**Massachusetts Department of Elementary and Secondary Education  
Offices of Approved Special Education Schools and Problem Resolution System**

**Form 2:**

**PUBLIC AND PRIVATE DAY OR RESIDENTIAL SCHOOL PROGRAM**

**INCIDENT REPORT (v. 10/16/16)**

Form 2 Instructions

Upload this Form 2 and supporting documentation as described below into the Web Based Monitoring System (WBMS):

**Directions:**

1. Complete Pages **1 and 2** of the Form 2.
2. Provide one Form 2 incident report per student.
3. Submit Form 2 incident reports for all incidents that occur during **SCHOOL HOURS ONLY EXCEPT FOR EMERGENCY TERMINATIONS. Emergency Terminations apply to BOTH school and residential hours.**
4. All reports must include a detailed narrative description of the incident including:

(1) the events leading up to the incident;

(2) details of the incident; and

(3) any outcomes or follow up steps (i.e.-student returns from a run or hospital, staff re-trained, policy revised) occurring as a result of the incident.

1. The narrative should include: Who was involved (staff and students)? What happened? When? Where? How? Why – what were the triggers or antecedent events? **Please review the “Checklist of Necessary Information for Incident Reports” on Pages 5 -7 describing the documentation and action steps ESE expects for specified incidents.**

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| --- |
| Public School District /Private School Agency  (circle that which applies)  School or Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and Time of Incident \_\_/\_\_/20\_\_; \_\_\_\_a.m./p.m. (circle one)  Date of Incident Report\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program Street Address, Town/City, State and Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Name of Program Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Number of Program Contact Person: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Title of Program Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail Address of Program Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **CheckBox Day School OR CheckBox Residential School**    **CheckBox Massachusetts Student CheckBox Out-of-State Student CheckBox Privately Funded Student**  Name of Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Clearly describe specific procedures that staff followed throughout the incident.
2. Identify the individuals and agencies that were notified of the incident.

Pursuant to applicable regulations and agency policy this school is hereby providing immediate electronic notification to ESE for ANY Student enrolled in its program (Massachusetts Student, Out-of-State Student or Privately Funded Student) concerning incidents that occur during school day hours.

CheckBox1. The death of any student; (Immediate verbal and written notification to the student’s parents/guardians and school district)

CheckBox2. The filing of a 51-A report with Department of Children and Families (DCF) OR a complaint filed with the Disabled Persons Protection Commission (DPPC), against the school or a school staff member, for abuse or neglect of any student;

CheckBox3. Any action taken by a federal, state, or local agency that might jeopardize the school’s approval with ESE (i.e.- federal or state investigation, closure of intake) ;

CheckBox4. 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;

CheckBox5. The hospitalization of a 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;

CheckBox6. A student run from the program; or

CheckBox7. Any other incident of a serious nature that occurs to a student or staff in the program. (Some examples include: any police involvement, any media involvement, weapons, fire setting, alcohol or drug possession or use while in the program).

**FOR BOTH SCHOOL AND RESIDENTIAL HOURS:**

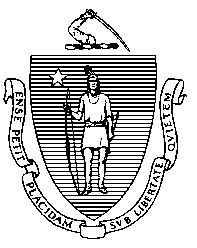
**CheckBox**8. The emergency termination of a student pursuant to 28.09(12)(b).

School or Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form 2 Narrative and Notifications**

The Program can submit its own Internal Incident Report as long as all of the required information listed throughout the Form 2 is included.

The Department expects the public and/or private day or residential school to immediately submit all required information as specified within this Form 2 document. If, however, not all required documentation is immediately available (i.e.- internal investigation and outcome) it is the public/private school’s responsibility to ensure the documentation is submitted as soon as possible along with specific reference to the Incident Report for which the documentation is being submitted.



**Massachusetts Department of Elementary and Secondary Education**

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**Form 2:**

**PUBLIC AND PRIVATE DAY OR RESIDENTIAL SCHOOL PROGRAM**

**INCIDENT REPORT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Notification | Not Applicable |  | Staff Providing Notification | Name of person notified | Date and Time |
| **☐** | **☐** | **Parents/guardians** |  |  |  |
| **☐** | **☐** | **Responsible school district** |  |  |  |
| **☐** | **☐** | **Department of Children and Families** |  |  |  |
| **☐** | **☐** | **Department of Early Education and Care** |  |  |  |
| **☐** | **☐** | **Disabled Persons Protection Commission** |  |  |  |
| **☐** | **☐** | **Department of Developmental Services** |  |  |  |
| **☐** | **☐** | **Department of Mental Health** |  |  |  |
| **☐** | **☐** | **Any other appropriate parties, please specify** |  |  |  |

Public/Private School Staff will review the “*ESE* *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.

