# Incident Reports

## Creating an Incident Report

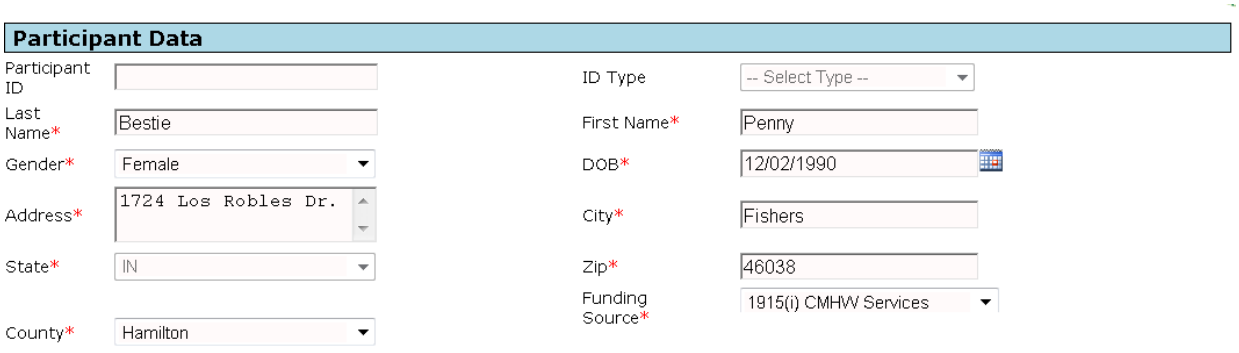
**State of Indiana**
**DIVISION OF MENTAL HEALTH AND ADDICTION**
**Child Mental Health Wraparound**

- Fill out all necessary information in each section
  - Participant Data
  - Informed Data
  - Reporting Person & Agency
  - Incident Information

### Participant Data

Required information:

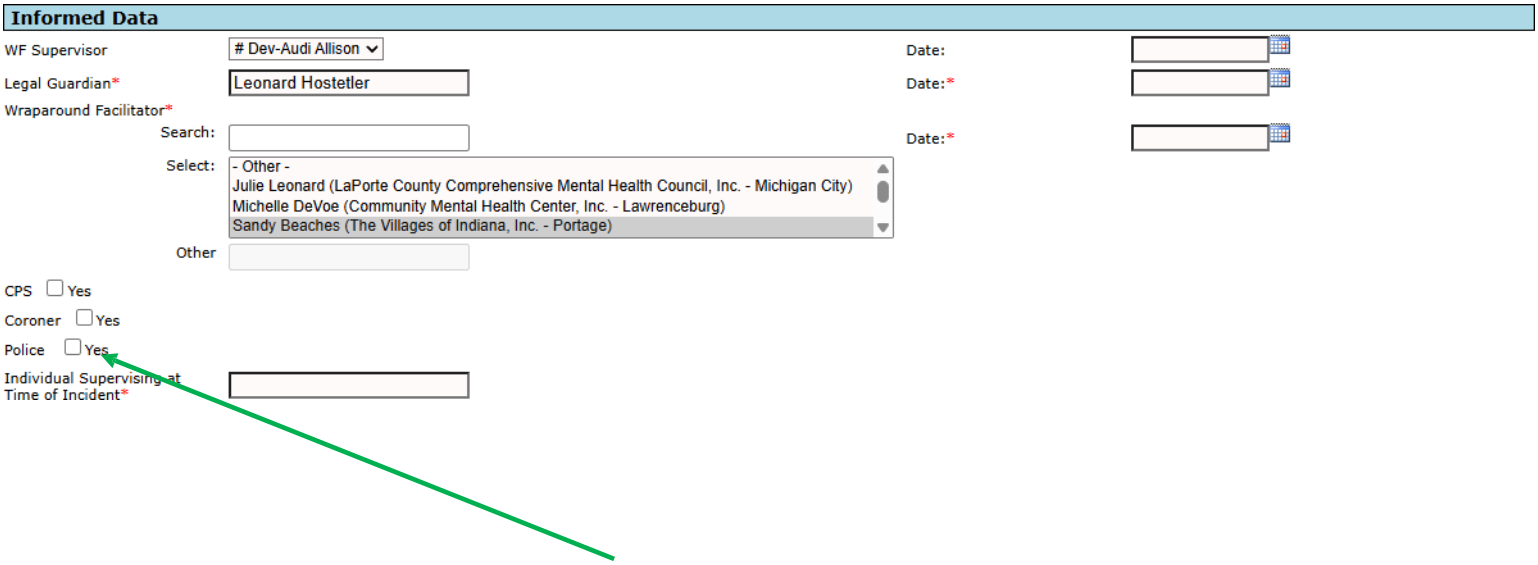
- First & Last Name
- Gender
- DOB
- Address, City, State, Zip, County
- Funding Source



