## 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: <u>ra-ocdintervention@pa.gov</u>

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 INFANIT'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 NOTHICATIONS 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.	

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Part 2 (To be completed by Infant Toddler El Program)

Name & Title of person completing the review:

Infant Toddler El Program review of reported incident

This section should document activities and findings as the result of the Infant Toddler EI Program's review of the incident.

Part 3 (To be completed by Infant Toddler EI program)

**Closure of Reportable Incident Review** 

This section is to be completed after the county children and youth's investigation and the Infant Toddler El Program's review. Dates and the outcome need to be included.