.01 **Purpose:** The DHR (Office of Licensing and Monitoring (OLM)) Incident Report Form provides for consistency in meeting reporting requirements. DHR licensed providers will document critical incidents on the DHR Incident Report Form. A Residential Child Care provider that routinely uses the incident report form required by the Department of Juvenile Services or the Department of Health and Mental Hygiene Developmental Disabilities Administration, may substitute that form for the DHR Incident Report Form. No other format will be accepted.

.02 **Reference:**

.02.02 COMAR 14.31.06.15F Documentation Requirements for the Use of Restraints in an RCC

(17) Notification: …

(c) To the licensing agency, in writing, within 24 hours of the incident.

.02.03 COMAR 14.31.06.18 Reports and Records for Residential Child Care Programs

A. General Requirements: The licensee shall:

(1) Submit reports and maintain records as requested by the licensing agency in order to ensure compliance with these regulations and other federal and State laws;

(2) Immediately notify:

(a) The licensing agency, the contracting agency, and the placing agency of any critical incident; and

(b) The child’s parent, the placing agency, and the licensing agency of the death of a child;

(3) Notify by the next morning the placing agency and, unless inconsistent with the child’s individual service plan, the child’s parent, if a child is hospitalized;

(4) Within 24 hours after any critical incident, submit a critical incident report to the licensing agency, the contracting agency, and the placing agency;
Within 48 hours after an incident requiring the involvement of law enforcement, fire
department, or other emergency services, submit an incident report to the licensing
agency and, if a particular child is involved, to the placing agency.

.03 Definitions:

.03.01 “Critical incident”, COMAR 14.31.06.03B (5), means:

(a) The death of a child or staff while on duty;

(b) An emergency room visit that is the result of level 3 injury;

(c) An unexplained hospital admission;

(d) An unauthorized absence of any duration that constitutes and (sic)
immediate danger to self or others; or

(c) Any programmatic, public health, or physical plant issue that could
endanger or require the removal of children for reasons of health or
safety.

.03.02 “Chemical restraint”, COMAR 14.31.06.03B(3), means the use of a drug or
medication that is not a standard treatment for a child’s condition to control behavior or
restrict the child’s movement.

.03.03 “Mechanical restraint”, COMAR 14.31.06.03B(13), means any mechanical device
that restricts the free movement of an individual.

.03.04 “Physical restraint”, COMAR 14.31.06.03B(15), means the use of physical force,
without the use of any device or material, to restrict the free movement of all or a portion
of a child’s body, not including:

(a) Briefly holding a child in order to calm or comfort the child;

(b) Holding the child by the hand or arm to escort the child safely from one area
to another;

(c) Moving a disruptive child who is unwilling to leave the area when other
methods such as counseling have been unsuccessful; or

(d) Breaking up a fight.

.03.05 “Prone restraint”, COMAR 14.31.06.03B(18), means being held face down.

.03.06 “Restraint”, COMAR 14.31.06.03B(20), means a technique that is implemented to
impede a child’s physical mobility or limit free access to the environment, including to
chemical, mechanical or physical restraints.
.04 **Policy:** All programs licensed by DHR Office of Licensing and Monitoring (OLM) will submit all written reportable incidents to OLM, within the timeframes mandated by the above referenced COMAR regulations.

.05 **Procedure:**

.05.01 Licensed programs will immediately telephone the program’s assigned Licensing Coordinator of any critical incident. If the licensing coordinator is not available, the program shall leave a voice mail message.

.05.02 All incident reports will be submitted using the Incident Report Form. Programs that are required to submit incident reports on forms required by the Department of Juvenile Services or by the Department of Health and Mental Hygiene Developmental Disabilities Administration, may substitute those forms for the Incident Report Form. No other reporting format will be accepted.

.05.03 The Incident Report Form must be submitted to OLM via e-mail at [olmincidents@dhr.state.md.us](mailto:olmincidents@dhr.state.md.us) or by facsimile.

.05.04 Providers are to provide additional information about the incident upon request by OLM.

.05.05 Providers will also notify the contracting agency and the placing agency in accord with COMAR 14.31.06.18

.06 **Exhibits:**

06.01 Instructions for Completion of the OLM Incident Report Form

06.02 Incident Report Form