## Informed Data

Required information:

- Wraparound Facilitator & date
- Supervising individual & date



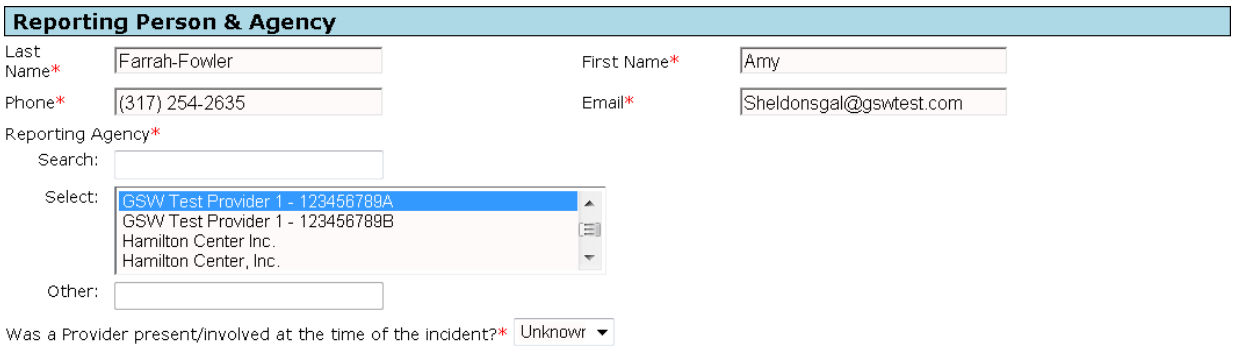

If the incident involved law enforcement check 'Yes' and then answer the following questions that appear



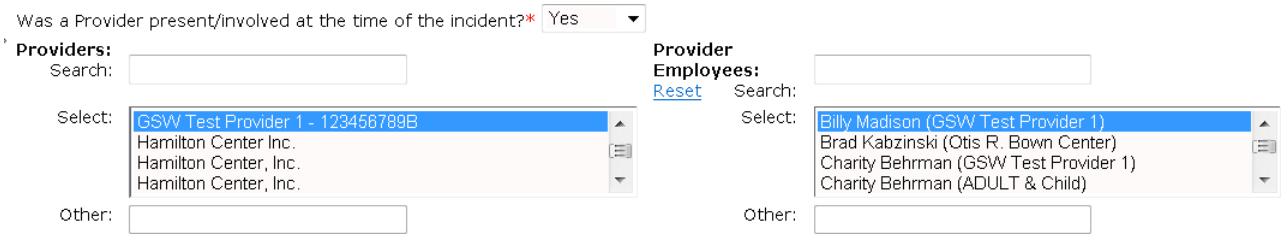
## Reporting Person & Agency

Required information:

- First & Last name of person reporting
- Phone number
- Email
- Reporting Agency
- Provider present/involved



