



Developmental Pathways

Dedicated to Individuals with Disabilities

Early Intervention Family and Child Incident Report

Date of Report: Service Coordinator:
Provider/Discipline:
Phone:
Child's Name:
DOB:
Parent/Caregiver Name:
Address:
Phone:
County:

Type of Incident Report:

- Injury Report for a Child, Provider, Coordinator**
 Alleged Mistreatment, Abuse, or Neglect
 Incident of Concern
 Subpoena/Court Appearance for Provider/ Coordinator

Date of Occurrence:

Did you observe this incident? Yes No

If no, how did you obtain the information?

Please describe incident/situation including events leading up to it (who, what, when, where, why):



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Persons Notified:

- Service Coordinator:**
- Program Manager:**
- Associate Director:**
- Director:**
- Eileen Lerman, Attorney:**
- Dept. Human Services:**
- Other:**

Follow-up Actions Taken:

- DP Investigation** (To be completed by manager)
 - Program Manager/AD/Director**

- Social Services Report**
- Resources provided/Community Referrals** (i.e. Mental Health Facility, WIC, Head Start, Parents as Teachers, etc.):

Detailed follow-up explanation:

Signature of Person Reporting: _____

Date: _____

Program

Manager/Director: _____

Date: _____

- Copy to Child's File**
- Saved to Incident Reporting System**