

Please Print

Staff complete

Witnesses: _____

OTHER(S) INVOLVED: _____

***** NOTIFICATIONS: (Notify SAME DAY of incident and/or discovery) *****

SUPERVISOR	Date: _____	Time: ____:____ AM / PM	PARENT	Date: _____	Time: ____:____ AM / PM
SSA / Case Mgr.	Date: _____	Time: ____:____ AM / PM	Specialist / Teacher	Date: _____	Time: ____:____ AM / PM
Investigative Agent	Date: _____	Time: ____:____ AM / PM	Nurse	Date: _____	Time: ____:____ AM / PM
Children Services	Date: _____	Time: ____:____ AM / PM	Transportation	Date: _____	Time: ____:____ AM / PM
Law Enforcement	Date: _____	Time: ____:____ AM / PM	PROVIDER	Date: _____	Time: ____:____ AM / PM
Other	Date: _____	Time: ____:____ AM / PM	GUARDIAN	Date: _____	Time: ____:____ AM / PM

NURSE COMPLETES THIS SECTION:

Location on the body where injury occurred: _____

Briefly describe injury & treatment: _____

Photos taken?: No Yes (# taken: ____) ♦ Emergency Transport needed? No Yes HOSPITAL: _____

♦ Staff person going to hospital: _____ ♦ EMA sent w/ staff or individual? Yes No

NURSES SIGNATURE: _____ Date: _____

NOTIFICATION: Called Family / Provider _____ (Date) Note sent home _____ (Date) Follow-up recommended

ADMINISTRATOR section:

Provider at time of Incident: **A/C - H/H – Transp – Waiver – ICF - Family** (circle)

UI / MUI (circle)

Individual: _____ IDS#: _____ Incident written by: _____

UI Date: _____ Time: _____ Discovery Date: _____ Time: _____ LOCATION: _____

TYPE of Incident: _____ Injury: Yes No N/A BSP addresses Behavior : Yes No N/A

Name of PPI? _____ Injury: Yes No N/A BSP addresses Behavior : Yes No N/A

Incident SUMMARY: _____

CAUSE: _____

IMMEDIATE ACTION by STAFF: _____

What will be done to decrease incidents or prevent incidents from occurring again: _____

Adm. Signature: _____ Date: _____

OFFICE USE:

cc: Superintendent _____ (Date) Dir. of Ed. _____ (Date) CSS Dir. _____ (Date) A/C Dir. _____ (Date) Prod. Mgr. _____ (Date) SSA _____ (Date) ISS Dept. _____ (Date)

Provider _____ (Date) Parent _____ (Date) Guardian _____ (Date) Other _____ (Date)