



DEPARTMENT OF ECONOMIC SECURITY

*Your Partner For A Stronger Arizona*



## **AzEIP Programmatic Meeting**

**“Recognizing Signs of Abuse/Neglect and Writing an Incident Report”**

**November 28, 2023**

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# Purpose of Today's Presentation

- To provide information about recognizing signs of Abuse and Neglect
- Review AzEIP's definition of a serious incident
- Review AzEIP Policy and Procedures regarding the completion of an Incident Report

# Guest Speaker

Recognizing Signs of Abuse and Neglect  
Presented by  
Raising Special Kids

# Acronyms

- **ADE:** Arizona Department of Education
- **ADES/AzEIP:** Arizona Department of Economic Security/Arizona Early Intervention Program
- **ASDB:** Arizona State School for the Deaf and the Blind
- **AzEIP:** Arizona Early Intervention Program
- **DCS:** Department of Child Safety
- **DDD:** Division of Developmental Disabilities
- **EIP:** Early Intervention Program
- **IDEA:** Individuals with Disabilities Education Act
- **N/A:** Not Applicable
- **NG Tube:** Nasogastric Tube
- **PEA:** Public Education Agency
- **RSK:** Raising Special Kids
- **SC:** Service Coordinator
- **SPA:** Service Providing Agency

# AzEIP Policy Manual 2.5.9: Incident Report

ADES/AzEIP monitoring activities provide EIPs with support through its technical assistance system. ADES/AzEIP oversees any serious incidents that occur with children, families and EIPs. EIPs are required to report serious incidents to ADES/AzEIP using the **Incident Report Form** (See AzEIP Procedure Manual Chapter 2: General Supervision).

# AzEIP Procedure Manual 2.3: Incident Report

The EIP must report all serious incidents to ADES/AzEIP as soon as possible and no later than 24-hours after the incident.

# AzEIP Procedure Manual 2.3: Incident Report 2 (continued)

A serious incident is an extraordinary event involving a child, caregiver, or an early intervention service provider acting while providing early intervention services, that poses a threat of immediate death or severe injury to a person, involves substantial damage to an individual or state property; and/or has widespread interest in the news and media.

Serious incidents include:

- A. Theft of child records or other child and family data
- B. Potentially dangerous situations involving the child and/or family
- C. Emergency situations in the home where the police or DCS were notified
- D. Weather conditions or disasters resulting in a change of operations for the EIP or early intervention service provider.

# AzEIP Procedure Manual 2.3: Incident Report (continued)

The EIP must submit the completed Incident Report form to ADES/AzEIP and:

- DDD if the child is DDD eligible; and
  - Follow the [DDD Provider Quick Guide for Incident Reporting](#)
- ASDB if the child is ASDB eligible.

# What does AzEIP consider a Serious Incident?

A **Serious Incident** is an extraordinary event involving

- A child
- Family or
- An early intervention service provider acting in the course of providing early intervention services.

## The **Serious Incident**

- Poses a threat of immediate death or severe injury to a person
- Involves substantial damage to an individual or state property
- And/or has widespread interest in the news and media.

# Incident Report Timelines

- In the event of an emergency, **FIRST CALL 911!**
- First and foremost take whatever actions are necessary to resolve the emergency and ensure health & safety.
- The SPA must report all serious incidents to ADES/AzEIP as soon as possible and **no later than 24-hours** after the incident.

# Would you file an Incident Report

1. Provider arrives at appointment and notices a bandage on the child's head. Family reports that the child fell this morning and hit their head requiring stitches at the local Urgent Care.
2. Family tells provider they removed their child's NG Tube and they are feeding the child like the rest of the family. The family shares they are not going to talk to their doctor about the change.
3. A provider left their appointment calendar in their car and it was stolen. The calendar had all of her upcoming appointments including family addresses and phone numbers.
4. Provider walks into the family's home and smells marijuana. They do not see any physical evidence.
5. Provider is unable to reach a family's home due to a microburst that causes the road to the home to be closed due to flooding. Visit is cancelled.
6. During a home visit while the family was working with the speech therapist, the child chokes on a bite of food. The family was able to dislodge the food by hitting the child on the back.
7. As provider is entering the family's home, the family dog bites the provider's calf leaving indents on her leg but the skin was not broken.

