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AN EXAMINATION OF FOSTER CARE IN THE UNITED STATES AND THE USE OF PRIVATIZATION

PREPARED BY THE STAFF OF THE

COMMITTEE ON FINANCE
UNITED STATES SENATE

ORRIN G. HATCH, *Chairman*
RON WYDEN, *Ranking Member*



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CONTENTS

	Page
Executive Summary	1
I. Introduction	2
II. Overview of the Problem and Justification for the Committee Investigation	3
A. Child Abuse and Neglect and Foster Care	3
B. Federal Financing of Foster Care Services	3
C. Recent Committee History on Foster Care and Related Issues	4
D. Initial Media Reports About For-Profit Foster Care and Children's Deaths	5
E. MENTOR and Private Foster Care Agencies	6
F. Therapeutic Foster Care	8
III. The Committee's Investigation and Surveys of the States: Foster Care Services and Performance	8
A. The 50-State Overview Letter and Request	8
B. The 5-State In-Depth Letter and Request	9
C. U.S. HHS Child and Family Services Reviews	10
D. The MENTOR Letter and Request	10
IV. Findings From the Committee's Investigations and Surveys	11
A. Use of Private Child Welfare Services	11
B. Background Checks	13
C. Child Welfare Workforce Operations and Concerns	14
D. Physical and Mental Well-Being of Children in Foster Care	16
E. Failure to Identify and Respond to Risk to Children	17
F. Actions When Maltreatment Is Substantiated in Foster Homes	18
G. MENTOR Incident Reports	20
H. MENTOR Mortality Report	23
I. Financial Settlements From MENTOR	26
V. Oversight of Child Welfare Services and Protecting Vulnerable Children	27
VI. Conclusions	29
VII. Recommendations	31
Recommendations for States and Tribes	31
Recommendations for the Department of Health and Human Services (HHS)	31
Recommendations for Congress	32
Appendix A—50-State Overview Letter	35
Appendix B—Responses to 50-State Overview Letter	38
Exhibit 1—Response From Alabama, Department of Human Resources	39

Page

Appendix B—Responses to 50-State Overview Letter—Continued
Exhibit 2—Response From Alaska, Department of Health and Social Services 47
Exhibit 3—Response From Arkansas, Office of the Governor 51
Exhibit 4—Response From California, Health and Human Services Agency, Department of Social Services 55
Exhibit 5—Response From Colorado, Office of the Governor 62
Exhibit 6—Response From Connecticut, Department of Children and Families 66
Exhibit 7—Response From Delaware, Department of Services for Children, Youth, and Their Families 69
Exhibit 8—Response From Guam, Department of Public Health and Social Services 74
Exhibit 9—Response From Hawaii, Office of the Governor 79
Exhibit 10—Response From Illinois, Department of Children and Family Services 82
Exhibit 11—Response From Indiana, Department of Child Services 88
Exhibit 12—Response From Iowa, Department of Human Services 93
Exhibit 13—Response From Kansas, Department for Children and Families 97
Exhibit 14—Response From Kentucky, Cabinet for Health and Family Services 101
Exhibit 15—Response From Maryland, Department of Human Resources . 107
Exhibit 16—Response From Massachusetts, Office of the Governor 114
Exhibit 17—Response From Minnesota, Department of Human Services .. 120
Exhibit 18—Response From Nebraska, Office of the Governor 126
Exhibit 19—Response From New Hampshire, Department of Health and Human Services 130
Exhibit 20—Response From New Jersey, Department of Children and Families 134
Exhibit 21—Response From New Mexico 139
Exhibit 22—Response From New York, Office of Children and Family Services 153
Exhibit 23—Response From North Dakota 158
Exhibit 24—Response From Oklahoma, Department of Human Services ... 162
Exhibit 25—Response From Oregon, Office of the Governor 166
Exhibit 26—Response From Pennsylvania, Department of Human Services 172
Exhibit 27—Response From South Dakota, Office of the Governor and the Department of Social Services 179
Exhibit 28—Response From Tennessee, Department of Children's Services 184
Exhibit 29—Response From Texas, Department of Family and Protective Services 189
Exhibit 30—Response From Utah, Department of Human Services 201
Exhibit 31—Response From Washington, Department of Social and Health Services 206
Exhibit 32—Response From West Virginia, Department of Health and Human Resources 209
Exhibit 33—Response From Wisconsin, Department of Children and Families 213
Exhibit 34—Response From Wyoming, Department of Family Services 219
Appendix C—5-State In-Depth Letters 222
Exhibit 1—Letter to Georgia, Department of Community Health 223

Page

Appendix C—5-State In-Depth Letters—Continued
Exhibit 2—Letter to Illinois, Department of Children and Family Services 228
Exhibit 3—Letter to Massachusetts, Department of Children and Families 233
Exhibit 4—Letter to Maryland, Department of Human Resources 238
Exhibit 5—Letter to Texas, Department of Family and Protective Services 243
Appendix D—Congressional Research Service Memorandum on the U.S. HHS Children and Family Services Reviews 248
Appendix E—Letter to The MENTOR Network 275
Appendix F—MENTOR Level 4 Incident Reports 282
Appendix G—MENTOR Mortality Report and Backup Data 606
Exhibit 1—Foster Care Mortality Analysis 607
Exhibit 2—Backup Data and Explanation of Mortality Analysis 613

AN EXAMINATION OF FOSTER CARE IN THE UNITED STATES AND THE USE OF PRIVATIZATION

EXECUTIVE SUMMARY

Foster care placements for children who are victims of abuse and neglect have historically been managed by a combination of private and public resources. However, the need for specialized foster care services and a shortage of foster care homes in recent years has led to the privatization of many core foster care services. Today, both non-profit and for-profit private agencies contract with and provide foster care services on behalf of State agencies. In 2015, 671,000 children in the United States were provided out-of-home foster care services. There are no official statistics on what proportion of these children received contracted foster care, case management, or other services. State child welfare agencies report they have procedures in place to monitor child welfare providers' performance and outcomes. But this investigation conducted by the bipartisan staff of the U.S. Senate Finance Committee shows that these policies are not always followed; exceptions are made, waivers are granted, profits are prioritized over children's well-being, and sometimes those charged with keeping children safe look the other way. High turnover among staff sometimes makes it impossible to develop case plans to ensure that children are "on-track." Foster parents with questionable backgrounds, who lack the skills to provide care to vulnerable children, are given licenses to parent challenging children, and these children are then inadequately monitored. The outcome of this investigation shows that the child welfare system does not always protect children. The data collection and oversight structures at both the State and Federal levels make it difficult and sometimes impossible to monitor the operations of the child welfare system, as well as its private contractors.

A recent bout of national media attention concerning questionable behavior by private for-profit agencies, abuse and neglect by foster parents working for those providers, and in some instances abuse and neglect which caused children's deaths, led the Finance Committee to investigate this issue. As the Finance Committee has primary jurisdiction over Federal child welfare and foster care funding and policy (largely through the Social Security Act), the Committee launched an investigation in April 2015 to examine the privatization of foster care services. One specific private company, The MENTOR Network, one of the largest for-profit providers of foster care services in the United States, was used as a case study to highlight the problems that exist with the privatization of human services. This report documents the findings of this inves-

tigation and reveals problems with child welfare contracting practices as well as public agency oversight of such contracts and services.

The investigation was conducted by collecting information from public child welfare agencies across the Nation concerning their general policies and practices, including how they contract with and monitor private agencies. The Committee also gathered information from The MENTOR Network, specifically, by reviewing incident reports about the deaths of children in the company's care, an internal "mortality report," legal settlements, case notes, foster parent applications, and other related documentation.

The Committee staff concluded that children who are under the legal authority of their State, yet receive services from private for-profit agencies, have been abused, neglected, and denied services. The very agencies charged with and paid to keep foster children safe too often failed to provide even the most basic protections, or to take steps to prevent the occurrence of tragedies. In MENTOR's case in particular, investigations into fatalities were never followed up after the fact; autopsy reports which were pending years ago were excluded from files; and the vast majority of children who died were not the subject of internal investigations, even when their deaths were unexpected. The MENTOR Network issued a report which falsely claimed that its death rates are in line with national death rates and the rates of death among all children in the foster care system. Moreover, families of these and other victims of inadequate care have received millions of dollars in financial settlements, significant enough for The MENTOR Network to receive less favorable terms from its insurer.

As the role of private for-profit and non-profit providers of foster care services has grown, oversight of these entities by State agencies—as well as Federal oversight of the States—has been inadequate. The Finance Committee staff has made recommendations to HHS, the States, and to Congress addressing these shortcomings.

I. INTRODUCTION

The privatization of foster care, and specifically for-profit foster care, has been a growing trend in the delivery of child welfare services over the past few decades.[1] Recent national media attention concerning questionable performance by these private agencies, including abuse and neglect by foster parents working for these agencies, and in some instances abuse and neglect which led to children's deaths, led the Senate Finance Committee (hereinafter, the "Committee" or "SFC") to investigate these issues.

The Committee has jurisdiction over Federal child welfare and foster care funding and policy in the United States, and thus has a responsibility in ensuring children receive the most suitable placements to appropriately support their healthy development. Chairman Hatch and Ranking Member Wyden launched an investigation in April 2015 to examine the privatization of foster care

[1] Flaherty, C., Collins-Camargo, C. and Lee, E., "Privatization of child welfare services: Lessons learned from experienced states regarding site readiness assessment and planning." *Children and Youth Services Review,* Vol. 30, No. 7, pp. 809–820, *http://www.sciencedirect.com/science/article/pii/S0190740907002538.*

services within the context of the larger child welfare system. One specific private company, The MENTOR Network (hereinafter, "MENTOR"), was used as a case study in order to highlight some of the problems that exist with the privatization of human services in general. At the time the Committee initiated the investigation, MENTOR reported it was the "leading provider of home- and community-based health and human services to must-serve individuals and families."[2] MENTOR continues to make this claim today.[3] This report documents the findings of this investigation and reveals problems with child welfare contracting practices as well as public agency oversight of such contracts and services.

II. OVERVIEW OF THE PROBLEM AND JUSTIFICATION FOR THE COMMITTEE INVESTIGATION

A. Child Abuse and Neglect and Foster Care

According to the National Child Abuse and Neglect Data System (NCANDS), in 2015 there were 683,000 children who were victims of abuse or neglect in the United States, representing a rate of 9.2 victims per 1,000 U.S. children.[4] In instances where children are abused or neglected and cannot safely remain at home or with relatives, they are placed in foster care. According to the Adoption and Foster Care Analysis and Reporting System (AFCARS), 671,000 children were served by the foster care system in 2015 either because they were already in foster care, or because they newly entered foster care that year.[5] When children are placed in foster care, they are most often placed in one of three settings: nonrelative foster care (45%), relative/kinship care (30%), or institutions/group homes (14%).[6] Foster care placements can occur either through a child's State or public child welfare agency, or through private entities that *contract with* public child welfare agencies to find placements for children. These private organizations can be non-profit or for-profit agencies. The private agencies that were the focus of this report (specifically MENTOR) provide non-relative foster care for children outside of institutional settings.

B. Federal Financing of Foster Care Services

The Committee has jurisdiction over many areas of public finance including the Internal Revenue Code, major health-care programs such as Medicare and Medicaid, and Social Security. Federal

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[2] Civitas Solutions, Inc., U.S. Securities and Exchange Commission, 2014 10–K filing for the fiscal year ending September 30, 2014, *https://www.sec.gov/Archives/edgar/data/1608638/000119312514445499/d798786d10k.htm.*

[3] Civitas Solutions, Inc., U.S. Securities and Exchange Commission, 2017 10–Q filing for the quarterly period ending March 31, 2017, *https://www.sec.gov/Archives/edgar/data/1608638/000160863817000017/civi3311710q.htm*.

[4] U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, "Child Maltreatment 2015," Report, January 2017, *https://www.acf.hhs.gov/sites/default/files/cb/cm2015.pdf*.

[5] U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, "Trends in Foster Care and Adoption," Published: June 30, 2016, last reviewed: March 13, 2017, *https://www.acf.hhs.gov/cb/resource/trends-in-foster-care-and-adoption-fy15*.

[6] U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, "Foster Care Statistics 2015," Report, pp. 2–4, March 2017, *https://www.childwelfare.gov/pubpdfs/foster.pdf*.

child welfare policy is largely guided by the Social Security Act, originally established in 1935.[7] Foster care services are partly funded through titles IV–B and IV–E of the Social Security Act. In addition, services and supports for children and their families, including foster care, can be funded through title XX and title IV–A of the Social Security Act. Federal assessment and monitoring of State child welfare systems are also covered by title IV–E. Thus, potential misuse or mismanagement of these funds to place children in foster homes where they may potentially be unsafe is of keen interest to the Committee.

C. Recent Committee History on Foster Care and Related Issues

The Committee and its members have a long history of working to improve the State and Federal child welfare systems. For decades, the child welfare advocacy and provider communities, as well as families and children impacted by the system, have recognized that the government is no substitute for a family when it comes to raising children. Frequent news stories highlighting traumatic experiences children in foster care sometimes face have led Congress to take steps to improve the system in two key ways: first, to do more to ensure that foster care is an intervention used only when in the best interest of the child; and second, to ensure that when foster care is necessary, it is of the highest possible quality and promotes normalcy.

In the 114th Congress, the Committee held several hearings and roundtable discussions related to the child welfare system, its incentives, and its funding structure. Specifically, in May 2015, the Committee held a hearing entitled "No Place to Grow Up: How to Safely Reduce Reliance on Foster Care Group Homes."[8] The purpose of the hearing was to examine how Congress can best address the challenges facing foster children and protect them from the unfit environment and risk of sex trafficking found in group homes. In August 2015, the Committee held a hearing entitled, "A Way Back Home: Preserving Families and Reducing the Need for Foster Care."[9] Its purpose was to explore safe alternatives to foster care and better understand the interventions, services, and funding mechanisms States and Tribes are using—or would like to use—to help keep families and children safely together. And in February 2016, the Committee held a hearing entitled "Examining the Opioid Epidemic: Challenges and Opportunities."[10] The purpose of this hearing was to examine the opioid abuse epidemic and its effect on the health and child welfare systems, as well as to consider solutions. Committee members heard testimony detailing the links

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[7] U.S. Social Security Administration, Social Security Act of 1935, *https://www.ssa.gov/history/35act.html*.

[8] U.S. Senate Finance Committee, "No Place to Grow Up: How to Safely Reduce Reliance on Foster Care Group Homes," Committee Hearing, 114th Congress, May 19, 2015, *https://www.finance.senate.gov/imo/media/doc/20209.pdf*.

[9] U.S. Senate Finance Committee, "A Way Back Home: Preserving Families and Reducing the Need for Foster Care," Committee Hearing, 114th Congress, August 4, 2015, *https://www.finance.senate.gov/imo/media/doc/20779.pdf*.

[10] U.S. Senate Finance Committee, "Examining the Opioid Epidemic: Challenges and Opportunities," Committee Hearing, 114th Congress, February 23, 2016, *https://www.finance.senate.gov/imo/media/doc/23291.pdf*.

between rising opioid use and fatalities and the corresponding strain on State foster care systems.

As a result of these hearings and working closely with stakeholders from the foster care provider community, State groups, advocates, and current and former foster youth, the chairman and ranking member developed a bipartisan proposal, "The Family First Act." Working with House Ways and Means Committee Chairman Brady and Ranking Member Levin, Chairman Hatch and Ranking Member Wyden introduced the bipartisan/bicameral "Family First Prevention Services Act of 2016" (H.R. 5456/S. 3065).[11] The House of Representatives passed H.R. 5456 by voice vote on June 21, 2016.[12] The goal of this legislation was to increase the availability of prevention services so that more children can stay at home with their families and avoid the trauma associated with foster care when safely possible. The legislation also aimed to reduce the unnecessary use of congregate care and group homes.

While the legislation ultimately was not enacted into law, the Committee continues to work to advance the goals of the legislation. The findings of this investigation underscore the importance of holding States accountable for their child welfare system management and outcomes, as well as providing States with the tools necessary to improve their capacity to both prevent foster care (when it is possible to do so without jeopardizing the safety of children) and to ensure that children who enter foster care are safe from harm.

D. Initial Media Reports About For-Profit Foster Care and Children's Deaths

In 2015, *BuzzFeed News*[13] and *Mother Jones*[14] reported similar stories concerning the private, for-profit foster care company, MENTOR. The reports provided evidence of a company that prioritizes profits over children's well-being; a company that skirted corners when screening foster parents, that increased social workers' caseloads, that hired unlicensed workers, and whose primary mission was to "fill beds" in order to increase company profits. According to these reports, children were placed in homes with individuals who had been convicted of kidnapping and other serious crimes, with parents who had substance abuse problems, and in homes where caretakers had previous "failed" foster care placements. Some children were deprived of emotional care, were sexually abused, and even beaten to death in their foster homes. The news articles included both allegations of wrong-doing and information that was substantiated through criminal trials and lawsuit settlements to families of the children who had been harmed.

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[11] S. 3065: "Family First Prevention Services Act of 2016," 114th Congress, *https://www.congress.gov/bill/114th-congress/senate-bill/3065; see also:* Kelly, John, "Massive child welfare Finance bill planned for 2016," *The Chronicle of Social Change,* December 18, 2015, *https://chronicleofsocialchange.org/child-welfare-2/massive-child-welfare-finance-bill-planned-for-2016/14890*.

[12] H.R. 5456: "Family First Prevention Services Act of 2016, Actions/Overview," 114th Congress, *https://www.congress.gov/bill/114th-congress/house-bill/5456/actions*.

[13] Roston, Aram and Singer-Vine, Jeremy, "Fostering Profits," *BuzzFeed News,* February 20, 2015, *https://www.buzzfeed.com/aramroston/fostering-profits?utm_term=.xwMQrm3yR#.qfOw1kDqO*.

[14] Joseph, Brian, "The Brief Life and Private Death of Alexandria Hill," *Mother Jones,* October 26, 2015, *http://www.motherjones.com/politics/2015/02/privatized-foster-care-mentor/*.

The Committee received numerous questions and expressions of concern from the public as a result of these news accounts. The chairman and ranking member also felt strongly that the allegations in the press accounts deserved a more thorough examination. As a result, the chairman and ranking member directed the majority and minority oversight teams to investigate the issue of privatization within the foster care system using MENTOR as a case study, as it is among the largest providers of private foster care services in the United States.[15, 16] Because the Committee did not conduct an in-depth investigation of other providers, direct comparisons cannot be made with other private providers. However, it did collect State-level data on the performance of other for-profit and non-profit providers, and it is also notable that MENTOR is by no means alone when it comes to negative attention and questionable practices. For example, the following headlines demonstrate that contracting practices, provider quality, and inadequate oversight issues are rampant across States and providers:

- "Foster care scandal deepens: 'Every single staff person has a criminal record'" (*The Oregonian,* January 9, 2016).[17]
- "Federal Judge: Texas Foster Care System Violates Children's Rights" (*The Texas Tribune,* December 17, 2015).[18]
- "Suit Alleges Widespread Deficiencies in South Carolina Foster Care" (*The New York Times,* January 12, 2015).[19]
- "Report Finds 'Blatant Lack of Oversight By DCF' In Licensing of Foster Home Where Toddler Died" (*WBUR News*, October 1, 2015).[20]
- "State Must Step up on Foster Care Deaths" (*The Courier,* June 11, 2017).[21]
- "Minnesota Faces Penalties for Failed Placements of Foster Children" (*The Star Tribune,* February 10, 2014).[22]

E. MENTOR AND PRIVATE FOSTER CARE AGENCIES

MENTOR, headquartered in Boston, Massachusetts, is a for-profit service agency that describes itself as a "national network of local health and human services providers in 35 States offering an

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[15] McBeath, Bowen, Collins-Camargo, Crystal, and Chuang, Emmeline, "Portrait of Private Agencies in the Child Welfare System: Principal Results From the National Survey of Private Child and Family Serving Agencies," National Quality Improvement Center on the Privatization of Child Welfare Services, September 2011, *http://muskie.usm.maine.edu/helpkids/publicprivateresources/nspcfsareportfinal.pdf*.

[16] Civitas Solutions, Inc., 2014 10–K filing (September 30, 2014). *See* Footnote 2.

[17] Theriault, Dennis C., "Foster care scandal deepens: 'Every single staff person has a criminal record,'" *The Oregonian,* January 9, 2016, *http://www.oregonlive.com/politics/index.ssf/2016/01/foster_care_scandal_deepens.html*.

[18] Walters, Edgar and Ramshaw, Emily, "Federal Judge: Texas Foster Care System Violates Children's Rights," *The Texas Tribune,* December 17, 2015, *https://www.texastribune.org/2015/12/17/judge-foster-care-system-violates-childrens-rights/*.

[19] Blinder, Alan, "Suit Alleges Widespread Deficiencies in South Carolina Foster Care," *The New York Times,* January 12, 2015, *https://www.nytimes.com/2015/01/13/us/suit-alleges-widespread-deficiencies-in-south-carolina-foster-care.html?_r=2*.

[20] Conway, Abby Elizabeth, "Report Finds 'Blatant Lack of Oversight by DCF' in Licensing of Foster Home Where Toddler Died," *WBUR News,* October 1, 2015, *http://www.wbur.org/news/2015/10/01/auburn-foster-child-death-investigation*.

[21] Hines, Doug, "State Must Step up on Foster Care Deaths," *The Courier,* June 11, 2017, *http://wcfcourier.com/opinion/editorial/state-must-step-up-on-foster-care-deaths/article_b4d69f95-4402-54ac-a294-83ce38eb1625.html*.

[22] Serres, Chris, "Minnesota faces penalties for failed placements of foster children," *The Star Tribune,* February 10, 2014, *http://www.startribune.com/state-faces-penalties-for-failed-placements-of-foster-children/244571021/*.

array of quality, community-based services to adults and children[. . .]."[23] It is owned by Civitas Solutions, Inc., a publicly traded company. Civitas is majority owned (approximately 68%) by Vestar Capital Partners and management investors.[24] Public investors hold roughly 32% of the company according to the company's filings with the Securities and Exchange Commission (SEC).[25] The group emphasizes its work with higher-risk youth in foster care, particularly those with intellectual or developmental disabilities, or who are medically fragile.

According to information reported in MENTOR's SEC filings for 2014, it was the leading provider of human services to 29,100 clients in 36 States during that year—12,600 in residential settings and 16,500 in non-residential settings.[26] With regard to the foster care population, which is the focus of the Committee's investigation, MENTOR served 10,300 at-risk children, adolescents, and their families in 18 different States in 2014. By way of comparison, according to a 2011 national survey of non-profit and for-profit private child welfare agencies conducted by the National Quality Improvement Center on the Privatization of Child Welfare Services, only 13 child and family-serving agencies, or 3%, provided services in more than one State.[27] This survey also showed that nationally the largest private agency budgets range from $17 million to $140 million. Again, for comparison, in 2014 MENTOR reported to the SEC that its gross revenue for serving at-risk youth was $203 million and that its net revenue for this same population was about $198 million.[28] Private child welfare agencies across the country largely rely on public government contracts in order to provide services to children and families. In 2011, half of the surveyed child and family-serving agencies reported that almost 100% of their revenue came from public contracts.[29] This is also the case for MENTOR.[30]

The Committee focused on MENTOR's work as a provider of foster care services, since it was one of the largest providers of those services nationally. At the time the Committee began its investigation, MENTOR provided foster care services to thousands of children who are involved with their State's child welfare system. As recently as 2015, MENTOR provided foster care services to children in 15 different States.[31] Since the Committee launched its investigation, MENTOR has withdrawn from a number of States. During FY 2015, MENTOR discontinued at-risk youth services in

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[23] "The MENTOR Network." Available on the company's website, *http://thementornetwork.com/*.

[24] On its own, Vestar owns 53% of the company's shares according to the Civitas Solutions, Inc. U.S. Securities and Exchange Commission 2016 10–K filing for the fiscal year ending September 30, 2016, *https://www.sec.gov/Archives/edgar/data/1608638/000162828016022032/civi-930201610xk.htm*.

[25] Civitas Solutions, Inc., 2014 10–K filing (September 30, 2014). *See* Footnote 2.

[26] The Committee began its investigation in 2015, which is why 2014 SEC information is reported here. *See* Footnote 2.

[27] McBeath, B., Collins-Camargo, C., and Chuang, E. *See* Footnote 15.

[28] Civitas Solutions, Inc., 2014 10–K filing (September 30, 2014). *See* Footnote 2.

[29] McBeath, B., Collins-Camargo, C., and Chuang, E. *See* Footnote 15.

[30] Statement by Civitas Solutions: "We derive approximately 90% of our revenue from contracts with state and local government agencies, and a substantial portion of this revenue is state-funded with federal Medicaid matching dollars," 2014 10–K filing, p. 16. *See* Footnote 2.

[31] Roston, A. and Singer-Vine, J. *See* Footnote 13.

the States of Florida, Louisiana, Indiana, North Carolina, and Texas.[32]

F. Therapeutic Foster Care

In representations to the Committee, MENTOR claims to largely serve high-risk children classified as in need of therapeutic foster care (TFC) because they are medically complex or fragile. There is no uniform definition of TFC in the field or in statute, but the Foster Family-based Treatment Association describes it as "a clinical intervention, which includes placement in specifically trained foster parent homes, for youth in foster care with severe mental, emotional, or behavioral health needs. This includes medically fragile or developmentally delayed youth whose physical and emotional health needs require more intensive clinical and medical intervention than can be accommodated in traditional foster care." [33]

Many States claim reimbursements from Medicaid for components of TFC services. A 2015 report by the Medicaid and CHIP Payment and Access Commission noted that 3% of child Medicaid enrollees receive TFC services.[34] States may also claim reimbursement under title IV–E for some of the costs associated with TFC. There is significant variation across States and providers both with regard to eligibility for and the provision of services related to TFC. A study that was commissioned and funded by MENTOR showed that 17.3% of U.S. children in foster care were in TFC-level placements.[35] MENTOR reports that 75% of its caseload is comprised of TFC-level placements.[36] In its 2014 SEC filings, MENTOR reported billing Medicaid for the provision of at-risk youth services.[37]

III. THE COMMITTEE'S INVESTIGATION AND SURVEYS OF THE STATES: FOSTER CARE SERVICES AND PERFORMANCE

A. The 50-State Overview Letter and Request

In April 2015, the Committee requested information from all 50 governors regarding their States' privatization of child welfare and/or foster care services.[38] For example, the Committee asked each State to describe its process used to select and contract with private agencies providing child welfare services as well as the process

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[32] Civitas Solutions, Inc., 10–Q filing for the period ending March 31, 2017, p. 20. *See* Footnote 3. (Note: Illinois terminated its contract with AHS/MENTOR on July 1, 2015.)

[33] Boyd, Laura W., "Therapeutic Foster Care: Exceptional Care for Complex, Trauma-Impacted Youth in Foster Care," State Policy Advocacy and Reform Center, Report, July 2013, *https://childwelfaresparc.files.wordpress.com/2013/07/therapeutic-foster-care-exceptional-care-for-complex-trauma-impacted-youth-in-foster-care.pdf*.

[34] Medicaid and CHIP Payment and Access Commission (MACPAC), "Report to Congress on Medicaid and CHIP," Report, June 2015, *https://www.macpac.gov/wp-content/uploads/2015/06/June-2015-Report-to-Congress-on-Medicaid-and-CHIP.pdf*.

[35] Gonyea, J.G., Bachman, S.S., Rajabiun, S., Springwater, J.S., Tobias, C.R., Hirschi, M. and Little, F., "The 50 State Chartbook on Foster Care." Retrieved March 28, 2017. As originally cited on p. 5 of the MENTOR Mortality Report in Appendix G, Exhibit 1, *http://www.bu.edu/ssw/research/usfostercare/*.

[36] The MENTOR Network, "Backup Data and Explanation of Mortality Analysis Final," March 2016. Supplied by MENTOR to the Finance Committee. *See* Appendix G, Exhibit 2.

[37] Statements by Civitas Solutions: "We derive approximately 90% of our revenue from contracts with state and local government agencies, and a substantial portion of this revenue is state-funded with federal Medicaid matching dollars," p. 16; "We derive revenues for our I/DD and ARY services and a significant portion of our SRS services from Medicaid programs," p. 9. *See* Footnote 2.

[38] *See* Appendix A for the complete 50-State Overview Letter.

used to inspect the safety of foster care settings in which children are placed. The Committee also asked States to outline how they investigate and respond to allegations and substantiations of maltreatment when a child is in out-of-home care. Thirty-three (33) States responded to that request with information prepared by their child welfare administrators (*see* Appendix B for State responses to the 50-State Overview Letter).[39]

B. The 5-State In-Depth Letter and Request

In March 2016, the Committee sent in-depth inquiries to five States regarding their child welfare operations in order to obtain more information about MENTOR and its affiliates as well as other for-profit and non-profit providers in each State.[40] The request for additional information was sent to the directors of the State child welfare agencies in Georgia, Illinois, Maryland, Massachusetts, and Texas. These States were selected because they were served by MENTOR and highlighted in news accounts that documented serious allegations of mismanagement of services and mistreatment of children served by private foster care agencies. As of today, MENTOR still provides foster care services in Georgia, Maryland, and Massachusetts; it no longer provides those services in Illinois or Texas. The primary goal of the request for additional information was to compare performance indicators of the public agencies and private agencies providing foster care services. The Committee sought information related to standard performance measures for foster care using the Child and Family Services Reviews' (CFSRs) performance metrics as a basis (*see* subsection C below). Among the many questions directed to the State agencies, SFC staff focused on the following information from these select States:

- Physical and behavioral subgroups (special needs, physically disabled, infants, etc.);
- Maltreatment during a foster care episode;
- Rate of maltreatment in foster care;
- Permanency outcomes (reunification, adoption, guardianship);
- Physical and mental health screenings of children in foster care;
- Children receiving monthly caseworker visits;
- Average caseload for each caseworker employed by the contractor; and
- Total cost to the State under the contract.

Four out of five States complied with the Committee's request for this detailed information. Despite repeated contact with the Commonwealth of Massachusetts, its public child welfare agency never

[39] The States that responded: Alabama, Alaska, Arkansas, California, Colorado, Connecticut, Delaware, Guam, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Maryland, Massachusetts, Minnesota, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Oklahoma, Oregon, Pennsylvania, South Dakota, Tennessee, Texas, Utah, Washington, West Virginia, Wisconsin, and Wyoming.

[40] *See* Appendix C for copies of the 5-State In-Depth letters.

complied with official requests from the Committee to provide the requested in-depth information.[41]

In addition to the performance metrics, the Committee also asked these five States for copies of any rankings or reviews of contractors, as well as performance and investigative reports of MENTOR, particularly in the case of reports relating to the death, sexual abuse, or injury to a child while in the care or custody of foster parents recruited or employed by MENTOR. Each of the four responding States complied with this request. In addition, Illinois provided Committee staff an extensive "Statewide Specialized Foster Care Review" focused on Alliance Human Services/Illinois MENTOR, which was conducted prior to the State terminating services with the company.[42] (The Committee's initial official requests for information from State child welfare agencies are in Appendices A and C.)

C. U.S. HHS Child and Family Services Reviews

The Children's Bureau in U.S. Department of Health and Human Services (HHS) conducts Child and Family Services Reviews (CFSRs), which are periodic reviews of State child welfare systems, to achieve three goals: (1) ensure conformity with Federal child welfare requirements; (2) determine what is actually happening to children and families as they are engaged in child welfare services; and (3) assist States in helping children and families achieve positive outcomes. The first CFSR round began in 2001. HHS is currently conducting the third round of CFSRs between 2015 and 2018. In October 2016, SFC staff asked the Congressional Research Service (CRS) to provide a compilation and ranking of State-level data and indicators from AFCARS that are used in the CFSR assessments (*see* Appendix D).[43] The CRS analysis provided the Committee with national data concerning the performance of all States in the country, including those States that did not respond directly to the Committee's requests.

D. The MENTOR Letter and Request

The Committee sent its first letter to Bruce Nardella, the President and CEO of MENTOR, in June 2015. This initial letter and correspondence requested information about the company's structure, performance, and standards. Specifically, the Committee requested the total number of children served nationwide; copies of assessments and performance reviews conducted on MENTOR; average caseloads of MENTOR caseworkers; processes for investigating, vetting, and training potential foster parents; details surrounding the use of bonuses for placing children; processes for handling allegations of misconduct against foster caregivers; copies of settlement agreements entered into by MENTOR since 2005; total

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[41] For purposes of clarification, Massachusetts *did* respond to the initial 50-State Letter to provide overview information about their State, but did *not* submit any documentation to the Committee in response to the 5-State In-Depth Letter.

[42] Illinois Department of Children and Family Services, Division of Quality Assurance and Research. "Alliance/Illinois MENTOR Statewide Specialized Foster Care Review," Report, August 8, 2014, Print.

[43] Stoltzfus, Emilie, Memorandum prepared by the Congressional Research Service: "Statewide data indicators used in the Child and Family Services Review (CFSR)," October 27, 2016. Available in Appendix D.

funding received from States; nondisclosure/confidentiality clauses; and critical incident reports. Additionally, because MENTOR operates under different names in different States, questions regarding its corporate structure, affiliates, and related organizations were asked as well.[44] (The Committee's official request for information from MENTOR is available in Appendix E.)

