

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Policy Guide 2014.17

Unusual Incident Reporting

DATE: December 12, 2014

TO: All DCFS and Private Agency Child Welfare Staff and Supervisors, Purchase of Service Providers, Child Care Facilities, and Contractors

FROM: Bobbie Gregg, Acting Director *Bobbie Gregg*

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to inform staff and providers of revised requirements to the Unusual Incident Reporting (UIR) system and to add a new Human Trafficking code. This policy guide is to remind staff and providers of the requirement to report, who has to report, and when to report unusual incidents regarding a child the Department is legally responsible for. This guide also informs workers of what Human Trafficking is and how to report it. The UIR Procedures will be revised in the near future.

II. PRIMARY USERS

Primary users of this Policy Guide are DCFS and Private Agency Child Welfare Staff and Supervisors, Purchase of Service Providers, Child Care Facilities, Contractors, and Caregivers.

III. UIR REPORTING

Rules 331, Unusual Incidents, requires employees of the Department, Purchase of Service providers and child care facilities to report unusual incidents as defined by those rules in a manner prescribed by the Department in **Procedures 331, Unusual Incidents**. Additionally, caregivers of children for whom the Department is legally responsible are required to immediately report unusual incidents to the Department or POS caseworker assigned to the children.

- a) The purposes of unusual incident reporting are to:
 - 1) Communicate quickly about critical incidents or circumstances that present risks to children and youth, staff and others;
 - 2) Alert others of events and/or actions that may be required; and



- 3) Track incidents for trend analysis and to determine whether modifications are needed to improve the quality of services.
- b) Who is required to report:
- 1) Employees of DCFS
 - 2) Staff of Purchase of Service (POS) Providers
 - 3) Contractors
 - 4) Caregivers (Caregivers are defined as persons responsible for the day-to-day care of children and youth for whom DCFS is legally responsible. Caregivers include foster parents; administrators of group homes, child care institutions, and child welfare agencies; and relative caregivers.)

Upon learning that an unusual incident involving child(ren) and youth for whom DCFS is legally responsible has occurred, persons who are required to report unusual incidents shall immediately notify the Department by telephone, fax or other electronic means. Once immediate notification is made, the reporter of the incident must complete a **CFS 119, Unusual Incident Report Form** no later than **48 hours** of the incident notification. Multiple incidents involving the same persons and occurring within the same 24-hour period may be recorded on the same **CFS 119**.

Note: Foster parents and relative caregivers are not expected to complete the **CFS 119, Unusual Incident Report Forms**. The assigned Permanency Worker should discuss with the foster parent or relative caregiver those events that must be reported as unusual incidents and request that the foster parent or relative caregiver notify the assigned Permanency Worker immediately should a reportable event occur.

c) UIR Disposition

“Disposition” as defined in Rule Section 331.20 means: 1) activities or services have been undertaken such that risk to a child’s or other person’s health, safety or welfare have been mitigated or resolved to the point that **usual and customary** services can be provided, if appropriate; 2) does not mean that the case is closed, rather it means that there is **closure with respect to the reported incident**; 3) that the extraordinary circumstances reported (i.e., those beyond the customary operations, routines, relationships) have been addressed appropriately by responsible persons and recorded in a manner prescribed by the Department.

All involved parties in a UIR must have a disposition achieved within **14 days** of the reported incident. All completed **CFS 119-A** forms must be data entered into the DCFS UIR system. If disposition is not submitted within 14 days of the reported incident immediate notification to the Area Administrator must occur. The Area Administrator must review Unusual Incident Report with the assigned Permanency Worker and Supervisor.

DCFS staff should submit the **CFS119-A** to designated data entry staff for entry into the DCFS UIR system. POS agencies submit the **CFS119-A** to the Agency Monitoring unit for entry into the DCFS UIR system. Residential providers should submit the **CFS 119-A** to the supervisor of the ward's Permanency Worker for entry into the DCFS UIR system.

A copy of the **CFS 119-A** must be filed in the appropriate case file along with the original **CFS 119, Unusual Incident Report Form**.

IV. HUMAN TRAFFICKING

Federal law defines severe forms of trafficking of persons as: sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery. (22 USC 7102(8))

Workers will immediately report any occurrence of human trafficking through the current UIR system. The **CFS 119, Unusual Incident Report Form** has been updated accordingly. Workers will now use code L13 on the **CFS 119, Unusual Incident Report Form** to report Human Trafficking.

V. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at OCFP – Mailbox. Non Outlook users may e-mail questions to cfpolicy@idcfs.state.il.us.

VI. FILING INSTRUCTIONS

File this Policy Guide immediately following **Procedures 331, Unusual Incidents**.