# When completing a Serious Incident Report

Include clearly written specific details and clear descriptions such as:

- People who witnessed the incident
- Others who were present (full name & title)
- Who was involved, **and**
- Exactly what happened
- Identify
  - Time
  - Date and
  - Location
- Explanation of any injuries
- Report should
  - Identify facts and observations
  - Avoiding personal biases and not draw conclusions or predictions nor place blame
  - Include additional documentation if available which could include a Police Report

# Sample Incident Reports - Provider

GCI-1089A FORFF (12-12) ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Arizona Early Intervention Program

### INCIDENT REPORT

Report all serious incidents to DES/AzEIP as soon as possible and no later than 24-hours after the incident. A serious incident is an extraordinary event involving a child, caregiver, or an early intervention service provider acting in the course of providing early intervention services, that (a) poses a threat of immediate death or severe injury to a person, (b) involves substantial damage to an individual or state property, and/or (c) has widespread interest in news/media.

Serious incidents include but are not limited to the following:

- theft of child records or other child/family data;
- potentially dangerous situations involving the child or family;
- emergency situations in the home where the police or CPS were notified; and
- weather conditions or disasters resulting in a change of operations for the early intervention program or provider.

INDIVIDUAL'S NAME (Last, First, M.I.) Turkey, Thomas	TEAMS NO. NA	BIRTHDATE NA
INDIVIDUAL'S ADDRESS (No., Street, City, State, ZIP) 12345 Brown Gravy Road, Mesa, AZ 85206	FOSTER CARE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PROVIDER NAME AT TIME OF INCIDENT (Qualified Vendor, Individual Independent Provider, Provider Site Name) Thomas Turkey Best Therapy In The World, Inc.		
NAME AND LOCATION OF INCIDENT (Site Name, No., Street, City, State, ZIP) 12345 Brown Gravy Road, Mesa, AZ 85206	DATE OF INCIDENT 11/17/2023	TIME OF INCIDENT 3:00 <input checked="" type="checkbox"/> PM <input type="checkbox"/> AM
STAFF / WITNESS(ES) INVOLVED IN INCIDENT (Last, First, M.I.) 1. Turkey, Thomas (Physical Therapist)	PHONE NUMBER 480-555-1234	IMMEDIATE SUPERVISOR Snuffing, Patrick <input type="checkbox"/> N/A
2. NA	PHONE NUMBER NA	IMMEDIATE SUPERVISOR NA <input checked="" type="checkbox"/> N/A

DESCRIBE INCIDENT THOROUGHLY. (What happened before, during and after the incident. Include all known facts, causes of injury and emergency measures, if applicable. Write clearly, objectively and in order of occurrence, without reference to the writer's opinion.)

WHAT HAPPENED BEFORE THE INCIDENT?  
During the weekend Thomas went to visit his friend at their house.

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WHAT HAPPENED DURING THE INCIDENT?  
When Thomas came out of his friend's house he discovered that his car had been stolen. Thomas realized that he had left his appointment calendar in his car and his calendar had all of his upcoming appointments which included all of the family addresses and phone numbers.

Thomas called the police and reported his car was stolen including his appointment calendar. He notified his supervisor. He also emailed each of the families and notified them his appointment calendar had been stolen.

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WHAT COULD HAVE PREVENTED THE INCIDENT?  
Thomas should never leave any documentation that includes a child or family's information in his car.

GCI-1089A FORFF (12-12) - PAGE 2

INDIVIDUAL'S NAME (Last, First, M.I.) Turkey, Thomas	DATE OF INCIDENT 11/17/2023
TYPE OF MEDICAL INTERVENTION (Doctor's visit, urgent care, emergency room, hospitalization) OR NOT APPLICABLE NA	
LOCATION OF MEDICAL INTERVENTION (Site location and address) OR NOT APPLICABLE NA	

### NOTIFICATIONS

PARENT/GUARDIAN NOTIFIED (If Yes, name of person notified. If No, explain why)	NOTIFIED BY WHOM (Last, First, M.I.)	DATE/TIME OF NOTIFICATION
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Freida Butterball	Turkey, Thomas	11/17/23 4:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
SERVICE COORDINATOR NOTIFIED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Turkey, Thomas	11/17/23 5:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
CHILD/ADULT PROTECTIVE SERVICES NOTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	NA	<input type="checkbox"/> AM <input type="checkbox"/> PM
TRIBAL SOCIAL SERVICES NOTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	NA	<input type="checkbox"/> AM <input type="checkbox"/> PM
POLICE NOTIFIED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Turkey, Thomas	11/17/23 3:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

PRINT NAME OF PERSON COMPLETING THIS FORM Thomas Turkey	SIGNATURE OF PERSON COMPLETING FORM <i>Thomas Turkey</i>	DATE 11/17/2023
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### CORRECTIVE ACTION/COMMENTS

WHAT STEPS ARE BEING TAKEN TO PREVENT THIS FROM HAPPENING AGAIN?  
Supervisor spoke with provider and reviewed their internal policies and procedures around protected information.

