If a notification is made to any of the specific entities that are listed, enter the date, time, name of the party notified, name of the party (staff) making the notification, and the method of notification (e.g. phone, fax, etc.) on the OPWDD 147 form. Although not specifically listed, additional notifications may be required for incidents and abuse involving Willowbrook Class Members in certain circumstances. OPWDD recognizes

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that the required timeframes for some notifications exceed the timeframe for completion of the OPWDD 147. Do not delay completion of the OPWDD 147 until after all required notifications have been made. List only the notifications that were made prior to the completion and submission of the OPWDD 147.

Item 28 – ADDITIONAL STEPS TAKEN TO ENSURE THE INDIVIDUAL’S SAFETY:  
In addition to the immediate steps taken noted in Item 21, use this space to record any added or modified steps taken to provide protection/safety of persons receiving services and any other additional information. Include a brief description of the additional actions taken (attach another sheet of paper, if necessary). For example, medical/dental treatment (including first aid), counseling provided, increased supervision, correction of hazardous conditions, training provided, etc.

Item 29 – NAME OF PARTY COMPLETING ITEM 28, TITLE, DATE:  
The party completing Item 28 of this form is to print his or her name, title, and to enter the date that Item 28 was completed.