

Instructions for Completing Client Unusual Incident Reports

Please submit the UIR, along with all required documentation, to HFS Children’s Behavioral Health Unit via email (HFS.CBH@illinois.gov) or fax (217-782-5672), using the subject line “UIR.”

1. GENERAL INFORMATION	
<p>Child’s Name: Print or type the child’s full name – last name followed by first name.</p> <p>RIN: Enter the child’s recipient identification number (RIN), also known as the Medicaid ID.</p> <p>Provider: List the name, address and phone number of the provider site where the client resides.</p>	<p>Date of Birth: Enter the child’s date of birth – month, day, and year.</p> <p>Age: Enter the child’s current age.</p> <p>Parent/Guardian/Caregiver: List the name, address and phone number of the Parent/Guardian/Caregiver of the child.</p>
2. DATE/TIME OF INCIDENT	
Enter the start and end time/date of when the incident occurred.	
3. DATE/TIME/AGENCY SUBMISSION	
Enter the date and time of the incident and which entities it was reported to.	
4. TYPE OF INCIDENT	
<p>Abuse/Neglect: Physical, emotional, or sexual abuse and/or the failure to provide adequate supervision and expectations and access to the basic necessities of life, including food, shelter, and clothing.</p> <p>Death: The resident passed away.</p> <p>Elopement: An instance in which a resident runs away, unexcused or unexpectedly, from the facility where the child resides.</p> <p>Interface with Law Enforcement: Any incident that requires the involvement of the police or sheriff’s department.</p> <p>Restraint: A mechanical, personal or pharmaceutical intervention that temporarily restricts a resident to prevent a serious injury to the resident or others.</p> <p>Seclusion: The involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving.</p> <p>Serious Injury: Any significant impairment of the physical condition of the resident as determined by qualified medical personnel.</p> <p>Serious Medical Condition: Any significant disease or illness that impacts the child’s day-to-day functioning.</p> <p>Sexual Aggression: Acts or threats of sexual violence made by the resident towards another individual, including behaviors which could cause someone to feel harassed, intimidated, or afraid.</p> <p>Suicide Attempt: A non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior.</p> <p>Victimization: An incident in which a resident is singled out for subjection to crime, exploitation, unfair treatment, or other wrong doing.</p> <p>Other: Please describe any other incident types that do not meet criteria for the other categories.</p>	
4.a. Restraint/Seclusion	
This section must be completed in full anytime a restraint or seclusion occurs.	
<ul style="list-style-type: none"> • Staff authorizing restraint/seclusion: Enter the first and last name and credentials of the staff member(s) who authorized the restraint or seclusion. • Name of staff receiving order: Enter the first and last name and credentials of the staff member(s) who received the restraint/seclusion authorization. • Injuries to the child as a result of the restraint/seclusion: List any injuries (i.e. cuts, bruises) that resulted from the restraint or seclusion. • Staff completing physical/psychological health review: Enter the first and last name and credentials of the staff member that completed a review of the resident’s physical/psychological health following an incident involving a restraint or seclusion. • Restraint type: Indicate whether the restraint was mechanical, personal or pharmaceutical. • Length of restraint/seclusion: In the appropriate space, indicate the length of time (in minutes) that each restraint or seclusion lasted. • Debriefing session: Provide information in the appropriate space regarding any follow-up conversations had between staff and/or the resident following a restraint or seclusion. 	
5. LOCATION OF THE INCIDENT	
Please select the location where the incident took place or describe further if “other.”	
6. STAFF INVOLVED IN THE INCIDENT	
List the first and last name for all staff members involved in the incident and describe their role in the incident. Document if any other children or staff members were harmed in the incident and, if applicable, indicate whether the parent/guardian/caregiver was notified of the incident.	
7. ACTIONS TAKEN (CHECK ALL THAT APPLY)	
Identify the actions that were taken regarding the incident.	
8. PERSON COMPLETING REPORT	
Provide the name, title, phone number and email address for the person writing the incident report.	
9. INCIDENT NARRATIVE	
Include a typed narrative that describes the incident. Use additional pages as needed and attach to the report.	
10. CHILD’S CURRENT STATUS	
Please describe the child’s current status at the time of this report. For instance, if the child went to the ER, did the child return to the residential facility?	