

**Date Issued:** 9/1/1998**Last Approved Date:** 11/13/2017**Last Revised Date:** 11/13/2017**Next Review:** 11/12/2020**Owner:** Heidi Ciske-Schmidt:

12008018-Manager-

Quality Assurance

Policy Area: Wraparound (REACH,

O'YEAH)-Administration

References:

#014 - Critical Incident Reporting

Policy

It is the policy of Wraparound Milwaukee that all "critical incidents" must be reported and documented to Wraparound Milwaukee within **24 hours of becoming aware of the critical incident** to confirm that necessary actions are taken in an attempt to ensure the health, safety and welfare of Wraparound Milwaukee youth, families and team members.

Procedure

- A. "Critical incidents" are defined as events or situations that jeopardize the health or safety of youth and/or family members enrolled in Wraparound Milwaukee or of the staff employed by or associated with Wraparound Milwaukee. These situations include, but are not limited to, the following (Attachment 1):
1. Abuse/Neglect
 - i. Child Abuse / Neglect
 2. Violence
 - i. Threat of Harm / Physical Assault to Others
 - ii. Actual Physical Assault
 - iii. Serious Criminal Offense
 - iv. Weapons
 - v. Seriously Escalating Behaviors
 - vi. Firesetting
 3. Medical
 - i. Physical Injury
 - ii. Medical Emergency
 - iii. Death
 4. Sexual
 - i. Sexual Assault / Sexual Misconduct
 - ii. Commercial Sexual Exploitation / Trafficking

- iii. Pregnancy
- iv. Adverse Exposure to Media
- 5. Safety
 - i. Threat to Self-Harm / Threat to commit suicide
 - ii. Actual Self-Harm
 - iii. Incident Involving Law Enforcement

B. Reporting Procedure for Care Coordination Agencies

1. Critical incidents must be reported and documented to Wraparound Milwaukee within 24 hours of becoming aware of the critical incident.
 - i. Critical incidents are to be documented in Synthesis on the "Critical Incident" tab (Attachment 2).
2. A Child & Family Team debriefing meeting or collaboration must be held within **48 hours** of becoming aware of the critical incident to review/update the Crisis Plan in relation to the incident and address areas of concern.
 - i. For any **urgent health or safety needs**, the team must facilitate an emergency Child & Family Team meeting within **24 hours** of becoming aware of the incident to address these needs.
3. Immediately inform Care Coordinator Supervisor and Wraparound Milwaukee Management, via phone, of any dangerous or potentially volatile situations.
 - i. A threat to harm others may be required to be reported to Law Enforcement depending on who was threatened and/or the situation (i.e., threat to a public official, threat to public safety).
 - ii. Incidents involving media must be reported immediately to the Wraparound Media Officer.
 - iii. After hours (after 4:30PM Monday through Friday), weekends and holidays, notification should be made to the Mobile Urgent Treatment Team at 414-257-7621.
4. May access any available Wraparound Milwaukee Management Team members to seek support or consultation on critical situations as needed.
 - i. After hours (after 4:30PM Monday through Friday), weekends and holidays, Mobile Urgent Treatment Team is available for support or consultation.
5. Alert Mobile Urgent Treatment Team at any time that it appears Mobile Urgent Treatment Team's involvement may be needed as a result of an incident or in the case that the Care Coordinator or Team needs help or consultation. The Care Coordinator is still required to document this "critical incident" in Synthesis.
6. This policy does not exempt the Care Coordinator from following all reporting requirements of their own agency related to critical incidents.

C. Reporting Procedure for Provider Agencies

1. Provider Agencies must report "critical incidents" to the youth's parent/guardian, Care Coordinator/ Care Coordinator Agency Supervisor/Lead **and** Wraparound Milwaukee Management **within the same business day** of becoming aware of the critical incident.
 - i. A threat to harm others may be required to be reported to Law Enforcement depending on who was threatened and/or the situation (i.e., threat to a public official, threat to public safety).

