DATE: February 25, 2015

TO: All Child Placement Agencies

FROM: Darlene Ham, Executive Director


This is a reminder of your responsibilities regarding the reporting of Agency Emergencies as outlined in COMAR 07.05.01.08 A, which states that the agency is to notify OLM by phone immediately and in writing within 48 hour of occurrence, of the following emergencies:

(a) The death of a child in foster care or receiving adoption services;
(b) Accident, assault, illness, or psychiatric episode of a child which requires hospitalization or emergency medical care;
(c) Suspected incident of child abuse or neglect, including mental injury;
(d) Illegal activity leading to the incarceration of a child, parent, foster parent, guardian, or adoptive parent; or
(e) Other occurrences which may affect the health, safety, or well-being of children in care or receiving adoption services.

In addition, the Office of Licensing and Monitoring (OLM) requires Child Placement Agencies (CPA) to report an unauthorized absence of any duration that constitutes an immediate danger to self or others.

Please review the policies, current incident reporting form (dated 2/25/2015), and instructions for correctly completing the incident report for children placed in your program by local Departments of Social Services. These documents may be found by going to the DHR website, http://dhr.maryland.gov, and clicking on the “Services” tab in the upper left hand corner of the page, clicking on “Licensing and Monitoring”, then on “Provider Resources” on the left hand side of the page, and finally on “Critical Incident Reporting”. Otherwise, the web address to the direct “Critical Incident Reporting” page is http://www.dhr.state.md.us/blog/?page_id=3683.

Also please note:

1. OLM prefers that you inform us of the Critical Incidents in PDF format via e-mail at olm.incidents@maryland.gov. You also may fax the reports to 410-333-8408. However, use one method or the other -- DO NOT USE BOTH methods as this will skew your reporting statistics. Also, please do not send incident reports solely to individual Coordinators.
2. Effective September 22, 2014, OLM will no longer accept handwritten incident reports. Please type the data describing the incident on the incident form being used (DHR, DJS, DHMH, CFSA, DYRS, federal).

**Ways that provider agency staff can correct frequent errors and problems regarding Critical Incident Reporting**

The following are ways that provider agency staff can correct the most frequent errors and problems that OLM encounters as they review and document your reports. These errors skew and compromise the integrity of the data:

1. The correct form has a revision date of February 25, 2015 (a copy is found on the DHR website as noted above). Please destroy all previous additions.

2. **Provider Organization Name** is the legal name of your organization. This is not what your program is known as or the contracted name, etc. This is the legal, incorporated name.

3. The **Site or Foster Home Jurisdiction** is the county or city (in the case of Baltimore City) in which the organization office or foster home is located.

4. If your program has multiple licensed offices, indicate the specific office address and CPA home address for which the incident refers. As the review and data entry of these reports can be completed by different Quality Assurance or Licensing Coordinators do not assume they are familiar with your program or the nuances regarding to which office the report may apply.

5. The **Date Reported to OLM by Telephone or Email** and the **Time Reported to OLM by Telephone or Email** should reflect the actual date and time the Incident was reported to OLM by telephone or email, and not internally to your administrators and/or supervisors.

6. The **Date Written Report Sent to OLM by Email or Fax** and the **Time Written Report Sent to OLM by Email or Fax** should reflect the actual date and time the completed Incident Report was e-mailed or faxed to OLM. This is required to be within 48 hours of the incident, per COMAR 07.05.01.08A (2).

7. When entering the location of an incident other than the foster home in the **Incident Location (If Different From Site Location)** section, i.e., schools, hospitals, mental health clinics, community locations, etc., include the complete street address of the location.

8. The **Youth in Placement’s name** should be listed as **first name, last initial only** to ensure the child’s confidentiality as required by COMAR 07.05.02.19 B.
9. The **Placing Agency** is:
   a. The local Department of Social Services (county or Baltimore City),
   b. In the case of Montgomery County, the Montgomery County Department of Health and Human Services (DHHS),
   c. The Maryland Department of Juvenile Services (DJS),
   d. The Maryland Department of Health and Mental Hygiene-Developmental Disabilities Administration (DHMH-DDA),
   e. The Maryland Department of Health and Mental Hygiene-Behavioral Health Administration (DHMH-BHA),
   f. The Washington D.C. agencies, Child and Family Services Administration (CFSA) or Department of Youth Rehabilitative Services (DYRS),
   g. Or, in the case of Autism Waiver placement, or any other placing source, “Other”.

The placing agency is **NEVER** your agency.

10. The **Behavior Management Certified** block is reserved for Residential Child Care agencies’ staff that uses a State-approved method of physical restraint.

11. Be sure to check **all** of the **Incident Type** boxes that apply to the incident. Incidents that are indicated in the checked boxes also have to be addressed in the narrative. Most AWOLs should have the corresponding **Police Involvement** box checked. Please note there are several new categories of Incidents including but not limited to **Theft - Victim**, **Medication Error(s)**, and **Domestic or Intimate Partner Violence**.

12. **Only School Suspensions** of three days or more (>3 days) are to be reported.

13. **Law Enforcement** information must be included when police are involved: police report #, district name, badge #, date & time reported to police.

14. There are only five choices currently available for **Notification Method**: They are Email, Face-to-Face, Fax, Hand Delivered, and Phone.

15. If using another agency’s form, i.e., CFSA, DYRS, DJS or DHMH, please include information necessary required by OLM, i.e., the date of birth of the youth, the name of **Program Administrator / Designee**, and staff person(s) involved, their positions within the agency, and documentation of the date and time of notification to the OLM Licensing Coordinator assigned to the agency.

16. The **Narrative Information** section should be as complete as possible and address the specific points of each of the three sections that are relevant to the incident being reported. Questions to be asked regarding the incident are: “Who? What? Where? When? and How?”
17. Finally, please ensure that ALL STAFF that are involved in the completion of the critical incident reports in your organization are aware of the policies and instructions pertaining to Critical Incident reporting. It is the goal of OLM to provide prompt and direct support to assist your agency in timely and accurate incident reporting.

If you have any questions regarding the incident reporting policy, please contact your Licensing Coordinator, or OLM Quality Assurance. OLM Quality Assurance may be reached at olm.incidents@maryland.gov.