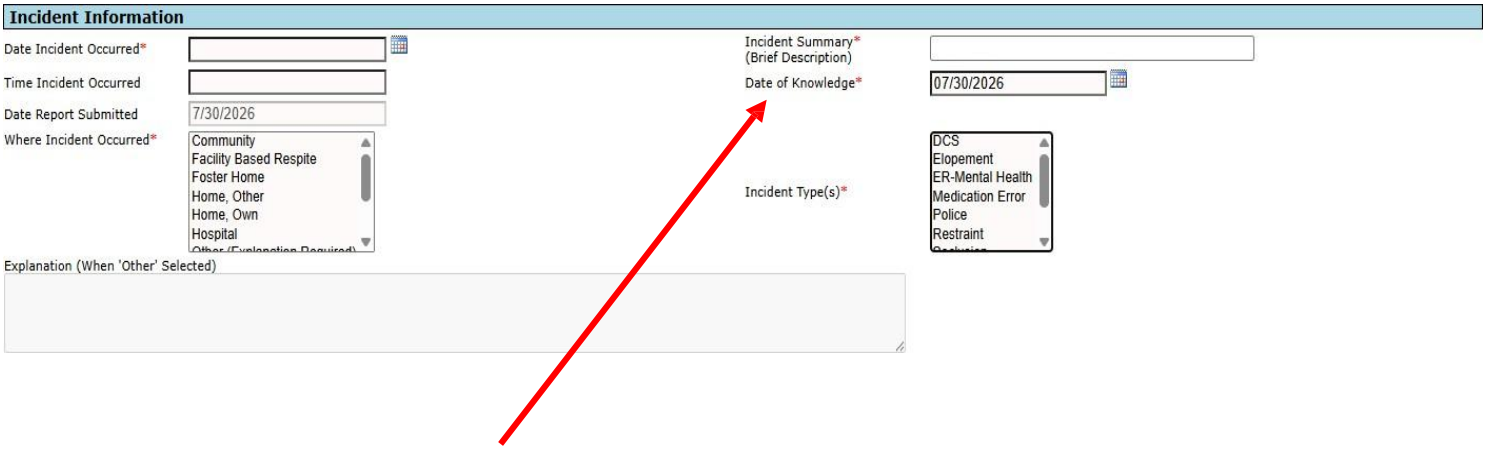

NOTE: If a provider was present the following information screen will appear and will require completion



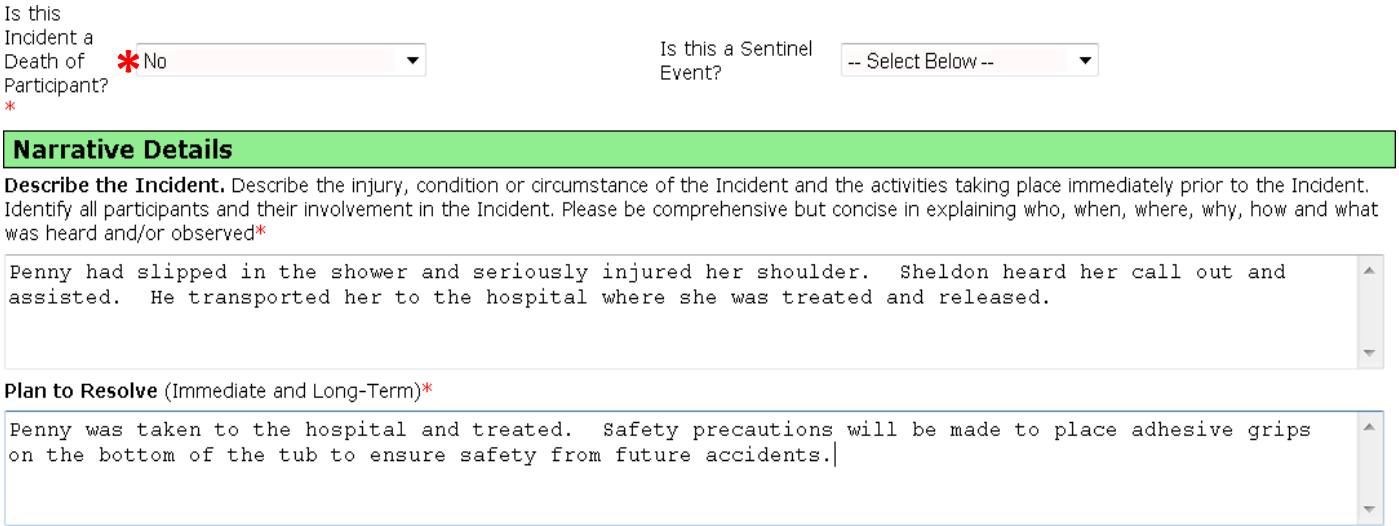
## Incident Information

Required information:

