

INSTRUCTIONS FOR COMPLETING THE DHR INCIDENT REPORT FORM

Program Information

- 1. Provider Organization Name:** Indicate the name of the legal entity/parent organization responsible for the operation of the facility.
- 2. Program Site or Foster Home Address:** Enter the name of the site and the location where the incident occurred. Provide the street address and zip code. If the incident occurred at a foster home or an Independent Living apartment, provide the address.
- 3. Site or Foster Home Jurisdiction:** Enter the name of the county where the program site, foster home or ILP is located.
- 4. Provider Telephone Number:** Indicate the phone number of the administrator responsible for the day to day operation of the program.
- 5. Program Type:** Check the box that identifies the category on the program's license. If the type is not listed, enter the program type.

Incident Information

- 6. Incident Date:** Date the incident occurred. Enter the date as mm/dd/yyyy.
- 7. Incident Time:** Enter the actual time the incident was observed. Enter the time as hours and minutes. Also include am or pm as appropriate.
- 8. Date Reported to OLM:** Indicate the date the program made notifications to OLM in accordance with COMAR. Enter the date as mm/dd/yyyy.

9. Time Reported to OLM: Enter the actual time the program made the report to OLM. Enter the time as hour and minutes. Also include am or pm as appropriate.

10. Incident Location: Complete this section if the incident occurred at a location other than the program site where the youth resides.

11. Notification Method: Check all methods of notification that were made.

- **Incident Reports may be e-mailed in PDF format to olm.incidents@maryland.gov. E-mail is the preferred method of submission.**
- **The OLM fax number is 410-333-8408.**

12. Reporter's Name: Indicate the name of the person who wrote the report.

13. Reporter's Job Title: Indicate the official job title of the reporter.

Persons Involved in the Incident

14. Youth in Placement: List all youth in care involved in the incident. Identify each youth by first name and the initial of the last name. Enter DOB (Date of Birth) as mm/dd/yyyy and Gender (Male/Female). Note any injury sustained attributed to this incident. The nature of the injury and the extent of medical attention required should be addressed in the Narrative Section.

15. Placing Agency: Enter the name of the placing agency and include the jurisdiction, for example, Prince Georges County LDSS or CFSA or DYRS for Washington D. C.

16. Staff Members/Foster Parent: Indicate the full legal name of each staff member involved in and on site during the incident. Indicate the full legal name of the foster parent and the foster parent's phone number. The extent of the staff and foster parent involvement in the incident should be addressed in the Narrative Section.

- **Indicate Yes or No to completion of training in Behavioral Management Techniques.**

17. Others involved in the Incident: Provide the full legal name when known, of others involved in the incident. This section would include, for example, name of friends or family if the incident occurred while the youth was on a home visit. Indicate the relationship of the other persons to the youth in care, for example, a relative. The DOB is requested for minors. Include a phone number where the other person(s) may be contacted.

Incident Type

18. Incident Type: Check the boxes of all descriptions that apply. Each type checked must be addressed in the Narrative Section.

- **Assault on Other Youth:** Check this box if the incident involves a threat or attempt to do bodily harm to another and/or unlawful or impermissible touching.
- **Assault on Foster Parent/Staff:** Check this box if the incident involves a threat or attempt to do bodily harm to another and/or unlawful or impermissible touching.

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- **Death of a Child:** Check this box if the incident involves the death of any minor child or transitioning youth in care.
- **Death of Staff/Foster parent while on Duty:** Check this box if the incident involves the death of a staff member or foster parent while on duty.
- **Injury to Youth Subject of the Incident:** Check this box if the victim or perpetrator of the incident sustained physical injury.
- **Injury to Other Youth:** Check this box if any other youths sustained a physical injury attributable to the incident.
- **Injury to Foster Parent/Staff:** Check this box if physical injury was sustained by a staff member or a foster parent.
- **Property Damage:** Check this box when damage to property exceeding \$50.00 occurred as a result of the incident or if the incident involved intentional destruction, for example, a lamp is thrown. How the property was damaged should be included in the Narrative Section.
- **Theft:** Check this box when the conduct involves alleged use of or unlawful taking of the personal property of others including money, automobile or other goods value over \$50.00. Describe the property in the Narrative Section.
- **Automobile Accident:** Check this box when any vehicular accident is the basis for the incident. Include details and any police involvement in the Narrative Section.
- **Possible Violation of Youth's Rights:** Check this box for any suspected violation of the youth's rights as enumerated on the "Bill of Rights" which includes but is not limited to the right to respect and fair

treatment, care and supervision, education, protection, right to be heard and the right to be provided information.

19. Behavioral Issues: Check all that apply and explain in the Narrative Section.

- **AWOL:** Check this box when a youth in care is away from the program or away from other approved location without permission of the care provider or designee. The AWOL status should be reported for any such absence exceeding two (2) hours.
- **Sexual Misconduct:** Check this box when a youth in care is involved with another youth in a manner that is considered inappropriate sexual conduct. All such conduct should be reported even if the behavior is reportedly consensual. Sexual misconduct involving a youth in care and an adult should be addressed under "Suspected Abuse/Neglect".
- **Police Involvement:** Check this box whenever law enforcement, fire and emergency services are involved or called. Include the intervention in the Narrative Section.
- **Possession of Contraband:** Check this box when items that may be used for illegal purposes are found. This includes firearms, ammunition or knives. Also included would be drug paraphernalia including pipes, matches and lighters, etc.
- **Arrest:** Check this box when the youth in care has been taken into custody by the police.
- **Fire setting:** Check this box if the youth in care attempted to start or started a fire.

