



Maryland Department of Human Services
Office of Licensing and Monitoring
25 Charles St., Baltimore Maryland 21201
Office: 410-767-7377 Fax 410-333-8408
olm.incidents@maryland.gov

Incident Report Form (SSA/CPA-FY-001- Attachment P)

Program Information

Provider Organization Name:		Provider Phone #:	
If CPA program, CPA license address:		CPA Office Jurisdiction (county or city):	
For CPA, Foster Home or ILP Site address:		For CPA, Foster Home or ILP Site Jurisdiction (county or city):	
RCC Licensed Site:		RCC Licensed Site Jurisdiction (county or city):	
Program Type: <input type="checkbox"/> ALU (DDA) <input type="checkbox"/> DETP <input type="checkbox"/> Group Home <input type="checkbox"/> High Intensity Respite <input type="checkbox"/> ILP <input type="checkbox"/> Mother –Child <input type="checkbox"/> TFC <input type="checkbox"/> TFC - Medically Fragile <input type="checkbox"/> Therapeutic Group Home (DHMH)			

Incident Information

Incident Date: _____ Incident Time: _____ ☐ am ☐ pm
 Date Reported to OLM by Telephone or Email: _____ Time Reported to OLM by Telephone or Email: _____ ☐ am ☐ pm
 Date Written Report Sent to OLM by Email or Fax: _____
 Time Written Report Sent to OLM by Email or Fax: _____ ☐ am ☐ pm

Incident Location (If different from site location):
Notification Method (Check all that apply): <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email PDF to olm.incidents@maryland.gov
Reporter's Name:
Reporter's Job Title:

Persons Involved in the Incident

Youth in Placement (Use additional paper if needed)

First Name and <u>Last Initial</u> of Youth Involved in Incident. (DO NOT Include the Youth's Last Name)	DOB	Gender	Injury sustained (Y/N)	Placing Agency (i.e. local DSS, DJS, CFSA, DYRS, DHMH-DDA, DHMH-BHA, or other – please specify)



Maryland Department of Human Services
Office of Licensing and Monitoring
25 Charles St., Baltimore Maryland 21201
Office: 410-767-7377 Fax 410-333-8408
olm.incidents@maryland.gov

Staff Members / Foster Parent *(Use additional paper if needed)*

Full Legal Name	Position <u>(If foster parent, provide phone number)</u>	Behavior Management Certified (Y/N) (For RCC staff only)

Others involved in the incident: School Staff/Probation Officers/Neighbors, etc. *(Use additional paper if needed)*

Full Legal Name	Relationship to child	Minor Youth (yes/no)	Contact Phone #

Incident Type

Choose as many as apply to the situation. Be sure that each issue identified is addressed in the narrative.

- | | |
|---|---|
| <input type="checkbox"/> Arrest/Incarceration of Staff or Foster Parent While On Duty | <input type="checkbox"/> Injury To Youth Subject Of The Incident |
| <input type="checkbox"/> Assault Of Youth Subject Of The Incident | <input type="checkbox"/> Possible Violation Of Youth's Rights |
| <input type="checkbox"/> Assault On Foster Parent/Staff | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Assault On Other Youth | <input type="checkbox"/> Restraint
(provide specifics in identified section below) |
| <input type="checkbox"/> Automobile/Vehicular Accident | <input type="checkbox"/> Sexual Assault - Perpetrator |
| <input type="checkbox"/> Death Of Child | <input type="checkbox"/> Sexual Assault - Victim |
| <input type="checkbox"/> Death Of Staff /Foster Parent While On Duty | <input type="checkbox"/> Suspected Abuse/Neglect
(provide specifics in identified section below) |
| <input type="checkbox"/> Domestic or Intimate Partner Violence | <input type="checkbox"/> Theft - Perpetrator |
| <input type="checkbox"/> Injury To Other Youth | <input type="checkbox"/> Theft - Victim |
| <input type="checkbox"/> Injury To Foster Parent/Staff | |



Maryland Department of Human Services
Office of Licensing and Monitoring
 25 Charles St., Baltimore Maryland 21201
Office: 410-767-7377 Fax 410-333-8408
olm.incidents@maryland.gov

Behavioral Issues

- ☐ Arrest/Incarceration of Youth
- ☐ Awol
- ☐ Bullying - Perpetrator
- ☐ Bullying - Victim
- ☐ Fire Setting
- ☐ Gang Involvement
- ☐ Police Involvement
- ☐ Possession Of Contraband
- ☐ School Expulsion
- ☐ School Refusal
- ☐ School Suspension (> 3days)

- ☐ Sexual Misconduct

Mental Health/Substance Use

- ☐ Alcohol Use/Possession
- ☐ Drug Use/Possession
- ☐ Emergency Petition
- ☐ Homicidal Attempt
- ☐ Homicidal Ideation
- ☐ Ingestion Of Harmful Substance
- ☐ Injury To Self
- ☐ Suicidal Attempt
- ☐ Suicidal Ideation

Medical/Psychiatric Events

- ☐ Emergency Hospitalization
 - ☐ Medical
 - ☐ Psychiatric
- ☐ Emergency Medical Treatment
- ☐ Emergency Psychiatric Evaluation
- ☐ Medical Event (Significant but Non-Emergency)
- ☐ Medication Error(s)

Other:

Restraint

Name of Behavioral Intervention Protocol used:
Length of Time in Restraint:
Reason for Restraint: <input type="checkbox"/> Danger to Self <input type="checkbox"/> Danger to Others <input type="checkbox"/> Destruction of Property
Type of Restraint Used: <input type="checkbox"/> One Person <input type="checkbox"/> Two Persons <input type="checkbox"/> Three Persons <input type="checkbox"/> Small Child

Suspected Abuse/Neglect

Date /Time Reported to CPS:	Jurisdiction of CPS:
Name Of CPS Worker Taking Report:	
Type of Allegation: <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Verbal/Mental Injury <input type="checkbox"/> Neglect	

Notification Information

	Name	Date and Time	Phone/Fax/Meeting/Etc
Program Administrator / Designee			
Assigned LDSS/Placing Agency Case worker:			
DHS Licensing Coordinator:			
Parent/Guardian (if appropriate):			
Law Enforcement: Police Report#	Badge #:		



Maryland Department of Human
Services
Office of Licensing and Monitoring
25 Charles St., Baltimore Maryland
21201
Office: 410-767-7377 Fax 410-333-8408
olm.incidents@maryland.gov

Police District or Precinct:			
------------------------------	--	--	--

Narrative Information

Use this space to provide details of the incident. Answer the questions below to provide a detailed account of the incident being reported. Use additional paper if necessary.

- 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 or personal comments.
- 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, the involvement of law enforcement and other emergency personnel involvement and any other relevant information regarding the intervention provided.
- III. Describe any follow-up, corrective action and other relevant safety measures taken, plans/subsequent interventions put in place.

Reporter's Signature

Program Administrator/Designee's Signature

Reporter Printed Name

Program Administrator/Designee Printed Name