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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? | | | | |
|  | | | | |
| 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? | | | | |
|  | | | | |
| Was property or equipment damaged?  Yes  No  If yes, please provide details: | | | | |
| Were all policies and procedures being followed ☐ Yes ☐ No  prior 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**? | | |
|  | | |
| 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 executive  Situation report sent to:  Situation report action officer:  Date: | | |
| ☐ Follow up monitoring recommended?  Departmental staff member responsible: | | |