

SPECIAL INCIDENT DATA FIELDS

NOT TO BE MAILED TO THE DEPARTMENT OF DEVELOPMENTAL SERVICES

		Sex		CDER Diagnosis	
Consumer's Name	Date of Birth	M	F	UCI Number	Date of Report
Consumer's Address	Service Coordinator			Legal Status	Residence Type
	Conservator/Guardian name (if applicable)			Regional Center	

TYPE OF INCIDENT (Reportable Incidents in Bold)

- | | |
|--|--|
| <p>9 Suspected Abuse/Exploitation (Limited to that which has occurred while under care/supervision of a vendor.) Check type:</p> <ul style="list-style-type: none"> 9 Physical 9 Sexual 9 Fiduciary 9 Emotional/Mental 9 Physical and/or Chemical Restraint | <p>9 Suspected Neglect (Limited to that which has occurred while under care/supervision of a vendor.) Check type:</p> <ul style="list-style-type: none"> 9 Failure to Assist in Personal Hygiene, Provision of Food, Clothing, Shelter 9 Failure to Prevent Malnutrition or Dehydration 9 Failure to Provide Medical Care 9 Failure to Protect from Health & Safety Hazards |
| <p>9 Serious Injury/Accident Which Occurs While the Consumer is Under the Care and Supervision of Any Vendor and Results in One or More of the Following (Check type):</p> <ul style="list-style-type: none"> 9 Lacerations requiring sutures or staples 9 Puncture wounds requiring medical treatment beyond first aid 9 Fractures 9 Dislocations 9 Bites that break the skin and require medical treatment beyond first aid 9 Internal bleeding 9 Medication errors/reactions that require intervention by licensed medical personnel 9 Burns that require medical treatment beyond first aid | <p>9 Any Unplanned or Unscheduled Hospitalization Due to the Following Conditions. Check type:</p> <ul style="list-style-type: none"> 9 Respiratory illness 9 Seizure-related 9 Cardiac related 9 Internal infections 9 Diabetes related 9 Wound/skin care 9 Nutritional deficiencies 9 Involuntary psychiatric admission |
| <p>9 Victim of Crime (Regardless of consumer's living arrangement or perpetrator.) Check type:</p> <ul style="list-style-type: none"> 9 Personal Robbery 9 Aggravated assault 9 Burglary 9 Forcible rape 9 Larceny 9 Other (specify) _____ | <p>9 Missing Person (Complete only when reported to law enforcement and if consumer was under care/supervision of a vendor.)</p> <p>9 Death (Regardless of living arrangement, cause or perpetrator) See page. 2</p> |

Supplemental/Optional Reporting

- | | |
|--|---|
| <p>9 Serious Injury/Accident Which Occurs While the Consumer is Under the Care and Supervision of Any Vendor and Results in One or More of the Following: Check type:</p> <ul style="list-style-type: none"> 9 Injury-Accident 9 Injury-Unknown origin 9 Injury from seizure 9 Injury from another consumer 9 Injury from behavior episode | <p>9 Other Check type:</p> <ul style="list-style-type: none"> 9 Violation of rRights 9 Pregnancy 9 Disease outbreak 9 Fire 9 Suicide attempt 9 Threatened suicide 9 Medical emergency 9 Property damage 9 Other sexual incident—Not rape 9 Unauthorized absence—law enforcement not notified 9 Other: _____ |
| <p>9 Aggression Displayed by Consumer. Check type:</p> <ul style="list-style-type: none"> 9 Aggressive act to self 9 Aggressive act to another consumer 9 Aggressive act to staff 9 Aggressive act to family/visitor | |

Incident date	9Definitive 9Approximate	Time of incident	9Definitive 9Approximate
Date incident reported to RC		Medical Care/Treatment Required?	9Yes 9No
Relationship of alleged perpetrator to consumer			
<ul style="list-style-type: none"> 9 Unknown 9 Self 9 Vendor or Employee of Vendor 9 Non-Vendor or Employee of Non-Vendor 		<ul style="list-style-type: none"> 9 Another Consumer 9 Relative/Family Member 9 Individual known to consumer (Not a provider or another consumer) 9 Not applicable 	