IV. FINDINGS FROM THE COMMITTEE'S INVESTIGATIONS AND SURVEYS

A. Use of Private Child Welfare Services

One of the first goals of the Finance Committee's investigation was to determine the extent to which States use or rely on contracted child welfare services. Information obtained by the Committee from the initial 50-State Letter shows that of the 33 States that responded, 31 use private agencies to provide services to children in foster care and 16 of these States contract with for-profit and non-profit providers. The nature of contracted services provided by the entities described in responses to the 50-State Letter varied considerably. Twenty States volunteered that services from private providers are targeted toward the specialized population of youth needing TFC. With the exception of two States, administrators were adamant that they were obligated to provide oversight—and that they provided this oversight—of all foster care placements. According to the responses, private agencies might recruit, screen, train, and provide case management services to foster families, but the public agencies were responsible for approving all placements and for ensuring that children were living in safe conditions. For example, Texas wrote that children are placed in homes that are "directly overseen by child protective services."[45] Delaware wrote that the State "retain[s] . . . legal and case management responsibilities for meeting the needs of all children in foster care, whether they are placed in a [public] foster home or private provider home. . . ."[46]

Other States reported inconsistent information. For example, Massachusetts reported that the public agency handles 96% of placements for the almost 11,000 children in the State who are in out-of-home care. Cases that involve a conflict of interest with the child welfare agency (for example, employees who are the subject of maltreatment allegations), adoptions, or unaccompanied refugees who are minors are handled by private contract agencies. Nevertheless, in that same response, Massachusetts also reported statistics showing that roughly 35% of its foster care caseload is managed by a contracted agency.[47] Similarly, Maryland reported "we contract with private providers for placement services only," but then went on to say "100% of Maryland foster youth are placed by the public agency."[48] Oregon listed two county-run shelters and a

[44] In Illinois, for example, MENTOR operated under the name Alliance Human Services.
[45] Response from Texas to the 50-State Overview Letter, Appendix B, Exhibit 29.
[46] Response from Delaware to the 50-State Overview Letter.
[47] Massachusetts, Department of Children and Families, Letter to SFC, June 10, 2015, p. 1. The full response is listed in Appendix B, Exhibit 16.
[48] Maryland, Department of Human Resources, Letter to SFC, July 20, 2015, p. 1. *See* full response listed in Appendix B, Exhibit 15.

Youth Villages facility as "for-profit" entities when other sources identified these entities as non-profits.[49] News reports out of Oregon also show how the non-profit/for-profit distinction can be abused, and even non-profit entities can be used for financial gain. For example, the director of the now-shuttered Oregon foster care provider "Give Us This Day" was accused of using three non-profit organizations to buy property for personal use ($100,000), remodel and furnish her home ($213,000), and pay for trips, meals, clothes, and beauty expenses including cosmetic surgery ($249,800).[50]

When asked what types of services private agencies provide, 21 States indicated they were used for case management, even if this task was shared or duplicative of services provided by the public agency. Twenty-eight States indicated that private agencies provide support, services, or training to foster families. All States have licensing standards, but only six (California, Kansas, Kentucky, Illinois, Tennessee, and Texas) reported that they require all of the agencies that contract with the State to be accredited. In addition, some States, such as Illinois, use benchmarks that private agencies are expected to meet, such as an annual permanency rate of 40%. The business model is to reward top-performing agencies with "a greater share of new, incoming foster cases." [51]

MENTOR is one of the largest contractors providing foster care services in many of the States the Committee staff examined. Information provided by Texas in response to the 5-State In-Depth Letter showed that when combining the number of children served from all MENTOR jurisdictions, it ranked either 5th or 6th in total size among all Texas private child welfare agencies from 2010–2013, before Texas stopped contracting with the company. It was always the largest for-profit provider. In Maryland, for each of the years the Committee staff reviewed in-depth information, MENTOR always had the highest number of children receiving contracted services among all providers.

With regard to the financing of private child welfare services, information from the four States that responded to the 5-State In-Depth Letter shows that between 2010 and 2015, these States spent between $63 million and $291 million annually on private child welfare services. Roughly 20% of these expenditures went to pay for-profit agencies for services. This means these States paid between $18 million and $50 million annually to companies that profited from children and families involved with the foster care system. Using MENTOR as an example, in 2015 MENTOR Maryland was paid an average of $47,542 per foster child, for a total approaching $16 million. The contractor with the highest annual rate per child in 2015 in this one State was paid an average of $69,242 per child.

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[49] United States District Court, District of Oregon, Portland Division, *United States of America v. Mary Holden Ayala,* 3:16–CR–00495–HZ; *https://www.justice.gov/usao-or/press-release/file/965436/download;* Lincoln County, Oregon Juvenile Shelter website; *http://www.co.lincoln.or.us/juvenile/page/shelter;* Douglas County, Oregon Juvenile services website, *http://www.co.douglas.or.us/departments.asp#Juvenile.*

[50] Theriault, Dennis C., "Oregon accuses foster care provider of 'plundering' $2 million in state funds," *The Oregonian,* October 15, 2015. Updated: October 16, 2015, *http://www.oregonlive.com/politics/index.ssf/2015/10/oregon_accuses_foster_care_pro.html.*

[51] Illinois DCFS Letter to SFC, December 15, 2015, pp. 2–3. Full response is listed in Appendix B, Exhibit 10.

B. Background Checks

All of the States that responded to the Committee's 50-State Overview Letter described, in various levels of detail, how they assess children's safety in out-of-home placements and specifically among potential or current foster parents. Sometimes there were variations in public versus private settings, but all described a process that involves some version of a State criminal background check, a national or Federal background check, and a check into their own State's child abuse and neglect registry—and sometimes in registries of other States where potential foster parents have recently lived. Some States volunteered information showing or suggesting that positive findings of criminal activity or a history of maltreating children do not automatically close a door to family foster care. For example, California wrote: "For persons with criminal convictions, the Department of Justice provides the county child welfare agency with the record information report [which is reviewed], to determine whether the crimes are those for which an exemption may be granted."[52] These kinds of exemptions and waivers turned up in the materials reviewed by Committee staff concerning MENTOR's operations in other States.

In response to inquiries from the Committee, MENTOR wrote: "as a part of our commitment to quality, MENTOR entities conduct criminal and non-criminal background checks on prospective foster parents in accordance with local/State requirements and regulations. This has always been part of our practices. Not only do background checks support our rigorous vetting efforts to find the most qualified, caring foster parents, they are also a requirement of the States and referring agencies with whom we partner." Yet, several news accounts tell a different story.[53, 54] Most notably is one media account which notes that MENTOR placed children in a home with a household member who had previously been convicted of aggravated kidnapping and robbery when she kidnapped a pregnant convenience store employee.[55] Similarly, the Committee staff determined that MENTOR is often out of compliance with its own guidelines, as well as State guidelines, with respect to conducting background checks of those who care for foster children or those who are routinely in homes where foster children are placed. In the State of Texas, case records showed that on four separate occasions in an 8-month period, MENTOR was instructed to conduct background checks on a frequent visitor to a foster home. That check was never completed.[56]

Even when MENTOR met background screening guidelines, it sometimes waived the outcomes of the findings. For example, in the Committee staff's investigation of documents from MENTOR Maryland, the Committee staff found that the husband of a foster parent, who was later convicted of sexually abusing foster children in their home, had been the subject of four previous abuse allega-

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[52] Response from California to 50-State Overview Letter. *See* Appendix B, Exhibit 4.
[53] Joseph, Brian. *See* Footnote 14.
[54] Ansari, Talal, and Roston, Aram, "Parent at Nation's Leading For-profit Foster Care Firm Facing Murder Charges," *BuzzFeed News,* February 23, 2016, *https://www.buzzfeed.com/talalansari/parent-at-nations-leading-for-profit-foster-care-firm-facing?utm_term=.nkGzyWJJD#.od1APe11V*.
[55] Roston, A. and Singer-Vine, J. *See* Footnote 13.
[56] MENTOR bates numbers 0001822–1823.

tions. The MENTOR worker marked in handwriting on the criminal background search results, "Not Mentor [sic] parent," presumably indicating that the husband's criminal history was irrelevant because the foster mother was the primary caretaker. Similarly, MENTOR Texas noted in documentation provided to the Committee that in one case potential foster parents reported that they or family members had been convicted of a crime, but no further information was provided. The exact quote is: "Yes, no description given."[57] These individuals went on to become MENTOR foster parents, and the foster mother killed a 3-year-old foster child by blunt force trauma to the head.[58]

In another case reviewed by Committee staff, during the vetting process for one particular set of MENTOR foster parents in Maryland, the foster father indicated that he had a preference for "white, male children." This was not seen as a red flag to the agency. Male children who were subsequently placed with this MENTOR foster parent were sexually abused. In fact, media accounts report that children who disclosed abuse were not believed at first and were instead sent back to live with their abusive foster father. Eventually a foster child was believed and the case moved through the legal system.[59]

C. Child Welfare Workforce Operations and Concerns

Caseworker Turnover. The child welfare field consistently has high rates of turnover among its workforce. The national range of turnover among child welfare workers is 30–40% annually.[60] When there is movement among staff, children are often served by many different caseworkers, which can make it difficult for children to form relationships with their caseworkers, for caseworkers to put together a treatment plan for children, and for cases to be adequately monitored.[61, 62] Many records and news accounts referenced the high turnover rate among staff at MENTOR; it was of keen interest to the Committee staff to examine this at the State and provider level.

Illinois reported that MENTOR had trouble maintaining qualified staff. Its overall turnover rate for caseworkers was actually consistent with national norms, but the turnover rate for therapists working with MENTOR children was 44% in 2012. At one Illinois site, the turnover rate for therapists was 80% in 2013. In this same year, the turnover rate for MENTOR child welfare program direc-

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[57] Notes from MENTOR Texas Documents: Clemon and Sherill Small Case.

[58] Joseph, Brian. *See* Footnote 14.

[59] Roston, A. and Singer-Vine, J. *See* Footnote 13.

[60] U.S. General Accounting Office, "Child Welfare: HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff," Report to Congressional Requesters, No. GAO–03–357, March 2003, *http://www.gao.gov/new.items/d03357.pdf*.

[61] Illinois DCFS Report. *See* Footnote 42.

[62] Garner, Bryan R., Hunter, Brooke D., Modisette, Kathryn D., Ihnes, Pamela C., and Godley, Susan H., "Treatment staff turnover in organizations implementing evidence-based practices: turnover rates and their association with client outcomes," *Journal of Substance Abuse Treatment,* March 2012, pp. 134–142, *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3268938/*. *See also* U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, "Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues," January 24, 2013, *https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiZ_avJka_VAhWG5yYKHajECAMQFggoMAA&url=https%3A%2F%2Fstore.samhsa.gov%2Fshin%2Fcontent%2FPEP13-RTC-BHWORK%2FPEP13-RTC-BHWORK.pdf&usg=AFQjCNGxewm3bHzmpsqu5zeWfUdqYhVpiw*.

tors in Illinois was an astounding 82%. In its own periodic reviews of MENTOR, the State of Georgia also noted concerns about staff turnover. In the Macon, Georgia jurisdiction, MENTOR staff turnover reached 83%.

Caseload Size. Another workforce issue is the size of caseloads that child welfare professionals carry. Despite the field's attention to caseload size in the child welfare profession, Committee staff found it difficult to obtain this information from the States that were investigated. Three States that responded to the 5-State In-Depth Letter do not maintain information on the average caseload per caseworker employed by each private contractor. Georgia indicated that it tracks this information, but it was not easily accessible to the State or the Committee, stating, "There is no comprehensive database that collects average caseload numbers." Apparently caseload size is one of many indicators that is recorded on paper files during periodic onsite reviews of private foster homes and other similar agencies. This information is never transmitted into an electronic database. To further complicate matters, Georgia also insisted that it does not use "caseworkers," per se. Instead, the State uses the term "case *support* workers," a distinction which almost prevented SFC staff from obtaining any information about the caseload sizes in that State.

National standards for special needs children or children requiring TFC services indicate that workers should not have more than 10–12 cases per worker.[63] Illinois contracted with MENTOR to provide TFC services at the ratio of 10 cases per worker. The State learned that MENTOR was not in compliance with this standard. In some instances the ratio was as high as 14.5 to 1.[64] Even though Illinois required specific levels of case management, it did not maintain a data reporting system that would ensure these levels were met and monitored. Maryland indicated that, should caseloads exceed what is contracted, a corrective action plan would be put in place.

Communication. Communication *within* the company was also noted to be a problem. When the State of Illinois was conducting its own annual review and subsequent comprehensive investigation of MENTOR, the Illinois team had to provide copies of the two previous reports from the Illinois Office of the Inspector General to MENTOR company officials, as they were not aware of the prior investigations completed by the State about their company. Nor were company officials aware of commitments made by previous MENTOR officers as a result of these reports. In these reports, Illinois child welfare administrators noted that "interagency communication issues were evident at the onset of the review."

Multiple Violations. Maryland conducted periodic reviews of MENTOR from 2010–2015. Each review noted any specific violation of regulations. Committee staff examined 22 quarterly reviews that were conducted of MENTOR Maryland. In only two of those quarters were no violations noted. Common and repeated violations included missing documentation from employee hiring, missing foster parent case files and child client case files, concerns around

[63] Hughes, Sean and Lay, Suzanne, "Direct Service Workers' Recommendation for Child Welfare Financing and System Reform," Child Welfare League of America, January 2012.
[64] Illinois DCFS Report. *See* Footnote 42.

board management and oversight of MENTOR operations, and licensing and staffing issues. In many cases, foster parents did not document the required hours of annual training, nor did children's case files document all medical and psychiatric exams. FBI clearance checks were also incomplete in some cases. These reviews, over a period of 6 years, also noted frequent changes in the MENTOR Maryland Board's composition and a high rate of staff turnover at MENTOR.

Recruitment Bonuses. MENTOR provides incentives for recruiting new foster parents to the company. Specifically, the company provides financial incentives for employees who recruit new foster parents that result in the placement of a child through MENTOR. Employees who oversee recruitment efforts in each State are called "recruitment managers." Between 2012 and 2014, MENTOR reported paying an average of $92,000 each year in bonuses to employees for foster parent recruitment, which is about what a State would pay annually to take care of two children who were placed with MENTOR families. According to MENTOR, this is an average of $3,800 per recipient. In addition, MENTOR also provides incentive payments to foster parents who recruit other foster parents to have a child placed in their home through MENTOR. The financial bonus for this action is $250 for each new foster parent/foster home. According to MENTOR records, in 2014 and the first 8 months of 2015, foster parents received bonuses totaling $126,000 for the recruitment of new foster parents, which, using MENTOR's own numbers, would represent about 500 new foster parents. There is evidence that similar bonuses or incentives are used by State and other private foster care agencies as well.[65] While Committee staff were unable to document a direct impact on child care resulting from these bonuses, further investigation regarding the use of bonuses and incentives may be warranted.

D. Physical and Mental Well-Being of Children in Foster Care

SFC staff sought to determine the physical and mental well-being of children in foster care and if this varied by provider type. According to Federal policy, all States must develop a plan for the oversight and coordination of health-care services for children who are in foster care. This plan must involve the State's Medicaid agency and input from health-care and child welfare experts. One of the most basic elements of this plan is to determine the timeline under which children will have an initial health-care screening upon entering foster care. The American Academy of Pediatrics recommends that children and youth receive comprehensive health-

[65] For example, in Kentucky State foster parents receive bonuses ranging from $100–$250 for each "resource home" that is successfully recruited. State of Kentucky, Department for Community Based Services, "Chapter 12.2.3: Recruitment bonus," *Standards of Practice Online Manual; http://manuals.sp.chfs.ky.gov/chapter12/22/Pages/1223RecruitmentBonus.aspx.* Also, AdoptUSKids, which is a project of the Children's Bureau within HHS, recommends using recruitment incentives for both staff and existing foster/adoptive parents to increase the pool of potential placements for children. *See* McKenzie Consulting, Inc., "Practitioner's guide: Getting more parents for children from your recruitment efforts," AdoptUSKids, *https://www.adoptuskids.org/_assets/files/NRCRRFAP/resources/practitioners-guide-getting-more-parents-from-your-recruitment-efforts.pdf.*

care screenings within 30 days of entering foster care.[66] States vary considerably in their own timelines, ranging from requiring health screenings within 24 hours to 30 days after a child enters foster care. Health-care screenings are one of the items on which States are assessed in the periodic CFSRs, but a 2015 review of children's health-care needs and services by the Inspector General of HHS showed that one-third of children in foster care did not receive one of their health-care screenings. Further, one-quarter of the children received their health-care screening late.[67]

In the 5-State In-Depth Letter, States were asked to determine what portion of children in public State agencies and private agencies had a full physical and mental health assessment within 60 days of entering foster care. According to the Illinois DCFS review of MENTOR, children being served by Illinois MENTOR did not have their physical or mental health needs met in a timely manner. Mental health assessments in Illinois are to be completed within 30 days of contact with a therapist, a standard that MENTOR met for only 60% of cases reviewed by the State. Foster children served by MENTOR in Illinois waited an average of 122 days before having contact with a psychotherapist. A treatment plan is to be established within 45 days of a mental health assessment, a standard that was met for only 73% of MENTOR cases reviewed by the State. Finally, treatment plans are to be updated every 5 months, a standard which MENTOR met only 52% of the time. By way of comparison, Georgia transmitted data on physical and mental health assessments reporting compliance rates for assessments within 60 days of placement. The performance in this area was very poor for both MENTOR and the entire State, at 12% and 11%, respectively.

In other instances, MENTOR ranked better than the State averages in its compliance with the 60-day mark. In Texas, the overall rate for the State was 73%, but for MENTOR it was 84%. A similar situation was true in Maryland, where overall only 60% of children in the State were seen by a health provider for a physical and mental health exam within 60 days of entering foster care, but MENTOR met this mark 69% of the time.

E. Failure to Identify and Respond to Risk to Children

The documents that were provided by MENTOR and in responses to the 5-State In-Depth Letter showed that public agencies and MENTOR repeatedly failed to identify and respond to the risk that was presented to children in out-of-home care.

During the 2015–2016 reviews that Georgia conducted with its contracted service providers, the MENTOR jurisdiction in Athens reported 41 "significant events," which included four child protection investigations (each unsubstantiated), two suicidal/homicidal threats, one "child-on-child sexual event," and two "child-to-child

[66] American Academy of Pediatrics, "Fostering health: Health care for children and adolescents in foster care, 2nd edition," 2005, Report, p. 22, *https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/documents/fosteringhealthbook.pdf*.

[67] U.S. Department of Health and Human Services, Office of Inspector General, "Not all children in foster care who were enrolled in Medicaid received required health screenings," Report, OEI–07–13–00460, March 2015, *https://oig.hhs.gov/oei/reports/oei-07-13-00460.pdf*.

physical confrontations." Despite these reports, the State gave this particular MENTOR jurisdiction an overall qualitative safety score of 93%. Yet, of the two caregiver homes randomly selected for the jurisdiction's annual review, the second home presented environmental risks to the foster children. The case notes reviewed by Committee staff read: "the provider stored the garden tools, rake, lawn mower and the bottom of a water cooler in the living room."

In this same review, one of the "well-being strengths" listed is the "documentation of the younger children's academic needs being met," despite the fact the review also noted the following:

- The caregiver reported the two youth have no ambition, motivation, or life goals;
- The youth refuse to attend school. . . .

Similarly, under the category of "Well-being Areas Needing Improvement," the review noted two youth failing in school, not making adequate progress, and not receiving tutoring or academic support, in addition to a lack of documentation explaining more than five unexcused absences.

A MENTOR foster parent in Texas killed one of her foster children.[68] Case notes reviewed by Committee staff indicate there were clear warning signs that the safety and well-being of children in her care were compromised before the fatal abuse, but Texas MENTOR failed to see the risk to the children placed with her and ultimately did not protect the children being served. MENTOR described the foster mother and her partner as "mature, responsible, healthy individuals capable of meeting the needs of a child placed in their care." Yet the records also show that the foster mother reported being overwhelmed and uncertain if she could care for foster children. Children placed in her care were removed with "negative outcomes," placements in the home "failed," and Early Childhood Intervention staff felt that children should not be in this particular foster home. Further, the foster parents were investigated by the Texas Department of Family and Protective Services for concerns about children in their foster home. Records from MENTOR report that the children in this home had bruises and the foster mother reported that the children would make false allegations against her and her partner. Texas MENTOR did not terminate their license, but instead reinforced its commitment to working with this family with case records stating that MENTOR staff "agree that this family should continue to work as foster parents. . . . We will be decreasing the number of children the family is licensed to care [for] in efforts to ensure the family remains a Mentor [sic] family."

F. Actions When Maltreatment Is Substantiated in Foster Homes

All of the MENTOR children who were highlighted in media accounts and were maltreated by their foster parents were living in very high-risk situations. (As previously noted, in one MENTOR home, children had disclosed their maltreatment, but their disclosures were dismissed by those in a position to take action. The preceding section noted the presence of bruises on children and the in-

[68] Joseph, Brian. *See* Footnote 14.

vestigation of maltreatment in one MENTOR home where a child was killed.[69]) As a result, in the 50-State Letter, SFC asked States about their procedures for when maltreatment is substantiated in a foster home. In such a situation, this would mean it was confirmed, founded, or substantiated that a foster child was being abused or neglected in his or her foster placement. According to data presented in a report to Congress by the U.S. Department of Health and Human Services, the State median of maltreatment among children who were in foster care from 2010–2013 was 0.35%.[70] Missouri, Wyoming, and Virginia had the lowest rates, as determined by the 2015 NCANDS and AFCARS datasets; the highest rates were in New York, Iowa, and Massachusetts.[71]

Of the 33 States that responded to the 50-State Letter, only 9 indicated that substantiation for abuse or neglect in a foster home would unequivocally result in the revocation of a foster home license: Arkansas, Delaware, Indiana, Kansas, Nebraska, New Hampshire, South Dakota, Tennessee, and Wisconsin. All of the other responding States report that license revocation is one possible outcome when maltreatment is substantiated.

Many of the States compared the rates of re-victimization of children in foster care based on their foster home setting: public, private non-profit, or private for-profit. There was no evidence that children who were in privatized foster care settings were more likely to be re-victimized than children in publicly run foster homes.

Some of the information provided by the States about maltreatment in foster care raised serious concerns. Massachusetts reported the number and percentage of substantiated child maltreatment episodes as a share of the total foster care population. Of the 44,240 children in substitute care during Federal fiscal years 2010–2014, Massachusetts reported 739 instances of maltreatment in foster care, which is 1.67% of all children in care.[72] At face value, this might appear to be a relatively low rate, but as previously noted, it is well above the State median of 0.35%. Further, data used in the third round of the CFSRs shows that Massachusetts had the highest rate of child re-victimization in the Nation[73] and it steadily climbed between 2010 and 2013.[74]

In response to the 5-State In-Depth Letter, Maryland reported that it does not track the occurrence of maltreatment in foster care by provider or by type of provider, which means that the performance of individual contractors and type of contractor is not monitored in this way. Texas reported that "serious instances of confirmed abuse and neglect cases result in licensure revocation." But, it only reported one instance of that happening between 2010 and 2014, despite the fact that the State also provided the Committee with data showing there were 295 instances of confirmed maltreat-

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[69] Roston, A. and Singer-Vine, J. *See* Footnote 13.

[70] U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, "Child Welfare Outcomes 2010–2013—Report to Congress," Report, February 1, 2016, *https://www.acf.hhs.gov/cb/resource/cwo-10-13*.

[71] Stoltzfus, Emilie, Memorandum prepared by the Congressional Research Service. *See* Footnote 43.

[72] *See* Appendix B, Exhibit 16—Response From Massachusetts, Office of the Governor.

[73] Stoltzfus, Emilie, Memorandum prepared by the Congressional Research Service. *See* Footnote 43.

[74] "Child Welfare Outcomes 2010–2013—Report to Congress." *See* Footnote 70.

ment among children in foster care in that same time period.[75] Further documentation provided by Texas shows that between 2010 and 2015 about 7% of youth in foster care had an episode of maltreatment against them substantiated; the rate was 8% for Texas MENTOR.[76]

There is also a troubling example from Massachusetts that was captured by investigative journalists where the State changed its determination of whether an infant died from child abuse or neglect.[77] A 2-month-old infant died in a Massachusetts foster home that was run by MENTOR. Initially the case was ruled by the State as a death related to neglect because of unsafe sleeping conditions. There is a provision in Federal law which requires States to release information about abuse and neglect-related deaths to the public.[78] When journalists used this provision to press the Massachusetts Department of Children and Families to release information about the infant's death, the substantiation of neglect was reversed by the State—2.5 years after the death. Instead, the State ruled that the death was not related to neglect. This meant that Massachusetts was no longer required to release information about the circumstances relating to and causes of the infant's death. Accordingly, this information and the record can remain sealed from the public.

G. MENTOR INCIDENT REPORTS

The Committee staff requested that MENTOR submit all of its highest-level incident reports from FY 2005 to FY 2014 for review. This would allow SFC staff to investigate the most serious cases where children died or were seriously harmed. MENTOR submitted a total of 98 "level 4" incident reports which capture the agency's most serious incidents of injury, assault, abuse, or other similar events; 86 involved the death of a child.[79] The other cases involved

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[75] *See* Appendix B, Exhibit 29—Response From Texas, Department of Family and Protective Services.

[76] Maltreatment in foster care was for many years measured as a percentage of children in foster care who had a substantiated or indicated report of maltreatment where the perpetrator was coded as the child's foster care provider (*i.e.,* the perpetrator was the child's foster parent or a staff member at a group home or institution where the foster child was placed). The State median data cited above, for example, uses that metric. Further, the data provided by Massachusetts and Texas on the number of children maltreated while in foster care from FY2010–FY2014 appears to use a similar if not identical metric. By contrast, when it *separately* reported a *percentage* of children in Texas foster care who were maltreated, the State appears to have made this calculation based on all reports of maltreatment of children in foster care, without regard to the perpetrator of the abuse or neglect. HHS has begun to move its measurement of maltreatment of children in foster care to include maltreatment without regard to who is the perpetrator. However, the new HHS calculation, which measures incidents of maltreatment for every 100,000 days of foster care provided by the State, also takes certain steps to ensure that reports of maltreatment for children in foster care do not unintentionally capture those reports that were responsible for bringing a child in to foster care.

[77] Roston, Aram, "In an unmarked grave, a baby's untold story," *BuzzFeed News,* June 18, 2015, *https://www.buzzfeed.com/aramroston/in-an-unmarked-grave-a-baby-who-died-on-for-profit-foster-co?utm_term=.wt0VkV8zl#.aqARDROwG.*

[78] Child Abuse Prevention and Treatment Act, "2.1A.4, Assurances and requirements, Access to child abuse and neglect information, Public disclosures." The full statute can be found at *https://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=68.*

[79] *See* Appendix F for a sample of the level IV incident reports provided by MENTOR. The company provided Committee staff all death-related level IV incident reports for children in foster care under MENTOR for FY2005–FY2014, with the exception of one incident report that could not be located by the company. In addition, Committee staff reviewed non-death-related level IV incident reports provided to the Committee for those years, in addition to death-related and non-death-related incident reports for FY2015. The Committee staff considered all of these reports in its analysis. Committee staff cannot draw conclusions about this full time frame given

psychiatric admissions, allegations of sexual assault perpetrated against foster children, allegations of sexual assault committed by foster children, and accidents or injuries that happened to foster children. Table 1 shows that about half of the reports (45%) involved a child with a behavioral health concern and 40% involved a child who was medically complex. Of the cases that involved a death, almost three-quarters (73%, or 62 cases) of the deaths were listed as "unexpected," which is a check box on MENTOR's incident report form.

Table 1. Summary of Incident Reports Reviewed

Area of Assessment	No.	Percent
Service Category (Indicated by MENTOR)		
Behavioral health	44	45%
Blank	2	2%
Juvenile Justice	3	3%
Medically Complex	39	40%
Missing Incident Report	1	1%
Mentally Retarded/Dev. Delay	3	3%
Other	6	6%
Total	98	100%
Death Was Expected?*		
Yes	23	27%
No	62	73%
Total**	85	100%
Was an Internal Investigation Launched?		
Yes	13	13%
No	84	87%
Total	97	100%

**Calculation only includes death cases.*
***One incident report for a death was not provided to the Senate Finance Committee.*

Table 2 shows that of the deaths that were unexpected, an internal investigation was launched only 21% of the time (13 cases—set bold in Table 2), which suggests MENTOR does not seek opportunities to learn from unexpected critical incidents. The child welfare profession,[80] along with many other professions including law en-

that the most recent reports were provided after the Committee staff's analysis and have not been fully reviewed.

[80] *See* the National Center for the Review and Prevention of Child Deaths, *https://www.ncfrp.org/*. *See also:* Hochstadt, N.J., "Child death review teams: a vital component of child protection," *Child Welfare,* 2006 July–August, 85(4): 653–70, *https://www.ncbi.nlm.nih.gov/pubmed/17039823*.

forcement,[81] health care,[82] and transportation,[83] is moving in the direction of increasing transparency and trying to learn from crises. In many cases and jurisdictions, this includes systematic reviews of incidents that result in unexpected deaths. The Committee staff also determined that in at least nine of the incidents, there were financial settlements paid to families of the victims.

Table 2. Internal Investigations and Death Expected/Unexpected

Internal Investigation?	Death Expected?		Total
	No	Yes	
No	49 (79%)	23 (100%)	72
Yes	**13 (21%)**	0 (0%)	13
Total	62 (100%)	23 (100%)	85

At the most basic level, MENTOR's incident reports have typos, errors, inconsistencies, and missing information. More concerning instances include inaccurate information and diagnostically implausible conditions. For example:

- *MENTOR's incident reports are incomplete.* For example, several reports mention that an internal investigation is underway, but the outcome is never indicated. Similarly, other reports note that an investigation by law enforcement is underway, but there was never any follow-up information available from the incident reports to indicate the outcomes of these investigations.
- *One MENTOR incident report was missing.* In the list of incident reports that was presented to Committee staff, one incident report was not provided. In fact, the company was unable to locate the document. Yet, documentation attached to that case ID indicated that the outcome of the case was serious enough to warrant a settlement from MENTOR with the family.
- *MENTOR's incident reports include information that is diagnostically inaccurate.* For example, one report documenting the death of a 2 month-old infant described the deceased as being "oppositional." At best, this was an error. At worst, it was an actual (although implausible) diagnosis, since the conditions leading to a diagnosis of "oppositional defiant disorder" need to persist for a minimum of *6 months* before a diagnosis can be made.[84] Even then, it is developmentally inappropriate to give an infant this kind of diagnosis. The average age of onset for oppositional defiant disorders is be-

[81] *See* "Critical Incident Review Library" at The Police Foundation, *https://www.policefoundation.org/critical-incident-review-library/*.

[82] Wald, Heidi and Shojania, Kaveh G., U.S. Department of Health and Human Services, "Chapter 4: Incident reporting," Agency for Healthcare Research Quality—Archive. Retrieved March 28, 2017, *https://archive.ahrq.gov/clinic/ptsafety/chap4.htm*.

[83] National Transportation Safety Board, "History of the National Transportation Safety Board." Retrieved March 28, 2017, *https://www.ntsb.gov/Pages/default.aspx*.

[84] American Academy of Child and Adolescent Psychiatry, "Oppositional defiant disorder: A guide for families by the American Academy of Child and Adolescent Psychiatry," Report, 2009, *https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/odd/odd_resource_center_odd_guide.pdf*.

tween ages 5–15.[85] Similarly, in another case, a 4-month-old infant who also died was described as having "behavioral health" problems when the field widely recognizes that most serious mental/behavioral health conditions are not diagnosed until adolescence or early adulthood. Even when more childhood-based conditions are treated (such as attention deficit/hyper-activity disorders) the average age of onset is 4–11 years old.[86]

- *MENTOR's incident reports contain information that conflicts with media accounts of incident.* One incident report documents the death of a 4-year-old child and states that the child died from cardiac arrest. Media accounts of that incident (which were discovered by the Committee staff based on the State and age of the deceased, as well as the date of death) indicate that the foster mother of the child was convicted of second degree manslaughter in the death of the child. MENTOR also reached a legal settlement with this family.

H. MENTOR MORTALITY REPORT

In response to the national attention concerning children who died on MENTOR's watch and the investigation by SFC staff, MENTOR conducted its own analysis of children who died in the company's care. This MENTOR "mortality report" was completed through a contract held with a research center at a public university in the company's home State (*see* Appendix G, Exhibits 1 and 2).[87] In this analysis, MENTOR concludes that its child death rates are in keeping with the rates of deaths among foster children and among the youth population (in general) at the national level. As discussed further in this section, these conclusions are inaccurate and they appear to misrepresent the experiences of children who are served by MENTOR. The company did not have the report independently validated. When SFC staff inquired about having the report "peer reviewed" by independent researchers with expertise in child maltreatment, MENTOR indicated that this would only be possible with the company's approval.

Committee staff found this report to be inaccurate and misleading. The report used unequal points of comparison between deaths that occurred under MENTOR's watch and national rates of the deaths of foster children, according to AFCARS. MENTOR's report included a comparison of its own annual death rate based on the total number of children in its care each year, with the national, annual death rate of foster children. This national rate is based on the number of children who were in care on the single date of September 30th, which is when annual counts are taken. The result is the appearance of the national death rate being much

[85] Kessler, Ronald C., Amminger, G. Paul, Aguilar-Gaxiola, Sergio, Alonso, Jordi, Lee, Sing, and Ustun, T. Bedirhan, "Age of onset of mental disorders: A review of recent literature," *Current Opinion in Psychiatry,* Vol. 20, No. 4, 2007, *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1925038/*.

[86] Ibid.

[87] *Note:* On October 5, 2017, MENTOR provided Committee staff with an updated mortality analysis, which reflected data through August 2017. To the extent Committee staff feels this data meaningfully changes the analysis in the Committee Print, Committee staff will make this information available on the Committee website in the future.

higher than MENTOR's death rate, when in fact the opposite is true, as explained below.

In addition to these false conclusions, MENTOR's methods and standards of analysis are not consistent with the field, nor are they employed by HHS or the Centers for Disease Control and Prevention (CDC). For example, the report stated the rate of child deaths per 100 live children, as opposed to *100,000 live children,* which is what is used by HHS[88] and the CDC.[89]

Using the numbers provided in its own report, MENTOR's average rate of death for 2010–2014 is .074 per 100 foster children served (or as the field would express it, 74 per 100,000 children served), as compared with national rates of .052 per 100 foster children served (or 52 per 100,000 children served). Yet, MENTOR concludes: "The MENTOR Network serves **significantly more children and youth with heightened risk factors** relative to others in foster care, and sustains **child mortality rates that are comparable** with national norms" (bold emphasis in the original document). In fact, MENTOR's death rate among foster children is 42% higher than the national average.

Figure 1 demonstrates MENTOR's misleading display of information. The red comment box points to MENTOR's inclusion of a national death rate that is based on point-in-time counts of the number of children in foster care on a single day. Using this number in the denominator makes it look like the death rate among children in foster care is higher than is actually the case. The Committee staff concluded that this information is not a valid comparison. The black comment box points to the national death rate that is based on the total numbers of children *served annually* in foster care, which provides a more accurate estimate of the death rate among foster children. The blue comment box points to the death rate among foster children who are being served by MENTOR. This is also based on the number of children *served annually* by MENTOR. This chart clearly shows that the blue bar and rate, which captures MENTOR's death rate, is higher than the black bar and rate, which captures the comparable national death rate of children who are in foster care.