Provider will take the DES HIPAA training.

SUPERVISOR'S NAME (Print or type) Mashed Potatoes	SIGNATURE OF SUPERVISOR <i>Mashed Potatoes</i>	DATE 11/18/2023
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Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in

# Sample Incident Reports - Child

GCI-1089A FORFF (12-12)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Arizona Early Intervention Program

## INCIDENT REPORT

Report all serious incidents to DES/AzEIP as soon as possible and no later than 24-hours after the incident. A serious incident is an extraordinary event involving a child, caregiver, or an early intervention service provider acting in the course of providing early intervention services, that (a) poses a threat of immediate death or severe injury to a person, (b) involves substantial damage to an individual or state property, and/or (c) has widespread interest in news/media.

Serious incidents include but are not limited to the following:

- (a) theft of child records or other child/family data;
- (b) potentially dangerous situations involving the child or family;
- (c) emergency situations in the home where the police or CPS were notified; and
- (d) weather conditions or disasters resulting in a change of operations for the early intervention program or provider.

INDIVIDUAL'S NAME (Last, First, M.I.) Lightyear, Buzz	TEAMS NO. 123456	BIRTHDATE 8/7/2021
INDIVIDUAL'S ADDRESS (No., Street, City, State, ZIP) 234 Elm Street Mesa, AZ 85206	FOSTER CARE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PROVIDER NAME AT TIME OF INCIDENT (Qualified Vendor, Individual Independent Provider, Provider Site Name) Andy Davis, Kidding Around, Inc.		
NAME AND LOCATION OF INCIDENT (Site Name, No., Street, City State, ZIP) 234 Elm Street Mesa, AZ 85206	DATE OF INCIDENT 11/27/2023	TIME OF INCIDENT 10:00 <input type="checkbox"/> PM <input checked="" type="checkbox"/> AM
STAFF / WITNESS(ES) INVOLVED IN INCIDENT (Last, First, M.I.) 1. Davis, Andy (Speech Therapist)	PHONE NUMBER 602-222-4321	IMMEDIATE SUPERVISOR Sid Phillips <input type="checkbox"/> N/A
STAFF / WITNESS(ES) INVOLVED IN INCIDENT (Last, First, M.I.) 2. NA	PHONE NUMBER NA	IMMEDIATE SUPERVISOR NA <input checked="" type="checkbox"/> N/A

DESCRIBE INCIDENT THOROUGHLY. (What happened before, during and after the incident. Include all known facts, causes of injury and emergency measures, if applicable. Write clearly, objectively and in order of occurrence, without reference to the writer's opinion.)

WHAT HAPPENED BEFORE THE INCIDENT?

Speech Therapist walked into the home and mother was in the kitchen preparing the food to be served. The mother had cut the chicken nuggets into nickel sized bites. The child ran up to mother saying he was hungry and mother gave him a piece of chicken nugget.

WHAT HAPPENED DURING THE INCIDENT?

Child put the piece of chicken nugget into his mouth and started to walk toward the table. Child started to choke on the chicken nugget. Mom came over to him and was able to dislodge the food by hitting the child on the back. The child spit out the chicken nugget and started crying. Mom picked him up to comfort him.

WHAT COULD HAVE PREVENTED THE INCIDENT?

Mom could have waited until child was still and remained in one place while eating.