2. Critical incident documents (i.e., Attachment 3 and/or Department of Children and Families Serious Incident Report form) authored by the provider must be submitted to Wraparound Milwaukee via Synthesis upon completion of the document

D. Wraparound Administrative Processing

1. Wraparound Milwaukee will review the Critical Incident Report (Attachment 2) within **1 business day** of receipt and notify the Care Coordinator Supervisor, via Synthesis, of Wraparound's review and/or required action of the Care Coordination Agency

Attachments:

- 1: [Critical Incidents by Category Matrix](#)
- 2: [Critical Incident Report \(Synthesis generated\)](#)
- 3: [Provider Critical Incident Report](#)

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: 11008000-BHD Administrator	11/13/2017
	MaryJo Meyers: 11003003-Director Wraparound Program	11/8/2017
	Pamela Erdman: 12008005-Placement Resources Manager	11/8/2017
	Heidi Ciske-Schmidt: 12008018-Manager- Quality Assurance	11/7/2017

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Critical Incidents by Category Matrix									
Abuse/Neglect	Definitions	Violence	Definitions	Medical	Definitions	Sexual	Definitions	Safety	Definitions
Child Abuse/ Neglect	Any recent act or failure to act on the part of a parent or caregiver which results in death, serious physical or emotional harm, sexual abuse or exploitation.	Threat of Harm / Physical Assault to Others	Threat to cause harm to others, which may include, but not limited to a threat to a public official, threat to public safety	Physical Injury	Trauma or injury due to a physical impact or accident.	Sexual Assault/ Sexual Misconduct	Conduct of a sexual or indecent nature involving another person that could result in sexual assault charges; including sexual contact between minors	Threat of Self- Harm / Threat of Suicide	Communicates plan to deliberately hurt oneself
		Actual Physical Assault	An act that causes bodily harm	Medical Emergency	A youth or member of the household has had a medical emergency through the calling of 911 or treated in an emergency room.	Commercial Sexual Exploitation/ Trafficking	Suspected or known involvement with sex trafficking or related behaviors	Actual Self- Harm	Engages in intentional acts of self-harm
		Serious Criminal Offense	Serious bodily injury, armed robbery, car theft or any criminal offense that could result in a felony charge	Death	Death of youth or someone who passed a way that had direct connection with youth.	Pregnancy	Confirmed or alleged pregnancy of youth (also applies if the youth is the alleged father). 2nd CIR is completed at the outcome of the pregnancy (i.e.: delivery).	Incident Involving Law Enforcement	Any incident that results in contacting or having contact with the police
		Weapons	Possession of anything that serves as an instrument of attack or defense.			Adverse Exposure to Media	Involuntary exposure to adult /inappropriate media that depicts sex (porn) and/or violence		
		Seriously Escalating Behaviors	Behaviors that appear to be increasing in intensity and that could result in a disorderly conduct citation. (e.g. destruction of property, profane language)						
		Firesetting	A person has set fires deliberately and on purpose						



Wraparound Milwaukee
CRITICAL INCIDENT REPORT

Child's Name	Enrollee, Clive	Agy Approval:
DOB:	1/1/90	Agy Approval Date:
Gender:	Male	Mgr Assigned:
Rpt. Entered by:	Heidi Ciske-Schmidt	Mgr Approval Date:

Court Order Information

<i>Order Type(s)</i>	<i>Court Number</i>	<i>Exp Date</i>
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Date of Incident	(Actual)	Incident Type(s)
Time of Incident		Primary Other
Date Agency Notified of Incident:		Secondary Other
Location of Incident:		
If agency, from what vendor Agency?		

Location Description:

•List the exact location, including address and name of the location
(i.e., The Learning School - Ms. Smith's (teacher) classroom
123 W. School Street, Any Town, WI).

Was a Wraparound Provider present at the time of the incident? No

If YES, from what vendor agency?