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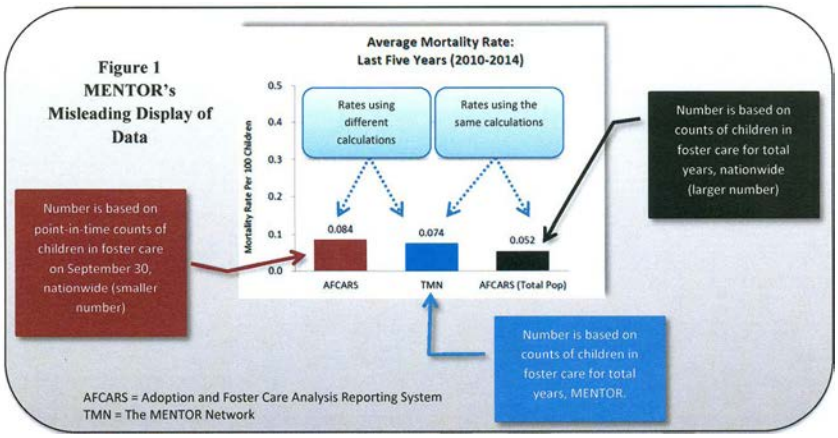
[88] U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau, "Child Maltreatment 2015," Report, January 19, 2017, *https://www.acf.hhs.gov/sites/default/files/cb/cm2015.pdf*.

[89] Kochanek, K.D., Murphy, S.L., Xu, J., and Tejada-Vera, B., U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, "Deaths: Final Data for 2014." *National Vital Statistics Reports,* Vol. 65, No. 4. June 30, 2016, *https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf*.



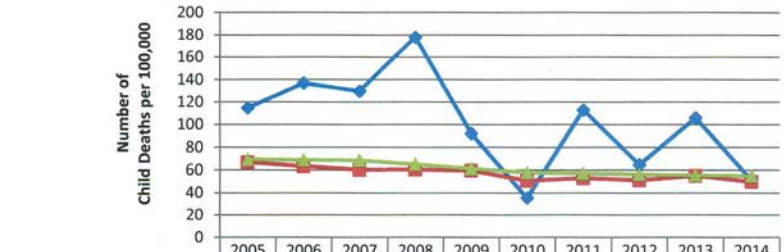
Further, in its mortality report, MENTOR also states: "Mortality rate in TMN [The MENTOR Network] foster care programs has been very similar to, and more recently equal to or better than, national norms." To substantiate this, MENTOR provided a line chart of death rates for 2009–2014, with data points that are too small to decipher and no numbers. The chart appears intended to capture the national death rate among those aged 0–22. Regardless, this chart is also misleading. Mortality information collected by Committee staff from the CDC Wide-ranging Online Data for Epidemiologic Research (WONDER) database shows that the national death rate in the United States between 2009 and 2014 among those aged 0–22 is 54.7 per 100,000 in the population.[90] That means that the MENTOR death rate (74 per 100,000) among youth aged 0–22 is 35% higher than the national average.

Furthermore, MENTOR's graphical analyses only focused on 5 years of data, 2009–2014, but in its report, MENTOR included *10 years* of data. Figure 2 displays the full 10 years of rates of children's deaths per 100,000 for 2005–2014. There are only 2 years during which MENTOR's death rates were at or below the foster care population and national averages.[91]

[90] For more information about the WONDER database, visit its website *https://wonder.cdc.gov/*.

[91] The national data in Figure 2 is for youth ages 0–22, which is the same age range that MENTOR used in their mortality report.

Figure 2
Death Rates for MENTOR, Children in Foster Care, and Nation-Wide



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
MENTOR	114.91	137.28	130.10	178.29	92.37	35.72	113.38	65.15	106.37	51.34
AFCARS-Foster Care	67.00	63.63	60.41	60.64	59.66	50.90	53.10	51.25	55.23	49.92
CDC WONDER-National	69.50	69.00	68.70	65.30	61.40	58.10	57.50	56.50	55.50	55.20

Year

Finally, in the MENTOR conclusion cited above in this section, the company highlights its contention that it serves "significantly more children and youth with heightened risk factors" and therefore a higher death rate should be expected among its served population. However, as noted earlier in the report, when the Committee staff examined MENTOR's incident reports, it found that of the cases involving a death, nearly three-quarters of those cases (73%) indicated that MENTOR itself concluded the death was "unexpected." In short, MENTOR's own incident reports do not support the conclusion that MENTOR's fatality rate is attributable to these heightened risk factors.

I. Financial Settlements From MENTOR

The documentation provided by MENTOR allowed Committee staff to review over 20 financial settlement agreements resulting from alleged negligence and/or damages. However, this did not capture the full range of such settlements. According to documents reviewed by Committee staff in reference to Maryland dated between 2005 and 2015, there were 22 settlements of claims against MENTOR. Illinois submitted materials to the Committee indicating that there had been nine similar settlements in the State. In almost all of the MENTOR legal documents the plaintiffs and settlement amounts are redacted. However, the documents from Illinois cite a total of $19.5 million in payouts. Given the numerous settlements made between MENTOR and dozens of parties, MENTOR has likely paid many millions of dollars in wrongful suit settlements. In fact, in its 2014 SEC filings, MENTOR wrote: "Several years ago, we experienced a spike in claims filed against the Company, and we could face an increase in claims in the future. As a result of the prior increase in claims, we received less favorable insurance terms and have expensed greater amounts to fund potential claims."[92]

[92] Civitas Solutions, Inc., 2014 10–K Filing (September 30, 2014), p. 13. *See* Footnote 2.

V. OVERSIGHT OF CHILD WELFARE SERVICES AND PROTECTING VULNERABLE CHILDREN

The States that responded to the 50-State Letter were adamant about their oversight of children in their foster care systems, regardless of the nature of the children's placement. That said, the information provided to and reviewed by SFC staff describes systems that do not always keep children safe or allow their performance to be readily evaluated. In fact, one State—Massachusetts—failed to comply with a request from the Committee to submit more detailed information about its child welfare services. To further complicate matters, the complex and fragmented nature of the child welfare system makes it difficult for the Federal Government, and others, to monitor the operations and outcomes of children who are involved in the system. Some of the problems SFC staff encountered in trying to evaluate and compare the performance of States and providers through this review are as follows:

- Georgia does not specifically record data about children needing TFC services, which means the State is likely unable to track the well-being of this subpopulation (and likely many others).
- Data from Illinois provided point-in-time measurements for a single date on two key measures (siblings placed in same living arrangement and average caseload per caseworker), as opposed to over a period, such as a fiscal year or multiple fiscal years. SFC staff repeatedly raised this issue with Illinois staff and requested a State average across all providers which would have given the Committee at least some benchmark for comparison purposes. The State was unable to provide this information.
- Maryland only provided the Committee with data on private TFC placements, as opposed to data about their entire child welfare population with subpopulations that might have included those needing TFC placements.
- Not all child welfare indicators are available electronically. Some States collect information, perform reviews, and maintain data in paper files that are never entered into an electronic database or that are never synthesized into a single report or review. Without more systematic procedures in place, it is almost impossible for States to have any meaningful oversight over their own systems or the agencies that provide contracted services for them.
- The field lacks a consistent language about child welfare services, clients, and operations, which makes it difficult to make comparisons between States and between providers. For example:
    - There is no uniform definition of what constitutes TFC. Some States use the term "treatment foster care," instead of "therapeutic foster care," although the spirit of the definition, the needs of the children, and the services provided would be similar. Other common terms used include "special needs" children or "medically fragile" children.

- One State does not use the term "caseworkers" and would not provide client-to-caseworker ratios until SFC staff established that this State called these employees "case support workers." MENTOR calls its caseworkers "child welfare specialists."
- The terms that States use to refer to the private agencies with which they contract to provide foster care services vary as well. Some States refer to these agencies as "child placement agencies." Another common term is "contract agencies" or "foster care agencies."

- States have varying definitions and conceptualizations of what it is that private child welfare agencies do in their States. Some States do not use the term "child placement agencies" to refer to contract agencies, while others do. This is because the State has control over and responsibility for placing children in foster homes. So when the Committee asked States, "What proportion of the children in foster care in your State is placed by the public agency, not-for-profit providers, and for-profit providers," many States indicated "zero" for anything outside of the public agency because they maintain that all children are placed by the State. Other States (which maintained that the public agency places all children) still provided rates of children placed by contracted agencies. This meant it was impossible for SFC staff to determine the proportion of children living in homes that for all intents and purposes are run by private agencies.
- With regard to substantiations of maltreatment in foster care, the Committee asked States to indicate in "how many of these instances . . . were children placed by: not-for-profit providers, for-profit providers, and public providers?" Some States indicated "zero" for the first two categories, again because they maintain that children in their State *are not placed* by contracted agencies, they are only placed by public agencies, even if the foster parents work for and are managed by a contracted agency. Thus, the information obtained from different States was not always comparable.
- Other States maintain that public employees provide full case management services for the children in their care, yet private agency workers set up appointments for the clients, make arrangements for services, provide transportation, provide support for foster parents, and visit the children in their foster care placements. According to the National Association for Social Workers, the definition of case management services is: "A process to plan, seek, advocate for, and monitor services from different social services or health care organizations and staff on behalf of a client."[93] This seems consistent with the services private agencies provide children who are in the protective care and custody of their State, even if the public agencies call it otherwise.

[93] National Association of Social Workers, "NASW Standards for Social Work Case Management," Report, 2013, *https://www.socialworkers.org/practice/naswstandards/CaseManagementStandards2013.pdf*.

- The Committee staff noted the various ways and outcomes by which child welfare agencies and government documents discuss the maltreatment of children involved with child welfare agencies. CFSRs, which are implemented by HHS and monitor State-level child welfare outcomes, track the percentage of *any* recurrence of maltreatment among all children in the State. The standard: States should not be above 9.1%. In 2013, 19 States failed to meet this benchmark.
- Maltreatment of children in foster care is measured as the number of children who were victims of substantiated maltreatment per 100,000 days spent in foster care. The national standard is set at 8.5 per 100,000 days. In 2013, 22 States exceeded this standard. A document prepared by HHS for Congress showed that the State median of maltreatment of children in foster care is 0.35%. Meanwhile, individual States submitted rates to SFC that ranged from 2% to 20%. These varying ways for measuring and reporting the same construct make it difficult for regulators to monitor outcomes and the well-being of children involved with their State's child welfare system.
- The third round of CFSRs is being conducted between 2015 and 2018. In late 2016, HHS discovered an error in the syntax the Department used to electronically gather information from the States regarding their program performance. Information is still being gathered, but States that submitted data before the error was discovered will not be assessed in the areas that were affected by the syntax error. Thus, a major Federal mechanism that is in place for monitoring child welfare performance in the States is not fully functional and means that for some States, there will be approximately a 10-year gap on the Federal assessment of some child welfare performance indicators.
- Not all of the States responded to inquiries from the Committee.
    - Seventeen States failed to respond to the 50-State Letter. Those States were: Arizona, Florida, Georgia, Idaho, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nevada, North Carolina, Ohio, Rhode Island, South Carolina, Vermont, and Virginia.
    - Massachusetts failed to respond to the 5-State In-Depth Letter. Despite repeated assurances from the Massachusetts Department of Children and Family Services that "continuing efforts are being made to collect and prepare the information" with "the full intention to send a response to the Committee," a response to the Committee's questions was never received.

VI. CONCLUSIONS

Despite the limitations on information supplied to the Committee, there is sufficient information from this single private agency and the States to show that children who are under the legal authority of their State are often ill-served. Some children served by MENTOR were abused, neglected, and denied services, and the

very State agencies that have been charged with and paid to keep them safe have likely contributed to their suffering and deaths. As documented by MENTOR's incident reports, investigations about fatalities were never followed up, autopsy reports which were pending years ago are not part of case files, and the vast majority of children who died were not the subject of an internal investigation—even when their deaths were unexpected. MENTOR issued a report to the Committee which falsely claimed that its death rates are in keeping with national death rates and the rates of death among children in the foster care system. Add to this complicated narrative the fact that the families of MENTOR victims have received millions of dollars in financial settlements, significant enough for MENTOR to have received less favorable terms from its insurer in 2014. The Committee staff recognizes that a case study of one provider does not allow for direct comparisons with other individual providers, and thus, cannot draw conclusions regarding MENTOR's operations in relation to other contracted agencies, for-profit or otherwise. Regardless, information collected for this report shows that MENTOR repeatedly placed the health and well-being of children at risk.

State agencies would likely counter concerns about their performance by noting the procedures they have in place to monitor private agencies. For example, Illinois notes that all licensed foster homes are physically inspected at least twice each year, with licenses valid for 4 years. Maryland states that it assesses all private TFC providers quarterly. This same State noted that providers can find themselves on the agency's "hotlist" by not complying with contractual obligations or by committing license violations. In such situations, providers would not be able to take in new clients until a corrective action plan is generated and subsequently completed. Even though MENTOR repeatedly failed to meet all State licensing criteria in 20 of the 22 quarters reviewed that the Committee examined, MENTOR continues to operate in Maryland. Illinois described a similar regulatory approach, but MENTOR no longer operates in that State.

State oversight guidelines are in place in almost every State in the Nation, either written into State statute or as part of agency policy. This investigation and precipitating media reports show that these policies are not always followed, exceptions are made, waivers are granted, and sometimes professionals serving children look the other way.

The documents reviewed in this investigation show a system that does not always protect children. Profits are sometimes prioritized over children's safety and well-being. Turnover among staff sometimes makes it impossible to develop case plans to ensure that children are "on-track" and being monitored. Foster parents with questionable backgrounds who seemingly lack the skills to provide care to vulnerable children are given licenses to parent challenging children and then are often inadequately monitored. Further, the data and oversight structures at both the State and Federal level make it difficult and sometimes impossible to monitor the operations of the child welfare system itself, as well as its private contractors. Thus, the bipartisan Committee staff sets forth the following recommendations.

VII. RECOMMENDATIONS

Recommendations for States and Tribes

- Improve outreach, customer service, and support services for those interested in becoming foster parents to attract and retain high-quality foster families.
- Support enhanced oversight of foster families to ensure robust background checks, home study assessments, and ongoing placement oversight.
- Frequently review performance of child welfare service providers/contractors to ensure child safety, permanency, and well-being standards are being met.
- Track child safety and well-being related outcomes at the individual provider level, including whether children served by specific providers have higher than average needs (*e.g.,* medically fragile, special needs, or therapeutic foster care placement, etc.).
- Set standards for maximum caseload size for child welfare workers, which may include differentiated standards based on variations in case type (*e.g.,* medically fragile children, children in therapeutic foster care placements, etc.) or activity (*e.g.,* investigations of abuse or neglect, case planning for children in foster care).
- Provide greater funding for the training of front-end staff charged with making removal and placement setting decisions for children entering foster care or at risk of entry.
- Revoke contracts from child welfare service providers who are unable to demonstrate the capacity to provide safe foster care placements for children.
- Provide subsidized guardianship payments to relatives willing and able to provide safe placements for children who can no longer remain at home.
- Ensure child death review teams are transparent, timely, and well-staffed. Require the timely publication of the results of child death reviews while ensuring appropriate and robust privacy protection of sensitive data.
- Make placement setting decisions based on the assessed strengths and needs of children entering foster care using an age-appropriate, evidence-based, validated, functional assessment tool to ensure children receive the appropriate level of care in the least restrictive, most family-like environment.
- Establish child welfare ombudsman offices through which children in care, family members, child welfare workers, foster parents, whistleblowers, and members of the public at large can submit comments and concerns about misconduct within the child welfare system.

Recommendations for the Department of Health and Human Services (HHS)

- Work to engage States, Congress, and the broader child welfare community in understanding the purpose and State-specific relevance of the CFSRs and ensure this process contributes to meaningful improvement and reform.

- Seek and provide clarification on how States and Tribes are defining, using, and overseeing the delivery of Therapeutic Foster Care (TFC) and establish a common definition of TFC for the purposes of Medicaid and title IV–E.
- Develop a uniform definition of "child abuse and neglect fatality" and provide guidance related to determining and reporting such fatalities and ensure States and Tribes are using this new definition when reporting data via the National Child Abuse and Neglect Data System (NCANDS).
- Aid States in developing the means and mechanisms to accurately collect provider-specific outcomes data, consistent with the metrics and definitions associated with AFCARS, NCANDS, and the CFSRs.
- Establish maximum caseload guidelines to promote manageable caseload sizes for the child welfare workforce.

Recommendations for Congress

- Support both funding and oversight for States and Tribes to enhance foster parent recruitment and retention activities to ensure robust background checks, home studies, ongoing placement oversight, and strong support services for foster parents.
- Support both funding and oversight for States and Tribes to enhance caseworker recruitment and retention activities to ensure child welfare caseworkers are both prepared to enter the field and given the support services necessary to carry out their jobs effectively.
- Allow States and Tribes to use title IV–E funds to support evidence-based services aimed at safely preventing foster care entries.
- Consider de-linking subsidized guardianship payments from the Aid to Families with Dependent Children (AFDC) income standard so that States and Tribes can receive a Federal match on behalf of all children placed in subsidized guardianship placements and promote equity in the payment rate for kinship placements.
- Require all States to report to the National Child Abuse and Neglect Data System (NCANDS) using standard definitions and provide support for this data collection and reporting.
- Consider legislation creating an explicit private right of action for children and youth in foster care tied to components of the case plan and case review requirements defined under section 475 of the Social Security Act.[94]
- Consider statutory changes requiring HHS to assess fiscal penalties on States for failing to meet CFSR outcomes or system requirements and develop a penalty reinvestment structure under which assessed penalties must be used by the State to address the key identified deficiencies (rather than be deposited into the Federal Treasury).
- Consider amending section 479A of the Social Security Act to require States to collect, and HHS to audit, provider-

[94] "Compilation of the Social Security Laws," Social Security Act, section 475, *https://www.ssa.gov/OP_Home/ssact/title04/0475.htm*.

specific child outcomes data in addition to State-specific data on outcomes such as: child fatalities, maltreatment in care, recurrence of maltreatment within 6 months, exits from foster care by reason for the exit (adoption or guardianship, reunification, emancipation), time to reunification, re-entry rates, and the average number of placements. Ensure this performance data is available to the public and considered by States or Tribes before making or renewing a contract with the provider.

- Consider prohibiting Federal title IV–E reimbursements for providers who consistently perform poorly on key safety, permanency, and well-being indicators. Charge HHS with auditing States and providers to determine which providers shall be excluded from Federal title IV–E reimbursement.
- Require States to make their contracts with private child welfare service providers publicly available and include details on whether such providers are private not-for-profit or private for-profit.

Appendix A

ORRIN G. HATCH, UTAH, CHAIRMAN
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ROBERT P. CASEY, JR., PENNSYLVANIA
MARK R. WARNER, VIRGINIA

CHRIS CAMPBELL, STAFF DIRECTOR
JOSHUA SHEINKMAN, DEMOCRATIC STAFF DIRECTOR

United States Senate
COMMITTEE ON FINANCE
WASHINGTON, DC 20510-6200

April 24, 2015

Dear Governor:

When children are removed from the custody of their parents due to abuse or neglect, as lawmakers, we have an obligation to ensure their safety and well-being. The reality is that there is no clear child welfare "system" but rather a complex structure consisting of overlapping Federal, State, County and Tribal laws and practices carried out by a mix of public and private entities. At times, this structure leads to finger pointing and confusion when it comes to the question of who is responsible when something goes wrong. In recent months, a particularly troubling series from BuzzFeed News reporting on the practices of a national private foster care provider network has raised the salience of this question once again.

The United States Senate Finance Committee has jurisdiction over Title IV of the Social Security Act (SSA), which includes the federal foster care and adoption programs. As Chairman and Ranking Member of the Senate Finance Committee, we are writing for background and information on your state's policy and practices relative to privatized foster care.

We are aware that states are increasingly contracting with private entities or organizations to administer some or all of their foster care programs. However, the extent and structure of these arrangements are less clear. To help us better understand these public-private partnerships, please provide the Senate Finance Committee with the following information no later than May 29, 2015.

- To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g., placement of children with particular foster care providers, ongoing casework and oversight of foster care placements).
- What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?
- Please provide the number and names of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.
- Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is this accreditation renewed?
- Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.
- Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit, and for-public providers operating in your state.

- How many instances of abuse in a foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many of these instances related to children placed by: not-for-profit providers, for-profit providers, and public providers?
- Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out of home placement? Do these actions differ depending on whether the child was place by the public agency, a not-for-profit provider, or a for-profit provider?

We thank you for your prompt attention to this matter. Please submit your response electronically to: becky_shipp@finance.senate.gov and laura_berntsen@finance.senate.gov. Any additional inquires may be directed to Becky Shipp, Health and Human Resources Policy Advisor, Senate Finance Committee or Laura Berntsen, Senior Human Services Advisor, Senate Finance Committee at 202-224-4515.

Sincerely,

Orrin G. Hatch
Chairman

Ron Wyden
Ranking Member

Appendix B

State of Alabama
Department of Human Resources
S. Gordon Persons Building
50 Ripley Street
P. O. Box 304000
Montgomery, Alabama 36130-4000
(334) 242-1310
www.dhr.alabama.gov

ROBERT BENTLEY
Governor

Nancy T. Buckner
Commissioner

May 29, 2015

Senator Orin Hatch, Chairman
Senator Ron Wyden, Ranking Member
United States Senate
Committee on Finance
Washington, DC 20510-6200

Dear Senator Hatch and Senator Wyden:

Governor Robert Bentley has forwarded your letter of 04/24/2015 to me for response. The Alabama Department of Human Resources is the state agency charged with the responsibility for providing services under the auspices of Title IV of the Social Security Act (SSA). In your letter you seek clarification on Alabama's policy and practices related to privatized foster care. I hope that the following information proves helpful to you.

To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g., placement of children with particular foster care providers, ongoing casework and oversight of foster care placements).

From the point of initial investigation/assessment, agency staff of the Department of Human Resources (DHR) makes decisions on all children and youth removed from their families for abuse and/or neglect. Imminent safety of a child in his/her own home is of paramount concern in the decision to place a child in foster (out of home) care. To ascertain the specific needs of the individual child and family, DHR initiates an individualized service planning process that must be done for all children in out of home care. Departmental staff convenes a planning group known as the **Child and Family Planning Team**. This team consists of individuals involved in planning and/or delivery of services for a child and family. It will include the parents, the age-appropriate child, others requested by the family or child, the DHR worker, the foster care provider, and other service providers if any. The team's work product is known as the **Individualized Service Plan (ISP)**. Alabama DHR staff maintains responsibility for all case planning and case decisions through the

utilization of Individualized Service Plans (ISPs) which bring all parties relevant to the case together to craft a plan for the child. These plans are facilitated by the Alabama DHR Social Worker and updated regularly. Throughout the entire service implementation process, departmental staff maintains case management responsibility. Decisions as to foster care placements are predicated on a variety of factors including proximity to family, schools if applicable, matching of children with foster parents/appropriate providers and placement with siblings if possible.

Exceptions exist for tribal investigation/placement process, but for all other placements, departmental staff exclusively provides case management and oversight of foster care placements.

What proportion of children in foster care in your state is placed by the public agency, not- for- profit providers, and for-profit providers?

100 % of the children in foster care to include residential, therapeutic foster care and transitional/independent living programs are placed by the public agency with the exception of tribal placements noted above. Neither not-for-profits nor for-profit providers make foster care placements.

Please provide the number and names of the private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.

All of these core services (placement and case management services) are provided exclusively by the public agency (DHR). Other services are provided externally by contract providers (See attachment A).

Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is this accreditation renewed?

Alabama approves most of its foster care providers and all of its child placing agencies or entities. These child placing agencies (private foster care entities) also approve foster homes. We have no requirements for accreditation. Many providers seek accreditation through the Council on Accreditation (COA) or Joint Commission.

Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.

Alabama goes through a standardized and very thorough Request for Proposal (RFP) process when it comes to contracting with foster care providers. All RFPs are posted on the state DHR website with sufficient lead time to respond if interested. The document specifies timeline for submission, format requirements, project overview and instructions, eligible entities and any licensing requirements. It offers the opportunities to ask

specific questions about the RFP and review the department's responses. It details both mandatory and general requirements in order to respond; provides cost proposal information as well as submission deadlines. Providers interested in service provision and meeting licensing requirements submit their proposals by the stated deadline. These proposals are then reviewed and scored internally by departmental staff based on the quality of the proposal. Contracts are offered based on scores, service proximity to placement needs, and number of slots available for contract. Rates will be established based on the parameters of the RFP and contracts will be negotiated for the next contract cycle. This contract will have a two year cycle, with the state having the ability to extend the contract for any combination of two year or single year extensions up to three additional years. It is the responsibility of our Office of Resource Management to monitor contract compliance.

Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit, and for-profit providers operating in your state.

All foster care providers go through a rigorous licensing process that is specific for the type of foster care that they wish to provide (group homes, institutions, therapeutic foster care (TFC), shelters, etc.). For congregate care providers, this process begins with an application that incorporates state mandated compliance with minimum standards that are service appropriate. These minimum standards address issues such as staffing requirements, staff development, social services, admissions/discharges, program issues around physical care, child care practices including discipline and punishment, the physical facilities including compliance with code, living unit accommodations, medicines and drugs and safety plans. All employees must have Federal and State Criminal History Checks and Clearances by Alabama's Child Abuse Central Registry.

When the licensing application is received by the department, the application is reviewed for completeness, and onsite visits by licensing staff are made. If it is determined that the facility is in compliance with minimum standards for the service in question, a license/approval will be issued by the department. A follow up visit will be made in six (6) months to monitor compliance, and a two-year license/approval will be issued. The program will be re-visited in the last year of licensing and will be visited anytime there are complaints. These visits may be announced or unannounced to monitor compliance. Traditional foster care home providers may either be approved by DHR staff or licensed/approved by an approved Child Placing Agency (which is also licensed by DHR). The process is similar to that completed by congregate care providers. An application to foster is submitted to DHR which includes a completed physical examination for each adult member of the household as well as a statement from a licensed practicing medical doctor that all other

household members are free from infectious and contagious diseases. Financial information is obtained, an Alabama and Federal criminal history check is obtained, and the state child abuse registry is reviewed. References are contacted, and a home study is completed. Continuing education requirements are detailed as well as any other specific requirements. The DHR staff and/or the child placing agency will make supervisory visits to the foster home, either announced or unannounced as often as necessary to assure the well- being of the child or children. Approval of foster home status shall be for one year. This process is duplicated for Therapeutic Foster Care (TFC).

How many instances of abuse in a foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many of those instances related to children placed by: not-for-profit providers, for-profit providers, and public providers?

The details by fiscal year are as follows:
FY 2010 - 3
FY 2011 - 15
FY 2012 - 14
FY 2013 - 7
FY 2014 - 13

For all of the substantiated cases of abuse in a foster care placement, the placement decision was made by this agency.

Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out of home placement? Do these actions differ depending on whether the child was placed by the public agency, a not-for-profit provider, or a for-profit provider?

DHR staff investigates all Child Abuse/Neglect reports. The child is our main focus during all investigations, with that focus being exclusively on maintaining child safety. The protocol for initiating investigations of all reports may vary slightly based on the placement setting, (i.e., DHR approved foster homes; foster homes approved by private child-placing agencies, group homes, and child care institutions). During the investigation a child's placement may be changed to ensure child safety. Residential providers may suspend or terminate identified employees during the investigation. The department can also decide to suspend all referrals to the provider until the investigation is completed. At the point that an investigation determines that a complaint is indicated (substantiated), all individuals / parties are notified. The notification is considered a preliminary disposition and must include information on due process rights. These notifications may be hand-delivered or mailed (both first-class and certified). Upon completion of the due process protocol, child welfare staff shall enter the final disposition into the Central Registry for indicated dispositions.

When foster parents have been identified as responsible for the abuse/ neglect, the foster parent's right to due process does not preclude DHR's right to remove foster children from the foster home before the hearing. Decisions to remove any child from the foster home will be based on safety threats to the child.

The general process is the same for group homes or institutions. Once the complaint has been investigated and has an "indicated" finding, the due process protocols apply. If the indicated status is upheld after the due process hearing, staff in question are terminated from employment and entered into the Central Registry; and the foster home will likely be closed.

Please note that the actions do not differ across agency types as the public agency (DHR) is the only agency making placement decisions.

If you have any further questions regarding Alabama's foster care system, please contact me at 334-242-9500.

Respectfully submitted,

Nancy T. Buckner
Commissioner

NTB/PJB

Enclosure: Copy of Providers and Services

Providers and Services

Attachment A

Therapeutic Foster Care

1. Brewer-Porch Children's Center (Non-Profit)
2. SAFY (Non-Profit)
3. United Methodist Children's Home (Non-Profit)
4. Lee County Youth Development Center (Non-Profit)
5. Alabama Mentor (Profit)
6. Youth Villages (Non-Profit)
7. Seraaj Family Homes, Inc. (Profit)
8. Gateway (Non- Profit)
9. St. Mary's Home (Non-Profit)
10. Christian Services (Non-Profit)
11. Growing Homes (Non-Profit)
12. Alabama Clinical Schools (Non-Profit)
13. Camellia Therapeutic Foster Agency (Profit)

Basic Residential

1. United Methodist Children's Home (Non-Profit)
2. Presbyterian Home for Children (Non-Profit)
3. Thirteenth Place, Inc. (Non-Profit)
4. Brantwood Children's Home (Non-Profit)
5. Childhaven, Inc. (Non-Profit)
6. Children's Service, Inc. (Non-Profit)
7. Boys & Girls Ranches of Alabama (Non-Profit)
8. Grace House Ministries (Non-Profit)
9. Children's Village, Inc. (Non-Profit)
10. St. Mary's Home (Non-Profit)
11. Weldy Home (Non-Profit)
12. Eagle Rock Boys Ranch (Non-Profit)
13. King's Home, Inc. (Non-Profit)
14. Boyd School, Inc. (Profit)
15. North Alabama Christian Children's Home (Non-Profit)
16. Atonement, Inc. (Profit)
17. Tears, Inc. (Non-Profit)
18. King's Home, Inc. (Non-Profit)
19. Harris Home (Non-Profit)

Moderate Residential

1. Lee County Youth Development Center (Non-Profit)
2. Chrysalis A Home for Girls (Non-Profit)
3. St. Mary's Home (Non-Profit)
4. King's Home, Inc. (Chelsea) (Non-Profit)
5. Presbyterian Home for Children (Non-Profit)
6. Tri-Will, Inc. (Profit)
7. SafetyNet Youth Systems, LLC (Profit)
8. Concerned Citizens for Our Youth, Inc. (Non-Profit)
9. Boyd School (Profit)
10. Eagle Rock Boys Ranch (Non-Profit)
11. Pathway, Inc. (Profit)
12. New Life Center for Change-Teen University (Non-Profit)
13. UA Brewer-Porch Children's Center (Non-Profit)
14. Family Garden, Inc. (Profit)

Intensive Residential

1. Lee County Youth Development Center (Non-Profit)
2. Southeastern Psychiatric Management, Inc. dba Mountain View Hospital (Profit)
3. Glenwood Mental Health Services (Non-Profit)
4. UA Brewer-Porch Children's Center (Non-Profit)
5. Gateway (Non-Profit)
6. Sequel, TSI (Madison) (Profit)
7. Sequel, TSI (Owens Cross Roads) (Profit)
8. Laurel Oaks Behavioral Health Center (Profit)
9. Hill Crest Behavioral Health Services (Profit)
10. AltaPointe Health Systems- BayPointe (Non-Profit)
11. SafetyNet Youth Systems, LLC (Profit)
12. Pathway, Inc. (Profit)
13. St. Mary's Home (Non-Profit)
14. Sequel, TSI (Courtland)(Profit)
15. Sequel, TSI (Tuskegee) (Profit)
16. Hill Crest BHS (Bessemer) (Profit)
17. Hill Crest BHS (Higdon) (Profit)
18. AltaPointe (Adolescent Independency Program (Non-Profit)

Transitional Living Program

1. Lee County Youth Development Center (Non-Profit)
2. United Methodist Children's Home (Non-Profit)
3. Brantwood Children's Home (Non-Profit)
4. Harris Home for Children, Inc. (Non-Profit)
5. Childhaven, Inc. (Non-Profit)
6. Chyrsalis A Home for Girls (Non-Profit)

7. SAFY (Non-Profit)
8. King's Home, Inc. (Chelsea) (Non-Profit)
9. Alabama Mentor (Profit)
10. Camellia Therapeutic Foster Agency (Profit)
11. AltaPointe Health Systems (Non-Profit)
12. Grace House Ministries (Non-Profit)
13. King's Home, Inc. (Wilsonville) (Non-Profit)

Independent Living Programs

1. Gateway (Birmingham) (Non-Profit)
2. AltaPointe Health Systems, Inc. (Non-Profit)
3. Lee County Youth Development Center (Non-Profit)
4. Brantwood Children's Home (Non-Profit)
5. SAFY (Non-Profit)
6. King's Home, Inc. (Non-Profit)
7. Harris Home for Children, Inc. (Non-Profit)
8. Childhaven, Inc. (Non-Profit)
9. Eagle Rock Boys Ranch (Non-Profit)
10. Gateway (Huntsville) (Non-Profit)

Moms and Babies

1. United Methodist Children's Home (Non-Profit)
2. Childhaven, Inc. (Non-Profit)
3. Seraaj Family Home, Inc. (Profit)
4. Alabama Mentor (Profit)
5. SAFY (Non-Profit)

Sexual Rehabilitation

1. Sequel (Profit)
2. Alabama Clinical School (Non-Profit)
3. Hill Crest Behavioral Health Services (Profit)

THE STATE of ALASKA
GOVERNOR BILL WALKER

Department of Health and Social Services
COMMISSIONER'S OFFICE
P.O. Box 110601
Juneau, Alaska 99811-0601
Main: 907.465.1616
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May 29, 2015

Senator Orrin G. Hatch
Senator Ron Wyden
United States Senate
Committee on Finance
Washington, DC 20510-6200

Dear Senator Hatch and Senator Wyden:

Thank you for the opportunity to respond to your inquiry regarding children removed from the custody of their parents due to abuse and neglect, and how Alaska pursues placement of children into the out-of-home care settings. Below is Alaska's response to your specific questions:

1) *To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g. placement of children with particular foster care providers, ongoing casework and oversight of foster care placements).*

In Alaska, not-for-profit and for-profit providers for foster care do not exist at this time.