VII. ATTACHMENTS

CFS 119, Unusual Incident Report Form
CFS 119-A, Unusual Incident Disposition Form

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UNUSUAL INCIDENT REPORTING FORM

Incident Occurred In: (Required - check one)

<input type="checkbox"/> A. Home of Parent	<input type="checkbox"/> D. Group Home	<input type="checkbox"/> G. Medical Hospital	<input type="checkbox"/> I. Residential Treatment Center Inside Illinois
<input type="checkbox"/> B. Home of Relative	<input type="checkbox"/> E. Institution	<input type="checkbox"/> H. Shelter	<input type="checkbox"/> J. Residential Treatment Center Outside Illinois
<input type="checkbox"/> C. Foster Home	<input type="checkbox"/> F. Psychiatric Hospital	<input type="checkbox"/> K. Other: <i>(Describe)</i> _____	

Part 2. Type of Incident Checklist

Check All That Apply (Required)

<p>Death</p> <p><input type="checkbox"/> A01 Death, DCFS ward</p> <p><input type="checkbox"/> A02 Death, former DCFS ward</p> <p><input type="checkbox"/> A03 Death, non-DCFS ward</p> <p>Abuse and Neglect</p> <p><input type="checkbox"/> B01 Sexual abuse of a ward</p> <p><input type="checkbox"/> B02 Physical abuse of a ward</p> <p><input type="checkbox"/> B03 Sexual assault of a ward</p> <p><input type="checkbox"/> B04 Neglect of a ward</p> <p><input type="checkbox"/> B05 Emotional /verbal abuse of a ward</p> <p>Sexually Aggressive Children and Youth</p> <p><input type="checkbox"/> C01 Sexually aggressive behavior by a ward</p> <p><input type="checkbox"/> C02 Sexually problematic behavior by a ward</p> <p>Injury</p> <p><input type="checkbox"/> D01 Accidental injury/wound requiring medical attention</p> <p><input type="checkbox"/> D02 Self inflicted injury/wound medical attention</p> <p><input type="checkbox"/> D03 Ward injured during restraint</p> <p>Medical/Psychiatric</p> <p><input type="checkbox"/> E01 Ward refuses medication</p> <p><input type="checkbox"/> E02 Medication dispensing error</p> <p><input type="checkbox"/> E03 Medical / Psychiatric Emergency</p> <p>Education</p> <p><input type="checkbox"/> F01 Ward suspended from school</p> <p><input type="checkbox"/> F02 Ward expelled from school</p> <p>Hospitalization</p> <p><input type="checkbox"/> G01 Medical hospitalization</p> <p><input type="checkbox"/> G02 Psychiatric hospitalization</p>	<p>Criminal Act</p> <p><input type="checkbox"/> H01 Ward arrested, charged with or convicted of a crime</p> <p><input type="checkbox"/> H02 Foster parent arrested, charged with or convicted of a crime</p> <p><input type="checkbox"/> H03 DCFS/POS employee arrested, charged with or convicted of a crime</p> <p>Behavior Management</p> <p><input type="checkbox"/> I01 Ward put in restraint</p> <p><input type="checkbox"/> I02 Ward put in confinement</p> <p><input type="checkbox"/> I03 Ward restrained/confined 5 or more times in 30 days</p> <p>Behavioral Issues</p> <p><input type="checkbox"/> J01 Ward on runaway/missing</p> <p><input type="checkbox"/> J02 Ward in possession of a weapon</p> <p><input type="checkbox"/> J03 Ward displays physically aggressive behavior</p> <p><input type="checkbox"/> J04 Property damage by ward of \$50 or more</p> <p><input type="checkbox"/> J05 Suicide attempt by ward</p> <p><input type="checkbox"/> J06 Suicide ideation/ threat by ward</p> <p><input type="checkbox"/> J07 Suspected alcohol or substance abuse by a ward</p> <p>Facility/Caregiver</p> <p><input type="checkbox"/> K01 Robbery/Burglary occurred on premises</p> <p><input type="checkbox"/> K02 Fire / Natural Disaster damaged or affected facility/home</p> <p><input type="checkbox"/> K03 Hazardous/Physical condition discovered at facility</p> <p><input type="checkbox"/> K04 Serious incident resulting in legal action by/against child care facility</p>	<p>Other</p> <p><input type="checkbox"/> L01 Kidnapping/abduction of a ward</p> <p><input type="checkbox"/> L02 (a) Identification of parenting ward</p> <p><input type="checkbox"/> L02 (b) Discovery of a ward's pregnancy <i>(Notify the Teen Parent Service Network immediately at 773-290-5850.)</i></p> <p><input type="checkbox"/> L03 Media involvement/media inquiry</p> <p><input type="checkbox"/> L04 Ward victim of assault</p> <p><input type="checkbox"/> L05 Threats made against DCFS / POS staff or facility and including bomb threats, firearms or riot/ mob action etc</p> <p><input type="checkbox"/> L06 Ward involved in an accident</p> <p><input type="checkbox"/> L07 Falsification of credentials or records</p> <p><input type="checkbox"/> L08 Misrepresentation of services or cost of services provided</p> <p><input type="checkbox"/> L09 Violation of a court order</p> <p><input type="checkbox"/> L10 Report against DCFS or POS worker involving a ward</p> <p><input type="checkbox"/> L11 Employee, other than law enforcement officer, has firearm on premises</p> <p><input type="checkbox"/> L12 Bribery or attempted bribery of a DCFS employee</p> <p><input type="checkbox"/> L13 Human Trafficking of a DCFS ward</p>
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UNUSUAL INCIDENT REPORTING FORM

