

AzEIP INCIDENT REPORT

Report all serious incidents to DES/AzEIP as soon as possible and no later than 24-hours after the incident. A serious incident is an extraordinary event involving a child, caregiver, or an early intervention service provider acting in the course of providing early intervention services, that (a) poses a threat of immediate death or severe injury to a person, (b) involves substantial damage to an individual or state property, and/or (c) has widespread interest in news/media.

Serious incidents include but are not limited to the following:

- a. theft of child records or other child/family data;
- b. potentially dangerous situations involving the child or family;
- c. emergency situations in the home where the police or DCS were notified; and
- d. weather conditions or disasters resulting in a change of operations for the early intervention program or provider.

Child's Name (*Last, First, M.I.*): _____ Date of Birth: _____

I-TEAMS No.: _____ Is child DDD eligible? Yes No Is child ASDB eligible? Yes No

Child's Address (*No., Street, City, State, ZIP*): _____

Name of Caregiver Present at Time of Incident: _____ Foster Care: Yes No

Service Providing Agency: _____ Region: _____

Name of Provider(s) Present (if applicable): _____

Service Coordinator's Name: _____

Location of Incident (*No., Street, City, State, ZIP*): _____

Date of Incident: _____ Time of Incident: _____ AM PM

1. Staff / Witness(es) Involved in Incident (*Last, First, M.I.*): _____

Phone Number: _____ Immediate Supervisor: _____ N/A

2. Staff / Witness(es) Involved in Incident (*Last, First, M.I.*): _____

Phone Number: _____ Immediate Supervisor: _____ N/A

DESCRIPTION OF INCIDENT (DESCRIBE THOROUGHLY)

(What happened before, during and after the incident. Include all known facts, causes of injury and emergency measures, if applicable. Write clearly, objectively and in order of occurrence, without reference to the writer's opinion.)

What happened before the incident?

What happened during the incident?

What could have prevented the incident?

Type of Medical Intervention (*Doctor's Visit, Urgent Care, Emergency Room, Hospitalization*) or Not Applicable

Location of Medical Intervention (*Site Location and Address*) or Not Applicable

NOTIFICATIONS		
	NOTIFIED BY WHOM (LAST, FIRST, M.I.) TITLE	DATE/TIME OF NOTIFICATION
Parent/Guardian Notified Yes No N/A <i>(If yes, name of person notified. If no, explain why):</i>		AM PM
Service Coordinator Notified Yes No N/A		AM PM
Department of Child Services Notified Yes No N/A If yes, name of DCS person notified		AM PM
Tribal Social Services Notified Yes No N/A If yes, name of Tribal Social Services notified		AM PM
Police Notified Yes No N/A If yes, name of person notified		AM PM

Print Name of Person Completing This Form: _____

Signature of Person Completing Form: _____ Date: _____

CORRECTIVE ACTION/COMMENTS (TO BE COMPLETED BY SUPERVISOR)

What steps are being taken to prevent this incident from happening again?

Supervisor's Name (*Print or Type*): _____

Signature of Supervisor: _____ Date: _____

Date Incident Report Submitted To AzEIPQualityImprovement@azdes.gov: _____