

M/UI Incident Report Writing

MUIs and UIs

- Whether an incident is identified as a UI or an MUI, a written incident report needs to be completed.
- UI
 - Independent providers need to submit to the SSA by the next business day, agency providers do not
 - UI reports can help identify trends or patterns
 - Proper identification and prevention can help address issues early on and often prevent MUIs from occurring
 - UI reports are used in tandem with other data to determine if other supports like restrictive measures are needed. For example, a physical restraint will not be approved unless there is data to show it is necessary to protect health and welfare.

MUIs and UIs

- Whether an incident is identified as a UI or an MUI, a written incident report needs to be completed.
- MUI
 - An incident report for all known or suspected MUI is required to be completed for ALL MUIs
 - Written reports need submitted to the County Board by 3pm the next business day
 - Incident reports assist in verifying all responsibilities are completed:
 - Implementation of Immediate Actions
 - Notifications to all parties required by Rule
 - An incident report is a key piece of evidence used to open and begin investigating an MUI

Discovery

- The discovery date for an MUI begins the moment **any mandatory reporter** becomes aware of the incident.

So...

- The moment you read an email, listen to a voicemail, you witness an MUI or someone discloses an MUI, the clock begins ticking for that MUI to be reported to the MUI Unit in a timely manner.
- **Do not** just trust that someone else will submit the MUI report on time...We have had several instances where incidents have not been reported or reported late because they believed someone else would get it in on time.

MUI Reporting Review

- **Immediate to 4-hour Verbal** reporting is required for:
 - Accidental/Suspicious Death
 - Abuse (Verbal, Physical, Sexual)
 - Neglect
 - Misappropriation
 - Exploitation
 - Peer to Peer Acts
 - Media Inquiries
- 4-hour verbal reports should be made to:
 - **MUI Unit Hotline** (8am-4pm): 330-634-8684 or
 - **After Hours Hotline:** 877-271-6733
 - If no one answers, **LEAVE A VOICEMAIL**
- Again, ALL MUIs require a written report submitted by 3pm the following day

MUI Reporting Review

- Do not rush when making a 4-hour report of an MUI. Make sure to gather all the relevant information regarding the incident, parties involved, immediate actions taken, etc. prior to making the call.
- If there is a crime in progress or immediate police intervention is needed to maintain health/safety, please call the local police jurisdiction/911.
- For all other law enforcement notifications, please call the Summit County Sheriff's Office at 330-634-8825 (8am – 4pm) or 330-643-2181 (after hours). Or, call the local jurisdiction.

MUI Reporting Review

- For categories that do not require 4-hour notification, you do not need to call the MUI hotline to make a verbal report.
- Submit a written MUI report by **3pm** the next working day after the discovery date.
- Per Rule: The provider shall make notifications when the MUI or discovery of the MUI occurs, when the provider has responsibility for the individual. The notification should occur the same day as the MUI is discovered.
- Notifications should include the SSA, guardian, other providers, relevant family members, etc.

MUI Incident Report template

MUI Reporting Form

Send to: MUIReports@SummitDD.org



Information about the Individual:

Individual's Last Name:	DOB:
First Name:	
Street Address:	Funding Source: LOCAL
City:	State: Zip:

Provider/Incident Information:

Provider at time of Incident:	Street Address:		
	City: State: Zip:		
Residential Provider:	Street Address:		
	City: State: Zip:		
Date of Incident:	Time:		
Date Provider Became Aware of the Incident:	Time:		
Location of Incident: (home in bathroom, at the mall, lunchroom at work):			
Description of Incident (please include in detail who, what, when, where, why, etc.):			
Immediate Actions to Ensure Health and Welfare of Individuals:			
Reported Category:	Injury:	Type:	Location:

89 East Howe Road, Tallmadge, Ohio 44278-1099 | SummitDD.org | 330.634.8000
 Accredited by: Commission on Accreditation of Rehabilitation Facilities
 & Ohio Department of Developmental Disabilities

Category A categories only:	PPI's Relationship to Individual:
First Name of PPI:	
Last Name of PPI:	
Full Name of Witness(es) (please include any peers if applicable):	Witness(es) Relationship to Individual:
Reporter Name:	Reporter Relationship:
Reporter Phone Number:	Reporter Email:

Notifications

Type	First Name	Last Name	Date/Time
Guardian Name:			
SSA Name:			
Residential Provider or ICF/DD:			
Other (including Advocate/ Other Service Provider):			
Law Enforcement (name, badge number, jurisdiction, and contact information)			
Children Services Worker Notified:			

