

## Type 1 Incident Investigation Report

This form is to be used by the resource center investigator to prepare the written report of the investigation into all type 1 incidents and by the Incident Review Committee to determine appropriate actions needed as a result of the investigation. See 3-B-Appendix for instructions.

<b>I. Basic Information</b>	
Investigation Report	
Investigation number	ID number
Name of alleged victim <input type="checkbox"/> Adult <input type="checkbox"/> Child	House address
Date incident allegedly occurred	Time alleged incident to have occurred
Date/time reported to RTS/other supervisor	Date/time reported to DQM or designee
Location of incident	
Date/time reported to DIA	Reported to
Date/time investigation assigned	Date investigation completed <input type="checkbox"/> Check if Addendum
Name and title of primary investigator assigned	
Description of the incident	
Names of alleged perpetrators	
Names of persons reporting the incident	
Immediate protections implemented	
Date/time of medical assessment	
Immediate actions taken with alleged perpetrators	
Names of all witnesses (employees, volunteers, contractors, individuals, others)	

Type of incident (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Alleged abuse                      | <input type="checkbox"/> Elopement   |
| <input type="checkbox"/> Physical                           | <input type="checkbox"/> Suspicious injury   |
| <input type="checkbox"/> Sexual                             | <input type="checkbox"/> Injury resulting from restraint   |
| <input type="checkbox"/> Verbal                             | <input type="checkbox"/> Suicide attempt   |
| <input type="checkbox"/> Mental or psychological            | <input type="checkbox"/> Individual physical or sexual assault of another individual   |
| <input type="checkbox"/> Neglect or denial of critical care | <input type="checkbox"/> Other incidents in which an initial Type 2 incident review or clinical or interdisciplinary team review indicates a potential allegation of abuse |
| <input type="checkbox"/> Exploitation                       | <input type="checkbox"/> Other incident assigned for investigation by the Superintendent or Deputy Director  |
| <input type="checkbox"/> Serious injury                     |  |
| <input type="checkbox"/> Death                              |  |
| <input type="checkbox"/> Suspicious                         |  |
| <input type="checkbox"/> Unexpected deaths                  |  |

## II. Investigative Procedure

### A. General Information

1. *List the dates and times the investigator visited the site of the incident.*
2. *List the persons with whom the investigator spoke at that site. (Not witness interviews.)*

### B. Collecting Physical and Demonstrative Evidence

1. *Describe the manner in which the scene of the incident, if any, was secured.*
2. *List each piece of physical evidence collected.*
3. *Describe the manner in which the physical evidence was collected and logged.*
4. *Describe the manner in which the physical evidence was kept after collection in order to maintain the chain of custody.*
5. *List any pictures that were taken.*

6. *List any demonstrative evidence available to the investigation (e.g., diagrams, maps, floor plans, x-rays).*

### **C. Testimonial Evidence**

1. *Describe the way in which the investigator determined whom to interview.*
2. *List all persons interviewed in chronological order, including name, title, date and time, and type of interview (e.g., face-to-face, telephone).*
3. *Report the questions asked and answers given of all individuals identified in II.C.2.*
4. *List the person or persons, if any, identified as the target or targets of the case.*
5. *Describe the way in which the investigator afforded the target or other witnesses any right to representation if such rights exist by contract or other regulation or by law.*
6. *For any person identified in II.C.4., note whether the person had been suspended pending the investigation, whether any such person was reinstated during the course of the investigation and the reason for the reinstatement. If no one was suspended, please explain.*
7. *List any previous investigations that were reviewed as relevant to determine the circumstances, the veracity of witnesses, or corrective actions to be proposed.*

### **D. Documentary Evidence**

1. *List any statements taken from individuals interviewed in the case. (This may be noted, for convenience, on the list identified in II.C.2., above.)*
2. *List any other documents collected in this case.*
3. *Describe the manner in which any business records that were collected were secured prior to and after their collection.*

### **III. Summary of Evidence**

- A. List the investigatory questions that the investigator must answer.**
  
- B. Provide a summary of all direct evidence available to answer each question. (Information to be a fair summary related to each question.)**
  
- C. Provide a summary of all circumstantial evidence available to answer each question. (Information to be a fair summary related to each question.)**

### **IV. Analysis and Findings**

Include an answer to each investigatory question identified in III. Summary of Evidence and the reasons for your conclusion.

### **V. Identified Concerns**

List issues and concerns identified during the report which are contributing or non-contributing systemic concerns that the Incident Review Committee may consider for recommendations for corrective actions.

## VI. Disposition of Case #

(To be completed by the Incident Review Committee in consultation with the investigator.)

**Part I.** For allegations or suspicions of abuse and neglect including allegations and suspicions arising during the investigation, based on the findings noted in section IV, we believe that the allegation has been:

Substantiated                       Unsubstantiated                       Inconclusive

**Part II.** For all other matters (e.g., serious injuries of unknown origin), based on the findings noted in section IV, we believe the investigatory question has been:

Resolved                       Not resolved

### Approval

Investigator signature	Date
Supervisor signature	Date

## VII. Recommendations (To be completed by the Incident Review Committee.)

Based on the findings of the investigation and the discussions within the Incident Review Committee, we make the following recommendations that we believe are necessary to better protect people from harm.

## VIII. Corrective Action Plan

(To be completed by the Incident Review Committee.)

Are corrective actions needed?  Yes  No

If Yes, person responsible for development of corrective action plan:

**IX. Incident Investigation Quality Assurance Follow-up** (Administrative review)

(To be completed by the director of Quality Management.)

Case number:

Were problems timely and adequately detected?  Yes  No

If the answer is No, explain:

Were protections timely and adequately implemented?  Yes  No

If the answer is No, explain:

**X. Corrective Action Plan Review** (Administrative review)

(To be completed by the Incident Review Committee.)

Plan developed within five business days of assignment?  Yes  No

Plan contained necessary components:

Tasks  Yes  No

Timeline  Yes  No

Outcomes  Yes  No

Employee responsible for implementation  Yes  No

Corrective action plan implemented in timely manner?  Yes  No

Results of corrective action plan documented?  Yes  No

Recommendations for further corrective action plan steps. (The Incident Review Committee shall address any "No" responses related to the development, implementation, and documentation of corrective action plan.)