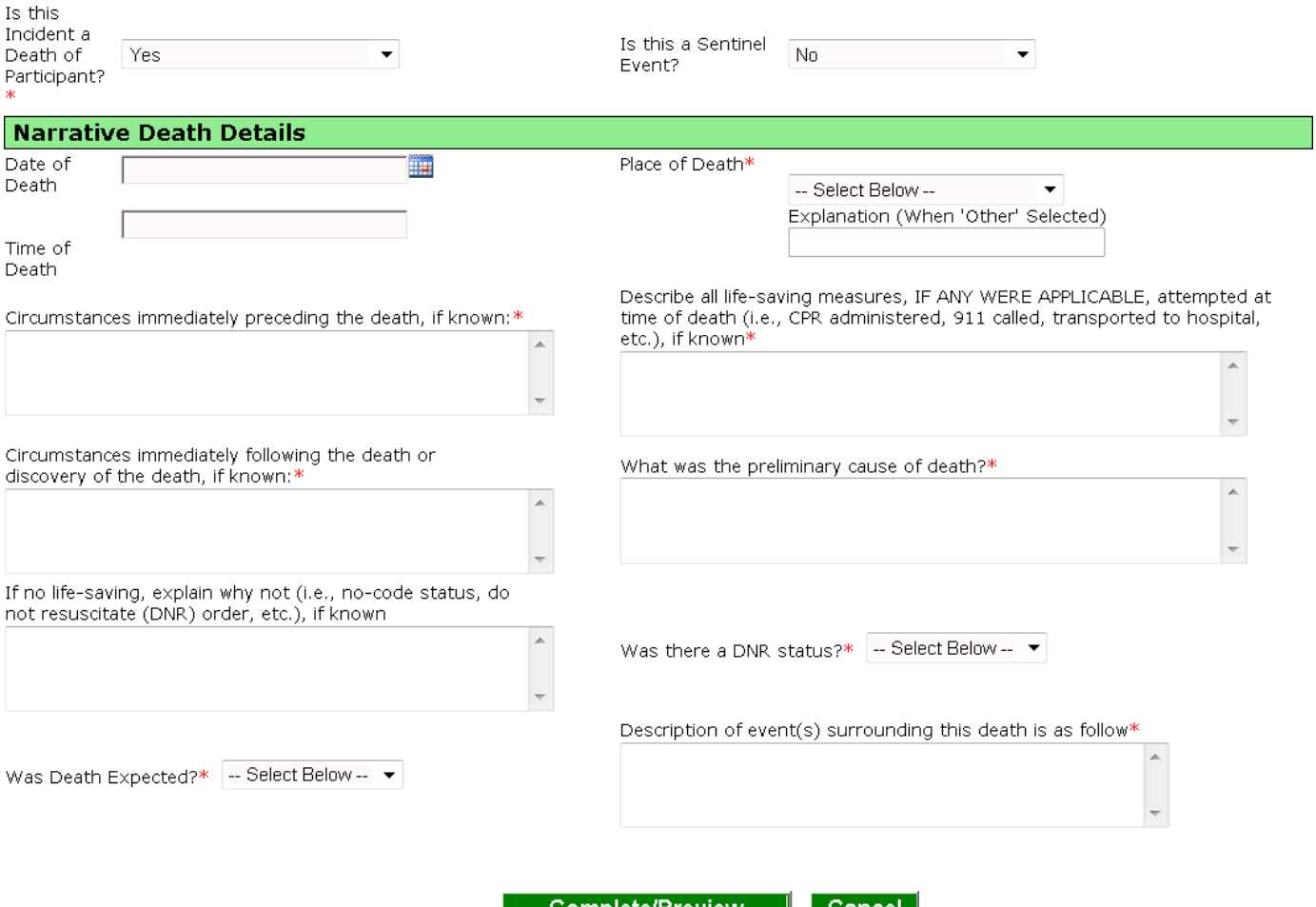
- Date incident occurred
- Incident type
- Date of Knowledge
- Where Incident occurred
- Did incident result in death?
- Description of incident
- Immediate and long-term plans of resolution




NOTE: An explanation is required for any report submitted 72 hours after the incident occurred. An explanation box will appear.



*NOTE: If the incident resulted in the death of the participant the following information boxes will appear




When all required information has been entered select 'Complete/Preview'

If there is missing information or errors a warning message will appear

Missing / Invalid Items

- Please enter both Legal Guardian name and date.
- Date Report Submitted is more than 72 hours after Date incident occured. Please provide explanation for late submission.

