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| **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 INFANT’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 NOTIFICATIONS 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 EI Program)** |
| **Name & Title of person completing the review:** |
| **Infant Toddler EI 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.**  |
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| **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 EI Program’s review. Dates and the outcome need to be included.** |