



OKLAHOMA
Health Care Authority

APPLIED BEHAVIOR ANALYSIS (ABA)
CRITICAL INCIDENT REPORT

Any incident involving death or serious injury (bruising, scratches, bleeding, etc.) due to physical management or seclusion must be reported to OHCA immediately after becoming aware of the incident. Please complete the form below and submit **via fax to 405-708-1818**. The OHCA critical incident reporting form must be submitted to OHCA no later than 5:00 p.m. CST the following business day of the incident.

Please note that this form does not replace mandated reporting of any incident involving abuse/neglect or suspected abuse/neglect. **Report any suspected abuse/neglect to the Oklahoma Human Services by calling 800-522-3511.** Any calls regarding mandated reporting should also be completed immediately after becoming aware of an incident.

SECTION 1	
ABA Facility/Clinic Name:	
Name and Title of Person Filing Report:	
Best Contact Number:	
Best Email Address:	
Name of Staff involved:	
Best Contact Number:	
Member Name Involved:	
Member DOB:	
Member ID:	
Name of Parent/Guardian:	
Address and Phone Number of Parent/Guardian:	

SECTION 2
Date and time incident occurred:
Date ABA provider notified OHCA:
Date and time parent/guardian was notified by ABA provider:
Location of Incident:
Describe what led to the incident:



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

oklahoma.gov/OHCA
mysoonercare.org



PHONE

Admin: 405-522-7300
Helpline: 800-987-7767



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Describe the incident including any injuries and the location of the injuries:

Immediate action taken:

Did the injury require police or medical emergency personnel be contacted:

SECTION 3

Describe the current safety-related policies/procedures utilized by the ABA facility/clinic:

Describe the preventative measures implemented and any other recommendations made to reduce/eliminate the risk of recurrence of this type of incident:

Date/time of call to CPS (if applicable):

Name of person taking the call and CPS tracking number:



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