Part 3. Narrative of Incident

Provide summary of incident. Copy this page and attach as necessary. Be sure to include:

- The names, telephone numbers and addresses of witnesses, facility contact (if necessary) and sources of information, etc. not previously captured in Part 1: Persons and Facilities Involved In the Incident;
- Description of incident (*provide who, what, and, where of incident*);
- Detail when using items C, G, I and J from the **Immediate Actions Taken Checklist** below; and,
- Summary of follow-up plan for incident.

Always provide the police report number and the date and time of the report if the police are involved. *Runaway/ Missing and Kidnapping/Abduction UIR's must always include this information.*

Summary of Incident (Required)

Immediate Actions Taken Checklist

Check **All** That Apply:

<input type="checkbox"/> A. Ward examined or treated by medical staff <input type="checkbox"/> B. SACY evaluation/protective plan implemented <input type="checkbox"/> C. Program-level safety interventions (describe above) <input type="checkbox"/> D. Emergency placement <input type="checkbox"/> E. CERAP conducted <input type="checkbox"/> F. Special 1:1 staffing <input type="checkbox"/> G. Other (describe above)	<input type="checkbox"/> H. Ward clinically evaluated by a mental health professional <input type="checkbox"/> I. Treatment plan reviewed/modified (describe above) <input type="checkbox"/> J. Program staffing levels adjusted (describe above) <input type="checkbox"/> K. Consultation/technical assistance requested from DCFS <input type="checkbox"/> L. Parents/relative/legal guardians notified <input type="checkbox"/> M. SCR Hotline called on: SCR Date <u> </u> / <u> </u> / <u> </u> <div style="text-align: right;">SCR Number <u> </u></div>
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Note: make additional copies of this page and attach as needed.

UNUSUAL INCIDENT REPORTING FORM

Part 4. Reporter of Incident

Employee Reporting Incident: (Required) _____ Case Manager ID # of Reporter: _____

Title of Reporter: (Required) _____ Telephone # of Reporter: (_____) _____

Facility of Reporter: _____ Date Report Completed: (Required) ___/___/___

Date UIR Received From POS Provider: ___/___/___

Part 5. For Private Agency/Facility UIR Processing

Date UIR Mailed/Faxed to DCFS: ___/___/___

Date UIR Telephoned to DCFS: ___/___/___ Telephone Number Used: (_____) _____

Name of DCFS Staff Contacted: _____

Title of DCFS Staff Contacted: _____

CFS 119- A Form Completion Instructions

Disposition Sign-off Date -Enter the date that the person completing the form provides a disposition.

UIR Number -Enter the corresponding UIR Number from the original CFS 119, Unusual Incident Report Form. This number can be obtained from the UIR System.

Party Dispositioned -Write the name of the party (person or facility) for whom this disposition applies. For a party to be dispositioned they MUST have been listed in Part 1 of the CFS 119.

Form Completed By - Check the appropriate title / unit of the person completing the form.

Signature of above- Enter the signature of the person completing the form.

NARRATIVE

Indicate the disposition in the Narrative Box. Two types of disposition are possible. All involved parties in a UIR must have a disposition achieved within **14 days** of the reported incident.

If the immediate actions taken contained in the narrative in Part 3 (Narrative of Incident) of the original CFS 119 were sufficient to mitigate or resolve the incident AND no further actions are required then, it is appropriate to place an 'X' in the checkbox “ **Further narrative unnecessary: response to date as outlined in the CFS 119 sufficient to disposition the above party from this UIR.**”

If additional actions or plans than those delineated in the narrative in Part 3 of the original CFS 119 are needed to mitigate/resolve the incident for this party, then a narrative defining the activities undertaken to resolve/mitigate the incident and explanation supporting the disposition must be written in the space provided.

Filing

DCFS staff should submit the **CFS119-A** to designated data entry staff for entry into the DCFS mainframe UIR system. POS agencies submit the **CFS119-A** to the Agency Monitoring unit for entry into the DCFS mainframe UIR system. Residential providers should submit the **CFS 119-A** to the supervisor of the ward's Permanency Worker for entry into the DCFS mainframe UIR system. A copy of the **CFS 119-A** must be filed in the appropriate case file along with the original **CFS 119, Unusual Incident Report Form**.