

# 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. This is not what your program is known as or the contracted name, etc; this is the legal, incorporated name.

**2. Program Site or Foster Home Address:** Enter the name of the program, foster home or Independent Living apartment, including the street address and zip code.

**3. Site or Foster Home Jurisdiction:** Enter the county, or city in the case of Baltimore City, where the program site, foster home or ILP residence is located.

**4. Provider Telephone Number:** Indicate the phone number of the office 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.

## Incident Information

**6. Incident Date:** Enter the date the incident occurred as mm/dd/yyyy.

**7. Incident Time:** Enter the actual time the incident was observed. Enter the time as hours and minutes, and indicate AM or PM, as appropriate.

**8. Date Reported to OLM by Telephone or Email:** Indicate the date the program notified

OLM in accordance with COMAR. Enter the date as mm/dd/yyyy.

**9. Time Reported to OLM by Telephone or Email:** Enter the actual time the program made the report to OLM. Enter the time as hour and minutes, and indicate AM or PM, as appropriate.

**10. Date written report sent to OLM by Telephone or Email:** Indicate the date the program sent the written report to OLM in accordance with COMAR. Enter the date as mm/dd/yyyy.

**11. Time written report sent to OLM by Telephone or Email:** Indicate the time the written report was sent to OLM in accordance with COMAR. Enter the time as hour and minutes, and indicate AM or PM, as appropriate. The time can be the time of the fax receipt or the "sent" time stamp of the email.

**12. Incident Location:** Complete this section if the incident occurred at a location other than the program site, foster home, or Independent Living apartment, where the youth resides. When reporting sites such as schools, community centers, etc., please give the complete name and address of the location.

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

- **E-mail is the preferred method of submission.** Incident Reports may be e-mailed in PDF format to [olm.incidents@maryland.gov](mailto:olm.incidents@maryland.gov).
- **The OLM fax number is 410-333-8408.**
- **Telephone notification is to document initial notification to an OLM**

**Coordinator of an incident. However, telephone notification does not relieve the agency of sending OLM a written report within 48 hours of the Incident.**

**14. Reporter's Name:** Indicate the name of the person who wrote the report. Please include first and last names. Honorifics such as Mr. or Ms. are not necessary.

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

## Persons Involved in the Incident

**16. 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. (Note: Including the youth's last name is a breach of confidentiality and a violation of COMAR). Enter DOB (Date of Birth) as mm/dd/yyyy and Gender (Male/Female). Indicate as Y or N if the youth sustained 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 Information** section.

**17. Placing Agency is:**

- The local Department of Social Services (county or Baltimore City),
- In the case of Montgomery County, the Montgomery County Department of Health and Human Services (DHHS),
- The Maryland Department of Juvenile Services (DJS),
- The Maryland Department of Health and Mental Hygiene-Developmental Disabilities Administration (DHMH-DDA),

# INSTRUCTIONS FOR COMPLETING THE DHR INCIDENT REPORT FORM

---

- The Maryland Department of Health and Mental Hygiene-Behavioral Health Administration (DHMH-BHA),
- The Washington D.C. agencies: Child and Family Services Administration (CFSA) or Department of Youth Rehabilitative Services (DYRS),
- Or, in the case of Autism Waiver placement, or any other placing source, “Other”.

**18. Staff Members/Foster Parent:** Indicate the full legal name of each staff member involved in and on site during the incident. Enter the position in which they are currently serving. Do not enter staff members if they have no active part in the incident and are only notified. Indicate the full legal name of the foster parent and the foster parent’s telephone number. The extent of involvement of each staff member listed and foster parent involvement in the incident should be addressed in the **Narrative Information** section.

**19. Behavioral Management Certified:** This block is reserved to document certification in a State-approved Behavioral Intervention Training protocol for Residential Child Care staff. **For foster parents and Child Placement Agency staff, this block should be “N”.**

**20. 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 or with biological family, school staff including school Resource Officers, the youth’s mental health professional, medical doctor or psychiatrist, or any other person involved in the incident. Indicate the relationship of the other person(s) to

the youth in care, for example, a relative. Indicate “Y” or “N” if one of the involved persons is a minor youth. Include a phone number where the other person(s) may be contacted.

## **Incident Type**

**Incident Type:** Check the boxes of all descriptions that apply. Each incident type checked must be addressed in the Narrative Information section.