GCI-1089A FORFF (12-12) - PAGE 2

INDIVIDUAL'S NAME (Last, First, M.I.) Lightyear, Buzz	DATE OF INCIDENT 11/27/2023	
TYPE OF MEDICAL INTERVENTION (Doctor's visit, urgent care, emergency room, hospitalization) OR NOT APPLICABLE NA		
LOCATION OF MEDICAL INTERVENTION (Site location and address) OR NOT APPLICABLE NA		
NOTIFICATIONS		
PARENT/GUARDIAN NOTIFIED (If Yes, name of person notified. If No, explain why) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Larry Lightyear	NOTIFIED BY WHOM (Last, First, M.I.) Davis, Andy	DATE/TIME OF NOTIFICATION 11/27/23 3:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
SERVICE COORDINATOR NOTIFIED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Davis, Andy	11/27/23 3:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
CHILD/ADULT PROTECTIVE SERVICES NOTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	NA	<input type="checkbox"/> AM <input type="checkbox"/> PM
TRIBAL SOCIAL SERVICES NOTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	NA	<input type="checkbox"/> AM <input type="checkbox"/> PM
POLICE NOTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	NA	<input type="checkbox"/> AM <input type="checkbox"/> PM
PRINT NAME OF PERSON COMPLETING THIS FORM Andy Davis	SIGNATURE OF PERSON COMPLETING FORM <i>Andy Davis</i>	DATE 11/27/2023

### CORRECTIVE ACTION/COMMENTS

WHAT STEPS ARE BEING TAKEN TO PREVENT THIS FROM HAPPENING AGAIN?  
Providing mom with additional coaching on choking prevention.

SUPERVISOR'S NAME (Print or type) Sid Phillips	SIGNATURE OF SUPERVISOR <i>Sid Phillips</i>	DATE 11/28/2023
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Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in

# Who receives a copy of the Incident Report?

- AzEIP Quality Improvement Mailbox
- If child is DDD eligible, a copy is emailed to the DDD Support Coordinator and/to the DDD Incident Report Mailbox
- If child is ASDB eligible a copy is emailed to ASDB:  
([kendra.benedict@asdb.az.gov](mailto:kendra.benedict@asdb.az.gov))

# DDD Internal Process

For DDD Incident Reports will continue to be sent to:

- District Central: [DDDCentralIR@azdes.gov](mailto:DDDCentralIR@azdes.gov)
  - AzEIP Regions 2, 4A, 4B and 5
- District East: [DDDEastIR@azdes.gov](mailto:DDDEastIR@azdes.gov)
  - AzEIP Regions 7, 8 and 9
- District North: [DDDDistrictNorthIncidentReports@azdes.gov](mailto:DDDDistrictNorthIncidentReports@azdes.gov)
  - AzEIP Regions 10, 17, 18, 19, 20, 21 and 22
- District South: [DDDD2IR@azdes.gov](mailto:DDDD2IR@azdes.gov)
  - AzEIP Regions 11, 12, 13, 14, 15 and 16
- District West: [DDDDWestIR@azdes.gov](mailto:DDDDWestIR@azdes.gov)
  - AzEIP Regions 1, 3 and 6

# Where do you store the Incident Report

The Incident Report is stored by the Service Providing Agency outside of the child's record.

# What happens after you file the Incident Report

- The AzEIP office will
  - Review the Incident Report within one (1) business day of notification.
  - Email the person who submitted the Incident Report confirming receipt of report.
- AzEIP or DDD will continue to follow up until the situation has been resolved.

# Department of Child Safety (DCS) Reports

## AzEIP SPAs are Mandated Reporters

- [Mandated Reporter Overview Training](#)
- [Report Child Abuse or Neglect](#)

AzEIP recommends that the SPA have a plan in place when a DCS report is filed to support

- Their staff
- The family

# Incident Report Reminders

- Incident Reports must be **sent to AzEIP** as soon as possible and no later than **24-hours** after the incident.
- If a provider is unsure if an incident rises to the level of a serious incident, AzEIP recommends that an incident report is completed
- If a child is DDD eligible and/or ASDB eligible, a copy of the report must be provided to DDD and/or ASDB as applicable
- Incident Reports should
  - Be detailed and comprehensive
  - Include facts only (no opinions)
  - Have no blank fields
- Incident Reports are completed not only for child related incidents

# General Reminders

- SPAs must have internal processes in place to continuously monitor that all staff understand and are implementing services and supports in accordance with AzEIP Policy and Procedure and current technical assistance.
- SPA Leadership: Please remind New SCs and Seasoned SCs to use the newest and most current Transition Forms & PEA Notification (ADE has been receiving old forms recently)
- Transition Conference Due Date: Transition Conference must be completed on or before Date Child is 2.9 in I-TEAMS (may also use the Child Contract Report and Transition Compliance Report to determine the date the child is 2.9)

