

**DIVISION OF DISABILITY AND AGING SERVICES
DEVELOPMENTAL DISABILITIES SERVICES CRITICAL INCIDENT REPORT**

DCSU

**103 South Main Street, Weeks Bldg.
Waterbury, VT 05671-1601**

Phone: 802-241-2614

Fax: 802-241-4224

Please print

Name of Person: _____ **Date Of Birth:** ____/____/____

Agency: _____

Guardian: _____ Public Private

Individual Reporting: _____ **Title:** _____

Date of Critical Incident: ____/____/____ **Time:** _____
Month/Day/Year

Type of Incident – Check All That Apply:

- Death (Call **1-802-353-8276**, if no answer **1-800-642-3100** immediately)
- Missing person (Call **1-802-353-8276**, if no answer **1-800-642-3100** immediately)
- Suspected abuse, neglect, exploitation: of person by person
 - Call **1-800-564-1612** Adult Protective Services, to report abuse of an adult
 - Call **1-800-649-5285** Department for Children and Families, to report abuse of a minor
- Serious injury/medical condition requiring treatment by a physician
- Medication error requiring treatment by a physician
- Criminal act by a person who receives services
- Criminal act by staff/worker
- Restraint: Physical Chemical Mechanical (complete page 2 for restraints)
- Potential negative media attention (Call **1-802-353-8276**, if no answer **1-800-642-3100** immediately)

Who Was Notified About This Incident?

- Supervisor/Case Manager Guardian Agency Director
- DDAS-Check if: Phone call to DDAS ____/____/____ DDAS Staff Name: _____
- APS DCF Other _____

Description of Incident: _____

Review must have been completed by: Service Coordinator and QDDP

Service Coordinator Name: _____ Phone #: _____ Date: _____

QDDP Name: _____ Phone #: _____ Date: _____

Comments: _____

Action taken: _____

Is follow-up needed? Yes No – If yes, describe follow-up that is needed and who is doing follow-up

RESTRAINTS

Type of restraint: Physical Chemical Mechanical

Name of restraint: (Name of Drug or Restraint used) _____

Name of person using restraint: _____

Location: _____

How long did the restraint last? _____

Names of anyone else present: _____

Did injury to anyone result? Yes No Describe _____

Can you think of anything that led up to the incident? _____

How was the person affected? _____

How did you follow up with the person when the incident was over? _____

Does the person have a support plan that includes use of this restraint? Yes No

Other than this review, is there a process for reviewing this incident to avoid future occurrences? Yes No Describe: _____

