

EARLY INTERVENTION REPORTABLE INCIDENT FORM

Office of Child Development and Early Learning
Bureau of Early Intervention Services and Family Supports
Fax Number: 717-346-9330
Phone Number: 717-346-9320
Email: ra-ocdintervention@pa.gov

PART 1 (To be completed by Mandated Reporter)	
DATE AND TIME OF REPORT:	
NAME AND TITLE OF PERSON COMPLETING REPORT (Mandated Reporter):	EMAIL & PHONE:
NAME AND ADDRESS OF CHILD:	ALLEGED PERPETRATOR (EI PROVIDER) NAME AND AGENCY (if applicable):
DATE OF BIRTH:	MCI:
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.	