## Submitting Incident Reports

Review your completed report
if any changes are necessary select 'Go Back'

### DMHA - INITIAL INCIDENT REPORT

Go Back To Change Entries

**Participant Data**

| | | | |
|---|---|---|---|
| Participant ID | | ID Type | N/A |
| Last Name | bestie | First Name | penny |
| Gender | Female | DOB | 12/02/1990 |
| Address | 1724 Los Robles | City | Fishers |
| State | IN | Zip | 46038 |
| County | Hamilton | Funding Source | 1915(i) CMHW Services |

**Informed Data**

| | | | |
|---|---|---|---|
| Residential Provider (if applicable) | | Date: | |
| Legal Guardian | Leonard Hostetler | Date: | 09/22/2014 |
| Wraparound Facilitator | Billy Madison (GSW Test Provider 1) | Date: | 09/22/2014 |
| WF (Other) | | | |
| CPS | | Date: | |
| Coroner | | Date: | |
| Police | | Date: | |
| Handcuffed? | N/A | Tasered? | |
| Individual Supervising at Time of Incident | Sheldon Cooper | | |

**Reporting Person & Agency**

| | | | |
|---|---|---|---|
| Last Name | Farrah-Fowler | First Name | Amy |
| Phone | (317) 254-2635 | Email | Sheldonsgal@gswtest.com |
| Reporting Agency/Individual | GSW Test Provider 1 - 123456789A | | |
| Other | | | |

Was a Provider present/involved at the time of the incident? Unknown

**Incident Information**

| | | | |
|---|---|---|---|
| Date Incident Occurred | 09/19/2014 | Incident Type (Brief Description) | physical injury to right shoulder |
| Time Incident Occurred | | Date of Knowledge | 09/19/2014 |
| Date Report Submitted | 9/29/2014 | Explanation of Late Submission enter information on late submission | |
| Where Incident Occurred | Home, Own | Explain | |
| Is this Incident a DOP? | No | Is this a Sentinel Event? | No |

**Narrative Details**

**Describe the Incident.** Describe the injury, condition or circumstance of the Incident and the activities taking place immediately prior to the Incident. Identify all participants and their involvement in the Incident. Please be comprehensive but concise in explaining who, when, where, why, how and what was heard and/or observed

Penny had slipped in the shower and seriously injured her shoulder. Sheldon heard her call out and assisted. He transported her to the hospital where she was treated and released.

**Plan to Resolve** (Immediate and Long-Term)

Penny was taken to the hospital and treated. Safety precautions will be made to place adhesive grips on the bottom of the tub to ensure safety from future accidents.

Submit Form Cancel

If no changes are required select 'Submit Form'

## Saving/Printing Incident Reports

After your report is submitted the following screen will appear showing two important things

- Confirmation number
- Successfully submitted message



DMHA - INITIAL INCIDENT REPORT

Incident Report has been Successfully Submitted. Confirmation Number: 9

1 of 1 100%

Incident Report

| Participant Data | | | |
|---|---|---|---|
| **Confirmation Numner** | 9 | | |
| **Last Name** | bestie | **First Name** | pu |
| **Gender** | Female | **DOB** | 1 |
| **Address** | 1724 Los Robles | | |
| **City** | Fishers | **State** | IN |
| **County** | Hamilton | **Zip** | 4 |
| **Funding Source** | 1915(i) CMHW Services | | |
| **Informed Data** | | | |
| **Residential Provider** | **Date:** | **Legal Guardian** | L |
| **Wraparound Facilitator** | Billy Madison<br>**Date:** 9/22/2014 | **WF (Other):** | |
| **CPS** | **Date:** | **Coroner** | D |
| **Individual Supervising at Time of Incident:** Sheldon Cooper | | | |
| **Reporting Person & Agency** | | | |
| **Last Name** | Farrah-Fowler | **First Name** | A |
| **Phone** | (317) 254-2635 | **Email** | S |
| **Reporting Agency** | GSW Test Provider 1 - 123456789A | **If unable to specify:** | |
| **Was a provider present/involved at the time of incident?** Unknown | | | |
| **Incident Information** | | | |
| **Date Incident Occurred** | 9/19/2014 | **Time Incident Occurred** | |
| **Incident Type** | physical injury to right shoulder | **Date of Knowledge** | 9/ |
| **Date Report Submitted** | 9/29/2014 | **Late Submission Explanation (If applicable)** | e |

Save/Print Incident Report | Report New Incident | Home

To Save/Print your report select 'Save/Print Incident Report'

The following box will appear

- Open to print
- Save to place file to folder