Further Medical Follow up, if applicable, and any other Administrative Action:

Internal Use Only:

MUI or UI:	Decided Category:
MUI Number:	Assigned IA:
Report Made after 3 PM	Not Reported within 4 hours

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330.634.8000

What to put in an Incident Report

- Factual & relevant description of the incident (avoid opinions)
- Use full names instead of putting initials and “I/we” in the description – no confidentiality concerns
 - Ok to use initials after identifying a person by their full name
- The 5 W’s:
 - **Who?** Names of all people involved in the incident
 - **What?** What happened before (antecedents), during, and after the incident
 - **When?** Time and date the incident occurred & when you were notified
 - **Where?** Specific location of the incident
 - **Why?** Cause and contributing factors (if known)
- Type and location on body of any injuries – be specific!

What to put in an Incident Report

- Antecedents: What was going on just prior to the incident occurring which may have caused or contributed to the situation?
- For situations of neglect and missing individuals, what was the **specific risk** to the individual involved in the incident?
- Immediate actions taken to ensure health and safety?
 - Examples:
 - Assessed for injury/Sought medical attention where appropriate
 - Initiated first aid
 - Separated individuals
 - Modified the environment
 - Retraining of staff
 - Removing the PPI from the schedule (required for Physical and Sexual Abuse)

Primary Person Involved (PPI)

- The person being accused of doing something wrong is called the Primary Person Involved, or PPI.
- The **only** cases which have an identified PPI are category A MUIs
- For those category A MUIs, please the PPI's name and last known contact info is required.
 - For Peer-to-Peer Acts, just list both peers on the form. The aggressor is no longer identified as a PPI as had been the case in the past.
- Please **do not notify the PPI** that an MUI has been reported. Sometimes they may already be aware but do not provide any details. (the investigator will contact them).

Other Tips

- Avoid slang, uncommon acronyms or other info that may not be readily understandable. Do not assume the reader will know all the circumstances, be sure to explain. Remember, Summit DD's intake investigators are not familiar with every individual or provider setting in the county.
- Write concise, yet detailed narratives. Be as black and white as possible. If opinion is relevant to the report, such as indicating there is a credibility concern, list each reason why.
- Do not just say someone a history of lying or "I don't believe them".
- Proofread your reports for accuracy prior to submitting
- If you have supporting documentation like pictures, receipts, medical forms, etc., submit them with the incident report

Category Specific Tips

- Because each MUI category criteria varies, here are some category specific tips on information often not included:
 - Verbal Abuse – be sure to identify words or gestures used, PPI tone, reaction from the individual, was it abuse vs. unprofessional?, i.e. telling an off-color joke.
 - Physical Abuse – document how the abuse took place (slap, punch, kick, etc.), how many times was the individual struck, level of force (scale of 1-10 is helpful), type of injury if there was one
 - Sexual Abuse – because this is an underreported concern across all populations, be trauma informed but get as much info as possible; dates, times, was conduct or contact consensual, medical assessment

Category Specific Tips

- Misappropriation – what was stolen, value, how was it secured
- Neglect – please identify the level of risk and why you think a person was at risk. Ex: Just because a supervision level was not followed does not automatically result in a Neglect MUI. There has to be risk of serious injury to the individual or another person.
- Missing Individual – Similar to Neglect, what is the risk? To meet MUI criteria, there needs to be an imminent risk to that individual or others.
- Unanticipated Hospitalization – Wait until an individual has been confirmed to be admitted or has been there at least 24 consecutive hours.

Let's Try Some Practice Scenarios:



Practice Scenarios

- Joey Smith left his day program earlier this afternoon. His ISP states he needs to be constantly supervised in the community as he lacks pedestrian skills and has previously wandered into traffic. ABC Day Program staff last saw him watching a movie around 1:15pm on 2/24/24. They noted that he looked a bit restless at this time. When the staff came back to check on the room approximately 10 minutes later, he was not there. The staff immediately checked the building and outside areas but were unable to locate. The manager called the police, while another got into the van look for him. Twinsburg PD officers located him about 20 minutes later at a Sheetz and brought him back. He was gone a total of approximately 30 minutes. Joey was assessed for injuries and a small scrape on his left knee that was bleeding a little was found. Staff cleaned the wound and applied a bandage to it. Joey stated that he tripped on a curb while rushing into Sheetz, resulting in the scrape. Joey's ISP states he requires supervision while outside. He has a history of getting anxious when he believes it's time for his van to arrive.