# General Reminders 2

Be sure to include **AzEDS ID Number** or **N/A** on the PEA Notification

Transition Data

<b>Date Child is 2.3 (Transition start)</b> 04/27/2022 <b>AzEDS ID</b> 12345678	<b>Date Child is 2.6</b> 07/27/2022 <b>Date AZEDS ID generated</b> 12/29/2022	<b>Date Child is 2.9</b> 10/29/2022 <b>Part B Start Date</b>  Special Education/Developmental Preschool
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<b>IFSP Transition Planning Meeting Date (TPM)</b> 6/3/2022 <b>Parent Consent to TPM Action Steps as Written</b> Yes <b>Transition Steps Documented on IFSP</b> Yes <b>PEA Notification Decision</b> Yes <b>Parent's Decision on Transition Conference</b> Yes <b>Parent's Decision on Transition Conference Date</b> 6/3/2022	<b>PEA Notification Sent Date</b> 6/7/2022 <b>School District</b> Flagstaff Unified District <b>PEA Notification Update 1</b>  <b>School District Update 1</b> ----- <b>PEA Notification Update 2</b>  <b>School District Update 2</b> ----- <b>ADE Notification Sent Date</b> 7/15/2022  Date PEA Referral sent to 'c2binbox@azed.gov'	<b>Conference Date</b> 10/19/2022 <b>Date School District Invited to Transition Conference</b> 9/7/2022 <b>Did School District Attend Transition Conference</b> Yes <b>Reason for Late Transition Conference</b> -----
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# Resources we would like to share\*

\*IDEA Regulations and AzEIP Policy/Procedure references specific to the slide show will be available in the PDF copy of the presentation for attendees to reference.

[Arizona Policy Manual](#)

[Arizona Procedure Manual](#)

[AzEIP Billing Manual](#)

[Report Child Abuse or Neglect](#)

[DDD Provider Quick Guide for Incident Reporting](#)

# Resources Shared By RSK

## Raising Special Kids Contact Information

- [Raising Special Kids](#)
- (800)237-3007
- 602-242-4366
- [Raising Special Kids Family Referral Form](#) (Link to self-referral form)

## Reporting Resources

- [Tipping the Scales in Their Favor - Abuse and Neglect Webinar](#)
- [Arizona Department of Child Safety](#)
- Arizona Child Abuse Hotline at 1-888-SOS-CHILD (1-888-767-2445)
- [Online Reporting](#)
- [Definition of a Mandatory Reporter](#)
- [Mandated Reporter Overview Training | Arizona Department of Child Safety](#)
- [Arizona Adult Protective Services Vulnerable Adult Definition](#)
- [Arizona Coalition to End Sexual Violence and Domestic Violence](#)
- [Impending Danger Safety Threats and Descriptors Guide](#)

# Resources Shared by RSK (continued)

## Child Advocate Resources and Parent Training Programs

- [Childhelp Prevention and Treatment of Abuse](#)
- [Child Crisis Arizona](#) (prevention, intervention and education programs designed to support the thousands of children and families who may be at risk)
- [Children's Advocacy Center of Southern Arizona](#)
- [Prevent Child Abuse Arizona](#)

## Mental Behavioral Health Crisis Resources

- Mental/Behavioral Health Crisis for youth and adults in Phoenix Area
  - [MIND 24-7](#)
  - Text/Call 1-844-MIND247
- [Crisis Hotlines](#) (Statewide numbers)

## Domestic Violence Resources

- National Domestic Violence Hotline
  - Hours: 24/7. Languages: English, Spanish and 200+ through interpretation service Learn more 800-799-7233
- [Domestic Violence Support | Arizona Department of Economic Security](#) (State Resources)

# Thank you for attending!

## AzEIP Quality Improvement Team

- **Erica Melies**, AzEIP Quality Improvement Manager
- **Tanya Goitia**, AzEIP Continuous Quality Improvement Coordinator
- **Lidia Gonzales**, AzEIP Continuous Quality Improvement Coordinator
- **Pamela Meurer**, AzEIP Continuous Quality Improvement Coordinator
- **Anissa Albert**, AzEIP Technical Assistance Specialist
- **Amanda Tipotsch**, AzEIP Technical Assistance Specialist
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