Incident location

- | | | |
|---|---|--|
| <input type="checkbox"/> Acute hospital-not ER | <input type="checkbox"/> Job site | <input type="checkbox"/> Day program |
| <input type="checkbox"/> Acute hospital-ER | <input type="checkbox"/> Out of home respite | <input type="checkbox"/> Consumer's residence |
| <input type="checkbox"/> Day care/ Intervention program | <input type="checkbox"/> Community setting | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Psychiatric treatment center | <input type="checkbox"/> Home of family | <input type="checkbox"/> Jail or related setting |
| <input type="checkbox"/> SNF | <input type="checkbox"/> In transit | <input type="checkbox"/> Public school |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Subacute or pediatric subacute | <input type="checkbox"/> Rehabilitation facility |

Party/Entity responsible for consumer at time of incident

<input type="checkbox"/> Vendor Vendor Number: _____	Name: _____ Address : _____ City/Zip: _____ Telephone: _____
<input type="checkbox"/> Self/Spouse <input type="checkbox"/> Residential	
<input type="checkbox"/> Parent/Family <input type="checkbox"/> Day Program	
<input type="checkbox"/> Other _____	

Other agencies notified

- | | |
|--|--|
| <input type="checkbox"/> Community Care Licensing | <input type="checkbox"/> DHS Licensing & Certification |
| <input type="checkbox"/> Child Protective Services | <input type="checkbox"/> Adult Protective Services |
| <input type="checkbox"/> Parent/Guardian/Conservator | <input type="checkbox"/> Long-Term Care Ombudsman |
| <input type="checkbox"/> Police/Law Enforcement | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Coroner | <input type="checkbox"/> Other _____ |

Description of incident

Specific preventative action taken or planned by the RC:

Complete Only if Incident Type is Death

Describe the circumstances of the consumer's death

Describe nature of medical treatment and where administered

Other comments or information regarding death

Type of Death

Disease Related

Unknown

Non-Disease Related

- Homicide Suicide
- Accident Alleged Abuse/Neglect
- Suspected Substance Abuse
- Catastrophic Event (Fire, Flood)
- Other (specify) _____

OUTCOMES/ACTIONS TAKEN IN RESPONSE TO THE INCIDENT

Follow Up Date: (Optional for RC use only to assist in tracking all outcome information)

Regional Center Actions

Check All That Apply

- Plan of Corrective Action Implemented 9
- Training and/or Technical Assistance Provided 9
- Sanctions Imposed 9
- Consumer Relocated 9
- Consumer/Authorized Representative Refused Relocation 9
- Increased Clinical Services Provided 9
- Increased Case Management Provided 9
- Additional/New Services and Supports Provided 9
- Other (specify) _____ 9

Vendor Actions

Check All That Apply

- Staff Placed on Administrative Leave and/or Employment Terminated 9
- Staff Training 9
- Policies Revised 9
- Other (specify) _____ 9

Licensing Actions

Check All That Apply

- Investigated 9
- Substantiated 9
- Inconclusive 9
- Unsubstantiated/Unfounded 9
- Fine Assessed 9
- Plan of Corrective Action 9
- Legal Action (e.g., license suspension, TSO) 9
- Other (specify) _____ 9

CPS/APS/Long Term Care Ombudsman Actions

Check All That Apply

- Investigated 9
- Referred for Criminal Action 9
- Substantiated 9
- Other (specify) _____ 9

Law Enforcement Actions

Check All That Apply

- Investigated 9
- Arrested 9
- Other (specify) _____ 9

Coroner's Findings

- Coroner's Report Received 9
- Autopsy Conducted 9
- Cause of Death Determined 9
- Specify cause of death: _____
- Other (specify) _____ 9

Comments regarding outcomes:

SIR Reporting and Follow-up Completed 9 YES 9 NO