Practice Scenarios

MUI Reporting Form

Send to: MUIReports@SummitDD.org



Information about the Individual:

Individual's Last Name: <input type="text" value="Smith"/>	DOB: <input type="text" value="07/12/1995"/>
First Name: <input type="text" value="Joseph"/>	
Street Address: <input type="text" value="1626 Main St."/>	Funding Source: <input type="text" value="I/O"/>
City: <input type="text" value="Akron"/>	State: <input type="text" value="OH"/> Zip: <input type="text" value="44203"/>

Provider/Incident Information:

Provider at time of Incident: <input type="text" value="ABC Day Program"/>	Street Address: <input type="text" value="9999 1st St NW"/>		
Residential Provider: <input type="text" value="N/A - lives with family"/>	City: <input type="text" value="Twinsburg"/> State: <input type="text" value="OH"/> Zip: <input type="text"/>		
Date of Incident: <input type="text" value="02/24/2024"/>	Time: <input type="text" value="1:15 pm"/>		
Date Provider Became Aware of the Incident: <input type="text" value="02/24/2024"/>	Time: <input type="text" value="1:25 pm"/>		
Location of Incident: (home in bathroom, at the mall, lunchroom at work): <input type="text" value="ABC Day Program TV area"/>			
Description of Incident (please include in detail who, what, when, where, why, etc.): <input type="text" value="Joseph 'Joey' Smith ran from the ABC Day Program earlier this afternoon. Day Program staff Zay White had last seen him watching a movie around 1:15pm on 2/24/24 in the TV area and noted that he looked a bit restless. He kept getting out of his seat and looking out of the window. When asked if anything was wrong he ignored staff and didn't answer. Zay left him to his movie and returned check on the room approximately 10 minutes later. Joey was not there. Zay immediately checked the building and outside area but were unable to locate him. Day Program Manager Brian Miller called the police, while Zay got into the van look for him. Twinsburg PD officers located him about 20 minutes later at a Sheetz, drinking directly from the soda fountain machine. Officers returned him to the day program. He was gone a total of approximately 30 minutes. He said he got anxious as he thought his van was not coming to pick him up. Joey has a history of wandering into traffic and needs to be supervised outside."/>			
Immediate Actions to Ensure Health and Welfare of Individuals: <input type="text" value="Staff conducted an immediate search of the building and outside area. When he couldn't be located, police were called and a staff drove around looking for him. Once he was located, Joey was assessed for injuries and a small scrape on his left knee that was bleeding a little was found. Staff cleaned the wound and applied a bandage to it. Joey stated that he tripped on a curb while going into Sheetz, and that's how he injured his knee."/>			
Reported Category: <input type="text" value="Missing Indiv"/>	Injury: <input type="text" value="Yes"/>	Type: <input type="text" value="Abrasion"/>	Location: <input type="text" value="Toes/Feet"/>

Practice Scenarios

Category A categories only:		PPI's Relationship to Individual:	
First Name of PPI:			
Last Name of PPI:			
Full Name of Witness(es) (please include any peers if applicable):		Witness(es) Relationship to Individual:	
Zay White		Program staff	
Reporter Name:	Brian Miller	Reporter Relationship:	Program manager
Reporter Phone Number:	330-656-6565	Reporter Email:	millerb@abc.net

Notifications

Type	First Name	Last Name	Date/Time
Guardian Name:	Delores	Smith (mom)	2/24/2024 2:00 pm
SSA Name:	Bill	Blue	2/24/2024 2:00 pm
Residential Provider or ICF/DD:			
Other (including Advocate/ Other Service Provider):			
Law Enforcement (name, badge number, jurisdiction, and contact information)	Twinsburg PD		2/24/24 1:29 pm
Children Services Worker Notified:			

Further Medical Follow up, if applicable, and any other Administrative Action:

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Internal Use Only:

MUI or UI: MUI	Decided Category: Missing I
MUI Number: 2024-077-0000	Assigned IA: John Roch
<input type="checkbox"/> Report Made after 3 PM	<input type="checkbox"/> Not Reported within 4 hours

Practice Scenarios

- SSA Shawn Jackson received a phone call from Sunshine & Rainbows Residential Services Home Manager Terrie Gardner at 9:50 AM on 2/1/24. Terrie stated individual John Johnson approached her at 8:15am when she arrived to tell her that he while was taking a shower around 7:30AM, DSP Randall Thomas told him that if he didn't hurry up, he was going to "bash his head in". DSP Thomas had previously mentioned to Terrie he had a very important personal appointment when his shift was over at 8am. John said he told DSP Thomas he was going as fast as he could. John was really upset and crying when he reported the incident. DSP Thomas had already left when the allegation was made. He was placed on leave pending investigation.

