

UNUSUAL INCIDENT REPORTING FORM

Instructions: All required (Required) information must be completed to process reports. Leave the UIR Incident Number blank on initial reports. This number is assigned to incidents upon data entry into the UIR System. Include this system-assigned UIR incident number on all related follow-up reports and dispositions.

DATE AND TIME OF INCIDENT (Required) ____/____/____ ____:____ (military time) **UIR INCIDENT NUMBER:** _____

Part 1. Persons and Facilities Involved in the Incident

Copy this page as necessary for each person involved in the incident. Separately register all wards residing in a foster or relative home when the incident involves a relative or foster home. See the bottom of this page for involvement codes. Register other witnesses, other sources of information or facility contacts in Part 3: Narrative of Incident.

<p>1. Involvement Code*: (Required): _____</p>	<p>1. Involvement Code*: (Required): _____</p>
<p>2. Person Involved (Required) List each individual separately, e.g. make separate entries for each natural parent, or child in sibling group, or other involved party</p> <p>Name (required): Last _____ First _____</p> <p>Birth Date: ____/____/____ Docket Number: _____</p> <p>Case ID # (Required for open/closed cases): _____</p>	<p>2. Person Involved (Required) List each individual separately, e.g. make separate entries for each natural parent, or child in sibling group, or other involved party</p> <p>Name (required): Last _____ First _____</p> <p>Birth Date: ____/____/____ Docket Number: _____</p> <p>Case ID # (Required for open/closed cases): _____</p>
<p>3. Assigned Worker (Required when a worker or investigator is or has been assigned to the involved party). Provide current or most recently assigned worker or investigator</p> <p>Name: _____ ID #: _____</p> <p>Agency: _____ Team: _____</p>	<p>3. Assigned Worker (Required when a worker or investigator is or has been assigned to the involved party). Provide current or most recently assigned worker or investigator</p> <p>Name: _____ ID #: _____</p> <p>Agency: _____ Team: _____</p>
<p>4. Placement/Facility (Required) . Provide provider ID whenever possible, and:</p> <ul style="list-style-type: none"> • Name and address of current location if the involvement code is 'CO' (open child case); otherwise, • Provide name and address where the incident occurred, including licensing region if the involvement code is 'DL'. <p>Provider: _____ Provider ID #: _____</p> <p>Address: _____</p> <p>Telephone: (____) _____ Living Arrangement** : _____</p> <p>Supervising Agency: _____</p> <p>Supervising Agency ID # _____ Licensing Region _____</p>	<p>4. Placement/Facility (Required) . Provide provider ID whenever possible, and:</p> <ul style="list-style-type: none"> • Name and address of current location if the involvement code is 'CO' (open child case); otherwise, • Provide name and address where the incident occurred, including licensing region if the involvement code is 'DL'. <p>Provider: _____ Provider ID #: _____</p> <p>Address: _____</p> <p>Telephone: (____) _____ Living Arrangement** : _____</p> <p>Supervising Agency: _____</p> <p>Supervising Agency ID # _____ Licensing Region _____</p>

***Involvement Codes (Required)**

Codes for Parties Registered Above

- IN = Investigation (no service case)
- CO = Open child case
- CX = Closed child case
- FO = Open family case
- FX = Closed family case
- PL = POS (offices, facilities and staff)
- DL = DCFS foster homes
- ED = Employee, DCFS
- OT = Other (not above)

Distribution

- Supervisor of investigative team
- Supervisor of assigned team
- Supervisor of last assigned team
- Supervisor of assigned team
- Supervisor of last assigned team
- Agency and Institutions Licensing
- Regional Licensing
- Advocacy Office
- Director's Office

****Living Arrangement Codes**

- CUS = College/University
- DET = Detention
- FHB = DCFS Foster Home
- FHP = Private Foster Home
- FHS = Specialized Foster Home
- GRH = Group Home
- HHF = Hospital/Health Facility
- HMP = Home of Parent
- HMR = Home of Relative

- IDC = DOC Institution
- ILO = Independent Living
- IMH = DHS Institution
- IPA = Private Institution
- NCF = Nursing Care Facility
- RNY = Runaway
- SGH = Subsidized Guardian Home
- SHL = Shelter
- OTH = Other/Unknown

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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>
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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: _____