- **Gang Involvement:** Check this box when the youth in care verbalizes gang involvement or exhibits established indications of gang involvement for example, wearing only clothing of certain color, mingling with known gang members.
- **School Suspension:** Check this box when the youth in care is suspended for school. (> 3 days)
- **School Expulsion:** Check this box when the youth in care is expelled from school.

20. Mental Health/Substance Use: Check the boxes for all that apply. Include the details in the Narrative Section.

- **Alcohol Use/Possession:** Check this box when alcoholic beverages are found in the youth's custody and/or control or when there is evidence of consumption.
- **Drug Use/Possession:** Check this box when illicit drugs are found in the youth's custody and/or control. This box should also be checked when there is admission of use or reasonable suspicion of use for example, slurred speech, slowed reaction time.
- **Emergency Petition:** Check this box when an Emergency Petition is filed by the appropriate professional.
- **Ingestion of Harmful Substance:** Check this box when the ingestion of harmful substance occurs.
- **Injury to Self:** Check this box for intentional self inflicted injuries. For example self cutting or scratching.
- **Homicidal Ideations:** Check this box when the youth verbalizes thoughts of killing others.

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- **Homicidal Attempt:** Check this box when the youth acts on the homicidal thoughts by actually attempting to kill another or have a plan.
- **Suicidal Ideations:** Check this box when the youth verbalizes thoughts about harming self or verbalizes preoccupation with death.
- **Suicidal Attempt:** Check this box if the youth has formulated a plan or attempts to harm self whether or not the plan would have succeeded.

21. Medical Event: Check this box for non-routine health care matters.

- **Emergency Medical Treatment:** Check this box for emergency room treatment and/or urgent care medical office visit.
- **Emergency Hospitalization:** Check this box for unexpected admissions. Select the box for medical care and/or acute psychiatric care.
- **Medical Event (Significant but Non-Emergent):** Check this box for all other medical or health care problems that are significant to the overall care, but does not meet the above criteria. For example, mental status change attributed to medication refusal.
- **Other:** Check this box if critical incident not documented above.

22. Restraint:

Use of Prone Restraint is Prohibited in Residential Child Care Programs.

- **Name of Behavior Intervention Protocol Used:** Note the specific method used, for example, Safe Crisis Management, TCI.

- **Length of time in Restraint:** Provide the actual time in minutes the youth was in restraint. Enter actual time for any repeated episodes.
- **Reason for Restraint:** Check the appropriate box.
- **Type of Restraint Used:** Check the box for the number of staff used to impose the physical restraint.

Chemical and Mechanical Restraints require a physician's order or a court order.

Suspected Abuse/Neglect

23. Suspected Abuse/Neglect: This section should be completed and a descriptive narrative provided under circumstances where an adult is suspected of perpetrating harm upon a child/youth in care either by their actions or inactions.

- **Date/Time Reported to CPS:** Provide the date as mm/dd/yyyy. Enter the time in minutes and hour, including am or pm as appropriate.
- **Name of Case Worker Taking the Report:** Provide the first and last name and the phone number for the CPS Intake Worker.
- **Type of Allegation:** Check the box or boxes that apply.

1. **Physical Abuse:** Check this box when inappropriate physical contact has been reported by the youth or observed or suspected.
2. **Sexual Abuse:** Check this box when the youth reports socially unacceptable touching or contact. Also includes molestation,

kissing, fondling and exploitation and the sex crime of rape.

3. **Verbal Mental Injury:** Check this box where indicated for allegations or observations of verbal abuse.
4. **Neglect:** Check this box for failure to provide proper supervision and care, including adequate nutrition or educational opportunities.

Notification Information

24. Notification Information: Provide the names, dates and times and phone numbers for the persons in the named categories. If a listed category does not require notification leave blank. For example, if law enforcement was not involved this section would be left blank.

Law Enforcement: Provide date and time reported to police. Also indicate police report number, police district name and police badge number.

Narrative Information

25. Narrative Information: Answer the questions provided in the space provided. Additional pages may be attached as needed.

1. Describe the incident and surrounding circumstances. Include information on antecedent behaviors, specific behaviors of the youth, staff/foster parent responses. Provide facts -- avoid speculation, subjectivity and personal comments.
2. Identify the actions taken by staff/foster parents to de-escalate the situation and

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ensure safety of all involved. Include information about staff/foster parent intervention, behavior management techniques used, the involvement of law enforcement and other emergency personnel involvement and any other relevant information regarding the intervention provided.

3. Describe any follow up, corrective action and other relevant safety measures taken, plans/subsequent interventions put in place.

26. Signatures:

- Incident reports must have the signature of the reporter.
- Incident reports must have the signature of the Program Administrator/Designee.
- Incident reports must have the printed name of the Program Administrator/Designee.

IMPORTANT NOTE:

The Office of Licensing and Monitoring will only accept type written incident reports.