**Massachusetts Department of Elementary and Secondary** **Education**

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Form 2: PUBLIC AND PRIVATE DAY OR RESIDENTIAL SCHOOL PROGRAM INCIDENT REPORT **(v. 4/11/18)**

Form 2 Instructions

The Department expects the public and/or private day or residential school to immediately submit all required information as specified within this Form 2 process. 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 via the WBMS system as soon as possible. Please be sure to reference on any uploaded documents the Action Form Case Number.

For Electronic Submission Only

***The Narrative Description and Notification pages of this form (see pages 2-3) are required to be complete and uploaded in order to immediately notify DESE of any incident****.* The “Checklist of Necessary Information for All Incident Reports” at the back of this document will guide you through all the documentation requirements that will need to be completed and uploaded in order for the Department to conduct a full review of the incident. (See pages 4-6)

***NOTE: In the event of serious injury or death of a student, criminal activity on the part of a student or staff member or other serious incident affecting the well-being of any student, you are required to immediately notify by telephone and by letter, the parent/guardians, the sending school district(s), any state agency involved in student care or program placement, and the Department of Elementary and Secondary Education.***

**Directions:**

1. Please complete the Narrative Description and Notification (Page 2 and 3 of this document).
2. The narrative should include: Who was involved (staff and students)? What happened? When? Where? How? Why – what were the triggers or antecedent events?
3. Identify the individuals and agencies that were notified of the incident.
4. Only one student may be reported at a time. Each individual student will need a separate WBMS- Action Form - Form 2 submission.
5. WBMS Action Form - Form 2 incident reports must be submitted for all incidents that occur during SCHOOL HOURS ONLY EXCEPT FOR EMERGENCY TERMINATIONS. Emergency Terminations apply to BOTH school and residential hours.
6. You will complete the WBMS Action Form – Form 2 Detail Page and upload the completed Narrative Description and Notifications. Once this is complete you will click on the *NOTIFY DESE* button and provide any additional uploads as required by DESE as soon as possible.
7. Please review the “Checklist of Necessary Information for Incident Reports” on Pages 4-6 and prepare appropriate documentation and action steps as required for specified incidents for submission to DESE via WBMS.

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

School/Agency Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person’s Telephone Number:\_\_\_\_\_\_\_\_\_\_\_

**Form 2 Narrative Description**

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 narrative should include: Who was involved (staff and students)? What happened? When? Where? How? Why – what were the triggers or antecedent events? Clearly describe specific procedures that staff followed throughout the incident and any follow-up actions taken by the school/agency.

For Electronic Submission Only

**Massachusetts Department of Elementary and Secondary Education**

**Offices of Approved Special Education Schools**

**Form 2: Notification**

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

**INCIDENT REPORT**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Notification | Not Applicable |  | Staff Providing Notification | Name of person notified | Date and Time |
| ☐ | ☐ | **Parents/guardians**  For Electronic Submission Only |  |  |  |
| ☐ | ☐ | **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** |  |  |  |

***NOTE: In the event of serious injury or death of a student, criminal activity on the part of a student or staff member or other serious incident affecting the well-being of any student, you are required to immediately notify by telephone and by letter, the parent/guardians, the sending school district(s), any state agency involving student care or program placement, and the Department of Elementary and Secondary Education.***

**ATTACHMENT: CHECKLIST OF NECESSARY INFORMATION FOR ALL INCIDENT REPORTS**

***\*\*Please note documentation requirements vary by type of incident***

|  |
| --- |
| **Required Documentation** |
| **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.  For Electronic Submission Only |
| **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 DESE 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). |
| **3. Any action taken by a federal, state, or local agency that might jeopardize the school’s approval with ESE.**  **Examples include change in EEC licensure status, frozen intake, investigation by another state agency, complaints or ongoing concerns from sending public school districts;** |
| 3.1- Description of incidents/events leading to action. |
| 3.2- Complete description of action 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. 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:** |
| 4.1- Description of incidents/events leading to legal proceeding. |
| 4.2- Complete description of legal proceeding with associated timelines for enforcement and compliance. |
| 4.3 - 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. |
| **5. The hospitalization of a student (including out-patient emergency room and urgent care visits) due to physical injury at school or previously unidentified illness, accident or disorder which occurs while the student is in the program:** |
| 5.1- Description of the physical illness/injury and circumstances of how it occurred as well as when and how treatment was sought.  For Electronic Submission Only |
| 5.2- Include the name of the hospital the student was taken to |
| 5.3- 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. |
| 5.4- Include whether student remained in hospital (if so, plan for discharge) or returned to the program and any follow-up care necessary. |
| **6. Whenever a student runs from the program:** |
| 6.1- 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). |
| 6.2- Specific steps taken to prevent student from running |
| 6.3- 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. |
| 6.4- If known, time student returned to the program. |
| 6.5- Description of where student was found and by whom. |
| 6.6- 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. |
| 6.7- Description of precautions taken for student to return to school (hospital screening, time out space, restrictions at school, re-entry plan). |
| 6.8- Description of specific steps the school will take to prevent future runaway occurrences. |
| 6.9- Include whether or not public/private school adhered to approved runaway policy. |
| **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. |
| **FOR BOTH SCHOOL AND RESIDENTIAL HOURS:** |
| **8. Emergency termination of a Massachusetts student consistent with 603 CMR 28.09(12)(b) and 18.05(7)(d): (Day School AND Residential Hours)** |
| 8.1- Description of health and safety issues indicating that the student is clear and present danger to him/herself and/or others. |
| 8.2- Written termination summary detailing any events leading up to the termination decision and the reasons for the emergency termination. |
| 8.3- 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). |
| 8.4-Copy of written termination letter/notification sent to the school district/parent/guardian. |