Practice Scenarios

MUI Reporting Form

Send to: MUIReports@SummitDD.org



Information about the Individual:

Individual's Last Name: <input type="text" value="Johnson"/>	DOB: <input type="text" value="07/12/1996"/>
First Name: <input type="text" value="Jonathan"/>	
Street Address: <input type="text" value="8989 Main St."/>	Funding Source: <input type="text" value="I/O"/>
City: <input type="text" value="Clinton"/>	State: <input type="text" value="OH"/> Zip: <input type="text" value="44333"/>

Provider/Incident Information:

Provider at time of Incident: <input type="text" value="Sunshine & Rainbows Residential Services"/>	Street Address: <input type="text" value="8989 Main St."/>
Residential Provider: <input type="text" value="Sunshine & Rainbows Residential Services"/>	City: <input type="text" value="Clinton"/> State: <input type="text" value="OH"/> Zip: <input type="text" value=""/>
Date of Incident: <input type="text" value="02/01/2024"/>	Time: <input type="text" value="7:30 am"/>
Date Provider Became Aware of the Incident: <input type="text" value="02/01/2024"/>	Time: <input type="text" value="8:15 pm"/>
Location of Incident: (home in bathroom, at the mall, lunchroom at work): <input type="text" value="First floor bathroom at the home"/>	
Description of Incident (please include in detail who, what, when, where, why, etc.): I, SSA Shawn Jackson received a phone call from Sunshine & Rainbows Residential Services Home Manager Terrie Gardner at 9:50 AM on 2/1/24. Terrie stated John Johnson approached her at 8:15am when she arrived to tell her that while he was taking a shower around 7:30AM, DSP Randall Thomas told him that if he didn't hurry up, he was going to "bash his head in". John said he told DSP Thomas he was going as fast as he could. John was really upset and crying when he reported the incident. Although there were housemates and other staff in the home, John stated no one would have heard the threat because the bathroom door was shut and DSP Thomas purposefully said it quietly but in a threatening manner. Terrie Stated DSP Thomas had previously mentioned to her that he had a very important personal appointment when his shift was over at 8am.	
Immediate Actions to Ensure Health and Welfare of Individuals: DSP Thomas had already left when the allegation was made to Terrie. He was placed on administrative leave pending investigation. If he is brought back after the investigation, he will be retrained on Client Rights and appropriate interactions. John decided to stay home instead of going to day program because he was so upset. SSA also alerted the Sheriff's Office and John's counselor after being informed of the allegation.	
Reported Category: <input type="text" value="Alleged Abusi"/>	Injury: <input type="text" value="No"/>
Type: <input type="text" value=""/>	Location: <input type="text" value=""/>

Practice Scenarios

Category A categories only:		PPI's Relationship to Individual:	
First Name of PPI: Randall		Residential DSP	
Last Name of PPI: Thomas			
Full Name of Witness(es) (please include any peers if applicable): None identified		Witness(es) Relationship to Individual:	
Reporter Name: Shawn Jackson		Reporter Relationship: SSA	
Reporter Phone Number: 330-555-5555		Reporter Email: sjackson@summitdd.org	

Notifications

Type	First Name	Last Name	Date/Time
Guardian Name:	Tom	Johnson (dad, by Terrie)	2/1/2024 8:30 am
SSA Name:	Shawn	Jackson	2/1/2024 9:50 am
Residential Provider or ICF/DD:			
Other (including Advocate/ Other Service Provider):			
Law Enforcement (name, badge number, jurisdiction, and contact information)	Summit County Sheriff's Office		2/1/24 10:00 pm
Children Services Worker Notified:			

Further Medical Follow up, if applicable, and any other Administrative Action:

Internal Use Only:

MUI or UI: MUI	Decided Category: Alleged /
MUI Number 2024-077-0000	Assigned IA: Matthew K
<input type="checkbox"/> Report Made after 3 PM	<input type="checkbox"/> Not Reported within 4 hours

Thank you!

Matt Klink

Investigative Agent Analyst

mklink@summitdd.org

330-634-8955

Shannon Mahoney/John Bacola

Intake Investigative Agent II/I

smahoney@summitdd.org / jbacola@summitdd.org

330-634-8196/330-634-8887

Summit DD Hotline (Mon – Fri, 8am-4pm): (330) 634-8684

After Hours Hotline: 1-877-271-6733