Describe what happened

- An account, as detailed as possible, of what happened, including who was involved. Provide specific names and titles, avoid general identifiers (i.e., "staff"). Step-by-step, what occurred?
- Direct quotes should be in quotations. Other statements should be paraphrased.
- Include the circumstances that may have triggered the incident or contributed to the incident (i.e., individuals were intoxicated).
- Include specifics about physical injuries (i.e., location and description of the injury) or description of a weapon.

How was the youth involved?

Incident occurred to youth
Incident was caused by/initiated by youth
Occured in environment-not to youth or caused by youth

What actions were taken?

- List the actions and/or interventions that were taken immediately by the individuals involved in or witness to the incident (i.e., verbal or physical interventions, contacted law enforcement).
- Include the name and title/relationship of each individual involved in the incident.
- List any medical care administered (i.e., transported via ambulance to hospital, emergency room visit, hospital admission).
- Indicate if MUTT was contacted and/or responded to the situation.
- Document if a copy of the incident report from the facility or a police report was requested and/or received. If the report was received, the report should be uploaded to the specific CIR.

Critical Incident Report

Child's Name Enrollee, Clive

DOB: 1/1/90

Critical Incident Notifications

Date	Time	Who Was Notified?	Type	Notes
		List the name and title of each individual that was notified/contacted about the incident by CC/Supervisor/Lead	Verbal	Specify what type of contact occurred, i.e., phone, voice message, email, etc.

Supervisory Response / Action Taken:

•MM/DD/YYYY - CC Supervisor/Lead describes the dialogue they had with the CC regarding the incident. This includes any recommendations, directives, actions and plans. CC Supervisor/Lead's Name/Initials

Date Wraparound Notified:

Media Contact? No

Wraparound Review / Action Required of Care Coordinator:

•MM/DD/YYYY - Wraparound's administrative review of CIR. Assigned Wraparound Manager may pose questions, suggestions, revisions, recommendations and/or identify other immediate action that are necessary. Wraparound Manager's Name/Initials

Agy Follow-Up Needed? Yes

If yes, date due:

Agency follow-up information:

•MM/DD/YYYY - CC/Supervisor/Lead's response and/or clarification to address the requests from the "Wraparound Review/Action Required of Care Coordinator" section. Note, unless requested by Wraparound, the follow-up information should only be documented in this section. The CC/Supervisor/Lead should avoid updating or providing additional information in the above sections following Wraparound's administrative review of the CIR. Writer's Name/Initials

Date agency follow-up completed:

Completion dates will be filled in by Wraparound to "close out" the Critical Incident)

Date of final Wraparound approval:

Wraparound Milwaukee Provider Critical Incident Report

Form Information/Instructions: "Critical Incidents," as defined in Wraparound Policy #014 – Critical Incident Reporting, documented by the Provider must be submitted to Wraparound Milwaukee upon completion of the document. The report should be uploaded into Synthesis to the Vendor's File Store tab.

Section 1: Agency Information- Agency Name: _____
Name/Role of Provider(s) Involved in Incident: _____
Supervisor Name: _____ Agency Phone: _____

Section 2: Client/Youth Information- Client Name: _____ DOB: _____
Parent/Guardian Name: _____ Phone: _____
Care Coordinator Name/Agency: _____ Phone: _____

Section 3: Incident Information- Incident Date: _____ Incident Time: _____ AM PM
Location of Incident: Client's Home School Placement Facility Community Other
Name of Location: _____ Address: _____

Description of Incident (Who was involved (names and relationship to youth)? A step-by-step of what occurred.):

Describe Immediate Actions Taken (List the actions and/or interventions that were taken immediately by the individuals involved in or witness to the incident.):

Notifications (Specify the notification date, time and who was notified (name and relationship to youth).):

Name of Staff Completing Report	Title of Staff Completing Report	Signature of Staff Completing Report	Date
Name of Supervisor	Title of Supervisor	Signature of Supervisor	Date