**Serious Incident Report**

**Use of form:** Any serious incident meeting the requirements of CW Memo 2022-01L shall be reported to the department. These requirements apply to Residential Care Centers for Children and Youth (RCCs), Group Homes (GHs), Shelter Care (SCs) facilities and private Child Placing Agencies (CPAs). **Use of this form is** **mandatory**. Personally identifiable information gathered on this form will be used only to determine compliance with the above-mentioned memos and to assist in investigations concerning serious incidents. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Instructions:** This form shall be completed and submitted to the Department timely. Addendums should be submitted to the Department with a notation that the SIR has been updated. A copy of the completed form shall be placed in the resident’s record. In this form, the term “placement setting” refers to RCCs, GHs, SCs and foster/adoptive homes; “child in out-of-home care” refers to residents/children placed in one of the placement settings. **If the person completing this report was not directly involved in the incident an attachment with the written statement(s) of the individual(s) directly involved must be included.**

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| **A. Provider Information** | | | | | | | | |
| Provider/Agency Name (if applicable also include RCC unit or name of the foster/adoptive home) | | | | | | | | Provider ID Number |
| Provider Address | | | | | | | | Provider Telephone Number |
| **B. Incident Type (Check ALL that apply)** | | | | | | | | |
| A reported incident of child abuse or neglect  A suicide attempt  An incident requiring a law enforcement agency  A serious injury or trauma requiring the services of a licensed medical practitioner  A medication administration error **(RCC, GH and SC Only)**  Any damage to the premises that would affect compliance with licensing rules  Any condition requiring the closure of the placement setting or a unit within the placement setting, to include implementation of the disaster plan, which necessitates removal of residents from the placement setting | | | A fire at the placement setting that requires the services of the fire department  An outbreak of a serious communicable disease as defined in DHS 145 Appendix A  Any use of a restraint a child in out-of-home care **(GH, SC and CPA Only)**  Any injury of a child in out-of-home care sustained during the use of a restraint  Any use of physical force to apprehend a resident with Type 2 status attempting to go missing from out of home care **(RCC only)**  The death of a child in out-of-home care **(must be reported within 24 hours)** | | | | | |
| **C. What Happened** (Write “N/A” when sections are not relevant to the incident being reported.) | | | | | | | | |
| Date of Occurrence | | Start Time | | | | End Time | | |
| Location of the Incident | | | | | | | | |
| Number of caregivers present when the incident occurred | | | | Number of youth present when the incident occurred | | | | |
| Briefly summarize what happened; additional information can be provided in other fields below. | | | | | | | | |
| Describe the safety plan to ensure the safety of the child involved in the incident as well as the safety of other children. | | | | | | | | |
| Yes  No Did the incident involve a child(ren) who was dysregulated? If yes, identify what is believed to have triggered the incident. (“Dysregulated” refers to emotional dysregulation that results in behaviors, such as angry outbursts, destroying or throwing objects, aggression towards self or others, and threats to kill oneself.) | | | | | | | | |
| Yes  No Have similar incidents involving this child(ren) occurred in the past three months? If yes, provide the dates of the incidents and a brief summary of the actions taken by the agency to prevent further incidents. | | | | | | | | |
