



Massachusetts Department of Elementary and Secondary Education Program Quality Assurance Services

Form 2: PUBLIC AND PRIVATE DAY OR RESIDENTIAL SCHOOL PROGRAM INCIDENT REPORT

Directions: Complete Page 1 of this form. Attach a narrative description of 1) the specific incident described below, 2) the steps the school has taken to respond to this incident, and 3) the persons or agencies notified of such incident. Provide one incident report per student. Please review the “Checklist of Necessary Information for Incident Reports” on Pages 2 and 3 describing the documentation and action steps ESE expects for specified incidents.

Fax or send this Form 2 to: Director, Program Quality Assurance Services, Massachusetts Department of Elementary and Secondary Education, 75 Pleasant Street, Malden, MA 02148-4906 – Fax: 781-338-3710

Public/Private School Name: _____ Student’s Name: _____

Address: _____

Name of Program: _____ ESE Program Code Number (4-Digit): _____

Program Contact Person: _____ Telephone: () _____

Address of Program: _____ E-mail Address of Contact Person: _____

Day School **OR** Residential School
 Massachusetts Student **OR** Out-of-State Student

Name of Program Director: _____ Signature: _____

Date of this Incident Report: _____ **Date of Incident:** _____

Pursuant to applicable regulations and requirements this school is hereby providing immediate written notification to ESE

For Any Student (Massachusetts and Out-of -State Students):

- The death of any student (**Contact your assigned PQA Liaison or the “Liaison of the Day” 781-338-3700**)
- The filing of a 51-A report with DCF OR a complaint filed with the Disabled Persons Protection Commission, against the school or a school staff member, for abuse or neglect of any student
- Any action taken by a federal, state, or local agency that might jeopardize the school’s approval with ESE
- Any legal proceeding brought against the school or its employee(s) arising out of circumstances related to the care or education of any of its students regardless of state of residency

For Massachusetts Students Only:

- The hospitalization of a Massachusetts student (including out-patient emergency room visits) due to physical injury at school or previously unidentified illness, accident or disorder which occurs while the student is in the program
- Massachusetts student injury resulting from a motor vehicle accident during transport by school staff (including contracted staff) which requires medical attention
- Massachusetts student serious injury requiring emergency medical intervention resulting from a restraint
- Massachusetts student run away
- Emergency termination of a Massachusetts student under circumstances in which the student presents a clear and present threat to the health and safety of him/herself or others pursuant to 18.05(7)(d)
- Any other incident of a serious nature that occurs to a Massachusetts student

NOTE: The school must also provide immediate written notification to the responsible school district and to the parent/guardian for any incident described above, for both Massachusetts and Out-of-State Students.

Public and Private School Staff Completing Page 1 of this form should review the “Checklist of Necessary Information for Incident Reports” below to ensure that information submitted to ESE is complete and that it responds to all incident reporting information requirements.

<p><u>Pages 2 and 3 to be completed by ESE only:</u> INTERNAL RECORD OF DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION ACTION:</p>	
<p>Incident Report Received by ESE on: _____ Incident Report Reviewed: _____</p>	
<p>ACTION TAKEN:</p>	
<p>____ Incident Report reviewed, and school’s action plan determined to be acceptable</p>	
<p>____ Follow-up telephone inquiry or e-mail contact with the program made on: _____</p>	
<p>____ Inquiry made by: _____ (Summary of telephone inquiry or e-mail contact attached.)</p>	
<p>____ Onsite visit pursuant to this report conducted on: _____ Conducted by: _____</p>	
<p>Site visit report and any notice of required corrective action issued to program on: _____ (Copy attached)</p>	
<p>_____ (Liaison, Program Quality Assurance Services)</p>	<p>_____ (Supervisor/Designee, Program Quality Assurance Services)</p>

Checklist of Necessary Information for Incident Reports:

FOR ANY STUDENT

<u>Required Documentation</u>	Received Acceptable	Not Submitted or Unacceptable
<p>Narrative description detailing the circumstances of the incident Must include events preceding incident, incident, and outcomes. Who? What? When? Where? How? Why?</p>		
<p>Specific procedure that staff followed is clearly described</p>		
<p>Required notifications provided Date, time and by whom. Examples: DCF, DPPC, EEC, ESE, Parents/Guardians, LEA, other involved agencies such as DMR and DMH</p>		
<p>Death of any student: Police/Coroner Investigation? Autopsy Report?</p>		
<p>The filing of a 51A report with DCF or a DPPC complaint alleging abuse or neglect of any student, against the school or a school staff member: Description of incident and actions taken by the school thus far, as well as actions planned to be taken by the school (school conducting investigation; DCF or DPPC conducting investigation; police investigating)? Copy of Internal Investigation Report? Copy of Police Report? Description of any disciplinary action the staff member received? Was the report screened in or out by DCF or DPPC? Copy of DCF or DPPC Report? Follow-up by school post investigation – were steps taken by school appropriate?</p>		
<p>Action taken that might jeopardize school’s approval with ESE OR Any legal proceeding brought against the school or its employee(s) arising out of circumstances related to the care or education of any of its students: <u>Examples</u> include change in EEC licensure status, Intake frozen, Investigation by another state agency, complaints or ongoing concerns from sending public school districts; and the arrest of a staff member. Report describes incident and actions taken by the school thus far, as well as actions planned to be taken by the school? Investigation reports to determine outcome?</p>		

Additional Information:

Checklist of Necessary Information for Incident Reports:

FOR A MASSACHUSETTS STUDENT

<u>Required Documentation</u>	Received Acceptable	Not Submitted or Unacceptable
<p>Narrative description detailing the circumstances of the incident Must include events preceding incident, incident, and outcomes. Who? What? When? Where? How? Why?</p>		
<p>Specific procedure that staff followed is clearly described</p>		
<p>Required notifications provided Date, time and by whom? Examples: DCF, DPPC, EEC, ESE, Parents/Guardians, LEA, other involved agencies such as DMR and DMH</p>		
<p>Out-patient emergency room visit or hospitalization of a Massachusetts student as a result of physical illness or injury; OR injury of a Massachusetts student during school-related motor vehicle accident that required medical attention; OR serious injury requiring emergency medical intervention as a result of a restraint: What hospital was student taken to? Who transported the student to the hospital? Who went with student? Did this individual stay with student at hospital? Will student return to the program? If yes, when? If no, where and why? Termination procedures followed? Was needed medical treatment sought promptly? Additionally, if motor vehicle accident – Were the details of the accident provided, including numbers of students and staff in the motor vehicle, circumstances under which the accident occurred, condition of the individuals involved in the accident? Copy of police report? Drivers license information of staff member? Transportation training of staff member? Any follow-up conducted by the school regarding details of the accident being communicated to the school community?</p>		
<p>Whenever a Massachusetts student runs away: What were the circumstances of the runaway (on independent time; climbed out window without knowledge of staff)? If known, when did student return? Where was student found and by whom? If did not return notification of liaison by phone of the details Staff to student ratio – what was staff assigned to student doing at the time of the runaway? What precautions were taken for student to return to school (hospital screening, time out space, restrictions at school, re-entry plan)? What specific steps the school will take to prevent future runaway occurrences?</p>		
<p>Emergency termination of a Massachusetts student consistent with 603 CMR 28.09(12)(b) and 18.05(7)(d): Description of clear and present danger? Written termination summary explaining the reasons for emergency termination? Efforts the school has made to maintain the student until the LEA is able to locate an appropriate placement? Copy of written termination notification sent to the school district/parent?</p>		
<p>Any other incident of a serious nature that occurs to a Massachusetts student: <u>Examples</u> include police involvement, community involvement and media coverage. Report describes incident and actions taken by the school thus far, as well as actions planned to be taken by the school? Investigation reports to determine outcome?</p>		
<p>Additional Information:</p>		