### **21. General Incidents:**

- Arrest/Incarceration of staff or Foster Parent While On Duty: Check this box when the staff or Foster Parent on duty has been taken into custody by the police. Details, including the nature of the charges, should be included in the **Narrative Information** section.
- Assault of Youth Subject Of The Incident: Check this block if the youth named in the Incident is threatened, harmed, or subject to unlawful or impermissible touching.
- Assault on Foster Parent/Staff: Check this box if the incident involves actual harm or a threat or attempt to do bodily harm to foster parent/staff, and/or unlawful or impermissible touching.
- 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.
- Automobile/Vehicular Accident: Check this box when any vehicular accident is the basis for the incident. This include mo-peds, scooters, dirt bikes, ATV’s, or

any other powered means of transportation. Provide the details, including injuries and any police involvement, in the **Narrative Information** section.

- 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.
- Domestic or Intimate Partner Violence: Check this block when there is suspected or alleged abuse involving the youth in care and a significant other, including but not limited to fiancés, same-sex partners, and the other parent of their child. The abuse may take the form of physical violence, threats of violence, intimidation, cyber bullying or intimidation, harming of pets, destruction of personal items, etc.
- 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.
- Injury to Youth Subject of the Incident: Check this box if the victim or perpetrator of the incident sustained physical injury.
- Possible Violation of Youth’s Rights: Check this box for any suspected violation of a youth’s rights as enumerated in the “Bill of Rights” for youth in Residential Child care settings. This includes, but is not limited to: the right to respect and fair treatment; care and supervision including medical, dental, and mental health care; education; protection; the right to be

# INSTRUCTIONS FOR COMPLETING THE DHR INCIDENT REPORT FORM

---

heard; and the right to be provided information. These thresholds of violation also apply to youth placed in a Child Placement Agency.

- **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 Information** section.
- **Restraint:** Check this box if there is an incident of physical restraint (also provide details in the identified section and the narrative).
- **Sexual Assault - Perpetrator:** Check this block if the youth was the alleged perpetrator for suspected or alleged acts of commission, unwanted advances or requests for sex, and unwanted or impermissible touching.
- **Sexual Assault - Victim:** Check this block if the youth was the victim for suspected or alleged acts of commission, unwanted advances or requests for sex, and unwanted or impermissible touching.
- **Suspected Abuse/Neglect:** Check this box if there is alleged or suspected abuse/neglect of a child as defined by current State of Maryland statutes (also provide details in the identified section and the narrative).
- **Theft - Perpetrator:** 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 incident in detail, including any law enforcement involvement.

- **Theft - Victim:** Check the block if the subject of the Incident Report has been forcibly robbed, or has had possessions stolen from places such as a school locker, book bag, their room, etc,

**22. Behavioral Issues:** Check all that apply and explain in the **Narrative Information** section.

- **Arrest/Incarceration Of Youth:** Check this box when the youth in care has been taken into custody by the police. Details, including the nature of the charges, bail or bond, and where the youth is being detained, should be included in the **Narrative Information** 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 to law enforcement for any such absence exceeding two (2) hours. Ensure the police report number, if any, is obtained and documented in the **Notification Information** section, and the **Police Involvement** block checked.
- **Bullying – Perpetrator:** Check this box if youth is alleged to be or suspected of bullying another youth. This includes threats of physical or emotional harm, denigration of character, or public/peer humiliation. Including activities involving electronic social media.
- **Bullying – Victim:** Check this box if youth is alleged to be or suspected of being bullied by another youth. This includes threats of physical or emotional harm, denigration of character, or public/peer humiliation. Including

activities involving electronic social media.

- **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, or using known gang signs.
- **Police Involvement:** Check this box whenever law enforcement, fire and emergency services are involved or called.
- **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 tobacco, if youth is under the age of 18, drug paraphernalia including pipes, matches and lighters, etc.
- **School Expulsion:** Check this box when the youth in care is expelled from school.
- **School Refusal:** Check this box when the youth in care refuses to attend school.
- **School Suspension:** Check this box when the youth in care is suspended from school for three day or more (> 3 days). Do not report school suspensions of one of two days, or in-school suspensions.
- **Sexual Misconduct:** Check this box when a youth in care is involved with another youth in a manner that is considered inappropriate sexual conduct. (i.e. taking pictures in a state of undress or nudity ) 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”.