| Yes  No Did the incident involve physical restraint? (“Physical restraint” refers to a physical act that immobilizes the movement of any part of a child’s body as a means of behavior intervention or control.) If yes, answer the questions below:  Identify the imminent danger that led to this intervention being necessary.    Describe the efforts made to de-escalate the situation and any alternatives to restraint that were attempted and why you believe the efforts were not successful in this instance.    Describe the type of restraint(s) utilized and, if not the least restrictive, the reason more restrictive interventions were deemed necessary.    Describe the verbal/physical behavior of the child during and after the use of the restraint.    Describe the verbal/physical behavior of the caregiver during and after the use of restraint.    Indicate the beginning and ending time of the restraint, as well as how the restraint ended.    Describe any injuries sustained by a child or caregiver during the restraint; including how it is believed the injury was sustained and any medical care received (provide the name and title of the person providing care in Section H).    Provide a description of any crisis intervention training each staff member or foster parent(s) involved in the restraint has received, including dates of completion. | | | | | | | | |
| **D. Child(ren) in Out-of-Home Care Involved in the Incident** | | | | | | | | |
| 1. | Child Name | | | | Birthdate | | Placement Date | |
|  | Placing Agency Name | | | | Agency Telephone | | | |
|  | Agency Worker Name | | | | Agency Worker Email | | | |
| 2. | Child Name | | | | Birthdate | | Placement Date | |
|  | Placing Agency Name | | | | Agency Telephone | | | |
|  | Agency Worker Name | | | | Agency Worker Email | | | |
| 3. | Child Name | | | | Birthdate | | Placement Date | |
|  | Placing Agency Name | | | | Agency Telephone | | | |
|  | Agency Worker Name | | | | Agency Worker Email | | | |
| 4. | Child Name | | | | Birthdate | | Placement Date | |
|  | Placing Agency Name | | | | Agency Telephone | | | |
|  | Agency Worker Name | | | | Agency Worker Email | | | |
| **E. Caregiver(s) who were present at the time of the incident** | | | | | | | | |
| 1. | Caregiver Name | | | | Title | | | |
|  | Contact Information (Telephone and/or Email) | | | | | | | |
| 2. | Caregiver Name | | | | Title | | | |
|  | Contact Information (Telephone and/or Email) | | | | | | | |
| 3. | Caregiver Name | | | | Title | | | |
|  | Contact Information (Telephone and/or Email) | | | | | | | |
| 4. | Caregiver Name | | | | Title | | | |
|  | Contact Information (Telephone and/or Email) | | | | | | | |
| **F. Other Individuals/Agencies/Witnesses Involved in the Incident (Medical, Law Enforcement, School, etc.)** | | | | | | | | |
| 1. | Name | | | | Affiliation | | | |
|  | Telephone | | | | Email | | | |
|  | Fax | | | | Address | | | |
| 2. | Name | | | | Affiliation | | | |
|  | Telephone | | | | Email | | | |
|  | Fax | | | | Address | | | |
| 3. | Name | | | | Affiliation | | | |
|  | Telephone | | | | Email | | | |
|  | Fax | | | | Address | | | |
| **G. Agency Response** | | | | | | | | |
| Describe agency efforts to respond to the incident thus far. Were any changes made to policy, practices or the environment within the agency or placement setting? | | | | | | | | |
| Describe the specific measures the agency will take to prevent similar serious incidents. | | | | | | | | |
| Describe the debriefing that occurred with the child(ren). Indicate what was learned about the child (triggers, stress responses, coping strategies, needs the child was trying to meet with the behavior, etc.) and what the child learned as a result of the incident. | | | | | | | | |
| Describe the debriefing that occurred with caregiver(s) involved in the incident. Indicate what was learned about the caregiver(s) (triggers, stress responses, workload, knowledge, skills, abilities, approach, etc.) and what the caregivers learned as a result of the incident. Identify any resultant changes including corrective action, retraining or additional support? | | | | | | | | |
| Given what was learned, indicate the ability of the placement setting to continue meeting the child(ren)’s needs. If the child will remain in the placement setting, please identify any resultant changes in the treatment plan or safety and supervision of the child(ren). | | | | | | | | |
| **H. Reporting Information** | | | | | | | | |
| Date Report Completed | | | | Date Submitted to Department | | | | |
| Date Notification to Parent / Guardian / Legal Custodian | | | | Date Notification to Placing Person / Agency | | | | |
| Name Person Completing Report\* | | | | Title Person Completing Report | | | | |
| **SIGNATURE** – Person Completing Report | | | | Date Signed | | | | |
| Name Supervisor | | | | Title Supervisor | | | | |
| **SIGNATURE** – Supervisor | | | | Date Signed | | | | |

**\*If the person completing the report was not directly involved in the incident, attach the written statement(s) of the individual(s) directly involved.**

**Note: The SIR will not be considered complete without this statement.**