



Form OPWDD 147 (Revised 01/01/2016)

For additional guidance in completing this form please see line by line instructions.

NOTE: This form only contains the information available at the time of its completion.

<b>REPORTING FORM: 14 NYCRR Part 624 - Reportable Incidents and Notable Occurrences</b>												
1. AGENCY COMPLETING FORM												
2. FACILITY (if applicable)						3. PROGRAM TYPE						
4. ADDRESS						5. PHONE						
6. MASTER INCIDENT NUMBER				7. AGENCY INCIDENT NUMBER				8. WAS A RELATED INCIDENT PREVIOUSLY REPORTED? 1 YES 2 NO				
<b>TO BE COMPLETED BY STAFF DESIGNATED IN POLICY</b>												
9. NAME OF PERSON(S) RECEIVING SERVICES (Last, First)						10. DATE OF BIRTH			11. GENDER 1 MALE 2 FEMALE		12. TABS ID (if applicable)	
13. RECEIVES MEDICATION: 1 YES 2 NO 3 UNKNOWN BY PERSON COMPLETING THIS FORM												
14. DATE & TIME INCIDENT WAS 1 Observed 2 Discovered						15. DATE AND TIME INCIDENT OCCURRED (if known)						16. NUMBER OF PERSONS RECEIVING SERVICES PRESENT AT TIME OF INCIDENT: _____
MO.	DAY	YR.	HR.	MIN.	1 AM 2 PM	MO.	DAY	YR.	HR.	MIN.	1 AM 2 PM	17. NUMBER OF EMPLOYEES PRESENT AT TIME OF INCIDENT: _____
18. PRELIMINARY CLASSIFICATION (X ONE)  In addition to other required notifications <b>REPORTABLE INCIDENTS <u>must</u></b> be reported to the Justice Center if the program is certified or operated by OPWDD											19. SPECIFIC LOCATION WHERE INCIDENT OCCURRED  1 Living Room 2 Bedroom 3 Kitchen 4 Bathroom 5 Hallway 6 Staircase 7 Dining Room 8 Program Room 9 Recreation Area 10 Off-Facility Property 11 Unknown 12 Vehicle 13 Other (Specify)	
<b>REPORTABLE INCIDENT – Abuse/Neglect</b> 1 Physical abuse 2 Sexual abuse 3 Psychological abuse 4 Deliberate inappropriate use of restraints 5 Use of aversive conditioning 6 Obstruction of reports of reportable incidents 7 Unlawful use or administration of a controlled substance 8 Neglect					<b>NOTABLE OCCURRENCES</b>  <b>Serious Notable Occurrences</b> 1 Death 2 Sensitive Situation  <b>Minor Notable Occurrences</b> 1 Injury 2 Theft/Financial Exploitation							
<b>REPORTABLE INCIDENT - Significant Incidents</b> 1 Conduct between individuals receiving services 2 Seclusion 3 Unauthorized use of time out 4 Medication error with adverse effect 5 Inappropriate use of restraints 6 Mistreatment 7 Missing Person					8 Choking, with known risk 9 Self-abusive behavior with injury 10 Choking with no known risk 11 Unauthorized Absence 12 Injury, with hospital admission 13 Theft/Financial Exploitation 14 Other significant incident							
20. BRIEF DESCRIPTION OF THE INCIDENT  <div style="text-align: right;">(Continue on separate sheet if necessary)</div>												
21. LIST ALL THE IMMEDIATE CORRECTIVE/PROTECTIVE ACTIONS THAT HAVE BEEN TAKEN TO SAFEGUARD THE PERSON(S). THIS SHOULD INCLUDE, BUT IS NOT LIMITED TO, ANY FIRST AID, MEDICAL/DENTAL TREATMENT OR COUNSELING PROVIDED.  <div style="text-align: right;">(Continue on separate sheet if necessary)</div>												



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22. AS APPLICABLE, NOTIFICATION TO								
JUSTICE CENTER	1	YES	2	N/A	DATE	TIME	JC IDENTIFIER	REPORTED BY
LAW ENFORCEMENT OFFICIALS	1	YES	2	N/A	DATE	TIME	LAW ENFORCEMENT AGENCY NAME	
23. PERMANENT RESIDENTIAL ADDRESS AND PHONE NUMBER (of person listed in #9 above, if different than #4 and #5)								
24. TYPE OF RESIDENCE 1 SOIRA 2 VOIRA 3 SOICF 4 VOICF 5 FC 6 DC 7 CR 8 Other: (Specify)								
25. PRINT NAME OF PARTY COMPLETING ITEMS 1-24					TITLE			DATE
26. PRINT NAME OF PARTY REVIEWING ITEMS 1-25					TITLE			DATE
27. NOTIFICATIONS (as appropriate)								
CONTACT	DATE	TIME	PERSON CONTACTED		REPORTED BY		METHOD	
OPWDD IMU (applies to all providers)								
DDSOO Director/Agency CEO or Designee								
Family/Guardian/Advocate Notification								
Service Coordinator/Case Manager								
QIDP (for ICF Resident)								
Executive Director Consumer Advisory Board								
NYCLU Willowbrook Plaintiff Counsel								
NYPI Willowbrook Attorney (Death Only)								
Statewide OPWDD Willowbrook Liaison								
MHLS (Mental Hygiene Legal Service)								
Board of Visitors (if applicable)								
Coroner/Medical Examiner								
Other								
Other								
Other								
Other								
28. ADDITIONAL STEPS TAKEN TO ENSURE THE INDIVIDUAL'S SAFETY (Use this section to explain any additions or modifications to immediate protections, item 21, or to add additional information.)								
29. PRINT NAME OF PARTY COMPLETING ITEM 28					TITLE			DATE