The Office of Children's Services (OCS) does utilize in-state, non-profit agencies, called Child Placement Agencies (CPA), to provide therapeutic foster care and intensive supports (including case management) to children who require higher levels of support and therapeutic interventions. Child Placement Agencies are licensed through OCS, and foster homes that work for the CPA are also independently licensed directly through the OCS. Thus, OCS directly licenses both the foster home and the Child Placement Agency for which the foster home works. The CPA may recommend a foster home placement for a child in custody; however, the placement cannot be made without the approval of the child's OCS caseworker.

In addition, the Division of Behavioral Health reimburses for therapeutic services for intensive supports through Medicaid funding. All of these services receive strong oversight by the Division of Behavioral Health, through site visits and funding reviews.

2) *What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?*

There are two populations of children who require foster care in Alaska: 1) children and youth who are in the custody of the state through either OCS or the Division of Juvenile Justice (DJJ); and 2) children who are in the custody of their parents, in which the parents are requesting therapeutic foster care services and supports for their children.

The majority of children placed in foster care are placed by the OCS or DJJ. The total number of children currently in the care for state custody children is approximately 2,600. There is a small proportion of children (200) who are placed in foster care at Child Placement Agencies by their parents, who are not in the custody of the Department of Health and Social Services (DHSS or the Department). In these cases, the CPAs are required to keep the parents actively involved in the treatment needs of the children in private placements. Placement changes cannot be made without the approval or consent of the parents.

3) *Please provide the number and names of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.*

None. Private entities (for-profit or not-for-profit) do not provide core services to children in out-of-home care in Alaska.

4) *Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is the accreditation renewed?*

The Division of Behavioral Health approves provider agencies to operate behavioral health services and to bill Medicaid services in our state. Those providers need to be accredited by the Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF) or Council on Accreditation (COA). The frequency of renewal is based on the criteria for each accrediting agent.

5) *Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.*

The Office of Children's Services and the DHSS does not contract directly with these private entities for purposes of child placement. The DHSS utilizes Medicaid funding and grant services to support the

more intensive level of care for children; however, the placement decisions are made either by the Department placement worker or the parents (if the child remains in the parents' legal custody).

The Alaska DHSS has an extensive grants and contracts process in which performance-based measures and outcomes are encouraged for all service contracts.

6) *Describe in detail the process your states uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit and for-profit providers operating in your state.*

Under state statutes AS 47.32 and AS 47.05 and state regulations 7 AAC 50 and 7 AAC 10, the Department has a statutory responsibility to inspect all licensed facilities, inclusive of licensed foster homes, at least once a year for the first two years of licensure, and then once every other year under a biennial licensing process. All agencies that provide services to children and youth are licensed through a DHSS licensing entity.

7) *How many instances of abuse in foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many instances related to children placed by: not-for-profit, for-profit providers and public providers.*

Between January 1, 2010, and December 31, 2014, 269 allegations of maltreatment in foster care placements have been substantiated in CPS Provider Investigation CPS Reports. Since OCS staff members are the only people 'placing' children, there are no numbers for any children placed by contracted providers (for profit or not-for-profit).

8) *Describe in detail the actions taken when abuse claim is substantiated while a child is in an out of home placement? Do these actions differ depending on whether the child was placed by the public agency, a not-for-profit provider, or a for-profit provider?*

When an abuse claim is substantiated while a child is in an out-of-home placement, the case would go through two tracks: 1) a CPS investigation is conducted to determine if the report is substantiated; and 2) a licensing investigation is conducted to determine if there are violations to licensing standards. If the abuse is substantiated, the child's placement worker is notified and a decision will be made to either leave the child in the foster home or remove the child from the home to another foster home setting. Each case is looked at individually and considers the unique needs of the child when making a decision to move the child. Whether or not a child would be removed or remain in the placement would be

determined by the child's caseworker (for children in custody) or by the parents (for children that are privately placed). For children in the custody of DHSS, the courts may be notified of the placement change.

Should a licensing violation be confirmed in the scope of the investigation, the Office of Children's Services may impose licensing sanctions, called enforcement actions, up to and including a suspension or revocation of the foster care license. Enforcement actions require due process standards for the licensee, and as such, the foster parent is able to appeal the decision through the administrative hearing processes.

Thank you for the opportunity to respond to this inquiry.

Respectfully,

Valerie Davidson
Commissioner

Cc: Christy Lawton, Director, Alaska Office of Children's Services
Amy Dobson, Office of Alaska Governor Bill Walker

STATE OF ARKANSAS
ASA HUTCHINSON
GOVERNOR

June 6, 2015

The Honorable Orrin G. Hatch
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Hatch and Senator Wyden,

Thank you for your continued leadership in the area of child welfare. I agree, as do the professionals working in Arkansas's Division of Children and Family Services (DCFS), that when children are removed from the custody of their parents due to abuse and/or neglect, we have an obligation, regardless of a specific role, to ensure their safety and well-being. I am pleased to respond to your letter of April 24, 2015 requesting information about Arkansas's policy and practices relative to privatized foster care. To address your specific questions, I offer the below:

1. **To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g., placement of children with particular foster care providers, ongoing casework and oversight of foster care placements).**

   In Arkansas, DCFS is the child welfare agency for the state. All in-home and out-of-home casework practice is performed by staff employed by DCFS. Foster homes are licensed and maintained by the State. Placement services are contracted through specialized private providers for placement services when need for therapeutic foster care, residential group homes, comprehensive residential treatment, emergency shelter, developmental disability services and/or respite services are required.

2. **What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?**

   All placements for the children in the foster care systems are made by DCFS.

3. **Please provide the number and names of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.**

   Arkansas will be happy to provide this information however we question if you want the listing of all providers in which a contract for placement has been granted. The state contracts with 14 providers for therapeutic foster homes (which, in turn, contract with individual families); 20 providers for residential treatment; 15 providers for comprehensive residential treatment; 17 providers for emergency shelter; and 3 for developmental disability services (which, in turn, contract with individual families). None of these providers are for-profit organizations.

   If you need the detailed information for all contracts, please let us know and we will forward this information to you immediately.

4. **Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is this accreditation renewed?**

   In Arkansas, a child placement agency must be licensed with the state. Arkansas Code Annotated **9-28-401** *et. seq.*, "The Child Welfare Licensing Act" (the Act), is the legal authority under which Arkansas's Child Welfare Agency Review Board prescribes minimum licensing standards for child welfare agencies, as defined under the statute. Further information regarding the agencies requiring a license and the type of license required by each facility can be found in Appendix A.

5. **Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.**

   DCFS's process for contracting with a child welfare agency is as follows:

   1. Notices[1] are posted on the state's website and Request for Proposals (RFP) are let for the various services needed;
   2. Providers respond to the RFPs and submit proposals to the agency;
   3. Contracting agency selects a group to review RFPs;
   4. RFP's are scored in accordance to Procurement rules;
   5. Respondents are notified of the state's Intent to Award; and

[1] Notices include the scope of work and performance indicators requested by the agency, location of need for services (either specific county, area or statewide), some will include a price per unit that will be paid and some are budget based and then rates are negotiated when contracts are awarded.

6. If no opposition, contracts are written and awarded.

Arkansas's child welfare agency has a strong partnership with its contract provider community. Contract language gives the agency the ability to address any areas of non-compliance and allows the agency to terminate a contract due to issues related to non-performance and professional and ethical issues.

6. Describe in detail the process your state uses to inspect the safety of foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit, and for-public providers operating in your state.

Please refer to Minimum Child Welfare Licensing Standards as noted in Pub-04 as there are specific requirements for each license type including child welfare foster home. These inspections are performed by licensing staff employed by the Division of Child Care and Early Childhood Education, which is a separate entity than that of the child welfare agency.

The requirements for agency foster homes can be found in Pub-22. Per DCFS policy, child welfare staff is required to visit the foster home on a quarterly basis.

7. How many instances of abuse in a foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many of these instances related to children placed by: not-for-profit, for-profit providers and public providers?

With reference to state agency approved and licensed foster homes, over the last five years there have been 734 reports in which foster parents were identified as the alleged offenders. Note that this figure also includes therapeutic foster homes. Of those reports, 101 were found to be true, and all homes were subsequently closed as a result.

In Arkansas, when an allegation is made on an employee/staff in a treatment facility, those allegations are called into the state Child Abuse Hotline and are investigated by the Crimes Against Children's Division. There is not a number available for these instances as calls are stored by alleged victim versus the type of incident.

8. Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out of home placement? Do these actions differ depending on whether the child was placed by the public agency, a not-for-profit provider, or a for-profit provider?

As stated above, if there is a substantiated finding of abuse in a foster home, the home is closed. The agency takes a very strong stance on this. There are also instances in which, even though the allegations are not substantiated, homes are closed due to concerning information disclosed in the investigation and/or DCFS has had other issues related to this home in the past. Those are handled on a case by case

basis and are staffed at an executive level before final decisions are made regarding closure.

Regarding allegations and substantiated findings on placement facility staff, DCFS works with those providers on corrective action plans that are put in place during the investigative process. There have been instances in which all foster children have been removed from the placement facility due to the allegations pending the outcome of the investigation.

I hope the above information is useful to you and your efforts. If you have questions or require further information, please contact Betty Guhman, Senior Advisor on my staff at 501-683-6407 or betty.guhman@governor.arkansas.gov.

Sincerely,

Asa Hutchinson

500 Woodlane Street, Suite 250 • Little Rock, AR 72201
Telephone (501) 682-2345
www.governor.arkansas.gov

CDSS
WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • *www.cdss.ca.gov*

EDMUND G. BROWN JR.
GOVERNOR

August 11, 2015

The Honorable Orrin G. Hatch
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510-6200

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510-6200

Dear Chairman Hatch and Ranking Member Wyden:

Thank you for the opportunity to share information on California's child welfare services system for vulnerable children, youth, and families. The focus of your questions is on privatized foster care. We do not utilize private for-profit providers; however, as part of our network of providers and others engaged in child welfare, we do work with private non-profit providers and organizations as explained in our responses to your questions, which follow the background below.

BACKGROUND
California has a complex child welfare services system, serving the most populous state in the country with nearly 9.5 million children, and one of the most linguistically diverse regions in the world with the largest minority population in the country, including 109 federally recognized Indian tribes and an estimated 79 tribes that are seeking federal recognition. California's state-supervised child welfare system is administered at the local level by 58 counties, each governed by a county elected board of supervisors. The range of diversity among the counties is immense and there are many challenges inherent in the complexity of this system. However, its major strength is the flexibility afforded to each county in determining how best to meet the needs of its own children and families. The counties, which differ significantly by population and economic base, are a wide mixture of urban, rural and suburban settings, thus driving the need to make their own decisions on how to coordinate local service delivery to children and families.

The California Department of Social Services (CDSS) is authorized by statute to promulgate regulations, policies, and procedures necessary to implement the state's child welfare system and to ensure the safety, permanency, and well-being for California's children. The CDSS is responsible for the supervision and coordination of programs in California funded under federal Titles IV-B, IV-E, and XX of the Social Security Act. Furthermore, CDSS is responsible for developing the state's Child and Family Services Plan. These efforts are achieved within a framework of collaboration with child welfare stakeholders. Due to its complexity and this high degree of

collaboration, California's child welfare services system is ever-changing as we seek to improve our ability to improve outcomes for the state's children and families.

The CDSS has oversight of the state's child welfare services system and plays a vital role in the development of policies and programs that implement the goals of CDSS' mission. In developing policies and programs, the CDSS collaborates with other state and local agencies, tribal representatives, foster/kinship caregivers, foster youth, foster care service providers, community-based organizations, the courts, researchers, child advocates, the Legislature, and private foundations to maximize families' opportunities for success.

RESPONSES TO QUESTIONS

1. To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g., placement of children with particular foster care providers, ongoing casework and oversight of foster care placements).

   In California, we do not contract with private entities to provide case management services. Case management is conducted by the child placement agency at the county level, either by child welfare or probation, and is carried out by the social worker. In our state, we do work with public and private non-profit providers to provide support and services to the foster parent and the child. Social workers support the case planning process in public and private non-profit agencies called Foster Family Agencies (FFAs). Please use the link below to access regulations pertaining to social work provided by FFAs.

   Community Care Licensing Regulations for Social Work FFAs
   Title 22, Div 6, Chap 1, Art 5-6 - General Licensing Requirements
   http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/Ffaman.pdf
   (Sections 88001, 88065.3, 88065.4, 88065.5, 88070.1)

2. What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?

   Please see enclosed "placement types" chart for relative, foster care, FFA, and group home placements.

3. Please provide the number and names of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.

   The federal government has provided the state with the option to include in its state plan the placement of children in a private facility operated on a for-profit basis, and our state statute authorizes for-profit placement as articulated in

California Welfare and Institutions Code (WIC) section 11402.6. However, it is CDSS's preference to place foster care children in a non-profit group home setting. Currently, counties do not place foster children with for-profit providers. Counties may place children with for-profit group home facilities after all other placement options have been exhausted. Placement into a for-profit group home facility may occur only subject to specified conditions. Please use the links below to access lists of foster family agencies and group homes in which children and youth are placed in California.

Foster Family Agencies: County placement agencies use licensed private FFAs for the placement of children who require more intensive care as an alternative to group homes. By statute, FFAs are organized and operated on a non-profit basis and are engaged in the following activities: recruiting, certifying, and training foster parents, providing professional support to foster parents, and finding homes or other temporary or permanent placements for children who require more intensive care.

The CDSS has statutory responsibility for developing, implementing, and maintaining a rate setting system for FFAs receiving Aid to Families with Dependent Children-Foster Care (AFDC-FC) funds. The AFDC-FC rates vary by age group. For the purpose of determining FFA rates, CDSS regulations specify the purposes, types and services of FFAs. Currently, CDSS sets AFDC-FC rates for approximately 220 FFAs as of January 2015. The rates are organized into five age groupings.

Group Homes (GHs): Group homes provide the most restrictive out-of-home placement option for children in foster care. They provide a placement option for children with significant emotional or behavioral problems who require more restrictive environments. A licensed group home is defined as a facility of any capacity which provides 24-hour nonmedical care and supervision to children in a structured environment, with such services provided at least in part by staff employed by the licensee. Group homes run the gamut from large institutional type environments which provide an intense therapeutic setting, often called "residential treatment centers," to small home environments which incorporate a "house parent" model. As a result, group home placements provide various levels of structure, supervision, and services.

Group homes may offer specific services targeted to a specific population of children or a range of services depending on the design of their program. These services include substance abuse, minor-parent (mothers and babies), infant programs, mental health treatment, vocational training, mental health day treatment, sex offenders, wards only, emancipation and reunification. Many programs provide more than one service and list their primary service function as reunification of children with the biological family.

FFA Provider Lists
FFAs: http://www.childsworld.ca.gov/res/pdf/FFAList.pdf
FFA Regional Centers: http://www.childsworld.ca.gov/res/pdf/FFARC.pdf
ITFC: http://www.childsworld.ca.gov/res/pdf/ITFCP.pdf

GH Provider Lists
GHs & Regional Centers: http://www.childsworld.ca.gov/res/pdf/GHList.pdf
GHs RCL 13 & 14: http://www.childsworld.ca.gov/res/pdf/GH1314.pdf

4. Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is the accreditation renewed?

   Currently we are engaged in foster care reform through our Continuum of Care Reform initiative. Among many other important changes to California statutes governing foster care, Assembly Bill 403 (authored by California Assembly Member Mark Stone) will require all group homes and FFAs to be accredited by a national accrediting body, identified by the CDSS, as a condition of receiving a foster care rate. We believe that national accreditation brings benefits to an organization, such as professionalizing staff, establishing administrative best practices, improving service delivery, and promoting a culture of continuous quality improvement.

   The Continuum of Care Reform report to the California Legislature, upon which this reform proposal is based, can be found here at the following web address: www.cdss.ca.gov/cdssweb/entres/pdf/CCR_LegislativeReport.pdf

5. Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.

   The state does not contract with private entities to provide foster care services. Contracts occur between local government and individual providers. The state's role is to license providers and set rates for their services. Please use the links below to access requirements related to licensing and rates.

   Manual of Policies and Procedures, Community Care Licensing Division General Licensing Requirements:
   http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/genman1.PDF

   Manual of Policies and Procedures, Foster Care Rate Regulations
   http://www.childsworld.ca.gov/PG1343.htm#

6. Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit, and for-profit providers operating in your state.

California assesses and approves relatives (defined in WIC 361.3(f)) and nonrelative extended family members (defined in WIC 362.7) using the same standards as those used to license foster family homes. This includes: 1) a criminal background check of the caregiver and all adults residing in the home; 2) an assessment of the caregiver's ability and suitability to provide care and supervision; 3) a caregiver orientation/training regarding the standards; and 4) an inspection of the home and grounds.

The criminal background check is accomplished through LiveScan submission of fingerprints to the California Department of Justice (DOJ), which returns California criminal history and other state convictions held by the Federal Bureau of Investigation. Additionally, a check is made of California's Child Abuse Central Index to learn whether the caregiver or any adults residing in the home have a child abuse history. The criminal background check process also includes a check of other states' child abuse indexes (where they exist) when the caregiver or any of the resident adults declare they have lived in another state within the past five years. If there is no criminal history, the DOJ "clears" the individual.

For persons with criminal convictions, the DOJ provides the county child welfare agency with the individual's criminal offender record information report (also known as a "rap sheet"). The county reviews the rap sheet to determine whether the crimes are those for which an exemption may be granted through an exemption process. Pursuant to state and federal law there are a number of crimes which cannot be exempted. Individuals who have non-exemptible criminal history are denied a clearance and cannot get an exemption. If a caregiver or any adult living in the home cannot obtain an exemption, then no child can be placed in that home so long as that individual resides in the home.

For a caregiver or other adult in the home who has criminal history which is not prohibited from exemption, a process is applied which includes gathering documentation regarding the crimes and convictions, evidence of good character and rehabilitation, and the individual's statement about the crime/conviction. This information is evaluated and a determination is made as to whether to provide an exemption. To ensure continued safety, at the initial submission of fingerprints, a subsequent arrest notification process is established for each fingerprinted individual. If an individual is arrested subsequent to the initial fingerprinting, the DOJ notifies the county having jurisdiction of the case and the county is required to investigate the circumstances of the arrest and crime and take appropriate action consistent with statute and regulations.

Separately, the county child welfare agency assesses the caregiver's ability to provide care and supervision by evaluating if the caregiver can: 1) provide a safe, secure and stable environment for the child; 2) exercise proper and effective care and control of the child; 3) provide a home and the necessities of life for the child; 4) protect the child from his or her parents as appropriate; 5) facilitate court-ordered reunification efforts with the parents; 6) facilitate visitation with the child's other relatives; 7) facilitate implementation of all elements of the case plan; 8) provide legal permanence for the child if reunification fails; and 9) arrange for appropriate and safe child care, as necessary. Additionally, the county utilizes a state-required assessment document to further evaluate the caregiver's suitability consistent with statutes and regulations for the proper care and supervision of the foster child.

The safety of the home is assessed by using a state-required form to evaluate the home's compliance with safety standards. Items assessed in the home include verifying that there is: telephone service in the home; a safe vehicle for transporting children and that only a licensed driver will transport the child; an individual bed (or crib) with a clean, comfortable mattress, clean linens, blankets and pillows for each child in the home; consideration of bedroom occupancy standards, which takes in to account shared rooms with adults, those of the opposite gender, and those of different ages; adequate closet and drawer space for the child's clothing and personal belongings; protection from bodies of water so that they are safe/inaccessible; a safe yard or outdoor activity space that is free from hazards that endanger the child's health and safety; and at least one toilet, sink and tub or shower in safe, clean operating condition and hot water is delivered at a safe temperature. In addition, the home must be in otherwise good repair, clean, safe and sanitary; well-lit and maintained at a comfortable temperature; and store and dispose of waste in a way that will not permit the spread of disease/odor, or attract insects and rodents. The home is also assessed to ensure the safe storage of medications, poisons, firearms and other dangerous weapons.

The county child welfare agency also provides an orientation and/or training to the caregiver. This includes a copy of the approval standards and regulations. Caregivers also are informed about the child's personal rights, the prudent parent standard, and a child's participation in age and developmentally appropriate extracurricular/enrichment activities.

7. How many instances of abuse in a foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many of these instances related to children placed by not-for-profit providers, for-profit providers, and public providers?

	YOUTH IN FOSTER CARE BY PLACEMENT TYPE (CHILD WELFARE AND PROBATION AGENCIES)													
YEAR	RELATIVE PLACEMENT (KIN)		FOSTER CARE (FOSTER)		FOSTER FAMILY AGENCY (FFA)		GROUP HOME (GH)		Guardian (Dep/Non-Dep)		Other		TOTAL (n)	TOTAL (%)
	n	%	n	%	n	%	n	%	n	%	n	%		
JAN. 1, 2011	18,866	33.4%	5,546	9.8%	16,382	29.0%	3,795	6.7%	7,575	13.4%	4,364	7.7%	56,528	100.0%
JAN. 1, 2012	19,130	35.2%	5,253	9.7%	14,783	27.2%	3,681	6.8%	7,110	13.1%	4,461	8.2%	54,418	100.0%
JAN. 1, 2013	20,200	35.9%	5,180	9.2%	14,460	25.7%	3,696	6.6%	7,133	12.7%	5,543	9.9%	56,212	100.0%
JAN. 1, 2014	21,708	35.9%	5,412	8.9%	15,244	25.2%	3,714	6.1%	7,006	11.6%	7,454	12.3%	60,538	100.0%
JAN. 1, 2015	22,053	35.3%	5,582	8.9%	15,604	25.0%	3,744	6.0%	6,740	10.8%	8,784	14.1%	62,507	100.0%

Data Source: CWS/CMS 2015 Quarter 1 Extract

Note: Other category includes shelter. SILP, Runaway, and other non-foster care placements.

STATE OF COLORADO

OFFICE OF THE GOVERNOR
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John W. Hickenlooper
Governor

May 28th, 2015

Orrin G. Hatch, Chairman
United States Senate
Committee on Finance

Dear Senator Hatch,

This is a response to the letter dated April 24, 2015 regarding Colorado's practices and policies relative to privatized foster care. Colorado is a state supervised and county administered system. Child welfare programs, including foster care, are administered by the 64 counties in the state.

Question 1: To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g., placement of children with particular foster care providers, ongoing casework and oversight of foster care placements).

Response: Placement and case management of children and youth in out-of-home care is the responsibility of the 64 county departments of human or social services in Colorado. El Paso County Department of Human Services is the only county department that contracts with a private not-for-profit agency for case management services for children and youth placed in foster homes.

On January 1, 2014, as the result of being selected through a Request for Proposal (RFP) process, Savio, a not-for-profit that is accredited by the Council on Accreditation (COA), contracted with the county department to provide case management services primarily for children and youth placed in foster care homes certified and supervised by child placement agencies (CPAs). The CPAs contract with the county department for foster care services (see history below). For consistency, Savio continues to provide case management services when children or youth on their caseload transition to residential or group settings, back to foster homes, or return home.

Savio functions like a division in the county department of human services and staff are certified case workers and supervisors. The county attorney represents Savio staff as it does county staff. Savio is responsible for all aspects of case management, including oversight of the children and youth placed in foster homes and facilities, documentation, court reports, visitation, family service planning, and data entry into the Statewide Automated Child Welfare System (SACWIS).

The El Paso County Department of Human Services determines the foster care placements for children and youth. Recommendations are made by a placement team in the county department for placements into specific foster homes and the staff work with Savio to complete the process. The

county department generally provides case management for in-home, kinship, and kinship foster care cases, though for consistency, caseworkers provide case management if a child or youth on their caseload enters foster care or a higher level of care.

In addition, the county department contracts with Lutheran Family Services-Rocky Mountains (LFSRM), a not-for-profit, to provide case management and foster care services for children and youth in the Unaccompanied Refugee Minor Program (URMP). This population was carved out of the general foster care a number of years ago because of the expertise of LFSRM to meet the needs of these children and youth.

The El Paso County Department of Human Services has a team that oversees and measures compliance and performance for Savio (case management only) and for the CPAs that provide foster care services. Savio is monitored regularly for the number served, the outcomes of the children and youth, and is paid at 1/12 of the contract each month.

Historically, from approximately 1999-2014, the county department entered into contracts with nine CPAs to provide both foster care and case management services as a way to manage resources This was done initially because staffing capacity was capped and there was insufficient staff to manage all of the work. Foster care positions in the county department were converted to caseworker positions.

Some of the disadvantages of the process were: inconsistency in case management practice among the CPAs and difficulty for the county department to provide oversight, monitoring, and to manage quality and performance measures with nine CPAs of differing sizes (capacity) for both case management and foster care. At times the agencies didn't collaborate among themselves when a child or youth needed a different foster home and the agencies did not consistently involve the county department placement team in making placement changes. Placements were sometimes made within the same agency rather than looking at other possible appropriate foster homes among the nine agencies.

Moving to a system with one agency solely responsible for case management also helps to prevent an appearance of conflict of interest because there is not an investment to use a specific CPA for placement of a child or youth. Or, if a foster parent wants to adopt a child or youth in care versus permanency with a relative or kin, a conflict of interest is prevented when the CPA is not responsible for case management and advocacy for their foster parent.

Question 2: What proportion of children in foster care is placed by the public agency, not-for-profit providers, and for-profit providers?

Response: One hundred percent of children and youth in foster care are placed by the county department with custody and placement responsibility. Placement and/or casework staff in the county departments work with county foster homes and CPAs to place children and youth, based upon the appropriateness of the foster parent to meet the needs of each child or youth.

Question 3: Please provide the number and names of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.

Response: Two private agencies, Savio, a not-for-profit, and Lutheran Family Services-Rocky Mountain, a not-for-profit, provide case management for the El Paso County Department of Human Services discussed in Question 1. The county department has custody and placement responsibility.

Question 4: Does your state require private foster care agencies or organizations operating in your state be accredited? If so, by which organization and how often is this accreditation renewed?

Response: Accreditation is not required, although approximately 15 CPAs in the state are accredited by the Council on Accreditation (COA). The accredited agencies generally provide more than one type of out-of-home care and provide an array of services, including residential care, foster care, and in-home programs. The number of accredited agencies fluctuates.

Question 5: Describe in detail, the process you use to select and contract with these private entities, as well as review and renew the contracts

Response: In addition to the contractual arrangements discussed in Question 1, the remaining 63 county departments have the option to contract with private CPAs, regardless of profit status. The purpose is to supplement existing county foster home resources so there are a sufficient number of foster homes to meet the placement needs of the county. County departments are required by rule to monitor and review all contracts.

Question 6: Describe in detail, the process your state uses to inspect the safety of the foster care settings in which children are placed and extent to which this process differs for public, not-for-profit, and for-profit providers operating in your state.

Response: The Colorado Department of Human Services (CDHS) licenses all CPAs, regardless of profit status, in compliance with requirements in the Colorado Code of Regulations (12 CCR-2509-8). County departments are agents of the state (state supervised and county administered system). Both CPAs and county departments certify foster homes using the same standards. CDHS provides oversight of county department certification of foster homes, licensure of CPAs, and of CPA certified foster homes.

Question 7: How many instances of abuse in a foster home placement have been substantiated in last five years in your state? Of those substantiated, how many of these instances related to children placed by not-for-profit providers, for-profit providers, and public providers?

Response: All children and youth were placed by the custodial county department of human services responsible for placement. Foster homes were certified by either public providers or CPAs. Of 29,606 placements into foster homes, there were 229 instances of substantiated abuse and neglect in the past five years. Of these, 193 occurred in public provider foster homes and 36 occurred in CPAs without regard to profit status.

Question 8: Describe in detail, the actions taken when an abuse claim is substantiated while a child is in an out of home placement? Do these actions differ depending on whether child is placed by the public agency, not-for-profit, or a for-profit provider?

Response: Colorado is a state supervised and county administered system and all child welfare activities are the responsibility of the county departments. The public agencies have custody and placement responsibility for the children and youth in out-of-home care.

An assessment for child abuse and/or neglect is conducted by the county department where the foster home is located, not the certifying agency. Large and most mid-sized county departments have designated staff that conducts an assessment when there is an allegation of abuse and/or neglect in out-of-home placement. Small county departments request a courtesy assessment by another county to prevent an appearance of a conflict of interest. The assessment is conducted in accordance with rules promulgated by the State Board of Human Services.

The assessment begins with face-to-face contact with the alleged victim child or youth, and includes but is not limited to face-to-face contact with the primary caregiver, assessing for safety, and taking action to secure safety, if indicated, assessing risk, needs, and strengths of children, youth, and foster parents. The assessment includes a determination whether there are other victim children or youth not named in the referral and immediately assesses the safety of those individuals. In addition, any other alleged victim children or youth who no longer reside in the foster home are interviewed, when appropriate. The assessment includes interviews with witnesses, including children, youth, or others who may have additional information. Child and youth vulnerabilities and strengths, and the foster parent's strengths and protective capacities are assessed, along with the living situation and any immediate hazard or threat to the health or safety based upon the age or development of the child or youth.

The caseworker determines whether removal is justified, contacts the custodial county, as well as the certifying entity (public or CPA). The custodial county decides whether the child or youth for whom they are responsible, is removed. The certifying agency determines whether to close the foster home, depending on the severity and circumstances of the substantiation in accordance with rules promulgated by the State Board of Human Services. A follow-up review is conducted by the state Institutional Abuse Review Team (IART) to review fidelity to the assessment process, and to make any additional recommendations for follow-up for the certifying agency.

If there are additional questions, please contact Dennis Desparrois, Placement Services Manager for the Colorado Department of Human Services, at 303-866-7925 or by email to Dennis.Desparrois@state.co.us.

Sincerely,

John W. Hickenlooper
Governor

DCF CONNECTICUT

DEPARTMENT of CHILDREN and FAMILIES
Making a Difference for Children, Families and Communities

Joette Katz
Commissioner

Dannel P. Malloy
Governor

May 22, 2015

The Honorable Orrin Hatch
Chairman
Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
Washington, DC 20510

Dear Chairman Hatch and Senator Wyden:

On behalf of Governor Malloy, I write in response to your letter of April 24, 2015, requesting information on Connecticut's policies concerning privatized foster care.

Working together with families and communities to improve child safety, ensure that more children have permanent families, and advance the overall well-being of children is the central focus of the Department of Children and Families (DCF). DCF protects children who are being abused or neglected, strengthens families through support and advocacy, and builds on existing family and community strengths to help children who are facing emotional and behavioral challenges, including those committed to the Department by the juvenile justice system.

The following respond to the specific questions included in your letter.

- Connecticut contracts with 16 Child Placing Agencies (CPAs) statewide to provide Therapeutic Foster Care (TFC) to children who meet the criteria for this level of care. This is determined by a Therapeutic Eligibility Instrument (TEI). Therapeutic Foster Care provides case-management services including but not limited to: development and implementation of care plan; active participation on child's permanency team; family search and engagement; referral and linkage to community-based services; provision of life skills; foster family guidance and supervision; respite and emergency care planning and placement; ensure health and educational needs are met; home safety assessments and monitoring; behavioral and crisis planning and management; and discharge planning/after care support.

- Therapeutic Foster Care makes up 21% (690 placements out of 3232 placements) of the children in foster care in Connecticut.

- The following agencies provide Therapeutic Foster Care: All 16 agencies are not for profit organizations:

DCF CONNECTICUT

DEPARTMENT of CHILDREN and FAMILIES
Making a Difference for Children, Families and Communities

Joette Katz
Commissioner

Dannel P. Malloy
Governor

1. Boys and Girls Village	9. Children's Community Programs of CT
2. Community Health Resources	10. Community Residences Inc.
3. The Connection Inc.	11. Dare Family Services
4. Family and Children's Agency	12. Family and Children's Aid
5. Institute of Professional Practice	13. Jewish Family Service
6. Klingberg Family Center	14. North American Family Institute Inc.
7. New Opportunities Inc.	15. The Village for Families and Children
8. Waterford Country School	16. Wheeler Clinic

- Connecticut does not require private foster care entities or organizations to be accredited.

- The Department of Children and Families has a well-established process for procuring and contracting with private entities that is regulated by State Statute and the Office of Policy and Management. (C.G.S. 4-70b and 4-212.) When a new program is being created or a substantial redesign of an existing service is proposed, the Department typically engages in a competitive procurement process. A solicitation document, Request for Proposals, is generated articulating in detail the desired service, including target population, scope of work, funding sources, and term of award. (Please see attached template for State of Connecticut Department of Children and Families Request for Proposals.) When a "Sole Source" of the service is proposed rather than purchasing through a competitive procurement process, the Department submits "Sole Source Justification" materials to the Office of Policy and Management to approve of such request. The RFP is posted on the State of Connecticut's Department of Administrative Services website and in appropriate newspapers. Interested parties attend a Bidder's Conference (technical assistance), submit of Letter of Intent and then submit their Proposal by the established deadline. The Department's Contracts and Fiscal Division reviews submissions to ensure that the bids meet stated requirements. The Department convenes a review team that reviews all bids and scores them according to a pre-established scoring system. The recommendations generated by the review team are submitted to the Commissioner for final determination. The selected providers are notified and negotiations with awardees are held to finalize budgets and service delivery. Upon agreement, contracts are executed. Currently, contracts are typically awarded for a 3-year period. Changes to the terms of a contract, including funding levels, capacity and modifications to the language in the Scope of Service occur through a formal contract amendment. Contract renewals are routinely carried out and include feedback from consumers, reviews of appropriate expenditures, non-compliance with contract elements, and regulatory corrective actions. Connecticut has a plan in place for re-procurement of existing contracted services to ensure that these service providers are still able to meet the Department's needs. This is, in essence, an additional measure to ensure that ineffective programs do not continue to hold contracts and receive funding. The Department of Children and Families assigns to each contracted service a Program Development and Oversight Coordinator (PDOC). The PDOC supports the delivery of high quality, accountable services to children and families who are DCF involved or part of the Department's legislative mandate, through collaboration and partnerships with contracted providers. The PDOC, in partnership with other DCF staff, carries responsibility to ensure that services under their oversight and influence operate effectively and efficiently; and are producing positive outcomes for Connecticut children and their families. The PDOC's overarching role

DEPARTMENT of CHILDREN and FAMILIES
Making a Difference for Children, Families and Communities

Joette Katz
Commissioner

Dannel P. Malloy
Governor

includes serving as subject matter experts and monitoring their programs through use of quality assurance strategies.

