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| **Incident Report Form for Funded** **Early Childhood Intervention Service Providers** |
| Complete this form to report incidents involving clients (or serious service issues) in services delivered by funded organisations.If completing a paper copy please use **black** or **blue** pen only.If more space is required for any section please attach additional clearly labelled page/s.Sections 1 to 7 are to be completed by the delegated service manager, the ‘reporter’.  |
| **PART 1: Your contact details** |
| Name of person completing report |  |
| Position title |  |
| Telephone number |   |
| DET Region and Area |  |
| Organisation name |  |
| Funded Program e.g. ECIS |  |
| Name & Location of service/program affected: e.g. ABC Early Intervention, Smith St, Melbourne |  |
| **PART 2:** **Incident details** |
| Date incident occurred | …/ /  | Time of incident: [ ]  AM [ ]  PM |
| Address/location of incident (if relevant): |
| Incident Type: [ ]  Governance [ ] Financial [ ] Service provision  |
| [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Incident Category: (tick boxes that apply) | Category 1☐ Death☐ Serious injury or serious trauma or serious illness☐ Serious physical hazards at a service location☐ Allegations of sexual and/or physical assault☐ Child escaped/missing from service location☐ Child locked in/out of service location☐ Inappropriate qualifications☐ Any incident when emergency services was sought (or should have been sought)☐ Child was taken/removed from premises in an unauthorised manner | Category 2☐ Serious governance issues [ ]  Service breaches compliance policies ☐ Severe financial mismanagement (e.g. fraud)☐ Loss of files, personal data etc.☐ Evacuation due to emergency |
| **PART 3: About the incident** |
| Describe the incident and the immediate response of staff.This section should be a brief, factual, account of the incident and should include:* impact on client or the service
* who was involved;
* how, where and when the incident occurred;
* who did what;

Who (if anyone) was injured and the nature and extent of injuries, if applicable). |
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| How did this impact on service delivery? |
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| How long will the impact last for? Is this an on-going situation?  |
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| What, if any, are the impacts on the viability of the service? |
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| Was property or equipment damaged? [ ]  Yes [ ]  No If yes, please provide details:  |
| Were all policies and procedures being followed ☐ Yes ☐ Noprior to incident? If no, please provide details: |

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| **PART 4:** What actions have been taken to address the incident to date? |
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| **PART 5:** What follow-up actions will be taken in response to the incident?  |
| What are the actions that can be taken **immediately**? |
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| What are the actions that need to be taken in the **long-term**? |
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| **PART 6:** What will be done in order to prevent recurrence of the incident? |
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| **PART 7:** Other actions taken |
| Line manager/CEO informed? | ☐ Yes ☐No ☐ N/A Date:If yes, please provide details:  |
| Emergency services contacted?  | ☐ Fire services ☐Police ☐ Ambulance [ ]  Other ☐ N/A Date:If yes, please provide details:  |
| Department of Education and Training regional contact called | Date: Time:Organisation rep:DET rep: |
| Signature of reporter: | Date: |
| **PART 8:** Internal use only |
| Follow-up steps for regions:  |
| Is a situation report required? ☐ Yes ☐No ☐ unclear (seek management advice) |
| [ ]  Situation report completed ☐ Signed by regional executiveSituation report sent to: Situation report action officer:Date: |
| ☐ Follow up monitoring recommended? Departmental staff member responsible:  |