|  |  |  |  |
| --- | --- | --- | --- |
| **ESE Checklist of Necessary Information to be Included in Incident Reports (ESE USE ONLY)** | | | |
| **Required Documentation** | **Received and**  **Acceptable** | Not Submitted **or**  **Unacceptable** | Not Applicable to this Incident |
| **1. Death of any student:** |  |  |  |
| 1.1-Narrative description of events/circumstances prior to the death of the student and any internal report and follow-up, if applicable. |  |  |  |
| **2. 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:** |  |  |  |
| 2.1- Description of the incident and actions taken by the school to date, as well as actions planned by the school or outside agency (school conducting an investigation; DCF or DPPC conducting an investigation; police investigation, criminal investigation). |  |  |  |
| 2.2- Copy of Internal Investigation Report including all outcomes. |  |  |  |
| 2.3- Copy of Police Report. |  |  |  |
| 2.4- Indicate if the 51A Report was screened in or out by DCF or DPPC.  **(All determinations must be submitted to ESE as soon as rendered.)** |  |  |  |
| 2.5- If 51A Report is screened in, indicate whether the allegation is supported or unsupported by DCF or DPPC and any action steps ordered by either of these agencies. |  |  |  |
| 2.6- Copy of DCF/DPPC Report including all outcomes and corrective action required, if applicable. |  |  |  |
| 2.7- Description of any disciplinary action taken by the program with respect to the staff member. |  |  |  |
| 2.8- Description of any follow-up steps taken by the program (i.e.- re-training of staff). |  |  |  |

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| **3. 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:**  Examples include change in EEC licensure status, frozen intake, investigation by another state agency, complaints or ongoing concerns from sending public school districts; and the arrest of a staff member. |  |  |  |
| 3.1**-** Descriptionof incidents/events leading to action/legal proceeding. |  |  |  |
| 3.2- Complete description of action/legal proceeding with associated timelines for enforcement and compliance. |  |  |  |
| 3.3- Action steps taken by the school to address all concerns and ensure health and safety and care/education of all enrolled students with timeline for completion of corrective action. |  |  |  |
| **4. The hospitalization of a 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:** |  |  |  |
| 4.1- Description of the physical illness/injury and circumstances of how it occurred as well as when and how treatment was sought. |  |  |  |
| 4.2- Include the name of the hospital the student was taken to. |  |  |  |
| 4.3- Include the method of transportation and the name of all staff  accompanying the student to the hospital and whether or not staff remained with the student at the hospital. |  |  |  |
| 4.4- Include whether student remained in hospital (if so, plan for discharge) or returned to the program and any follow-up care necessary. |  |  |  |
| **5.Whenever a student runs from the program:** |  |  |  |
| 5.1- Description of the circumstances of the run (location and time of run, activity student was engaged in, staff to student ratios at the time of the run). |  |  |  |
| 5.2- Specific steps taken to prevent student from running |  |  |  |
| 5.3- Specific steps taken to follow student, encourage student to return to program, notifications to staff from program of student run and when police called to assist. |  |  |  |
| 5.4- If known, time student returned to the program. |  |  |  |
| 5.5- Description of where student was found and by whom. |  |  |  |
| 5.6- If the student did not return to the program, ensure notification is made to the liaison by telephone explaining the details and include in written incident report. |  |  |  |
| 5.7- Description of precautions taken for student to return to school (hospital screening, time out space, restrictions at school, re-entry plan). |  |  |  |
| 5.8- Description of specific steps the school will take to prevent future runaway occurrences. |  |  |  |
| 5.9- Include whether or not public/private school adhered to approved runaway policy. |  |  |  |
| **6. Emergency termination of a Massachusetts student consistent with 603 CMR 28.09(12)(b) and 18.05(7)(d): (Day School AND Residential Hours)** |  |  |  |
| 6.1- Description of health and safety issues indicating that the student is clear and present danger to him/herself and/or others. |  |  |  |
| 6.2- Written termination summary detailing any events leading up to the termination decision and the reasons for the emergency termination. |  |  |  |
| 6.3- Description of all efforts made and steps taken by the school to maintain the student in the program until the school district is able to locate an alternate placement (i.e.- 1:1 staffing). |  |  |  |
| 6.4-Copy of written termination letter/notification sent to the school district/parent/guardian. |  |  |  |
| **7.Any other incident of a serious nature that occurs to a student:**  Examples include police involvement, community involvement and media coverage. |  |  |  |
| 7.1- Submission of written investigation report describing incident and any follow-up corrective steps to be taken, if any. |  |  |  |

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| **INTERNAL RECORD OF**  **DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION ACTION:**  Incident Report Received by ESE on:\_\_\_\_\_\_\_\_\_\_\_\_ Incident Report Reviewed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ACTION TAKEN:**  \_\_\_\_Incident Report reviewed, and school’s action plan determined to be acceptable  \_\_\_\_Follow-up telephone inquiry or e-mail contact with the program made on:\_\_\_\_\_\_\_\_  \_\_\_\_Inquiry made by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_ Onsite visit pursuant to this report conducted on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conducted by: ­­­­­­­­­­\_\_\_\_\_\_\_  Site visit report and any notice of required corrective action issued to program on\_\_\_\_\_(Copy attached)    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Liaison, Problem Resolution System Office OR  Office of Approved Special Education Schools)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Supervisor/Designee, Problem Resolution System Office OR  Office of Approved Special Education Schools) |