- Connecticut uses the same safety inspection process for non-profit agencies and for-profit agencies. On-site visits to the facility/program are conducted on a biennial basis. The physical plant is reviewed during the on-site visit. The building should be completely furnished and ready to open before an initial provisional license can be issued. The behavioral, developmental, and medical characteristics of the children to be served must be taken into account when determining the adequacy and safety of the physical plant. The personnel files of all staff listed on the DCF Staff Schedule A must be reviewed. Each facility/program must prepare a sample case record that includes the required format as called for in the applicable set of regulations.

- There were 45 foster care substantiations of abuse in the last five years. Thirty three (73%) of the abuse substantiations were related to DCF licensed foster homes and 12 (27%) were related to private foster care homes (CPAs).

- If an abuse claim is substantiated while a child is in a foster home, an assessment is conducted to determine whether the child's removal from the foster home is in the child's best interest. This assessment may consider whether the alleged victim is the foster child or whether the alleged perpetrator is a household member. If it is determined that the child's best interest is to remain in the foster home, a waiver must be generated and approved by the Department's Commissioner. This process does not differ for DCF licensed foster homes and CPA licensed foster homes.

If you have additional questions, your staff should contact the following of my staff; Linda Dixon at (860) 550-6383 or linda.dixon@ct.gov or Sarah Gibson (860) 550-6536 or sarah.gibson@ct.gov.

Sincerely,

Joette Katz
Commissioner, Connecticut Department of Children and Families
505 Hudson Street
Hartford CT 06106

State of Delaware

The Department of Services for Children, Youth and Their Families

Office of the Secretary • *633 - 2500*

May 28, 2015

Via Email

Ms. Laura Berntsen
Senior Human Services Advisor
Senate Finance Committee
U.S. Congress

Dear Ms. Berntsen:

This letter is to provide Delaware's response to the letter from Senators Hatch and Wyden of April 24th regarding states' use of private entities to administer some or all of their foster care programs.

Utilization of Private Entities to Provide Foster Care

The DE foster care program has long been a public-private partnership. In DE, foster homes are provided by the Division of Family Services (DFS), which is the public child welfare agency and several private, not-for-profit providers. Private providers are contract agencies through contracts with DFS for Purchase of Care (POC). At any one time, approximately 60% of the foster homes in DE are under the direct auspices of DFS and 40% under five contracted providers—all of whom are private, not-for-profit agencies.

DFS retains legal and case management responsibilities for meeting the needs of all children in foster care, whether they are placed in a DFS foster home or private provider home under a Purchase of Care (POC) contract with a licensed agency. This means that each child placed in a foster home managed by a private provider remains on the caseload of a DFS caseworker. This DFS caseworker is then responsible for providing direct oversight of the case management provided by the POC agency. This oversight is accomplished in several ways:

1) DFS caseworker receives monthly progress notes from the POC agency and enters these into the DFS client information (SACWIS) system;
2) DFS caseworker typically continues to work directly with the birthparent(s) on their case plans, in collaboration with the caseworker from POC agency;
3) DFS retains the right to give consents as needed (e.g., medical, school trips);
4) DFS caseworker is responsible for personally meeting with and assessing the child separately from the POC agency caseworker, at least once every six months; and
5) DFS provides the primary testimony to the Family Court during all court reviews. The caseworker from the POC agency is present and may provide additional testimony as required.

The caseworker for the POC agency provides most of the direct casework with the child and is responsible for meeting the federally required minimum monthly contact. Visitation between the child(ren) in foster care and their birth parent(s) may be monitored by either DFS or the POC agency caseworker depending on the factors specific to the case.

Proportion of Placements by Type

As of May 18, 2015, there were 689 children in foster care in DE. Of those, 256 were in homes administered by private, not-for-profit agencies. The remaining 433 are in homes directly administered by DFS, the public child welfare agency, or in residential treatment or juvenile justice facilities. DE does not have any for profit foster care providers licensed in the state.

Non-public Foster Care Entities

The current POC provider agencies are all private, not-for-profit agencies:

A Better Chance for Our Children
Child, Inc.
Children & Families First
Children's Choice
Pressley Ridge
Progressive Life Center

Accreditation and Licensure

DE does not currently require that private foster care entities be accredited. However, these providers are required to be licensed by DFS under *Delacare Regulations for Child Placing Agencies.* Licenses are issued for a period of one year. Each agency is inspected annually for license review and more frequently if complaints are received.

Selection and Contracting Process

The contracting process for private entities to become foster care provider agencies follows the State's procurement procedures. DFS develops and publishes a Request for Proposals (RFP), outlining the services needed, contractual expectations and bidding procedure. Each entity much complete a proposal and submit according to the requirements. Proposals are reviewed and scored by a multi-disciplinary team from across the Department of Services for Children, Youth and Families. That RFP

review committee then forwards their evaluation of the proposals to the Director of DFS for final approval of selected bidders. Once approval is obtained, the DFS Program Manager for Foster Care Services and related staff meet with successful bidders to begin contract negotiations. Contracts include a number of specifications including that the provider agency be licensed, agree to reporting on federally and locally required performance indicators, participate in bi-monthly provider meetings, and participate in ongoing program monitoring.

Process for Inspection of Safety of Foster Care Settings

DFS Managed Foster Homes

The first safety precaution is that all agency staff and foster parents must have a criminal background check and a check to see if they are on the Child Protection Registry. The Criminal History Unit of the Office of Child Care Licensing then tracks all staff and foster parents for any subsequent arrests and reports those to DFS administration. Subsequent arrests of any staff or foster parent are immediately reviewed. The Department of Services for Children, Youth and Families has a policy that stipulates criteria according to specific criminal backgrounds for employees and foster parents to be deemed as prohibited from working with or caring for minor children, whether as the initial approval or ongoing monitoring of their approval.

Prospective foster parents must also undergo a structured home study process prior to being approved. The home study process includes interviews, reference checks, and a specified inspection of the family's home to assess the adequacy of accommodations and the absence of health and safety concerns. The foster family is then reassessed at least annually, which includes additional home inspection, coupled with updated health information.

The federal requirement is that children in foster care receive an in person contact by a caseworker at least monthly. DFS has for several years also required that an average of 95% of such contacts occur in the child's foster home, so that the child's safety and well-being in the home can be continually reassessed. In DE, all children in foster care are represented by either a Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL). These representatives also see the children they represent both in their foster homes, as well as in school or other community settings. This provides an additional individual to help monitor the safety and well-being of children in care. Foster homes are also regularly monitored by Foster Home Coordinators, who first approved the foster home and are involved in ongoing placements.

Private Not-For-Profit Homes

As stated above, DFS contracts with private foster care agencies through the Request for Proposal process. Contracts are awarded for a period of one year. The foster care agencies recruit, train, approve and monitor their group of foster parents according to both the contract specifications by DFS and the license requirements of the Office of Child Care Licensing. During the year of operation, DFS conducts at least one contract monitoring review onsite in the agency. More frequent reviews can occur if there are complaints. These reviews are conducted by a multi-disciplinary team from the Department of Service for Children, Youth and Families and led by contract staff from DFS. The reviews include inspection of the license, personnel files of staff, required files for foster parents, training files, and case files for all children and youth in care, coupled with interviews of program staff, foster parents, and children/youth.

Additionally, the Office of Child Care Licensing also conducts an annual license review of all of these agencies according to the *Delacare Regulations for Child Placing Agencies*.

In all other ways, private foster homes are inspected in the same manner as the public ones. Foster parents under the auspices of private agencies must undergo the same background and criminal background checks. Any subsequent arrests are reported to DFS administration and handled the same as for public foster homes. Federally required contacts by caseworkers are conducted by private agency staff at least monthly and 95% of these must occur in the home. The DFS caseworker who retains primary responsibility also visits the child separately from the private agency caseworker at least semi-annually to do an independent assessment of the child's safety and well-being. Similarly, all children in private foster homes are also represented by either a CASA or GAL, who visits the child in his/her foster home regularly.

<u>Instances of Substantiated Abuse in Foster Care</u>

Period	Total	# of kids in Foster Care during the Year Period	Public Foster Homes	Private Foster Homes
FFY 2010	2	1210	1	1
FFY 2011	1	1267	1	0
FFY 2012	3	1306	0	3
FFY 2013	2	1162	2	0
FFY 2014	0	991	0	0

Actions Taken on Abuse Reports and Substantiations

All reports of child abuse or neglect, including those involving children in foster care, are required to be reported to the statewide Child Abuse and Neglect Report Line. Upon that screening, reports involving children in foster care (public or private) or other licensed facilities are then investigated by the Institutional Abuse Unit of DFS. The Institutional Abuse Unit is administered through the DFS central office. This is a specialized child protection investigation unit that follows standardized investigation procedures and makes recommendations about case dispositions, including substantiations. The investigations of abuse or neglect within foster care are handled the same for public and private foster homes. Typically, the foster children in the home (including the alleged victim and other foster children) are removed from the home during the investigation to ensure their safety. Reports of abuse and neglect in foster homes are also immediately reported to the child's CASA or GAL. If the foster parent is subsequently substantiated for abuse or neglect, the home is closed.

If in the course of the investigation concerns are discovered about the oversight of the foster home, then additional reviews may follow the Institutional Abuse Unit investigation. For public foster homes, the assigned Foster Home Coordinator and Supervisor from the regional office involved will conduct a follow up review of the foster home. For private foster homes, the Office of Child Care Licensing will conduct a separate review. Either of these reviews may result in closing the foster home if concerns are found that do not rise to the level of substantiation. Additionally, the Department of Services for Children, Youth and Families will conduct a multi-disciplinary Root Cause Analysis in cases in which a foster child is seriously injured or dies. These reviews focus on systemic factors and are followed by corrective action plans as indicated.

Delaware hopes that this information will be helpful to Senate Finance Committee in its deliberations. If there are questions or additional information is requested, please feel free to contact Dr. Vicky Kelly, The Director of the Division of Family Services directly at Victoria.Kelly@state.de.us.

Respectfully submitted,

Jennifer B. Ranji
Cabinet Secretary
Department of Services for Children,
Youth and Their Families

JBR/ccs
cc: Dr. Victoria Kelly
Director of Division of Family Services

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT

EDDIE BAZA CALVO
GOVERNOR

RAY TENORIO
LIEUTENANT GOVERNOR

JAMES W. GILLAN
DIRECTOR

LEO G. CASIL
DEPUTY DIRECTOR

MAY 2 2 2015

Ms. Laura Bernsten
Senior Human Services Advisor
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Ms. Bernsten:

We are in receipt of a request by the Senate Finance Committee to provide information on Guam's foster care program. Guam's foster care program is funded through the federal Title XX, Consolidated Block Grants Program and the local Foster Care Program funds. The Governor has asked me to respond.

Question 1:

- **To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g., placement of children with particular foster care providers, ongoing casework and oversight of foster care placements).**

Answer:
The Department of Public Health and Social Services (DPHSS) of the Government of Guam is the state agency that is responsible for placement of all foster children. All foster children on Guam are placed at any of the following: licensed family foster home, therapeutic foster home, relative placement, 24-hour emergency shelter, or group home.

The role of private, non-profit entities, such as the emergency shelter and some of the group homes, are limited to just providing temporary foster care placements. The duration for these placements range from 1 hour to several years depending on the severity or complexity of the case. These temporary homes are reimbursed with monthly or daily maintenance payments, an annual clothing allowance, or a set contract amount in the case of therapeutic foster care, emergency shelter, and some group homes. The DPHSS may provide other emergency essentials for the children. Children's health care are covered through Medicaid or the Medically Indigent Program (MIP), which is 100% funded through the local government.

Some government agencies provide temporary care for those children who exhibit truancy or behavioral problems, such as the Department of Youth Affairs. The Guam Behavioral Health and Wellness Center provides temporary care for those children who have emotional or severe behavioral problems, or have other disabilities.

Regardless of the child's placement in any of the above settings, case management services for foster children are provided through Social Workers employed by the state agency, the DPHSS. Case management services for foster children are not provided by the above entities. The DPHSS Social Workers maintain oversight of these cases up until children are reunified with their parents or other caregiver, adopted, provided with other permanency plans, or reach the age of majority. The Guam family court provides leverage for the cases. The court may also extend jurisdiction to the DPHSS up to age 21.

Question 2:

- **What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?**

Answer:
All children in foster care are placed by the public agency, the DPHSS.

Question 3:

- **Please provide the number and names of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.**

Answer:
Not applicable.

Question 4:

- **Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is this accreditation renewed?**

Answer:
Not applicable.

Question 5:

- **Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.**

Answer:
Not applicable.

Question 6:

- **Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit, and for-profit providers operating in your state.**

Answer:
The DPHSS administers and licenses family foster homes, group homes, and therapeutic foster homes in conjunction with the Guam Behavioral Health and Wellness Center. The DPHSS also administers and licenses the 24-emergency shelter in accordance with Guam Public Law 31-73, *an Act to Establish the Administrative Rules and Regulations of the Department of Public Health and Social Services relative to Child Care Facilities and Group Care Homes.*

The DPHSS process used to inspect the safety of the 24-hour emergency shelter for foster children is through quarterly site visits to the shelter by the DPHSS licensing Social Worker and Program Coordinators. Staff utilize a monitoring checklist that is based on the Scope of Work for services, and another monitoring checklist that is based on the standards for child care facilities, or Public Law 31-73. The discrepancies discovered during the site visit are addressed immediately to the shelter. If the shelter does not address the safety issues within the timelines outlined in the standards, the DPHSS will either revoke, suspend or not issue a license. Once the discrepancies are addressed, the license is provided. In a recent site visit on January 27, 2015 and where issues of safety were questioned, the emergency shelter took action and removed the safety violations within two to three weeks upon notice by DPHSS.

The DPHSS process used to ensure the safety of children in licensed foster homes is through the application packet checklist for family foster home license. The licensing Social Worker ensures that all applicants meet the criteria contained in the checklist. This checklist includes the application for license, autobiography of foster parent, report of medical history, financial report sheet, employment verification, 3 character references, consent for disclosure to conduct a background check with Child Protective Services, Guam Police Department clearance, Superior Court of Guam clearance, clearance(s) from investigative agency if active military personnel (i.e. Navy Criminal Investigative Services, Office of Special Investigation), copy of recent check stub, marriage certificate or license, and a home inspection and interview conducted by the licensing Social Worker.

The autobiography of the foster parent shall include information on the following:

- Reasons for wanting to become a foster parent.
- Describe your upbringing, relationship with parents, etc…
- Describe your contact with your family now.
- Describe how decisions are made as a couple.
- Describe strengths and weaknesses as a couple.
- Describe how you deal with difficult issues.
- Describe your method of discipline.
- What behaviors do you expect from children, during meals and playtime?

- What behaviors or expectations do you have with regards to teenagers?
- What are your feelings on religion or morals? How does it relate to child rearing?

The family foster home license is granted upon satisfactorily meeting the above requirements. Once license is granted, the licensing Social Worker conducts regular inspections of the home through a checklist that is based on Public Law 23-143, the *Standards for Family Foster Homes*.

The DPHSS process used to ensure the safety of children in relative placements includes a preliminary home assessment conducted by the Social Worker. The assessment report is provided to the child's Guardian ad Litem, and to the Guam family court for approval. The child is not placed in a relative placement until all parties grant approval. However, for those cases that warrant immediate removal of the child from the natural home or alleged perpetrator, the home assessment becomes secondary if the child needs to be placed immediately in the relative home placement in order to ensure the most familial environment and to minimize trauma. The routine home assessment is then conducted immediately thereafter. Upon entering the placement, the Social Worker will continue to monitor the case, to include an inspection of the home on a regular basis until case closure.

Question 7:

- **How many instances of abuse in a foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many of these instances related to children placed by: not-for-profit providers, for-profit providers, and public providers?**

Answer:
In the last five years, there were about five cases of substantiated abuse or neglect within the foster care setting. All five cases were placed by the public provider, or DPHSS.

Question 8:

- **Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out of home placement. Do these actions differ depending on whether the child was placed by the public agency, a not-for-profit provider, or a for-profit provider?**

Answer:
The actions taken when an abuse claim is substantiated while a child is in an out of home placement does not differ for any of the types of placements mentioned above as all foster children on Guam are placed by the public agency, or DPHSS.

All reports of abuse or neglect within a foster care setting are reported to the state agency, or DPHSS, that also has oversight on the investigation of all allegations of child abuse and neglect on Guam. This is outlined in Public Law 20-209, the *Guam Child Protective Act*. Once the case is deemed substantiated by the DPHSS, the agency shall take the following actions:

- If the child was placed in a licensed foster family home, therapeutic foster home, or relative placement, the child shall be immediately removed from the home and placed in another family foster home, therapeutic foster home, relative placement, or group home.

- The license of the home shall be revoked if the perpetrator is a foster parent. If the perpetrator is an employee of a group home or the 24-hour emergency shelter, the DPHSS shall coordinate with the home for the removal or termination of the employee.

- The severity of the injury or crime, as defined in Guam's Criminal Code, shall warrant further action and intervention, and other government agencies such as the Guam Police Department, Office of the Attorney General, and the Superior Court of Guam shall enforce criminal proceedings.

Should you need further clarification or have any other questions on Guam's foster care program, please do not hesitate to contact Ms. Linda B. Rodriguez, Human Services Program Administrator for the Bureau of Social Services Administration at (671) 475-2653/2672.

Sincerely,

JAMES W. GILLAN



EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

May 26, 2015

Ms. Becky Shipp, Health and Human Resources Policy Advisor and
Ms. Laura Berntsen, Senior Human Services Advisor
Committee on Finance
United States Senate
Washington, D.C. 20510-6200

Dear Ms. Shipp and Ms. Berntsen:

The following is Hawaii's response to the information requested in the April 24, 2015 letter from Senators Hatch and Wyden.

1. **Private Case Management**

   In the State of Hawaii (SOH), all case management services for children in foster care are provided by the SOH, Department of Human Services, Child Welfare Services (CWS). No private agencies provide case management for children in foster care in Hawaii.

2. **Who Places Foster Children**

   All children who come into foster care in Hawaii due to maltreatment are placed in foster care by the State CWS.

3. **Private Entities Providing Core Services**

   All core services are provided by the State CWS.

4. **Accreditation of Private Entities**

   Not applicable.

5. **Selection Process for Private Entities**

Not applicable.

6. **Inspecting the Safety of Foster Care Settings**

The licensing processes for Emergency Shelter Homes, Foster Family Homes for Children, and Child Caring Institutions are set forth in the Hawaii Administrative Rules (HAR). The HAR are available at http://humanservices.hawaii.gov/admin-rules-2/admin-rules-for-programs/. In summary, prior to licensing a foster care setting, a State CWS worker completes a safety inspection of both the foster home or facility and the perspective caregivers. To ensure the safety of the physical space, the worker evaluates: reports or evidence of illegal activity, reports or evidence of substance abuse, TB and other communicable diseases status, sanitation, storage of medication and cleaning supplies, location and storage of any potentially dangerous objects, and adequate sleeping space. To ensure that the potential caregivers can safely care for the child, the worker analyzes information from a wide array of sources, including: Hawaii's Child Abuse/Neglect Database, Hawaii's Criminal Justice Information System, Hawaii's Sex Offender Registry, National Sex Offender Registry, Hawaii CWS' Foster Home Licensing Files, reports or evidence of illegal activity, reports or evidence of substance abuse, physical and mental health reports and evidence, access to reliable child care, and the worker executes an agreement to never use physical discipline with the child.

Additionally, information is gathered from Child Abuse/Neglect databases for all states where the caregivers have lived. Potential caregivers are also fingerprinted and undergo FBI clearance.

As to ongoing assessment of the foster home, the State CWS caseworker visits with the child on a monthly basis; at least six of those visits must take place in the foster care setting. Additionally, the State CWS licensing worker visits the child in the foster care placement once every six months and completes a safety inspection.

7. **Abuse in Foster Care Placement**

In Hawaii, from State Fiscal Year 2010 – State Fiscal Year 2014 (July 1, 2009 - June 30, 2014), a total of 47 children were the subjects of confirmed maltreatment in foster care placements. All of these children were placed by the Hawaii CWS. For each of these five years, the percentage ranged from a low of 0.23% to a high of 0.88% out of all children in foster care for that year.

8. **Substantiated Abuse Actions**

When there is an allegation of abuse in a foster care setting, during the investigation, the child is removed from the setting. CWS staff makes an assessment about the safety of and risk to any other children in the home and decides whether or not to remove them.

If the allegations are substantiated, the CWS Licensing worker completes an assessment, and depending upon the severity of the harm and the placement situation for the child (length of stay, permanency plans), all children may be removed from the home and the foster care license terminated, or rehabilitative efforts may take place. There is only one process, as the State CWS places all children in foster care.

Should you have questions, concerns, or would like more information, please contact Kayle Perez, Child Welfare Services Branch Administrator, at (808) 586-5667 or by email at kperez@dhs.hawaii.gov.

Sincerely,

DAVID Y. IGE
Governor, State of Hawai'i

Illinois Department of
DCFS
Children & Family Services

Bruce Rauner
Governor

George H. Sheldon
Acting Director

December 15, 2015

The Honorable Orrin Hatch
Chairman
US Senate Committee on Finance
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
US Senate Committee on Finance
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden:

Thank you for your letter dated April 24, 2015 requesting information on the State of Illinois' foster care system. On behalf of the State of Illinois' Department of Children and Family Services, I am grateful for the opportunity to share with you our answers to your questions.

Governor Bruce Rauner and I agree that it is of the utmost importance to ensure that youth in out-of-home placements are kept safe, healthy, and cared for during their temporary stay. We look forward to working with you and your colleagues in the Senate to ensure that federal dollars are spent wisely in the shared goal of both providing a safe place to stay when necessary, while preventing the need for out-of-home placements to the greatest extent possible.

The following pages and accompanying attachments constitute our answers. Please do not hesitate to contact Andrew Flach, my Chief of Staff, at 312-814-6847 should you have additional questions.

Sincerely,

George Sheldon
Acting Director
Illinois Department of Children and Family Services

Office of the Director
100 W. Randolph St., Suite 6-100 • Chicago, Illinois 60601-3249
312-814-2074 • 312-814-1888 Fax
www.DCFS.illinois.gov

1. To degree applicable, describe your state's utilization of private entities to provide case management services.
    a. Public child welfare agencies have historically relied upon private, nonprofit agencies to deliver services to particular client population, Illinois is no different, in this regard.
        i. The Illinois Department of Children and Family Services (DCFS) currently contracts with 48 private agencies providing foster care services statewide.
        ii. Caseload tracking data as of March 31, 2015 shows there were 16,330 children in paid foster care living arrangements. Private providers are caring for 12,869 of those children, or 78%, while DCFS is caring for 3,461 children or 21%.
2. What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?
    a. Not-for-profit providers care for 12,059 children, or 74%; for-profit providers care for 810 children, or 5%; and, the public agency cares for 3,461 children, or 21%.
3. Please provide the number and names of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.
    a. Document is attached.
4. Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is this accreditation renewed?
    a. Yes, state law requires private agencies and their staff to maintain accreditation from a nationally recognized organization. Further, state licensing law allows organizations who have obtained full accreditation status from the Council on Accreditation for Children and Family Services to benefit from a streamlined licensing renewal procedure as long as there are not substantiated licensing violations within the previous 4 years.
5. Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.
    a. Illinois has been a national leader in performance based contracting with private agencies for child welfare services. Since 1998, private foster care agencies in Illinois have been subject to performance benchmarks for permanency achievement, placement stability, and other key child welfare outcomes.
        i. Private agencies and their caseworkers must be accredited and licensed. All private agencies must maintain accreditation from a nationally recognized organization (such as the Council on Accreditation). In addition, agencies must be licensed Illinois Child Welfare Agencies, and all Illinois caseworkers must obtain an individual child welfare license by meeting standards for education, experience, child welfare training, and a clean criminal background.
        ii. Both public and private providers are currently expected to achieve annual permanency rates of 40%, while keeping all children safe from harm while in care. Benchmarks are also established for: placement stability; in-person casework contacts; parent-child and sibling visitation; home-of-relative licensure; and timely case planning. Top-performing agencies are rewarded with

a greater share of new, incoming foster cases. Low-performing agencies have diminished intake goals, and are at risk of intake closure.

6. Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit, and for-public providers operating in your state.
    a. All licensed foster homes (public, not-for-profit, and for-profit) are physically inspected at least twice a year. During the monitoring visits, standards related to safety are reviewed and the findings documented on the CFS 597-FFH form. A foster family home license is valid for four (4) years. When a license is issued (initial or renewal licenses) the CFS 590 form is completed, which documents compliance with every licensing standard for foster family homes. Copies of the CFS 590 and CFS 597-FFH forms are included as separate attachments.
    b. Violations of licensing standards, including safety violations, are cited and a corrective action plan implemented. Serious violations result in a foster home being placed on "Involuntary Hold" meaning no additional placements may be made. Children may be moved to another placement if they are assessed to be at risk of harm. When a corrective action plan is implemented, it will be monitored until all violations have been corrected.
7. How many instances of abuse in a foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many of these instances related to children by: not-for-profit providers, for-profit providers, and public providers?
    a. There have been 659 indicated counts of abuse of children in a foster care placement. Of those indicated counts, 123 (18.7%) were related to a public provider; 46 (7%) to a for-profit provider; and, 490 (74.4%) to a not-for-profit provider.
8. Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out of home placement? Do these actions differ depending on whether the child was placed by the public agency, a not-for-profit provider, or a for-profit provider?
    a. DCFS has established rules and procedures for concurrent investigations when a child in an out of home setting is the victim of abuse/neglect. The same procedures are applicable to all homes, regardless of whether the child was placed in a public agency or private agency foster home.
    b. The Illinois State Central Register screens (SCR) all calls to the statewide hotline to determine if an incident meets the criteria for an abuse/neglect investigation. If the child victim is identified as residing in an out of home setting, SCR also notifies the DCFS Licensing Division and the licensing agency for that privately run foster home and a concurrent licensing investigation is initiated. Child protection staff and licensing staff work concurrently to develop a protective plan to ensure the safety of the child until both investigations are complete. Protective plans require removal of the child from the foster home, or removal of the offending foster parent, or the addition of another caregiving adult into the foster home. Weekly communication between child protection and licensing is required and licensing staff are responsible for weekly monitoring of the

protective plan until a final determination is made. Children typically are not returned to the home if the child abuse/neglect allegation is substantiated.

c. Upon conclusion of a substantiated child abuse/neglect investigation, the licensing agency must update background checks for the foster parents and re-examine the foster home to determine whether licensing standards are being met. Licensing must then determine whether to move to revoke the foster home's license or ask for a waiver of unsuitability to allow the home to maintain their license. This evaluation and actions are completed by purchase of service licensing staff if the home is licensed by purchase of service agency and by DCFS licensing staff if the home is licensed by DCFS. Purchase of service licensing agencies must report to DCFS Agency and Institution licensing staff on status of licensing complaints and corrective/revocation actions completed by their agencies.

DCFS Children in Out-of-Home Care† by Profit-Status of Case Managing Agency as of 3/31/15		ALLIANCE HUMAN SERVICES, INC ‡	CAMELOT CARE CENTERS INC.	ADAPT COMMUNITY ALTERNATIVES
FOR-PROFIT-STATUS	CASES	372473	481809	439604
PRIVATE NOT-FOR-PROFIT	12,059			
PUBLIC AGENCY	3,461			
PRIVATE FOR-PROFIT	810	459	329	22
TOTAL	16,330	459	329	22

† Out-of-Home Care = Open child cases, exluding those placed at home or in Adoptive/Guardianship settings.

‡ Alliance Human Services, Inc is a not-for-profit agency, but all case management services are provided by its subcontractor, Illinois Mentor, which is a for-profit agency. IL DCFS will no longer contract with either Alliance Human Services or Illinois Mentor as of 7/1/2015.

CYCIS Data as of 3/31/15.

CASE MANAGING AGENCY	CASES 3/31/15
PRIVATE NOT-FOR-PROFIT (65 Agencies)	**12,059**
ADA S MCKINLEY COMM SERV INC	158
ALLENDALE ASSOCIATION	53
ARDEN SHORE CHILD AND FAMILY SERVICES	110
ASSOCIATION HOUSE OF CHICAGO	90
AUNT MARTHAS YOUTH SVC CTR INC	198
BABY FOLD	118
BETHANY FOR CHILDREN AND FAMILIES	49
CARITAS FAMILY SOLUTIONS	679
CATHOLIC CHARITIES/ARCH OF CHICAGO, THE	44
CATHOLIC CHILDRENS HOME	15
CENTER FOR YOUTH & FAMILY SOLUTIONS, THE	944
CENTERSTONE OF ILLINOIS INC	13
CHADDOCK	121
CHILDLINK	220
CHILDRENS HOME & AID SOC OF IL	1,227
CHILDRENS HOME ASSOC OF IL	192
CHILDRENS PLACE ASSOCIATION, THE	48
CHILDSERV	298
CUNNINGHAM CHILDRENS HOME INC	80
EASTER SEALS JOLIET REGION INC	73
ENVISION UNLIMITED - C.A.R.C.	58
EVANGELICAL CHILD & FAMILY AGENCY	1
FAMILY SERVICE CENTER OF SANGAMON COUNTY	98
FAMILYCORE	235
GENEVA FOUNDATION	15
GUARDIAN ANGEL COMMUNITY SERVICES	98
HARBOUR INC, THE	21
HEPHZIBAH CHILDREN'S ASSOCIATION	64
HOYLETON YOUTH AND FAMILY SERVICES	226
INDIAN OAKS	15
JEWISH CHILD & FAMILY SERVICES	77
KALEIDOSCOPE, INC.	133
KEMMERER VILLAGE	43
LAKESIDE COMMUNITY COMM	151
LAWRENCE HALL YOUTH SERVICES	255
LITTLE CITY FOUNDATION	47

CASE MANAGING AGENCY	CASES 3/31/15
PRIVATE NOT-FOR-PROFIT (continued)	**12,059**
LUTHERAN CHILD & FAMILY SVC	1,267
LUTHERAN SOCIAL SERVICES OF IL	1,570
LYDIA HOME ASSOCIATION	84
MYSI CORPORATION	56
NATIONAL YOUTH ADVOCATE PROGRAM INC	93
NEXUS-ONARGA ACADEMY	11
OMNI YOUTH SERVICES INCORPORATED	60
ONE HOPE UNITED NORTHERN REGN	437
ONE HOPE UNITED-HUDELSON REG	65
OUR CHILDREN'S HOMESTEAD	145
OUTREACH ACADEMY	9
PROLOGUE INC.	8
RUTLEDGE YOUTH FOUNDATION INC	21
RUTLEDGE YOUTH FOUNDATION, INC.	35
SHELTER, INC.	88
SOS CHILDRENS VILLAGES IL	183
THRESHOLDS	17
THRESHOLDS, THE	24
UHLICH CHILDREN'S ADVANTAGE NETWORK	369
UNITED CEREBRAL PALSY SEGUIN	159
UNITED METHODIST CHILDRENS HOM	35
UNITY PARENTING AND COUNSELING	144
UNIVERSAL FAMILY CONNECTION IN	140
VOLUNTEERS OF AMERICA	165
WEBSTER CANTRELL HALL	109
YOUTH NETWORK COUNCIL	59
YOUTH OUTREACH SERVICES	32
YOUTH SERVICE BUREAU OF ILLINOIS VALLEY	401
YOUTH SERVICE PROJECT INC	6
PUBLIC AGENCY (IL DCFS)	**3,461**
PRIVATE FOR-PROFIT (3 Agencies)	**810**
ADAPT COMMUNITY ALTERNATIVES	22
ALLIANCE HUMAN SERVICES, INC	459
CAMELOT CARE CENTERS INC.	329
OUT-OF-HOME CARE CASES 3/31/15	**16,330**

Michael R. Pence, Governor
Mary Beth Bonaventura, Director

Indiana Department of Child Services
Room E306 – MS47
302 W. Washington Street
Indianapolis, Indiana 46204-2738

317-234-KIDS
FAX: 317-234-4497

www.in.gov/dcs

Child Support Hotline: 800-840-8757
Child Abuse and Neglect Hotline: 800-800-5556

June 2, 2015

Becky Shipp, Health and Human Resources Policy Advisor
Laura Berntsen, Senior Human Services Advisor
U.S. Senate Finance Committee

Dear Ms. Shipp and Ms. Berntsen,

In response to the letter dated April 24, 2015, from the U.S. Senate Finance Committee, please see information below relating to the delivery of child welfare services in Indiana:

1. **To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g. placement of children with particular foster care providers, ongoing casework and oversight of foster care placements.**

Core case management in Indiana is the responsibility of the Indiana Department of Child Services (DCS), and the delivery of child welfare services, including placement of children with particular foster care providers, ongoing casework, and oversight of foster care placements is provided by DCS staff in local offices throughout the state.

DCS is responsible for approving all placements for children who are adjudicated to be a Child in Need of Services (CHINS) or delinquent children. Foster eligible placements include foster family homes, group homes, and residential treatment facilities, all of which are state-licensed placement options.

All foster family homes receive a state-issued license based upon consistent state requirements, whether licensed directly by DCS or by DCS approval of a recommendation for licensure made by a Licensed Child Placing Agency (LCPA). DCS enters into contractual agreements with LCPAs to recommend licensure of additional foster family homes. LCPAs provide enhanced supervision of the foster family homes licensed by DCS through their agency and provide placement support for children placed in homes managed by LCPAs.

Each child in a foster family home placement is monitored by an assigned DCS family case manager throughout the duration of the placement. DCS's Foster Care Licensing Unit has licensing oversight

over all foster family homes and may recommend probation, placement hold, and/or revocation as needed.

Additionally, DCS enters into contracts with cross-system care coordination providers to supplement case management and coordination of care for children with high levels of need. This cross-system supervision is in addition to the supervision by DCS and, where appropriate, LCPAs.

A foster family home can apply for licensure either through DCS directly or through an LCPA, and all foster family homes follow the same licensing procedures and documentation requirements. DCS is solely responsible for licensing all child placing agencies in Indiana. LCPAs are private entities that license and monitor foster family homes. LCPAs can recommend foster family homes for licensure, but DCS is responsible for making the final licensure decision.

2. **What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?**

DCS is the agency solely responsible for making placement decisions, which must be approved by a court with appropriate jurisdiction, for children under the care and control of DCS. Therefore, all placement decisions are made by DCS and are based upon the child's needs and the skill set, resources, and location of the foster family.

