

EARLY INTERVENTION REPORTABLE INCIDENT FORM

Office of Child Development and Early Learning
 Bureau of Early Intervention Services and Family Supports
 Fax Number: 717-787-1529
 Phone Number: 717-346-9320
 Email: RA-ocdintervention@pa.gov

DATE AND TIME OF REPORT:					
NAME OF CHILD:			EI PROVIDER:		
CHILD ADDRESS:			EI PROVIDER ADDRESS:		
CITY:	STATE:	ZIP CODE:	CITY:	STATE:	ZIP CODE:
PHONE:	COUNTY/JOINDER:	MCI#:	PHONE:		
DATE OF BIRTH:					
SEX:	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE			
DATE AND TIME THE INCIDENT OCCURRED OR WAS RECOGNIZED/DISCOVERED:					
DESCRIBE THE TYPE OF INCIDENT, THE ACTION(S) TAKEN TO ADDRESS THE INFANT'S/TODDLER'S HEALTH AND SAFETY, AND THE RESPONSE TO THE INCIDENT. IF A MEDICAL REFERRAL WAS NECESSARY, LIST TO WHOM A REFERRAL WAS MADE. DOCUMENT ALL OTHER REPORTS OR NOTIFICATIONS AND ANY CIRCUMSTANCES WHICH MAY HAVE PRECIPITATED THE INCIDENT. INCLUDE ANY ACTIONS TAKEN RELATED TO THE EMPLOYEE/EI PROVIDER SUSPECTED OF ABUSE. ATTACH ADDITIONAL SHEETS IF NECESSARY.					
NAME OF PERSON COMPLETING REPORT (Mandated Reporter):		TITLE:		PHONE:	

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Closure of Reportable Incident Review (This section is to be completed after the county children and youth's investigation and the Infant Toddler EI Program's review. Dates and the outcome need to be included.)

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NAME OF PERSON COMPLETING THE REVIEW:	TITLE:	PHONE:
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