NEW YORK STATE OF OPPORTUNITY. Office for People With Developmental Disabilities

Reportable Incidents and Notable Occurrences

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.

REPORTING FORM: 14 NYCRR Part 624 - Reportable Incidents and Notable Occurrences

1. AGENCY COMPLETING FORM
1234

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

TO BE COMPLETED BY STAFF DESIGNATED IN POLICY

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

MO.	DAY	YR.	HR.	MIN.	1 ☐ AM 2 ☐ PM

15. DATE AND TIME INCIDENT OCCURRED *(if known)*

MO.	DAY	YR.	HR.	MIN	1 ☐ AM 2 ☐ PM

16. NUMBER OF PERSONS RECEIVING SERVICES PRESENT AT TIME OF INCIDENT: _____

17. NUMBER OF EMPLOYEES PRESENT AT TIME OF INCIDENT:_____

18. PRELIMINARY CLASSIFICATION (X ONE)

In addition to other required notifications **REPORTABLE INCIDENTS must** be reported to the Justice Center if the program is certified or operated by OPWDD

REPORTABLE INCIDENT – Abuse/Neglect
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

NOTABLE OCCURRENCES

Serious Notable Occurrences
1 ☐ Death
2 ☐ Sensitive Situation

Minor Notable Occurrences
1 ☐ Injury
2 ☐ Theft/Financial Exploitation

REPORTABLE INCIDENT - Significant Incidents
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

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)

20. BRIEF DESCRIPTION OF THE INCIDENT

(Continue on separate sheet if necessary)

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.

(Continue on separate sheet if necessary)

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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