3. **Please provide the number and names of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.**

Core case management in Indiana is the sole responsibility of DCS. However, DCS may supplement state case management with enhanced supervision and placement support provided by the 33 currently licensed child placing agencies in Indiana. A list detailing their for-profit or not-for-profit status is attached.

4. **Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is this accreditation renewed?**

Child placing agencies are required to be licensed by the state pursuant to Indiana Code § 31-27-6. Accreditation is not required. Prior to the submission of an application to become licensed as a foster care LCPA, the applicant must attend a five-hour training session offered by DCS, Residential Licensing and Contract Compliance. The focus of the training is to give the applicant an overview of the foster care system in Indiana and to acquaint the potential applicant with the requirements to be licensed as an LCPA in the state of Indiana.

As a part of the application, the LCPA must provide detailed information, including policies and procedures, that clearly and concisely demonstrates the applicant's knowledge of child welfare, foster care in general, and requirements of Indiana's system, including the Indiana administrative code and the LCPA contract. The application is carefully reviewed as to compliance with

requirements. Often, additional information is required prior to the applicant being granted a license.

5. **Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.**

Once a child placing agency is licensed, the agency is eligible to contract with DCS to provide the services requested by the agency. The DCS Residential Licensing and Contract Compliance Unit (RLCCU) licenses these LCPAs, and then DCS contracts with these agencies to provide foster care services, including recruitment, licensing, and support/retention. When the DCS RLCCU licenses an LCPA, DCS ensures that the LCPA and the foster homes managed by the LCPA meet Indiana statutes, rules, and policies. While LCPA licenses are valid for 4 years, DCS RLCCU conducts annual licensing and contract reviews of LCPAs to ensure that Indiana statutes, rules, requirements of the contract, and policies continue to be met. DCS plans to make revisions to the Indiana Administrative Code within the next five years related to LCPA regulations.

When an LCPA is not meeting licensing and/or contract standards, DCS RLCCU requires the LCPA to submit a Plan of Correction, which specifies how the LCPA will come into compliance. Depending on the nature of the non-compliance, DCS RLCCU may also institute a placement hold and/or a probationary status on the license. Additionally, if an individual foster home is not meeting standards, the same actions can be taken.

6. **Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit, and for-profit providers operating in your state.**

All foster family homes, whether the application is first submitted through DCS directly or through an LCPA, are required to obtain a license from DCS per state statute (Indiana Code § 31-27-4). Licenses are issued for a period of four years. Annual reviews are conducted by the licensing worker in order to update the foster family's personal information and determine whether the family continues to meet the requirements for licensure. The requirements for licensure include:

- Must be at least 21 years of age
- Passing a criminal history and fingerprint-based national background check
- Demonstrating financial stability
- Owning or renting a home that meets physical safety standards (e.g., fire extinguishers, adequate bedroom space, reliable transportation)
- Medical statements from a physician for all household members
- Successful completion of pre-service training requirements, including First Aid, CPR, and Universal Precautions training
- Positive personal reference statements
- Home visits and a completed home study assessment from the licensing worker
- Completing all required forms within the licensing packet

A Standard License is issued to foster parents who care for children without special medical, developmental, mental, or emotional needs. A Therapeutic Certificate includes additional training requirements and allows licensed foster parents to serve as a placement for a child who has either a moderate to severe medical, developmental, or behavioral/emotional need, or a high-risk behavior.

If a family applies for licensure through DCS directly, then DCS is responsible for conducting a home study of the prospective foster family home. If the family applies for licensure through an LCPA, then the LCPA is responsible for conducting the home study and will make a recommendation to the DCS Central Office Foster Care Licensing Unit regarding the licensure decision for the family.

DCS or its designee (an LCPA, if the family is applying through the LCPA) will conduct a minimum of two visits to the home of the prospective foster family for the purpose of assessing the physical environment of the home and engaging in a thoughtful dialogue with all members of the household about foster parenting or adoption. DCS or the licensing worker will ensure that the home meets all applicable safety requirements, such as ensuring that the interior is free of all safety hazards (e.g. exposed wiring or chipping paint), the family has access to a working telephone, the home has a functioning bathroom, every sleeping room has two exits, etc. Any safety requirement that is not met necessitates either a Plan of Correction or a documented waiver or variance, as appropriate. This information is retained in the family's licensing file.

7. **How many instances of abuse in a foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many of these instances related to children placed by: not-for-profit providers, for-profit providers, and public providers?**

The children in the following chart were identified as having at least one substantiated allegation of abuse or neglect on an assessment during the time period where the perpetrator is a foster parent or institutional (group home or residential placement facility) staff.

The total number of children includes all CHINS children with an open removal episode at any time during the 12 months prior to the month of the report. Also included are probation children (who are IV-E eligible) with an open removal episode at any time during the 12 months prior to the month of the report. The rate of maltreatment equals the number of substantiated victims divided by the number of children in foster care. This data is publicly available on the DCS website (www.in.gov/dcs > Reports & Statistics > Practice Indicator Reports).

	Children in Foster Care	Substantiated Victims in Foster Care	Rate of Malreatment in Foster Care
March 2014 to March 2015	27,610	100	0.36%
March 2013 to March 2014	22,252	60	0.27%
March 2012 to March 2013	20,256	40	0.20%
March 2011 to March 2012	19,493	22	0.11%
March 2010 to March 2011	21,328	63	0.30%

DCS is the agency solely responsible for making placement decisions, so this data all relates to children placed by DCS.

8. Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out-of-home placement. Do these actions differ depending on whether the child was placed by the public agency, a not-for-profit provider, or a for-profit provider?

All children are placed by DCS, and there are not differing actions to a substantiated abuse claim based upon whether the home is licensed directly through DCS or if the home applied for licensure through an LCPA. The DCS Institutional Child Protection Service (ICPS) Unit will conduct an assessment of a report of child abuse and/or neglect if the allegations state the incident occurred while the child was placed out-of-home in a residential facility, group home, or juvenile correctional facility. If the child is placed outside the home in foster care, the DCS local office will conduct the assessment. The child may be removed from the foster care placement while the investigation takes place, depending on the circumstances.

Additionally, a substantiated abuse allegation would lead to a revocation action and ineligibility for licensure of the foster parent(s) involved in the substantiation. When abuse or neglect is unsubstantiated, the DCS Central Office Foster Care Licensing Unit reviews the assessment for unresolved licensing regulation violations and follows up with the licensing agency (DCS or LCPA) to ensure appropriate action is taken to correct or resolve those issues.

Please let us know if any additional information is required to satisfy this request.

Respectfully,

Doris B. B. Tolliver

Doris B. B. Tolliver, Esq., M.A.
Chief of Staff, Indiana Department of Child Services

Protecting our children, families and future

Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

The Honorable Orin Hatch
The Honorable Ron Wyden
United States Senators
Committee on Finance

ATTN: Becky Shipp and Laura Berntsen

Dear Senators Hatch and Wyden:

I am writing in response to the letter you sent dated April 24, 2015, asking states for information about the privatization of foster care services. The responses to your inquiries are as follows:

Question: To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g., placement of children with particular foster care providers, ongoing casework, and oversight of foster care placements).

Response: Iowa does not utilize private entities to provide case management services to children in foster care. Iowa Department of Human Services (DHS) staff are responsible for issuing all foster family home licenses, residential treatment facility licenses and shelter facility licenses. DHS staff are responsible for selecting the placement, providing required information and documents to the selected foster care home or facility, and providing case management and oversight of the child while in out-of-home care.

Iowa does use privately contracted agencies to provide in-home family centered services to children in foster care. These services are to promote reunification by providing assistance with transportation and supervision of parent/child interactions, providing services to the family to alleviate the safety concerns that lead to out-of-home placement, and facilitate and monitor community-based services for children and families.

Iowa also has a statewide contractor for the recruitment and retention of foster and adoptive homes. Iowa KidsNet is comprised of six agencies with one acting as the lead agency. All six agencies are not-for-profit. Iowa KidsNet performs licensing activities that include pre-service training, completion of record checks, completion of the home study, and all other documentation required by rules and statue. Iowa KidsNet makes a recommendation to DHS to approve or not approve a family to be a licensed foster home. DHS makes the final licensing decision. Iowa KidsNet provides assistance with matching children with foster family homes by providing the names of available homes to DHS staff when a child is in need of a foster home placement, but DHS staff are responsible for selecting the placement and placing the child. Iowa KidsNet also provides supportive services to all licensed foster families.

DHS also contracts with residential treatment providers and emergency shelters to provide congregate care services to children with behavioral needs. DHS is responsible for the selection of the facility, placement of the child, and ongoing case management.

Question: What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?

Response: All children in foster care are placed by the state agency as ordered by the Court.

Question: Please provide the number and names of private entities providing these core services as well as information on whether each provider is a for-profit or not-for-profit entity.

Response: As stated, DHS provides case management services to children in foster care.

Question: Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is this accreditation renewed?

Response: Iowa does not have private foster care entities or organizations so accreditation is not required.

Question: Describe in detail the process you use to select and contract with these private entities as well as to review and renew such contracts.

Response: DHS is required to follow all state procurement policies. A request for proposal is issued which outlines the purpose of the contract, the scope of work, performance measures and payment. Bidders submit proposals which are reviewed by a committee. The committee scores each proposal and recommends a bidder. The final selection of a bidder is made by designated DHS leadership staff. The bidder is announced and a contract is negotiated.

Contract compliance is monitored by DHS staff. Contracts are renewed annually and may be amended as needed. The maximum length of a contract is six years, but can be terminated prior to the last allowable renewal for reasons specified in the contract. The contract is re-procured prior to the expiration of the last renewal year and a new contract is executed.

Question: Describe in detail the process your state uses to inspect the safety of the foster care setting in which children are placed, and the extent to which this process differs for public, not-for-profit and for-public providers operating in your state.

Response: Licensed residential foster care facilities are required to meet all safety and non-safety regulations as described in administrative code. Facilities must perform criminal and child abuse checks on any prospective employees. The Department of Inspections and Appeals (DIA), a state agency, completes a minimum of one visit each year to each facility to monitor compliance with licensing regulations. DIA reports all deficiencies to the facility and to DHS. A plan of correction is developed to correct the deficiencies. If a facility has serious

deficiencies or repeated deficiencies the license may be moved to a time-limited suspended license or provisional license. When there are serious safety deficiencies the license may be revoked and the facility closed.

Foster family homes are also required to meet all safety and non-safety regulations as described in administrative code. Iowa KidsNet staff are required to visit each foster family three times during the licensing year – one unannounced visit, one relicensing visit, and one additional visit. During each visit the safety of the home is assessed as well as compliance with licensing regulations. Iowa KidsNet staff discuss any deficiencies that are found with the foster parents, and a plan is developed to correct the deficiencies. If at any point a foster family home is determined to be unsafe the foster children are removed and action is taken on the license. This may be a formal written plan of correction or revocation of the foster home license.

DHS staff are required to regularly visit children on their caseload who are in out-of-home placement. Staff make every effort to see children monthly. During the visit staff are required to see the child alone to provide the child an opportunity to express any problems or concerns the child is having with the placement. If the child expresses feeling unsafe, staff assess the concerns, and if warranted, will remove the child and place the child in another foster family home or residential facility. If the child is determined to be safe, the child's concerns are discussed with the foster family or the facility staff to address the child's concerns.

If there is an allegation of abuse or neglect by a licensed foster parent or household member, or an employee of a residential facility, it is called into the DHS child abuse hotline 1-800-362-2178. Intake information is gathered including the alleged perpetrator and where the incident occurred.

A DHS child protection worker is assigned to assess the child's safety and the validity of the allegation. The child protection worker has 20 days in which to determine if the allegation will be substantiated or not. Child safety is continuously assessed from the time the allegation is received through the course of the 20 day assessment. Regulatory staff are included in the assessment to determine if the foster home or facility is in violation of licensing requirements.

The process is the same for public, not-for-profit and for-profit residential facilities and all foster family homes.

Question: How many instances of abuse in a foster care placement have been substantiated in the past five years in your state? Of those substantiated, how many of these instances related to children placed by not-for-profit providers, for-profit providers, and public providers?

Response: The chart below shows the number of children who had substantiated reports of abuse in all foster care settings. All of the children were placed by DHS.

Number of children abused by foster care providers by federal fiscal year	
Federal Fiscal Year	#
2010	41
2011	42
2012	35
2013	27
2014	31

Question: Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out of home placement? Do these actions differ depending on whether the child was placed by the public agency, a not-for-profit provider, or a for-profit provider?

Response: The child is removed from the placement immediately when a determination is made that the child is not safe. The child may also be removed if it is determined that it is in the best interest of the child not to reside in the foster home or facility during the course of the assessment.

If the abuse allegation is substantiated against a foster family member the abuse report will be evaluated by DHS to determine whether the foster home license should be revoked or if a formal plan of correction is needed. All foster families are licensed by DHS so the process is the same for all substantiated abuse allegations.

If the allegation is substantiated against an employee of the facility, the report will be evaluated by designated DHS staff to determine if the subject is able to continue to work or is prohibited from working in the facility. The process is the same regardless of whether the facility is a for-profit or not-for-profit agency.

If you have further questions, please feel free to contact me.

Sincerely,

C M Palmer

Charles M. Palmer
Director

CMP/tp

Kansas
Department for Children and Families
Strong Families Make a Strong Kansas

Response to Senate Finance Committee Questions
on Public-Private Partnerships
May 15, 2015

To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g. placement of children with particular foster care providers, ongoing casework and oversight of foster care placements).
The entire case management responsibilities for the Kansas Department for Children and Families (DCF) Family Preservation, and Reintegration/Foster Care/Adoption Services are performed under competitive bid contracts. There are two providers for the Reintegration/Foster Care/Adoption Services contracts, and they are responsible for the placement of children who are removed from their homes. Per the contract with DCF, the two providers are required to sub-contract with child placing agencies (CPAs) that sponsor foster homes. The two providers are CPAs and sponsor foster homes as well. The oversight of foster homes is currently regulated by the Kansas Department Health and Environment (KDHE). All foster homes are required to be licensed. The CPAs provide oversight of the foster homes and are also regulated by KDHE. The oversight of the placement of children is monitored by the case management provider and the DCF Foster Care Liaison. Oversight of the contracts is done through performance measures, DCF case reads and administrative reviews.

What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?
All of the children in foster care are placed by the two case management providers. They both are not-for-profit agencies.

Please provide the number and names of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.
Kansas has two providers of these core services: KVC Health Systems, Inc. and St. Francis Community Services. Both are not-for-profit.

Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is this accreditation renewed?
Yes, DCF requires case management providers to be accredited with a child welfare organization. Currently, both providers are accredited by the Joint Commission on Accreditation. The certificate and accreditation cycle is valid for up to 39 months.

Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.

Procurement Process:

- The agency submits a letter from the Secretary to the Director of Purchases with a request to establish a Procurement Negotiating Committee (PNC); per K.S.A. 75-37,102 (Attached), the PNC consists of:
  - Director of Purchases, or designee
  - The Director of Purchases' representative will shepherd the project through the process.
  - Secretary of Administration, or designee
  - Agency Head, or designee
  - Others may be involved in bid evaluation, negotiations, program planning, but the three designated members are ultimately responsible for the final decision.
- A Request for Proposal (RFP) is prepared by agency staff (sections IV and V of the RFP template) and posted for advertisement by a Division of Purchases Procurement Officer.
- The RFP information is advertised in the Kansas Register, per statutory requirement.
- The RFP is posted to the internet; notice of RFP is mailed to interested/interesting vendors.
  - The RFP document reminds bidders to monitor the Purchases website for periodic posting of new information related to the bid document.
  - The RFP will typically involve a pre-bid conference or a pre-bid question and answer period that allows potential vendors to request clarification of RFP information.
  - The questions and answers are released to all known interested vendors via addendum, posted to the internet.
- Bid closing date (proposal submission deadline)
  - Vendors are instructed to submit their technical proposals in separate sealed envelopes (separate from the cost proposals).
  - At bid opening, only names of bidders are announced.
- Review of proposals begins when technical proposals *only*. They are forwarded to PNC members and other agency participants/evaluators.
  - Cost proposals are retained by the Division of Purchases (the reasoning behind this is that technical evaluation should be conducted without the prejudice of price).
  - The agency must provide a complete technical evaluation of each proposal submitted, with an attempt to list items including (but not limited to):
    - Response format as required by the RFP;
    - Adequacy and completeness of proposal;

    - Vendors' understanding of the project;
    - Compliance with the terms and conditions of the RFP;
    - Experience in providing like services;
    - Qualified staff;
    - Methodology to accomplish tasks;
    - Pros/cons;
    - Strengths/weaknesses
- Once the technical evaluation has been completed, the evaluation team submits a Technical Evaluation Summary to the Division of Purchases.
- Upon receipt of a complete (quality and substance) Technical Evaluation Summary, the cost proposals are released to the PNC/evaluation team for review.
- The PNC/evaluation team reviews the cost proposals in concert with the technical evaluations, and selects one or more vendors to invite to negotiations.
- The List of Vendors to Invite to Negotiations is developed.
- Negotiation session(s) are scheduled.
    - Preparations for negotiations may include the development of questions and answers/discussion points for negotiations, to allow the vendor to be better prepared for the meeting.
    - At the end of negotiations, the PNC will request a counter offer/best and final offer. Especially important is clarification of the vendor's expectations/understanding of the project results in a change of cost.
- Once counter offers/best and final offers have been submitted, the PNC again reviews cost and technical proposals, and works to determine a winner and provide documentation of the decision.
- The PNC/evaluation team prepares a formal recommendation for award.
    - Deadline for documentation of reasons for not awarding to vendors lower in cost
    - Contract documents are prepared, and are routed for signatures.
- Once all required signatures have been acquired, work on the project may begin.

Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit, and for-profit providers operating in your state.

- K.A.R. 28-4-802. License requirements. Each individual shall meet all of the following requirements to obtain a license and to maintain a license:
  (a) Submit a complete application for a license on forms provided by the department, including requests for the background checks specified in K.A.R. 28-4-805;
  (b) be at least 21 years of age;
  (c) have sufficient income or resources to provide for the basic needs and financial obligations of the foster family and to maintain compliance with all regulations governing family foster homes;
  (d) participate in an initial family assessment, a family assessment for each renewal, and any additional family assessments conducted by the sponsoring

child-placing agency. Each family assessment shall include at least one individual interview with each household member at least seven years of age and at least one visit in the family foster home;

(e) meet the training requirements in K.A.R. 28-4-806; and

(f) obtain and maintain ongoing sponsorship by a public or private child-placing agency, including a recommendation by the sponsoring child-placing agency that the home be used for placement of children in foster care.

(Authorized by K.S.A. 65-508; implementing K.S.A. 65-504 and 65-508; effective March 28, 2008.)

How many instances of abuse in a foster care placement have been substantiated in your state? Of those substantiated, how many of these instances related to children placed by: not-for-profit providers, for-profit providers, and public providers?

- The numbers of children in out-of-home placement who had a substantiated abuse neglect, where the perpetrator was a foster parent or placement facility employee:
  - SFY 2010 = 12
  - SFY 2011 = 12
  - SFY 2012 = 14
  - SFY 2013 = 16
  - SFY 2014 = 23

  The total is 77 over the five year period.

Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out of home placement? Do these actions differ depending on whether the child was placed by the public agency, a not-for-profit provider, or a for-profit provider?

- If the foster parent is substantiated for abuse or neglect, his/her name is placed on the Child Abuse and Neglect Registry, and the foster home license is revoked.

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF THE SECRETARY

Steven L. Beshear
Governor

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Audrey Tayse Haynes
Secretary

May 22, 2015

The Honorable Orin Hatch, Chairman
The Honorable Ron Wyden, Ranking Member
United States Senate
Committee on Finance
Washington, DC 20510-6200

Dear Senators Hatch and Wyden:

On behalf of Kentucky Governor Steven L Beshear, I'm pleased to provide background information per your request on Kentucky's implementation of the federal foster care and adoption programs, specifically relating to private contractors that assist in our efforts.

Should you or your committee staff require additional information, do not hesitate to contact us.

To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g., placement of children with particular foster care providers, ongoing casework and oversight of foster care placements).

The Kentucky Cabinet for Health and Family Services (CHFS), Department for Community Based Services has under its care certain children for whom specialized foster care services are needed. If a child cannot be placed with the public agency, CHFS utilizes private providers to provide needed services for children in out of home care. Those services are governed under the "Private Child Care Agreement" and are conceptualized as:

- Family centered;
- Youth guided;
- Time limited;
- Intensive; and
- Evidence informed.

These practices are designed to promote the child welfare goals of safety, permanency, well-being and stability.

By accepting children for placement from the Cabinet for Health and Family Services (CHFS), the private agencies agree to provide the following services based on the parameters of the individual agency's contract:

- Adoption;
- Therapeutic and Medically Fragile Foster care;
- Independent living;
- Group homes that include:
  - Treatment; and
  - Crisis intervention;
- Institutions that include:
  - Treatment; and
  - Crisis intervention;
- Emergency shelter and/or emergency shelter with treatment services.

As part of the private agency's agreement with CHFS, the agency agrees to provide the child with following ongoing case management services:

- Therapy as needed;
- Placement stability;
- Working with family to return child home, if applicable;
- Participation in case planning;
- Appropriate training for foster parents in working with each child's individual needs;
- Family type environment for a child;
- Basic needs (food, shelter, clothing, etc.); and
- Cultural and religious opportunities.

What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?

All children that are placed in foster care in the state of Kentucky are placed by the public agency. Private agencies are not responsible for placing children in the state of Kentucky.

Please provide the number and names of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.

There are forty-three (43) private agencies that provide the core services listed in question #1 to children placed in out of home care in the state of Kentucky. Below is a breakdown of the profit/non-profit status of each private agency.

For Profit Agencies:

- Community Youth Services;
- Kinder Haven, Inc.;
- Omni Vision, Inc.;
- Alternative Youth Services;
- Combs Residential Services;
- Key Assets of Kentucky, LLC;
- New Beginnings Family Services, Inc.;
- New Hope Foster Homes, Inc.; and
- The Bair Foundation.

Not For Profit Agencies:

- All God's Children, Inc.;
- Appalachian Children's Home, Inc.;
- Arbor Youth Services;
- Barnabas Home;
- Benchmark Family Services, Inc.;
- Brighton Center, Inc.;
- Buckhorn Children and Family Services;
- Children's Home of Northern Kentucky;
- Comprehend, Inc.;
- Diocesan Catholic Children's Home, Inc.;
- ENA, Inc. (dba Necco);
- Family Connection, Inc. (dba Hope Hill Youth Services);
- Father Maloney's Boy's Haven;
- Foothills Academy, Inc.;
- Gateway Juvenile Diversion Project, Inc.;
- Green River Regional MH/MR Board, Inc.;
- Holly Hill Children's Services;
- Kentucky Intensive Family Services, Inc.;
- Kentucky United Methodist Homes for Children and Youth;
- KVC Behavioral Health Care KY;
- Life Connection, Inc.;
- LifeSkills, Inc.;
- Maryhurst, Inc.;
- Mountain Comprehensive Care Foster Care;
- Pennyroyal Regional MH/MR Board, Inc.;
- Ramey Estep Homes, Inc.;
- REACH of Louisville, Inc.;
- Specialized Alternatives for Families and Youth of Kentucky, Inc.;
- St. Joseph Children's Home;
- St. Joseph's Peace Mission for Children;
- Sunrise Children's Services;
- Uspiritus;
- YMCA Safe Place Services.

Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is this accreditation renewed?

Yes, Kentucky requires that all private foster care entities or organizations operating within the state obtain accreditation by a nationally recognized accreditation organization either:

- Within two (2) years of initial licensure (922 KAR 1:300); or
- Within two (2) years of initial licensure or within two (2) years of acquiring an agreement with the cabinet [(public agency)] to provide private child care services, whichever is later (922 KAR 1:310).

Accreditation must be maintained utilizing the renewal procedures based on the individual accrediting body chosen by the private agency.

Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.

According to Kentucky Revised Statutes (KRS) 45A.690, Definitions for KRS 45A.690 to KRS 45A.725, CHFS does not contract with private providers.

Private entities provide foster care to children committed to the public agency through the "Private Child Care Agreement," which governs private entities and is similar to a Memorandum of Understanding. Language in the agreement specifies services that could be reasonably expected by both parties if a child were to be placed with one of the agencies and the expectations or standard of care that would be provided for said child.

Before a private agency may apply to provide services for the public agency, the entity must be licensed by the public agency's Office of Inspector General. After this occurs, an application may be made with the public agency for the provisions of foster care/out of home care services. Once the application has been approved, the private agency enters into an agreement with the public agency.

The following Kentucky Administrative Regulations (KAR) have been promulgated to govern rate methodology, standards of care, and licensing and accreditation requirement for private child caring and child placing agencies:

- 922 KAR 1:300, Standards for child-caring facilities;
- 922 KAR 1:305, Licensure of child-caring facilities and child-placing agencies;
- 922 KAR 1:310, Standards for child-placing agencies;
- 922 KAR 1:360, Private child care placement, levels of care, and payment;
- 922 KAR 1:380, Standards for emergency shelter child-caring facilities; and
- 922 KAR 1:390, Standards for residential child-caring facilities.

These regulations ensure that private providers meet all state and federal mandates surrounding these matters.

The private agency undergoes a renewal process every two (2) years for continued approval as a placement resource for CHFS. The private agency must submit a new application packet to public agency for review. The public agency ensures that all necessary information is contained within this application packet, reviews it, and then makes a determination of whether or not to renew the private agency's agreement for another two (2) years.

Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit, and for-public providers operating in your state.

For Private Agencies:
The CHFS Office of the Inspector General (OIG) utilizes a survey called the "Child Placing Survey Tool" to inspect the safety of private agency foster care settings. This tool contains items that assist OIG in ensuring that private agencies meet all required state and federal guidelines associated with their approval, as well as provide all necessary safety precautions. This process is the same for both for-profit and not-for-profit agencies. 922 KAR 1:310, Standards for child-placing agencies, provides requirements for annual re-evaluations of private agency foster homes. These requirements ensure that the foster homes continue to meet standards to remain viable placement options for children in foster care.

For Public Agencies:
Foster homes that are approved to receive placements through the public agency are re-evaluated annually. The document utilized for these types of placements is the "DPP-1289 Annual Strengths/Needs Assessment for Resource Families." This document assesses for continued safety and ongoing training of the placement resource. 922 KAR 1:350, Family preparation, provides requirements for annual re-evaluations of public agency foster homes. These requirements ensure that the foster homes continue to meet standards to remain viable placement options for children in foster care.

In addition to the completion of the "Child Placing Survey Tool" for private agencies and the "DPP-1289 Annual Strengths/Needs Assessment for Resource Families" for public agencies, both private and public agency foster homes agree to allow social workers a face to face visit for purposes of completing the annual re-evaluation. The foster parents also agree to submit to annual criminal background checks, child abuse/neglect checks, and continue to meet all requirements of the Adam Walsh Child Protection and Safety Act of 2006. In addition to the specific requirements of the annual re-evaluations, both private and public agency foster homes agree to allow social workers to visit their home each month to monitor the continued safety of all children placed in out of home care.

How many instances of abuse in a foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many of these instances related to children placed by: not-for profit providers, for-profit providers, and public providers?

The state of Kentucky does not collect information regarding substantiated claims of abuse in terms of public, private, for-profit and not-for-profit statistics. As stated in the answer to question #2, all children in Kentucky who are placed in an out of home care situation, are placed by the public agency. All claims of abuse of children are grouped into the category of abuse that occurred while a child was in foster care. The most recent numbers of this occurrence that could be obtained are documented in the tables below:

ACF Data Statistics: Maltreatment in Foster Care - Kentucky	2012	2013
Children Maltreated While in Foster Care	0.5%	0.54%
Children Not Maltreated While in Foster Care	99.5%	99.46%
Total Number in Foster Care	12,085	12,270
Number Maltreated While in Foster Care	60	66

Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out of home placement. Do these actions differ depending on whether the child was placed by the public agency, a not-for-profit provider, or a for-profit provider?

All claims of abuse received by the Cabinet for Health and Family Services on out of home care providers, whether public, private, for-profit or not-for-profit, are treated as specialized investigations.

Reports on both public foster homes and private providers (for-profit or not-for-profit are treated the same) are tracked by the Kentucky CHFS. The private agency is notified by the public agency regulatory body so that no other children are placed in the home. If the referral is physical abuse, sexual abuse, or otherwise serious in nature, the child is removed from the home during the investigation.

For private agencies:

- Information is shared with the licensing agency, Children's Review Program, and OIG. The public agency regulatory body informs the private agency that no children will be placed in their home; and
- A review of the foster home occurs.

922 KAR 1:310, Standards for child-placing agencies, provides requirements for closure when a claim of abuse is substantiated on a private agency foster home.

For public agencies:

- A review of the foster home is completed, unless the home is being closed.

922 KAR 1:350, Family preparation, provides requirements for closure when a claim of abuse is substantiated on a public agency foster home.

All cases are managed on an individual basis. The safety and well-being of the child is of paramount concern in all situations and dictates the actions taken as a result of a substantiated claim of abuse.

As stated in the answer to question #2, all children in Kentucky who are placed in an out of home care situation, are placed by the public agency.

Respectfully,

Audrey Tayse Haynes

Cc: Governor Steven L. Beshear
Commissioner Teresa James, Department for Community Based Services

Maryland's Human Services Agency
Department of Human Resources Larry Hogan, Governor | Boyd K. Rutherford, Lt. Governor | Sam Malhotra, Secretary

July 20, 2015

The Honorable Orrin G. Hatch
Chairman
Senate Committee on Finance
219 Dirksen Senate Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Senate Committee on Finance
219 Dirksen Senate Building
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden:

Thank you so much for your inquiry regarding foster care providers licensed and monitored within Maryland. The Department of Human Resources (Department) is committed to the health, safety, and welfare of foster youth in the State's care. We take this responsibility seriously and work hard to ensure that we, and our partners, strive for excellence.

Please find enclosed the Department's response to this Committee's inquiry. Should you have any further questions, please do not hesitate to contact our Office of Government Affairs at (410) 767-6586.

Sincerely,

Sam Malhotra
Secretary

To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g., placement of children with particular foster care providers, ongoing caseworker and oversight of foster care placements).

Maryland does not contract with private entities for case management services; we contract with private providers for placement services only. Case management services are provided by the local department of social services staff.

What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?

100% of Maryland's foster care children are placed by the public agency.

Please provide the number and names of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.

Maryland does not have private entities for which we contract to provide case management services. Attached is a list of private providers with whom we contract for placement services. Currently Maryland contracts with 80 (37- Child Placement Agency (CPA) and 43- Residential Child Care (RCC)) private providers for placement services.

Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is this accreditation renewed?

No, accreditation is a voluntary process for Maryland's private residential child care programs and child placement agencies. Maryland residential child care providers and child placement agencies are required to adhere to the standards of the Code of Maryland Annotated Regulations (COMAR) to maintain licensure. The licensure and monitoring processes are designed to protect the health, safety, and well-being of children placed in residential child care programs and with child placement agencies.

Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.

Maryland does not contract with private entities for case management services. Maryland does contract with Residential Child Care (RCC) programs and Child Placement Agencies (CPAs) that provide Treatment Foster Care (TFC) services. In order to be considered for a contract with the Department of Human Resources' Social Services Administration (SSA), a RCC or CPA provider must first receive a license. RCC licenses are issued by three State agencies including the Department of Human Resources' Office of Licensing and Monitoring (OLM), while CPA licenses are issued only by OLM. OLM is a separate entity from SSA within the Department of Human Resources to eliminate possible conflict of interest between the licensing and contracting

units. After receiving a license, the provider must then obtain a rate for its RCC or CPA placement services from the Interagency Rates Committee, which is led by the Maryland State Department of Education. Once a rate is obtained, the RCC or CPA may enter into a contracting process with SSA, based on SSA's estimate of bed need across the State. In the past the RCC contracting process has been a competitive process (Request for Proposal), and the CPA contracting process has been a non-competitive process. It should be noted that Maryland only pays a provider for services when a child is actually placed at an RCC or CPA home.

Per current contract language, the following performance measures outlined below are being used to monitor Contract performance. Preference for the continuation and renewal of a Contract is given to those Contractors who meet the minimum performance score for CPA and RCC programs. The performance measures are compiled, monitored and rated four times during each Contract year. The performance measures are related to the following:

1. *Child Safety*
   - *Staff Security-100% Compliance with Child Protective Services Clearances (CPS) and Criminal Background (CB) checks for all employees and prospective employees;*
   - *Foster Parent Certification/Recertification-100% of foster parents have an initial certification and re-certification;*
   - *Maltreatment while in Foster Care- Review of Contractors serving foster children shall have no indicated findings of child maltreatment where a Contractor's staff member or foster parent is identified as the maltreator.*

2. *Licensing and Monitoring*
   - *Licensing Sanctions- Contractors shall not have any licensing sanctions during each quarterly rating period.*
   - *SSA Hotlist-Contractors shall not be placed on the SSA Hotlist anytime during each quarterly rating period.*
   - *Annual Fiscal Audits-Contractors are required to submit an annual financial audit timely on or before December 2nd of each Contract year.*

3. *Child Well-Being*
   - *Child and Adolescent Needs and Strengths Assessment (CANS) Compliance- CANS Assessments are completed to measure child well-being. Contractors are to ensure successful provision of required services leading to each child's achievement of case plan goals and objectives.*

Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit, and for-public providers operating in your state.

In Maryland, the process of inspecting safety and compliance of foster care settings is different for public and private providers. For public homes, local caseworkers conduct monthly visits to

ensure safety, permanency, and well-being of all children in foster care. Annual redeterminations are conducted with public foster home providers to ensure they are adhering to the regulations set forth by Maryland's COMAR. These requirements include CPS clearances, Federal and State criminal background checks for household members over the age of 18, health inspection of the home, and medical assessments for all members of the family.

OLM is responsible for ensuring that private providers adhere to Maryland State law as outlined and promulgated in Code of Maryland Annotated Regulations (COMAR) 14.31.05-14.31.07 for RCCs and .07.05.01-.07.02.21 for CPAs. The Department of Human Resources, Office of Licensing and Monitoring (OLM) licenses and monitors private residential child care facilities (RCC group homes) and Child Placement Agencies (CPA) which consist of Treatment Foster Care (TFC), Independent Living Programs and Adoptions. Through the regulatory process OLM strives to ensure that each RCC and CPA program complies with applicable laws and regulations designed to ensure the safety and wellbeing of children in care.