# INSTRUCTIONS FOR COMPLETING THE DHR INCIDENT REPORT FORM

---

**23. Mental Health/Substance Use:** Check the boxes for all that apply. Include the details in the **Narrative Information** 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 also should be checked when there is admission of use or reasonable suspicion of use, for example, slurred speech, slowed reaction time, etc. This block is to be used to indicate a positive urinalysis if the youth is subject to screening.
- Emergency Petition: Check this box when an Emergency Petition is filed by the appropriate professional seeking emergency psychiatric evaluation or hospitalization.
- Homicidal Attempt: Check this box when the youth acts on the homicidal thoughts by actually attempting to kill another, or has a plan to do so.
- Homicidal Ideations: Check this box when the youth verbalizes thoughts of killing others.
- 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, or Self Injurious Behavior (SIB). For example, self cutting or scratching.
- Suicidal Attempt: Check this box if the youth has formulated a plan, has the means, and/or attempts to harm self

whether or not the plan would have succeeded.

- Suicidal Ideations: Check this box when the youth verbalizes thoughts about harming self or verbalizes preoccupation with death.

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

- Emergency Hospitalization: Check this box for unexpected hospital admissions. Select the box for medical care and/or acute psychiatric care.
- Emergency Medical Treatment : Check this box if the child receives treatment in an Emergency Room for acute care of symptoms.
- Emergency Psychiatric Evaluation: Check this box if the youth requires psychiatric evaluation to determine their current mental state, and if hospitalization or further treatment is needed. The youth may consent to this voluntarily or be examined after an emergency petition is obtained.
- 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, same day medical care by a primary care physician for acute symptoms, etc.
- Medication Error : Check this box in the event that a youth has an omission in medication or over dosage of medication.

**25. Other:** Check this box if the critical incident is not documented above but, in the professional judgment of the reporter, is of sufficient significance to be reported.

**26. Restraint:**

- Name of Behavior Intervention Protocol Used: Note the specific State-Approved protocol used, for example, Safe Crisis Management, TCI, TACT2, etc.
- 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**

**27. 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 Child Protective Services (CPS): Provide the date as mm/dd/yyyy. Enter the time in minutes and hour, indicating AM or PM as appropriate.

# INSTRUCTIONS FOR COMPLETING THE DHR INCIDENT REPORT FORM

---

- Name of CPS Intake 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, observed, or suspected.
  2. Sexual Abuse: Check this box for allegations or suspected sexual abuse, or when the youth reports socially unacceptable and unwanted touching or contact. This also includes molestation, kissing, fondling and exploitation, and the sex crime of rape.
  3. Verbal Mental Injury: Check this box for allegations or observations of verbal and/or mental abuse or maltreatment.
  4. Neglect: Check this box for suspected or alleged failure to provide: proper supervision and care; medical, dental and mental health care; adequate nutrition; and educational opportunities.

**28. Notification Information:** Provide the names, date and time, and method of notification for the persons in the named categories. Please remember, there are only three choices currently: Program Administrator or Designee, Assigned LDSS/Placing Agency Case Worker, and DHR Licensing Coordinator. Likewise, there are only five choices currently available: Email, Face-to-Face, Fax, Hand Delivered, and Phone. If you need to add other choices for agency/internal

purposes, feel free to do so, but include the information OLM requires. Additionally, if you are unsure who your assigned OLM Coordinator is, please contact OLM QA for assistance.

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 the police report number, if available, and police district or precinct, the badge number of the officer(s) involved, the date, time, and method (face-to-face, telephone, etc.) the incident was reported to police.

## **Narrative Information**

**29. Narrative Information:** Answer all of the questions in Sections I, II, and III that apply to the incident in the space provided. Additional pages may be attached as needed. Remember to use the reporting and investigative standard of Who? What? When? Where? and How? when formulating each answer.

Section I: 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.

Section II: Identify the actions taken by staff/foster parents to de-escalate the situation and 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.

Section III: Describe any follow up, corrective action and other relevant safety measures taken, plans/subsequent interventions put in place. If an incident involves foster parent error or misjudgment, provide concrete details as to what follow-up measures will be taken.

## **30. Signatures:**

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

## **IMPORTANT NOTE:**

**Effective September 22, 2014, the Office of Licensing and Monitoring will only accept type written incident reports.**