The site visit is the primary activity for monitoring RCC and CPA providers. All private residential child care programs are re-licensed bi-annually. Mid-licensure (one-year) review and quarterly visits are conducted to ensure they are administratively and programmatically in compliance with COMAR. The OLM's Licensing Coordinator is required to make quarterly unannounced visits to the organization and all licensed sites. Announced visits usually occur at least annually.

The OLM Licensing Coordinator may also make an emergency visit to complete a complaint and incident report investigation. Emergency visits are issues that are related to life, health and safety of residents. Complaints or emergency visits are unannounced visits.

The monitoring visit consists (but is not limited to) the following areas:

- *Entrance Conference – are held with the Program Administrator and/or Designee and consists of a discussion regarding the overview of any programmatic changes, incident reports, community complaints, updates on the youth census and staff census, as well as financial incident reports.*
- *Physical Plant inspection of each licensed residential child care site(s) and child placement agency office(s).*
- *Record reviews (client and personnel)*
- *Log and contact notes*
- *Interviews (client/staff on site, foster parent) with children include verbal and non-verbal. The non-verbal child interview is completed by physical observation of the child in their placement.*
- *Exit Conference – are held with the Program Administrator and/or designee to address the findings from the site visit. OLM will offer technical assistance, as necessary. Corrective Action Plan (CAP) is requested if there are COMAR deficiencies observed during the visit.*

- *OLM notifies the private provider of the deficiencies observed during the site visit and sends a written summary of the regulatory compliance following the visit.*

How many instances of abuse in a foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many of these instances related to children being placed by: not-for-profit providers, for-profit providers, and public providers?

For calendar years 2010 through 2014, there were 39 instances of abuse in foster care placement that were substantiated. Of those substantiated, 44% were placed with not-for-profit providers, 6% were placed with for-profit providers, and 50% were placed with public agency providers.

Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out of home placement? Do these actions differ depending on whether the child was place by the public agency, a not-for-profit provider, or a for-profit provider?

In Maryland, the local department of social services in the jurisdiction where the facility is located is responsible for the investigation of all reports of maltreatment and determining where a child is placed. The process is the same regardless of the type of foster care home reported. Upon receipt of a report of maltreatment, the local department will immediately assess the safety of all children placed in the foster group home and determine whether or not removal is warranted.

If the child(ren) is determined to be safe and able to remain in the home, the foster home (both public and private) is placed on hold and no new placements are allowed while the investigation is pending. If the investigation results in a "substantiated" finding for a private Treatment Foster Care (TFC) home (certified foster parent), the TFC home must be closed, and the child must be transitioned to a new placement. In a public home, if the finding is "substantiated," the local department will assess whether or not the home can remain open and continue as a resource home with the local department.

Regarding a RCC, "the licensee shall immediately place the employee on administrative leave and remove the employee from access to the children. This regulation does not prohibit a licensee from suspending without pay or discharging an employee alleged to have subjected a child to abuse or neglect." If the investigation results in a "substantiated" finding for an employee of a RCC, then the employee is terminated.

The Department is dedicated to ensuring that appropriate placement services are provided to the children who come into the care and custody of the state of Maryland but we do not contract for case management services. Please do not hesitate to contact me in the future regarding any programs or services administered by the Department of Human Resources.

Private Organization Name	For -Profit Status	DHR	DHMH	Residential Care	Treatment	Independent	Regular	DHR
Adventist Healthcare, Inc.	No		X	X				X
ARC Northern Chesapeake Region, Incorporated, The	No	X			X			X
ARC of Baltimore, Inc., The	No	X			X			X
ARC of Washington County, Inc.	No	X		X				X
Arrow Child and Family Ministries of Maryland, Inc.	No	X		X	X			X
Associated Catholic Charities Inc.	No	X		X	X			X
Aunt Hattie's Place, Inc.	No	X		X				X
Baltimore Adolescent Treatment Guidance Organization, Inc.	No	X			X			X
Benedictine School for Exceptional Children, Incorporated	No	X		X				X
Board of Child Care of the United Methodist Church, Incorporated	No	X		X	X			X
Boys Town of Washington DC, Inc (formerly Father Flanagan's)	No	X			X			
Brook Lane Health Services, Inc.	No	X		X				X
Brotherhood and Sisterhood (BSI) International	No		X	X				X
Building Families for Children (formerly Baptist Family & Children)	No	X			X			X
CareRite T.F.C., Inc.	No	X			X			
Care With Class, Inc.	Yes	X		X				X
Cedar Ridge Children's Home and School, Inc.	No	X	X	X				X
Center For Progressive Learning, Inc.	No		X	X				
Center for Social Change, Inc.	No		X	X				X
Challengers Independent Living, Inc.	No	X		X		X		X
Changing Lives at Home, Inc.	No	X		X				X
Children's Choice of Maryland, Inc., The	No	X			X			X
Children's Guild, Inc., The	No	X	X	X	X			X
Children's Home, Inc., The	No	X		X	X			X
Children's Resources, Inc.	No	X		X				
CIS & H Inc.	Yes		X	X				X
Community Services for Autistic Adults and Children, Inc.	No		X	X				X
Community Solutions, Inc	No	X			X			X
CONCERN - Professional Services for Children and Youth, Inc	No	X			X			X
Day By Day Residential Services, Inc.	Yes	X		X				X
Dove Pointe	No		X	X				X
Family Matters of Greater Washington Inc.	No	X			X			
Foundations for Home and Community, Inc.	No	X			X			X
Good Children In The Making, Inc.	Yes	X			X			X
Hearts and Homes For Youth, Inc.	No	X	X	X	X	X		X
Hebron Association for Community Services Inc.	No		X	X				X
Helping Children Grow, Inc.	No	X			X			
Inner-County Outreach Incorporated	No	X		X				X
Inspiring Minds Inc.	Yes	X		X				X
JS Social Services, Inc (Youthtown USA)	No	X		X				X
Jumoke, Inc.	Yes	X		X		X		X
Kennedy Krieger Education and Community Services, Inc.	No	X			X			X

KidsPeace National Centers of North America, Inc.		No	X			X			X
King Edwards' Inc.		No	X				X		X
Linwood Center, Inc.		No	X		X				X
Lutheran Social Services		No	X					X	
Making A Great Individual Contribution, Inc.		No	X		X				X
Maple Shade Youth and Family Services, Inc.		No	X			X			
Martin Pollak Project, Inc., The		No	X			X	X		X
Maryland Salem Children's Trust, Inc., The		No	X		X				X
Maryland School for the Blind, The		No	X		X				
Maryland School for the Deaf, Inc., The		No	X		X				
Maryland Sheriffs' Youth Ranch, Inc.		No	X		X				
McJoy's Joy Covenant Inc.	Yes		X		X				X
Mentor Maryland, Inc.	Yes		X			X	X		X
National Center for Children and Families, Inc., The		No	X		X	X	X		X
Neighbor to Family, Inc.		No	X			X			X
New Pathways, Inc.		No	X				X		X
NHS Maryland		No	X			X			X
Our Fortress Homes, Inc.		No		X	X				X
Our House, Inc.		No	X		X				X
Parker Therapeutic Services, Inc.	Yes		X			X			X
Place for Children, Incorporated, The		No	X		X				
Pressley Ridge, Inc.		No	X			X			X
Progressive Life Center, Inc.		No	X			X	X		X
Progressive Steps, Inc. (formerly Progressive Horizons)		No	X			X			X
PSI Services III, Inc.		No	X			X			X
Psychiatric Center Chartered		No	X			X			X
Rolling Vista Place Incorporated	Yes		X		X				X
San Mar Children's Home, Inc.		No	X	X	X	X			X
Sarah's House, Inc.		No	X		X				X
Second Family, Inc.		No		X	X				X
Seraaj Family Homes, Inc.	Yes		X			X			X
Shorehaven, Inc.	Yes			X	X				X
St. Ann's Center for Children, Youth and Families		No	X		X				X
Southern Maryland Youth Home, Inc. (formerly Structures)		No	X		X				X
Total Quality Residential Services, Inc.		No		X	X				X
TuTTie's Place		No	X		X				X
Umbrella Therapeutic Services, Inc.	Yes		X				X		X
United States Fellowship, Inc.		No	X		X				
Wellington Incorporated (Kindness House)	Yes		X				X		X
WIN Family Services, Inc.		No	X			X			X
Woodbourne Center, Inc.		No	X			X			X
Youth Enterprise Services, Inc.		No	X		X				X

OFFICE OF THE GOVERNOR
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CHARLES D. BAKER
GOVERNOR

KARYN E. POLITO
LIEUTENANT GOVERNOR

June 10, 2015

Orrin G. Hatch, Chairman
Committee on Finance
United States Senate
Washington, D.C. 20510
c/o Becky Shipp, Health and Human Resources Policy Advisor

Ron Wyden, Ranking Member
Committee on Finance
United States Senate
Washington, D.C. 20510
c/o Laura Berntsen, Senior Human Services Advisor

Dear Chairman Hatch and Ranking Member Wyden:

In response to your April 24, 2015 letter regarding the Commonwealth's use of privately provided foster care related case management for children receiving child welfare services in Massachusetts, enclosed please find a detailed set of answers prepared by the Massachusetts Department of Children and Families (DCF), the Commonwealth's Child Welfare Agency.

I hope that this information will be helpful to the Senate Finance Committee. DCF is available to respond directly to any further questions from the Committee concerning the Massachusetts foster care system.

Sincerely,

Charles D. Baker
Governor

PRINTED ON RECYCLED PAPER

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

The Commonwealth of Massachusetts
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MARYLOU SUDDERS
Secretary

LINDA S. SPEARS
Commissioner

June 10, 2015
Commonwealth of Massachusetts Response to April 24, 2015 Senate Finance Request
Relative to Privatized Foster Care

To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g., placement of children with particular foster care providers, ongoing casework and oversight of foster care placements).

The Massachusetts Department of Children and Families (DCF) directly provides case management services for nearly all of the DCF total caseload, which as of 3/31/2015, totaled 25,388 cases[1]. DCF staff are responsible for full case management services for 25,182 (99.19%) of these cases. DCF utilizes private entities to provide case management services for a small percentage (0.81%) of its caseload (206 cases) for three specific purposes: conflict of interest, adoption management, and Unaccompanied Refugee Minor Program (URMP) cases:

1. **Conflict of Interest:** Consistent with national best practices, DCF contracts with private entities to provide case management services for children and families where a conflict of interest with DCF is indicated.
2. **Adoption Management Services:** DCF contracts with a number of private licensed adoption agencies to provide case management for children with a goal of adoption. These agencies provide all case management required services.
3. **Unaccompanied Refugee Minor Program (URMP):** This program provides case management to children referred by the Office of Refugee Resettlement.

It should be noted that even when DCF utilizes private entities to provide case management services, children requiring placement services remain in the care/custody of DCF and receive access to the same services as children whose cases are managed by DCF. Furthermore, DCF provides contract oversight to these case management contract entities. In the case of Adoption Management Services, the case management services provided by the contractor are limited to managing decisions related to the adopted child – all decisions related to the birth family remain the purview of DCF.

What proportion of children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?

Among the 10,714 children in care, 95.58% percent of children are placed by the Department of Children and Families into a range of placement services provided directly by DCF or under contract with 106 agencies—of which 103 are non-profit agencies, and 3 are for-profit agencies. Among the

[1] Case Management services is defined as having responsibility for on-going casework, regardless of the custody status of the child and where applicable, determining the type and length of placement as well as oversight of a child.

10,714 children in care, 4.42% percent are placed by agencies responsible for administering services in conflict of interest, adoption, and URMP cases. These include 13 not-for-profit, and no for-profit agencies.

Massachusetts DCF Children in Placement as of 3/31/2015				
	Organization Type where Child is Placed			
Agency with Case Management Responsibility	For-Profit	Non-Profit	Public	Total
Non-Profit Agency	21	137	316	**474**
	0.20%	1.28%	2.95%	**4.42%**
Public Agency	453	3,136	6,651	**10,240**
	4.23%	29.27%	62.08%	**95.58%**
Grand Total	**474**	**3,273**	**6,967**	**10,714**
	4.42%	**30.55%**	**65.03%**	**100.00%**

These counts exclude 1,446 children on a Trial Home Visit

Please provide the number and names of private entities providing these cores services, as well as information on whether each provider is a for-profit or not-for-profit entity?

DCF currently contracts with thirteen not-for profit entities for Case Management Services:

1. Conflict of Interest Contracts:
   - Center for Human Development (CHD)
   - Solutions for Living
2. Adoption Management Support Services:
   - Berkshire Children & Family
   - Cambridge Family Children Services
   - Child & Family Services of Fall River
   - Child & Family Services of Merrimack Valley
   - Children's Friend
   - Children Services of Roxbury
   - Justice Resource Institute
   - Ascentria Care Alliance*
   - Massachusetts Society for the Prevention of Cruelty to Children (MSPCC)
   - RFK Children's Action Corps
   - The Home for Little Wanderers
3. The Unaccompanied Refugee Minor Program (URMP)
   - Ascentria Care Alliance*

* Ascentria Care Alliance, which provides both Adoption Management Services and Unaccompanied Refugee Minor Services, was formally known as Lutheran Social Services of New England.

Does your state require that private foster care entities or organizations operating in your state be accredited? If so by which organization and how often is this accreditation renewed?

Massachusetts requires that all residential and foster care programs serving children be licensed.

The Commonwealth's Department of Early Education and Care (EEC) is the primary entity responsible for this activity pursuant to M.G.L. ch. 15D, §§ 2(c), 4A[2], 6[3] and 8[4].

- Residential and Teen Parent Programs under 102 CMR 3.00[5]:
- Standards For The Licensure Or Approval Of Residential Programs Serving Children And Teen Parents; and Foster Care and Adoption Services under 102 CMR 5.00[6]:

EEC conducts multi-level re-approvals of licenses on a 2 year cycle.

In addition, Residential Schools must be approved by the Department of Elementary and Secondary Education (DESE) pursuant to M.G.L. c. 71B and 603 CMR §§ 18[7] and 28[8]. The DESE approval and re-evaluation is done on a 6 year cycle with a mid-year cycle at 3 years. Massachusetts does not require that residential or foster care programs be accredited.

Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.

The Massachusetts Department of Children and Families utilizes an open and competitive bid process as required by 801 CMR §21[9] and 808 CMR §1.00[10] in order to contract with, review, and renew residential and foster care providers.

Process elements include information gathering including internal and external stakeholders through a variety of methods which could include focus groups, Requests for Information (RFI), and surveys; the establishment of a Procurement Management Team; the development of models and standards (including the specification of staffing requirements); collaboration with the state entity responsible for rate setting - the Center for Health Information and Analysis (CHIA); development and release of the Request for Response (RFR); submission of proposal responses from bidders; establishment and training of proposal review teams; review of proposals; selection and notification of bidders; debriefing upon request for unsuccessful bidders; negotiation with successful bidders; establishment of contracts; and renewal of contracts at intervals specified in the RFR.

Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit, and for-public providers operating in your state.

Safety is addressed within the EEC licensure and enforcement process as detailed in 102 CMR 3.00[11]: Standards For The Licensure Or Approval Of Residential Programs Serving Children And Teen

[2] https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter15D/Section8
[3] https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter15D/Section2
[4] https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter15D/Section6
[5] http://www.mass.gov/edu/docs/eec/licensing/regulations/residential-care-regulations.pdf
[6] http://www.mass.gov/edu/docs/eec/licensing/regulations/adoption-placement-regulations.pdf
[7] http://www.doe.mass.edu/lawsregs/603cmr18.html?section=all
[8] http://www.doe.mass.edu/lawsregs/603cmr28.html?section=all
[9] http://www.mass.gov/bb/regs/801021.html
[10] http://www.mass.gov/anf/docs/osd/policy/808cmr1.doc
[11] http://www.mass.gov/edu/docs/eec/licensing/regulations/residential-care-regulations.pdf

Parents; 102 CMR 5.00[12]: Standards For The Licensure Or Approval Of Agencies Offering Child Placement And Adoption Services; and 102 CMR 1.00[13]: Enforcement Standards and Definitions for Licensure or Approval.

Safety is an essential component of the licensing process (described above), which does not differ based on whether the entity is public, not-for-profit or for-profit. EEC licensure requirements include provisions addressing safety relative to:

- behavioral supports, including use of restraint procedures and time-out rooms;
- documentation of required permits and inspections;
- physical environment, including the building / grounds / recreation space, recreation and exercise equipment, storage and use of power tools, and storage of toxic substances;
- kitchen area including equipment and food storage;
- vehicles and their use;
- use of well water;
- staffing, including ensuring sufficient staffing as well as ensuring that the background of staff is free from conduct bearing adversely on safety;
- staff training;
- policies and protocols addressing safety in the environment, treatment and other programming, including a safety plan for emergencies, visitation protocols, and internal investigation of incidents;
- administration of medications; and
- background record checks.

For foster homes, background record checks (Criminal History, Child Welfare History, and Sexual Offender Registry) are conducted for all household members and frequent visitors age 15 and older. This process includes Fingerprint Checks for primary and secondary caregivers; firearms checks and adherence to requirements for securing firearms if present in the home; and evaluation of safety of pets on the premise.

How many instances of abuse in a foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many of these instances related to children placed by: not-for-profit providers, for-profit providers, and public providers?

In the last five years (FFY 2010-2014), 44,240 children were in DCF substitute care. During this time period, there were 739 instances of substantiated child maltreatment in a foster care placement setting: 1.67% of the total number of children in placement.

During this five year period, of the 739 instances there were:

- 44 (1.64% of 2,676 children) instances of maltreatment in for-profit settings,
- 306 (1.98% of 15,452 children) instances of maltreatment in non-profit settings, and
- 389 (1.49% of 26,112 children) instances of maltreatment in public placement settings.

*Substantiated Child Maltreatment in Foster Care as a % of Children in Placement Federal Fiscal Years 2010-2014	
	Organization Type where Child was Placed

[12] http://www.mass.gov/edu/docs/eec/licensing/regulations/adoption-placement-regulations.pdf
[13] http://www.mass.gov/edu/docs/eec/licensing/regulations/enforcement-standards-definitions-licensure-approval.pdf

Agency with Case Management Responsibility	For-Profit	Non-Profit	Public	Total
Non-Profit Agency	5 of 82	4 of 344	20 of 850	**29 of 1,276**
	6.10%	1.16%	2.35%	**2.27%**
Public Agency	39 of 2,594	302 of 15,108	369 of 25,262	**710 of 42,964**
	1.50%	2.00%	1.46%	**1.65%**
Grand Total	**44 of 2,676**	**306 of 15,452**	**389 of 26,112**	**739 of 44,240**
	1.64%	**1.98%**	**1.49%**	**1.67%**

* ***Maltreatment counts represent instances of substantiated maltreatment in foster care settings. Children may have experienced one or more instances of supported maltreatment.***

Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out of home placement. Do these actions differ depending on whether the child was placed by the public agency, a not-for-profit provider, or a for-profit provider?

In response to concerns regarding abuse and neglect, there are three mechanisms in place designed to ensure the protection of the child, provide appropriate oversight of the contracted program, and examine any potential licensing violation. Specifically, the response includes:

- An investigation into the specific allegations of abuse and neglect by the DCF Special Investigations Unit (SIU). Based on the findings of this review decisions are made to address any immediate safety concerns, including but not limited to removal of the child from the foster home, if necessary.
- The SIU is also responsible to notify DCF contract managers who will review the screening and the final decision of the agency in order to determine whether any action is warranted to ensure the current and future safety of children placed through the program.
- The SIU is also responsible to notify EEC who reviews the screening and final decision of the agency in order to determine what action, if any is warranted.

These reviews are governed by the following policies and regulations.

- **Foster Care:** When an abuse claim is supported while a child is in a foster home placement, DCF and EEC respond in accordance with their respective regulations.
- **Residential Programs:** When an abuse claim is supported while a child is residing in a residential program, DCF responds in accordance with the "DCF Residential Response Guidelines" (copy attached.) As with Foster Care, EEC responds in accordance with its regulations.

These actions are consistent whether the child was placed by the public agency (DCF) or by a private entity (not-for-profit or for-profit).

Minnesota Department of **Human Services**

The Honorable Orrin G. Hatch
United States Senate
104 Hart Senate Office Building
Washington, D.C. 20510-4402

May 29, 2015

The Honorable Ron Wyden
United States Senate
221 Dirksen Senate Office Building
Washington, D.C. 20510-3703

Dear Senators Hatch and Wyden,

On behalf of Governor Mark Dayton, The Minnesota Department of Human Services welcomes the opportunity to respond to your letter of April 24, 2015 and your request for information regarding Minnesota's policies and practices relative to privatized foster care. Governor Dayton shares your concerns about ensuring the safety and well-being of children who are removed from the family home due to abuse or neglect.

Background on Minnesota's Child Foster Care Placement System

Unlike most states, Minnesota is a state-supervised and county-administered child welfare system. Therefore, all child placement activities and case management services rest with local county and tribal child welfare agencies, in accordance with Minnesota's approved Title IV-E State Plan. The county or tribal social service agencies (with a Title IV-E Agreement), are responsible for administering child welfare services, including child placement and services activities. (Minn. Stat. 260C.007. 27a)

Responsibility for performing specific child foster care licensing oversight functions is statutorily delegated to county agencies, while issuing licenses and licensing sanctions is the responsibility of the Minnesota Department of Human Services (the Department) through its Licensing Division.

All of Minnesota's county social service agencies conduct child foster care licensing and child placement. *All children in Minnesota's foster care system are placed by the responsible county or tribal social service agency, not by privatized, for-profit or not-for-profit entities.* However, private child placing agencies ("private agencies") may be licensed by the Department and authorized to perform certain licensing functions.

There are currently 3,428 licensed child foster care programs in Minnesota. Of these, 2,594 are monitored by 87 county licensing agencies, and 834 are monitored by 33 private agencies.

Counties are responsible for investigating alleged or suspected maltreatment of a minor in all child foster care settings regardless of whether the licensing/monitoring activity is performed by the county or a licensed private agency.

Additional functions performed by counties and private agencies include:

- Accepting and processing child foster care license applications
- Conducting inspections, studies, and evaluations of child foster care programs
- Recommending approval or denial of license applications to the Minnesota Department of Human Services
- Monitoring child foster care program compliance with licensing rules
- Investigating allegations of licensing violations
- Issuing correction orders for substantiated licensing violations
- Recommending child foster care licensing sanctions to the Department when warranted by the nature, severity, or chronicity of licensing violations.

The Department:

- Issues child foster care licenses and licensing sanctions based on a review of recommendations from counties and licensed private agencies
- Provides training and technical assistance to counties and licensed private agencies
- Conducts background studies on required individuals for child foster care and adoption
- Oversees county and private agency performance of licensing responsibilities through on-site reviews of their licensing work. (See Minn. Stat., section 245A.16, Standards for County Agencies and Private Agencies)

Minnesota Responses to Questions in Letter Dated April 24, 2015

To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g., placement of children with particular foster care providers, ongoing casework and oversight of foster care placements).

According to Minnesota statutes and rules, county and tribal agencies, as ordered by the court, have sole responsibility for the placement, care, custody and control of the foster child. However, the Department may license and certify private agencies to recruit and provide licensing oversight to individuals to provide foster care.

Counties and tribal agencies have the authority to contract with licensed and certified private agencies to assist with recruitment and placement options. These private agencies are responsible for licensing activities and ensuring compliance with licensing requirements. County and tribal agencies maintain responsibility for supervising, monitoring and managing children's out-of-home placement plan and corresponding services. (Minn. Stat. 260C.212. subd.1) County and tribal agencies work in tandem with the private agencies by identifying potential foster care providers and ensuring the safety, well-being and permanency of children. The responsible county or tribal social service agencies assume all case management service responsibilities.

What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?

In Minnesota, 100 percent of children in foster care are placed by the responsible county or tribal social service agency. *Minnesota children in the foster care system are not placed by private for-profit or not-for-profit entities.*

Please provide the number and names of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.

Minnesota has 33 licensed private child-placing agencies authorized to perform child foster care licensing oversight (see attached list). *Minnesota children in the foster care system are not placed by private for-profit or not-for-profit entities.*

Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is this accreditation renewed?

No, accreditation by another entity is not required.

Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.

The Department uses a Request for Proposal (RFP) process to identify and recruit licensed private agencies to work with county and tribal social services agencies regarding placement of foster children. The Department contracts with licensed private agencies and regularly monitors contract compliance through annual site visits and file reviews. Additionally, contracts expire after two years, at which time a new RFP process is initiated.

The Department licenses private agencies under Minn. Stat., Chapters 245A and 245C, and Minn. Rules, parts 9545.0755 to 9545.0845 (also known as Rule 4). The Rule 4 license allows an agency to receive children for care, supervision, or placement in foster care or adoption, and to help plan the placement of children in foster care or adoption. In addition, the Department authorizes private agencies to provide child foster care licensing oversight according to Minn. Rules, parts 9543.0010 to 9543.0150, (also known as Rule 13). The Rule 13 authorization allows a licensed agency to perform specific child foster care licensing functions, as described above on page one.

To obtain a license, the agency must submit a license application, pay an application fee, and provide additional materials, including:

- Policies, procedures and program records
- Information about their legal organization
- Additional information required if they intend to provide adoption services

Department staff review the application and inform the agency of missing or incomplete information. Upon completing all application requirements, the agency submits the information necessary for the Department to complete the required background studies of agency staff.

Once the Department determines that the agency has met all licensing requirements, Department staff meet in-person with agency staff to provide:

- An overview of rules and statutes applicable to child foster care programs
- Tools for conducting licensing inspections and monitoring compliance
- A review of the respective roles and responsibilities of the agency and the Department
- Answers to questions about licensing responsibilities or about contracting for services with the Department.

Following a successful meeting, the Department issues a license. One year after the license is issued, the Department conducts an on-site licensing review of the agency's compliance with both Rule 4 and Rule 13 requirements. The Department conducts subsequent reviews of the agency's Rule 4 licensing compliance every two years, and the agency's performance of delegated child foster care licensing functions under Rule 13 every four years.

Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit, and for-public providers operating in your state.

Child foster care programs are licensed under Minn. Stat., Chapters 245A and 245C, and Minn. Rules, parts 2960.3000 to 2960.3340. As described above, counties and private agencies are primarily responsible for performing child foster care licensing oversight. The licensing process includes submitting a license application to the county of residence or private agency of the applicant's choosing. The licensing process is the same for all licensed child foster care programs, as are requirements; however, the methods used to complete the process may vary, depending on the size of the county or private agency.

Some county and private agencies have regularly scheduled informational meetings to discuss the general licensing process for child foster care, while others may provide this information on a one-to-one basis when they receive a request for information. In addition, some agencies have websites where interested parties may access application materials, while others mail information or have it available at the agency.

Once an application for foster care licensure is received, agencies:

- Submit the information, including the subject's fingerprints, necessary for the Department to complete the Adam Walsh background study on license applicants, and all required household members
- Contact applicants to schedule home visits to complete the home safety checklist
- Ensure safe sleep requirements for infants and sleeping space requirements for foster children are understood

- Determine whether a fire safety inspection is required, based on criteria in the child foster care rule. If a fire safety inspection is required, county or private agencies make this request to the Minnesota Department of Public Safety. The fire safety inspection must be completed and all items corrected prior to recommending licensure.

Applicants must complete:

- Foster care orientation training, including emergency procedures and a review of state statute and rules
- Sudden Unexpected Infant Death and Abusive Head Trauma training if caring for foster children through age five
- Child Passenger Safety training if transportation will be provided for foster children under age nine
- Two hours of children's mental health training

The home study assessment process includes visits to the home to complete these forms:

- Application
- Home study assessment
- Family disaster plan
- Individual fact sheets for all adults living in the household
- Home study agency process checklist that documents background study results, completed training, variances granted, and other information

All forms must be completed and all required background studies must be cleared, or there must be a set-aside or variance granted if there is a disqualification prior to recommending licensure.

If applicants meet all requirements, agencies make a recommendation to the Department for a one-year license. If an applicant previously held a child foster care license, an agency has the discretion to recommend an initial license for up to a two-year period. Prior to the license expiring, the county completes the relicensing process which is similar to initial licensing and includes completing the five forms of the home study, completing the home safety checklist, and reviewing training and placements made, as well as other required documentation. Subsequent licenses are issued for up to a two-year period.

How many instances of abuse in a foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many of these instances related to children placed by: not-for-profit providers, for-profit providers, and public providers?

Using data from the Department's Social Service Information System (SSIS), there were 150 determined maltreatment reports in child foster care programs that were completed from 2010 to 2014. *As described earlier, private agencies in Minnesota do not have responsibility for placement of children.*

Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out of home placement? Do these actions differ depending on whether the child was placed by the public agency, a not-for-profit provider, or a for-profit provider?

County and tribal child welfare agencies are responsible for investigating reports of suspected maltreatment of foster children, regardless of whether a county, tribal or private agency performs the licensing oversight.

The Department issues a licensing sanction any time a licensed child foster care provider is found responsible for maltreatment. These sanctions are issued by the Department regardless of whether a county or a private agency oversees the license.

The Department notifies county or private agencies of licensing sanctions. The licensing agency is required to notify the parents or guardians (i.e., the county or tribal placing agency) of each child placed in the sanctioned foster homes about the licensing sanctions. County and tribal agencies have the authority to make placement decisions regarding children, and determine the significance of a county's determination of maltreatment or Department's issuance of a licensing sanction. These decisions include planning for the safety and well-being of children, and sometimes the need to remove children from foster homes.

I hope this was helpful. If you have questions regarding this, do not hesitate to contact me for additional information at 651.431.3835 or via email at jim.koppel@state.mn.us.

Sincerely,

James G. Koppel
Assistant Commissioner
Children and Family Services

Pete Ricketts
Governor

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May 18, 2015

Senator Orrin Hatch, Chairman
Senator Ron Wyden, Ranking Member
United States Senate
Committee on Finance
Washington, DC 20510-6200

Dear Senators:

Thank you for your letter dated April 24, 2015, requesting information about Nebraska's policies and practices as they relate to privatized foster care. I am happy to share the following information in response to your inquiries below:

1) **To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g., placement of children with particular foster care providers, ongoing casework, and oversight of foster care placements).** *The Nebraska Department of Health and Human Services Division of Children and Family Services (DHHS-CFS) entered into a subaward with a private, non-profit agency that provides case management duties and responsibilities over the ongoing child welfare cases involving child abuse and neglect in Douglas and Sarpy counties. These two counties account for approximately 40% of the the state's population.*

   This private, non-profit agency, called Nebraska Families Collaborative (NFC), is licensed with the state of Nebraska as a Child Placing Agency and is accredited through the Council on Accreditation. With regards to foster care, NFC identifies and prepares relative and kinship foster parents for placement of foster children. DHHS-CFS reviews and approves all relative and kinship foster parents prior to the placement of children in their homes. NFC also subcontracts with other non-profit and for-profit licenced Child Placing Agencies who recruit, train, and support licensed foster parents. DHHS-CFS also reviews, approves, and issues the foster care license to these foster homes, and approves all placement of foster children in these homes.

   In the other areas of the state, DHHS-CFS contracts with private non-profit and for-profit agencies to recruit, train, prepare for licensure, and support foster parents. DHHS-CFS reviews licensing packets submitted by these agencies and approves each foster home for licensure. DHHS-CFS also recruits foster parents directly, prepares them for licensure, and provides supports to the foster homes to help stabilize and maintain child placements.

2) **What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?** *As of May 11, 2015, 86.3% of children in foster care are placed by private agencies; of the 86.3% of children placed by*

private agencies, 5% are placed by for-profit agencies and 95% are placed by not-for-profit agencies.

13.7% of children in foster care are placed by a public agency, either DHHS-CFS or the Tribes. Of the 13.7% children placed by a public agency, 93.1% are placed by DHHS-CFS and 6.9% are placed by the Tribes.

3) **Please provide the number and names of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.** *Please see Attachment-A.*

4) **Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is this accreditation renewed?** *No, Nebraska does not require that private foster care entities be accredited. Please see Attachment-A for a list of those private foster care entities who have chosen to be accredited, and by which accreditating organization.*

5) **Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.** *Nebraska state statute, LB269, requires DHHS-CFS to conduct a financial review of private agencies before entering into a child welfare contract. Specifically, the statute states that any entity seeking to enter into a contract with the Department of Health and Human Services to provide child welfare services shall provide evidence of financial stability and liquidity prior to executing such a contract. In order to meet this requirement, DHHS-CFS requests the most recently audited financial statements from all private foster care agencies, but will accept reviewed financial statements, compilation financial statements, internally prepared financial statements, or minimally a balance sheet and income statement for the same time periods. This financial review is conducted on an annual basis prior to contract renewal.*

All private foster care agencies are required to obtain a Child Placing Agency License through Regulation and Licensure with the state of Nebraska before entering into a foster care contract with DHHS-CFS. Licensing standards require the agency to develop a written statement of its functions, policies, and programs and submit them for approval by the licensing unit. Licensed Child Placing Agencies must conduct background on all employees, volunteers, and caregivers age 13 or older who have contact with children prior to having unsupervised contact with children. Child Placing Agencies are prohibited from employing any individual who has been convicted of, admitted to, or has substantial evidence of crimes involving intentional bodily harm, crimes against children, or crimes involving moral turpitude. The background checks must include: Nebraska Sex Offender Registry maintained by the Nebraska State Patrol; Nebraska Child Abuse and Neglect Central Registry; Nebraska Adult Abuse and Neglect Central Registry, Nebraska State Patrol Criminal Background Check, and Nebraska Department of Motor Vehicles Check for License Points Status. The foster care agency must conduct similar background checks in the state(s) of previous residence if the employee has resided in Nebraska for less than two years. If the background checks result in a record of convictions being identified, the foster care agency must notify DHHS-CFS of the convictions if they still decide to hire the individual. DHHS-CFS reserves the right to prohibit foster care agency staff from having contact with children

upon receipt of this notification of criminal history. DHHS-CFS conducts quarterly Personnel File Reviews during the contract period to check for compliance with the background check requirements.

6) **Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit, and for-profit providers operating in your state.** *DHHS-CFS case managers are required to see each child on their caseload at a minimum of once every 30 days. One of these face to face visits must occur in the foster care home and there must be a conversation with the foster youth about their safety in the home. This information is documented each month and if there are any licensing issues, those issues are forwarded to resource development workers, who are responsible for working with the foster homes and the private agencies who support the foster homes. If there is a safety concern, those are called into the Nebraska Child Abuse and Neglect hotline for investigation. The process does not differ depending on whether the child was placed by the public agency, a not-for-profit provider, or a for-profit provider.*

7) **How many instances of abuse in a foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many of these instances related to children by: not-for-profit providers, for-profit providers, and public provider?**
There have been 140 instances of substantiated abuse in a foster care placement in the last five years. Of these 140 instances, 0 instances are related to For-Profit providers; 85 instances are related to Not-For-Profit providers; and 55 instances are related to the public provider (Nebraska). It should be noted that one private for-profit agency, Better Living Counseling Services, did not begin providing foster care until April 1, 2013.

8) **Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out of home placement? Do these actions differ depending on whether the child was placed by the public agency, a not-for-profit provider, or a for-profit provider?**
When an abuse claim is substantiated while a child is in an out of home placement, the child's placement in the foster home is terminated and the child is placed into another living arrangement. The foster home is placed on hold from taking any additional placements and action is taken to revoke the foster home's license. The actions do not differ depending on whether the child was placed by the public agency, a not-for-profit provider, or a for-profit provider.

Thank you again for this opportujnity to provide information regarding this important foster care issue.

Sincerely,

Pete Ricketts

Pete Ricketts
Governor

Enclosure

Attac ent-A

Nebraska's Response to the US Senate Committee on Finance Regarding Privatized Foster Care -- May 14, 2015

	Name of Private Foster Care Agency	Home Office Location	For Profit	Not For Profit	Accredited	Name of Accrediting Organization	Accreditation Renewal Cycle
1	Apex Foster Care, Inc.	Omaha, NE	Yes		No		
2	Behavioral Health Specialists, Inc.	Norfolk, NE		Yes	Yes	The Joint Commission	Annually
3	Better Living Counseling Services, Inc.	South Sioux City, NE	Yes		No		
4	Building Blocks for Community Enrichment	O'Neill, NE		Yes	No		
5	Cedars Youth Services	Lincoln, NE		Yes	Yes	Council on Accreditation	Four Years
6	Child Saving Institute, Inc.	Omaha, NE		Yes	Yes	Council on Accreditation	Four Years
7	Christian Heritage Children's Home	Walton, NE		Yes	Yes	Council on Accreditation	Four Years
8	Christian Home Association Children's Square USA	Omaha, NE		Yes	Yes	No	Four Years
9	Compass	Kearney, NE		Yes	No		
10	Epworth Village, Inc.	York, NE		Yes	In-Process	Council on Accreditation	Four Years
11	Father Flanagan's Boys Home	Boys Town, NE		Yes	Yes	Council on Accreditation	Four Years
12	Grace Children's Home Company	Henderson, NE		Yes	No		
13	KVC Behavioral Healthcare Nebraska, Inc.	Omaha, NE		Yes	Yes	The Joint Commission	Three Years
14	Lutheran Family Services of Nebraska	Omaha, NE		Yes	Yes	Council on Accreditation	Four Years
15	Mid-Plains Center for Behavioral Healthcare Services, Inc.	Grand Island, NE		Yes	Yes	Council on Accreditation	Three Years
16	Nebraska Children's Home Society	Omaha, NE		Yes	Yes	Council on Accreditation	Four Years
17	Nebraska Families Collaborative	Omaha, NE		Yes	Yes	Council on Accreditation	Four Years
18	Nova Treatment Community	Omaha, NE		Yes	Yes	Commission on Accreditation of Rehabilitation Facilities	Three Years
19	Omni Behavioral Health	Omaha, NE		Yes	Yes	The Joint Commission	Three Years
20	South Central Behavioral Services	Kearney, NE		Yes	Yes	Commission on Accreditation of Rehabilitation Facilities	Three Years
21	St. Francis Community Services of Nebraska, Inc.	Salina, KS		Yes	Yes	The Joint Commission	Three Years
22	TFI Family Service, Inc.	Emporia, KS		Yes	Yes	Council on Accreditation	Four Years

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF HUMAN SERVICES
DIVISION FOR CHILDREN, YOUTH & FAMILIES

Nicholas A. Toumpas
Commissioner

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Director

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603-271-4451 1-800-852-3345 Ext. 4451
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The following is our response to your questions from the Senate Finance Committee. It is important to understand in the context of the questions below The Department of Health and Human Services, Division for Children Youth and Families directly manages the Foster Care Program in New Hampshire. DCYF is the statutorily mandated public agency for Child Protection and Juvenile Justice Services per RSA 169-C, D and B. Services and Programs under the auspice of the agencies are ordered through the New Hampshire Judicial System.

Describe your state's utilization of private entities to provide case management services.

As the Child Protection agency for New Hampshire, DCYF establishes fee for service arrangements with private Child Placing Agencies (private entities) that are licensed per RSA 170-E to provide foster care and certified per RSA 170-G to provide a specific level of foster care programming as referenced in chart below.

> Child Placing Agencies are defined in RSA 170-E:25 IV as: any firm, corporation or association which:
> (a) Receives any child for the purpose of providing services related to arranging for the placement of children in a foster family home, group home, or child care institution; or
> (b) Receives any child for the purpose of providing services related to arranging for the placement of children in adoption.

Child Placing Agencies recruit and maintain a foster home but ultimately foster care licenses can only be granted by the DCYF Director. Those Child Placing Agencies provide a variety of certified court ordered therapeutic services to the to the Child who is involved with the Division under petitions of RSA 169-C, 169-B and 169-D . The state uses Child Placing Agencies to provide specific levels of treatment based programs to meet the unique needs of the child and family. The programs are certified as treatment providers and while the services include therapeutic case management as part of the treatment delivery. DCYF maintains all court ordered supervision, case management and oversight of the placement. New Hampshire does not contract with any Child Placing Agency for foster care placements. Child Placing Agencies are matched, based on therapeutic skillset, location and foster families available to meet the unique needs of the child and family on a fee for service basis. These Child Placing Agencies are reimbursed on a fee for service basis for their therapeutic services including Medicaid reimbursable services.

What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers and for-profit providers?

In New Hampshire, 100% of children requiring foster care placement through child protection or juvenile justice are court order placed by DCYF. Children and youth can be placed in foster care following a court order on a petition of abuse or neglect RSA 169-C, CHINS (Child in Need of Services) RSA 169-D or delinquency RSA 169-B.

The only other use of foster care services outside of the statutes referenced above, allowed in New Hampshire, is in the event of a private adoption which is facilitated by licensed private Adoption agencies when it is required for an in-state or interstate private adoption. These Adoption Agencies are licensed by DCYF to recruit, train and

license homes for this purpose. These children are not involved with the New Hampshire Court System and not involved with DCYF case management.

Please provide the number and names of private entities providing these core services as well as information on whether each provider is a for-profit or Not-for-profit entity.

As stated above, 100% of the children placed in New Hampshire foster care are placed by the Division through a court order. The Division maintains all legal authority authorized by the court and ultimately, bears responsibility for all case management. There are currently eight providers who are licensed as Child Placing Agencies to provide foster care service and eight agencies certified to specifically provide a therapeutic level of foster care programming. (Referenced below under column "service provided" as Individual Service Option (ISO)). New Hampshire certifies ISO services based on NH Administrative Rule He-C 6339. All of the ISO programs are also licensed as a Child Placing Agency with one exception being Crotched Mountain, who contracts with another agency for foster homes. The current agencies are as listed:

Agency_Resource_Name	City, State, Zip	service provided	Profit Status
ASCENTRIA CARE ALLIANCE, INC	Concord NH 03301	licensing and ISO Foster Care services	Non-Profit
CHILD AND FAMILY SERVICES OF NH	Manchester NH 03105	licensing and ISO Foster Care services	Non-Profit
CROTCHED MOUNTAIN	Greenfield NH 03047	ISO foster care services only	Non-Profit
EASTER SEAL SOCIETY OF NH	Manchester NH 03103	licensing and ISO Foster Care services	Non-Profit
INDEPENDENT SERVICES NETWORK	Manchester NH 03103	licensing and ISO Foster Care services	For Profit
LAKES REGION COMMUNITY SERVICES	Laconia, NH 03246	licensing and general Foster Care	Non-Profit
LIFESHARE MANAGEMENT GROUP LLC	Manchester NH 03103	licensing and ISO Foster Care services	Non-Profit
NFI NORTH INC	Jefferson NH 03583	licensing and ISO Foster Care services	Non-Profit
SPAULDING YOUTH CENTER	Northfield NH 03276	licensing and ISO Foster Care services	Non-Profit

Does your agency require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is this accreditation renewed?

We require that Private Foster Care agencies operating in New Hampshire be licensed as a Child Placing Agency or as a Residential Facility. NH RSA 170-E governs the licensing of such entities with the specifics being outlined by Administrative Rules. He-C 6448 is the Rule for Child Placing Agencies and He-C 4001 is the Rule for Residential Care Facilities. These NH Rules outline the equivalent of an accreditation process.

The Department oversees the licensing process and monitors providers for compliance. Child Placing Agency licenses are issued by the Director of DCYF and are valid for four years. Residential Care Licenses are issued by the Department's Director of Legal Services and are valid for three years. In both Rules, the licensed agency must submit a renewal application no less than three months prior to license expiration date following the process outlined in the respective Rule.

In addition to licensing requirements above, any Child Placing Agency that wishes to provide services to DCYF youth must also apply for certification from DCYF. Certification for the payment of Foster Care Programs follows the requirements of Administrative Rule He-C 6355. DCYF oversees the licensing process and monitors providers for quality assurance and compliance per RSA 170-G. The certification must be renewed every two years.

Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.

Rather than contract with agencies we certify the private agencies to provide foster care. Agencies wishing to provide a foster care program must apply for licensing and certification as outlined above. A requirement of the application is to show that there is a need for a new service and service provider per RSA 170-G. Once an agency has been granted a license and certificate, the decision to utilize the provider is made by DCYF through a matching process which reviews the needs of the child with the strengths and services of the provider. The renewal process for both licensing and certification requires the provider to participate in site reviews of their agency by DCYF to ensure compliance with the rules and appropriate care and service delivery to the children and families referred to their programs.

Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit and for-profit providers operating in your state.

All foster care homes in New Hampshire, whether they are with the public or any private agency, are licensed following the statutory requirements in NH RSA 170-E and Administrative Rule He-C 6446. All potential foster care applicants and household members over age 17 undergo rigorous record checks through FBI fingerprinting, a State Criminal record check and a central registry check for child protection complaints. Checks are completed in every state in which the applicant or household member has resided in the past seven years. Their physical home must pass both a local fire and health inspection. There is no difference in this process by the type of agency; however, there is a difference in the detailed requirements of the fire inspection by locality primarily because each New Hampshire town or city can set its own building and safety codes based on the Life Safety Code edition they have adopted. The minimum standard is the 2003 NFPA (National Fire Prevention Association) 101. At a minimum, all foster care homes must be visited annually by either the DCYF foster care licensing staff or staff from the Child Placing Agency that maintains the foster home. A foster care license for an individual home is valid for two years and verifies that the home has completed health and safety compliance requirements. The same process must be completed again for renewal. DCYF is working with the Department to add a state registry check for adult and elder abuse to the safety requirements for all licensing as it is seen as best practice.

How many instances of abuse in a foster care placement have been substantiated in the last five years? Of those substantiated, how many of these instances related to children placed by: not-for-profit, for-profit and public providers?

There has been one substantiated instance of abuse to a child in a foster care placement in New Hampshire in the past five years. This foster home was licensed by DCYF.

Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out of home placement? Do these actions differ depending on whether the child was placed by the public agency, a not-for-profit provider or a for-profit provider?

All foster care placements in New Hampshire are made by DCYF as ordered by the Court. There has only been one instance of a founded abuse claim against a foster parent in the past five years. The child was removed immediately and that license was closed after the investigation. Administrative Rule He-C 6446 outlines in detail the process to be followed in this situation. This process is the same for all agencies and foster homes.

DCYF has a Special Investigation Unit (SIU) per RSA 169-C:2 XVI and 169-C: 3-a that is assigned to assess any report of abuse or neglect in a foster care setting. During the course of the investigation if there are founded violations or suspicion of violations of the foster care family licensing requirements He-C 6446 these concerns are provided to the foster care licensing manager, and foster eare licensing staff in the district office or Child Placing Agency. Any violation the foster family care licensing requirements in He-C 6446 requires the agency to issue a written order to comply to the foster parent.

He-C 6446.27 Orders to Comply and Immediate Removal of Children In Care.

(c) Within 14 days of the date of the order to comply, the licensing agency and the foster parent shall jointly develop a corrective action plan to correct the violations.

(d) The foster parent shall not accept any additional children in care, children for respite care, or children in a pre-adoptive placement:

(1) After receiving an order to comply as specified in (c) above and prior to the development of a corrective action plan; or

(2) During an ongoing investigation of alleged child abuse or neglect.

(i) If any violations identified present a risk to the health, safety, or well-being of the child in care, the department shall immediately, and with any court approval required by law, remove the child in care from the foster home without issuing an order to comply.

(j) The department shall revoke the license or permit of the foster parents without issuing an order to comply if there is a founded report of child abuse or neglect for a foster parent and shall revoke the license or permit of the foster parents without issuing an order to comply if there is a judicial finding of abuse or neglect made related to foster parent.

(k) The department shall revoke the license or permit of the foster parents without issuing an order to comply if a foster parent is convicted of a felony or other crimes pursuant to He-C 6446.29(b).

Further information on Foster Care Programs in New Hampshire can be found in the Child and Family Services Five-Year Plan submitted by DCYF to the Administrative Office for Children and Families, Children's Bureau on June 30, 2014. The following are links to the Statute and Rules referenced in the responses to the questions posed.

NH RSA 170-E TITLE XII, PUBLIC SAFETY AND WELFARE, CHAPTER 170-E, CHILD DAY CARE, RESIDENTIAL CARE, AND CHILD-PLACING AGENCIES
http://www.gencourt.state.nh.us/rsa/html/xii/170-e/170-e-mrg.htm

Administrative Rule He-6446 CHILD-PLACING AGENCY LICENSING REQUIREMENTS
http://www.gencourt.state.nh.us/rules/state_agencies/he-c6400.html

Administrative Rule He-C 6446 FOSTER FAMILY CARE LICENSING REQUIREMENTS
http://www.gencourt.state.nh.us/rules/state_agencies/he-c6400.html

Administrative Rule He-C 6355 CERTIFICATION FOR PAYMENT OF FOSTER CARE PROGRAMS
http://www.gencourt.state.nh.us/rules/state_agencies/he-c6300.html

Administrative Rule He-C 4001 CHILD CARE LICENSING RULES
http://www.gencourt.state.nh.us/rules/state_agencies/he-c4000.html

State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES
P.O.BOX 729
TRENTON, NJ 08625-0729

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

ALLISON BLAKE, PH.D., L.S.W.
Commissioner

August 7, 2015

United States Senate
Committee on Finance
Washington, DC 20510-6200

Attention: Chairman Orin G. Hatch
& Ranking Member Ron Wyden

Dear Chairman Hatch and Ranking Member Wyden,

Thank you for your letter inquiring about New Jersey's use of contracted private entities to administer foster care. The care of children and youth in foster care is one of the States' most critical responsibilities and I applaud your commitment to this matter.

New Jersey's use of private entities to administer foster care is different than the trend described in the April 24, 2015 letter which identified an increasing reliance on private entities. In 2014, New Jersey's Division of Child Protection and Permanency began phasing out its reliance on these contracted entities and intends to no longer be utilizing private entities in this capacity by the end of 2015. At this time 252 of New Jersey's 5,346 foster homes are administered by private entities.

Like what is being experienced in other states currently, New Jersey had a critical shortage of foster homes prior to our child welfare reform efforts over the past decade. This shortage drove a need to contract with private entities to augment the foster homes recruited and administered by the public agency. However, we are very pleased that currently, due to enhanced recruitment and retention efforts, an intense focus on increasing kinship placements, focused efforts on reducing the use of out-of-home placement where children can be safely cared for at home, and the dedication of our staff and our communities to serving our most vulnerable children, we have a wealth of foster homes available. As a result, we made a decision last year to begin to phase out the private foster care contracts to allow us to reinvest those funds into other services critical to the children and families we serve. This process is scheduled to be completed this calendar year.

As a result of these changes, the answers to the questions posed by the Senate Finance Committee will likely be different from other states and jurisdictions:

- *To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g., placement of children with particular foster care providers, ongoing casework and oversight of foster care placements).*

    - New Jersey's utilization of private entities to administer foster care does not include case management services as described herein. Placements, ongoing casework, and placement oversight remain the responsibility of public agency caseworkers. The different private entities contracted for this purpose perform a combination of the following functions depending on their individual contract terms: recruitment; conducting home-studies; supporting potential foster homes through the licensing process; training foster parents; managing payments to foster parents; providing ongoing support to foster parents; assisting public agency caseworkers in identifying foster care placements within their network of foster homes; and providing specialized support for children in foster care.

- *What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?*

    - All children in foster care are placed by the public agency, though the private entities which provide administrative support for foster homes will assist the public agency caseworker in identifying foster care placements within their managed network of foster homes as needed.

- *Please provide the number and names of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.*

    - As described above, none of the private entities that provide administrative support for foster homes, provide the core child placement/oversight services identified in the previous questions.

- *Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is this accreditation renewed?*

    - No, the entities providing administrative support of foster homes are not required to be accredited.

- *Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.*

    - Because the Division of Child Protection and Permanency is in the process of phasing out all contracts with these private entities, there is no current process to review and renew such contracts. However, historically, these contracts would be reviewed annually to ensure that the agency was meeting contractual expectations and an appropriate levels of service prior to renewal. Additionally, since public agency staff maintained responsibility for the core case management services, they were positioned to advise contracting staff of any issues requiring further review or corrective action.

- *Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit, and for-profit providers operating in your state.*

    - All foster homes in New Jersey, including kinship homes, public agency managed foster homes, and private agency foster homes are required to be licensed. Chapter 122C of the New Jersey Administrative Code[1] establishes regulations governing health, safety, and well-being. All foster homes are licensed and inspected by state staff.
    - The regulatory requirements are divided into two levels based upon their direct impact upon the child in placements safety and well-being. Level 1 requirements are the most serious, and Level 2 requirements may be waived in order to facilitate kinship placements in the best interest of a child.
    - Prior to being licensed, all resource homes are subject to an on-site inspection and must be found to be in compliance for a license to be issued.
    - Once a license is granted, the resource homes are required to have an annual inspection to ensure on-going compliance. During these inspections, the child's safety is further ensured by requiring that licensing staff see each child in placement and conduct an in-person interview with each child in placement as age appropriate.
    - Additionally, as all placements are made by public agency staff and as monthly visits with children are required to occur in their placement locations, the public agency staff have regular and ongoing oversight of all foster homes.

[1] Regulations available at: http://www.nj.gov/dcf/policy_manuals/Regulations_2ABC012C-D1A3-45AE-A25F-95E0BDEE5443_10%20-%20Human%20Services_122C%20-%20Manual%20Of%20Requirements%20For%20Resource%20Family%20Parents.shtml

- *How many instances of abuse in a foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many of these instances related to children placed by: not-for-profit providers, for-profit providers, and public providers?*

    - Since all placements are made by public agency staff, there is no distinction in the rate of child abuse or neglect between children placed by not-for-profit providers, for-profit providers, and public providers. The rate and actual number of instances of child abuse or neglect in foster care placements over the past five years are as follows:
        - 2014 - 20 instances of child abuse or neglect in foster care yielding a child victimization rate[2] of 0.17%
        - 2013 - 40 instances of child abuse or neglect in foster care yielding a child victimization rate of 0.32%
        - 2012 - 26 instances of child abuse or neglect in foster care yielding a child victimization rate of 0.21%
        - 2011 - 26 instances of child abuse or neglect in foster care yielding a child victimization rate of 0.22%
        - 2010 - 27 instances of child abuse or neglect in foster care yielding a child victimization rate of 0.22%

- *Describe in details the actions taken when an abuse claim is substantiated while a child is in an out of home placement? Do these actions differ depending on whether the child was place by the public agency, a not-for-profit provider, or a for-profit provider?*

    - Since all placements are made by public agency staff, there is no distinction in actions taken when child abuse or neglect occurs in an out of home placement based on placement by not-for-profit providers, for-profit providers, and public providers.
    - When an allegation of child abuse or neglect is made against a foster parent, the Institutional Abuse Investigation Unit, which operates independent of the child protection division, investigates the claim. If the allegation of child abuse or neglect is substantiated involving the foster parent or a member of their household, the Office of Licensing will routinely issue a Notice of Revocation.

[2] Child victimization rate is the number of child victims of abuse or neglect in foster care over the calendar year divided by the total number of children in foster care over the same period.

- There exists, however, an ability to maintain the foster home despite the finding of child abuse or neglect where it is in child's best interest to remain in placement within the home. This can occur with kinship placements where the causes of the instance of child abuse or neglect can be remedied to mitigate the risk of reoccurrence and where the caregiver bond outweighs the mitigated risk. This is only permitted through a waiver process. This waiver process takes into account the family/kin connection of the child in placement to the resource parent, the best interests of the child, the child's case plan, the current safety of the child, and the ability of the resource parent to keep the child in placement safe.

I hope the Senate Finance Committee finds the above information useful and please feel free to contact my office with any additional questions or concerns.

Sincerely,

Allison Blake

Allison Blake, Ph.D., L.S.W.
Commissioner

PUBLIC-PRIVATE PARTNERSHIPS IN NEW MEXICO

- **To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g. Placement of children with particular foster care providers, ongoing casework and oversight of foster care placements)**

    - New Mexico requires a casework to be assigned for each child placed in foster care. The caseworker retains all decision making, oversight of activities and responsibility for that child.
    - All foster care placements, private or public are licensed by the state's Children, Youth and Families Department.
    - Most regular foster care placements are directly overseen by CYFD in each county.
    - The state as one agency that provides private foster care placements. Their capacity is limited.
    - Caseworkers are able to make referrals to community, nonprofit agencies for case management type services, however the caseworkers maintain primary oversight. The case management services are behavioral health related and connected to a DSM IV diagnosis for the parent or child.

- **What proportion of the children in foster care in your state is placed by the public agency, not for profit providers and for profit providers**

    - As of March 2015 New Mexico had 2,146 children in care
    - 14 % are in Treatment Foster Care. All Treatment Foster Care Agencies are licensed and regulated by CYFD. All Treatment Foster Care agencies are not for profit.
    - 3% are placed in Residential Treatment Care. The residential treatment centers in New Mexico are for profit centers.

- **Please provided the numbers and names of private entities providing these core services, as well as information on whether each provider is for profit or not for profit**:

    - Agave 505-639-3038
    - Family Works 505-217-1402
    - High Desert 505-823-4530
    - La Familia/Namaste 505-766-9361
    - La Frontera 505-647-2880
    - NM Solutions 505-286-0701
    - Open Skies 505-345-8471
    - The Peak 505-623-6749

*All agencies above are not for profit agencies.

- **Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is accreditation renewed?**
    - No, we do not require accreditation for certification or licensure

- **Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts?**

    - The NM Children, Youth and Families Department does not contract for foster care or residential treatment services. These are all medically necessary services and are contracted by our Human Services Department.
    - CYFD does not have access to this information. HSD might be a resource on this.
    - The foster care agency certified by CYFD, requires they meet all the licensing standards required by the state for regular foster care. Families are required to complete physical forms, a thorough home study (interviews of all household members, references forms, and financial history), and training, a safety inspection of the home, criminal records and background check by the state and Federal Bureau of Investigations, child abuse and neglect checks.

- **Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not for profit and for public providers in your state.**

    - The NM Children, Youth and Families Department certifies our families and all families providing any type of foster care, to include the not for profit treatment foster care agencies.
    - Below is our Administrative Code which is required for any foster care setting in the State of New Mexico :

8.26.4.13 SAFETY CHECKLIST FOR FOSTER AND ADOPTIVE HOMES:

A. Heating, cooling, and ventilation:
(1) A foster home shall be adequately ventilated. There shall be an effective means of providing fresh air to children's sleeping rooms, including at least one window.
(2) Fuel-burning equipment, including natural gas or liquid propane gas cooking ranges shall be vented appropriately and meet applicable safety code requirements.
(3) Heating equipment shall be adequate to maintain interior temperature of 65 degrees Fahrenheit in all rooms. Gas furnaces shall have a cut-off valve.
(4) The heating systems and associated equipment shall meet all requirements of state and local safety codes.
B. Water:
(1) A foster home shall have an adequate supply of sanitary water.
(2) If water is not obtained from a public supply, a well water certificate from the New Mexico environment department shall be provided for initial licensure, and at five year intervals. Well water testing instructions and an application form are available on the environment department website. Bottled water may be used for cooking and drinking if the water source is assessed to be unsuitable.

(3) Water supply piping and associated equipment shall be installed and maintained in compliance with state and local safety codes. There shall be a pop-off valve on the hot water heater.

C. Sewage, waste and sanitation:

(1) A foster home shall be kept clean and free of accumulation of dirt, waste, and infestations of insects and rodents.

(2) Toilet and bathing facilities shall be provided and maintained in a sanitary manner.

Codes.

(4) Foster homes shall be free of clutter that may cause tripping or falling hazards.

D. Electrical wiring and communication:

(1) Electrical wiring shall comply with state and local safety codes. If the licensing agent has doubt of the adequacy of electrical wiring, the licensing agent shall request the applicant arrange and pay for a local electrical inspector to inspect the wiring and submit a report to the licensing agent.

(2) Electrical extension cords shall not be used for general wiring.

(3) A readily available telephone in case of emergencies.

E. Kitchen and food storage:

(1) A foster home shall have a kitchen with sufficient storage space. Food shall be stored separately from cleaning supplies and other household chemicals.

(2) The kitchen shall be equipped with a refrigerator sufficient to maintain cold food storage in a temperature range between 33 degrees and 45 degrees Fahrenheit.

(3) The kitchen and food preparation equipment and storage shall be maintained in a sanitary condition.

F. First aid and medical supplies:

(1) Foster parents shall maintain a stock of first aid supplies in the foster home. The minimum acceptable stock includes:

(a) One box of non-medicated adhesive bandages;

(b) One pair of blunt scissors;

(c) One roll of two inch or three inch adhesive roller bandage;

(d) One roll of one-half inch adhesive tape;

(e) One box of sterile first aid dressings in sealed envelopes;

(f) First aid cream or ointment.

(2) These shall be stored in a single cabinet or kit, separate from food storage or household cleaning supplies or other chemicals/poisons.

(3) Prescription medicines shall be supplied and administered only as prescribed. They shall be properly labeled, and stored separately from food, cleaning agents or other household chemicals and poisons. After the prescribed course of treatment has been completed, leftover medicine shall be disposed of in an appropriate manner.

G. Personal items:

(1) Each foster child shall be provided an individual comb, toothbrush, night clothes, and under garments which shall not be interchanged between children.

(2) Linens and bedding shall be stored and maintained in a manner assuring that they will be clean. All linens and bedding shall be laundered before use by another child.

H. Any animal, birds, and pets shall be in good health with documentation of current vaccinations, and have a temperament such that they will not be frightening or hazardous to foster children.

I. Foster home space, furnishing and sleeping arrangement:

(1) A foster home shall have a separate bedroom for the foster parents and for any other adults living in or frequently residing in the home. This shall not preclude a foster child under the age of 18 months from sleeping in the same room with his or her foster parents provided that the bedroom space is available for the foster child when he or she reaches the age of 18 months.

(2) There shall be a separate bed provided for each foster child, except that two children of the same gender may sleep in the same double bed.

(3) A foster child over the age of five years shall not share a bedroom with another non-related child of the opposite gender.

(4) The licensing agent may allow exceptions to the sleeping arrangement requirements to permit placement of siblings together in the same foster home.
(5) Sleeping quarters for foster children shall be a contiguous part of the main family residential building or apartment. Exceptions can be made for those children over 16 years of age who are preparing for independent living.
(6) There shall be sufficient closet space or furniture storage space to permit the sanitary storage of children's clothes, linens and bedding.
(7) Furnishings shall be clean and maintained in a sanitary condition at all times.
J. Doors and locks:
(1) A foster home shall have at least two designated exits that meet fire code standards.
(2) There shall be no interior door hardware which makes it possible for a child to be locked inside. All privacy locks shall be provided with emergency unlocking mechanisms.
K. Yard and play space:
(1) A foster home shall have access to a safe indoor and outdoor designated play area.
(2) In areas which have a high density of traffic or other hazards to children, the yard or play space shall be adequately fenced for the children's protection.
(3) All outdoor play space and toys, swings and other outdoor equipment shall be maintained in a sound state of repair and free of projecting sharp edges, splinters or other hazards to children.
L. Other safety issues:
(1) If the applicant operates an automobile, he or she shall have automobile insurance as required by law and a valid driver's license. Motor vehicles shall have safety restraints as required by law and shall have properly installed car seats for age appropriate children.
(2) For age appropriate children, a foster home shall have safety gates and locking mechanisms for cabinets that contain cleaning agents or chemicals.
(3) A foster home shall have at least one fire extinguisher.
(4) A foster home shall have smoke detectors appropriate for the square footage.
(5) A foster family shall develop a fire evacuation plan.
(6) A foster family shall provide to PSD or the agency contact information for at least two locations (including one out of town location) where the foster family would go in the event that a community evacuation is necessary.
(7) All weapons owned or acquired by a foster family shall be stored and locked with ammunition stored separately as per the PSD approved weapons safety agreement. The foster family shall provide a signed copy of the PSD approved weapons safety agreement to the licensing agent.
(8) All pool areas, including hot tubs, shall be adequately fenced or secured in order to prevent the access of children when not accompanied by an adult. Spas or hot tubs shall be securely covered to prevent the access of children when not in use. Outdoor ponds shall not be within the immediate play area of children.
(9) Farm and ranch equipment shall not be easily accessible to foster children as a safety precaution. Farm animals shall be properly housed and secured as a safety precaution.
(10) At initial licensure, the licensing agent will check the list of properties on clandestine drug laboratories in New Mexico website located on the New Mexico environment department homepage to verify the home has not been listed as a contaminated property. This verification shall be documented in the home study. Homes that are listed as contaminated properties shall not be licensed. For homes that have been previously licensed, the licensing agent shall check the clandestine drug laboratories in New Mexico website at the time of re-licensure. If a home has not been listed as a contaminated property, the licensing agent need not check the home again in further re-licensure

8.26.4.18 UPDATES AND RENEWAL OF FOSTER HOME LICENSE:
A. The licensing agent shall conduct an annual review of each foster home to include:
(1) Documentation of completion of the training requirements as described herein at Subsection B of 8.26.4.14 NMAC;
(2) A check of FACTS is conducted on all adults living in the home;
(3) A check of nmcourts.com shall be conducted on all adults living in the home;

(4) a review of the agreement between the foster parent, licensing agency, and PSD or child placement agency; the agreement shall be signed again to cover the remainder of the licensing period or the new licensing period;
(5) a review of placements made during the year, identification of strengths and training needs, and a review of current policies affecting foster care; and
(6) A review with the foster parent their duty to disclose any arrests or abuse and neglect referrals.
B. Foster families must meet the following re-licensure requirements every two years. The SAFE home study update shall be used for re-assessment for re-licensure. The reassessment shall include all requirements listed above in Paragraphs (1) - (5) of Subsection A of 8.26.4.18 NMAC.
C. Before the end of the licensure period, both foster parents and PSD or licensed child placement agency shall ensure that all requirements are met to qualify the family for a renewed license.
D. PSD or child placement agency foster home licenses shall be issued every two years, if they continue to meet requirements

- **How many instance of abuse in foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many of these instances related to children placed by: not for profit providers, for profit providers and public providers?**
    - 57 total victims in state foster care, and 9 total victims in private-for-profit placements
- **Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out of home placement? Do these actions differ depending on whether the child was placed by the public agency, a not for profit provider, or for a profit provider?**

(Please see below procedures)

SOCIAL SERVICES- CHILD PROTECTIVE SERVICES

PROTECTIVE SERVICES INVESTIGATION PROCEDURES (8.10.3 NMAC)

PR 14: ALLEGATIONS OF ABUSE OR NEGLECT IN FOSTER HOMES, TREATMENT FOSTER HOMES, AND PRE-ADOPTIVE HOMES

INVESTIGATION OF ABUSE OR NEGLECT REPORTS IN FOSTER HOMES, TREATMENT FOSTER HOMES AND PRE-ADOPTIVE HOME: PSD investigates reports of allegations of abuse or neglect made regarding a child in PSD's custody placed in foster care, treatment foster care or pre-adoptive home. This includes reports alleging child abuse or neglect in:

-PSD licensed foster homes, regardless if foster children are currently placed the home;
-Foster homes and treatment foster homes licensed by private agencies, --regardless if foster children are currently placed in the home;
-PSD approved pre-adoptive homes; and
Pre-adoptive homes approved by private agencies that are licensed by PSD.

Allegations of violations of policy or licensing standards that do not involve abuse or neglect allegations or safety of the child in placement are referred to placement for resolution. [09-24-01; 11-30-04; 06-30-05; 05-10-10; 02-29-12]

6 NOTIFICATIONS:

6.1 Law Enforcement: The investigation worker notifies law enforcement and coordinates the investigation with them, if requested, but not at the detriment of the investigation initiation time frames. [09-24-01; 11-30-04; 08-20-07; 05-12-10]

6.2 Guardian Ad Litem and Youth Attorney: The investigation worker consults with the child's permanency planning worker and the Children's Court Attorney (CCA) to determine how and by whom notification will be made to the child's guardian ad litem or youth attorney. Notification is made within one-business day of the acceptance of the report by SCI. [09-24-01; 06-30-05; 08-20-07; 05-10-10]

6.3 Private Child Placement Agency: In those circumstances where the foster home, treatment foster home or pre-adoptive home is licensed by a private child placement agency, the investigation worker notifies the private child placement agency of the investigation and attempts to coordinate the investigation with the private child placement agency, if requested, but not at the detriment of the investigation initiation time frames. [05-10-10]

6.4 Placement and Permanency Planning Workers: In those circumstances where the foster home or pre-adoptive home is licensed by a PSD, the investigation worker notifies the placement worker and child's permanency planning worker of the investigation and attempts to coordinate the investigation with them, if requested, but not at the detriment of the investigation initiation time frames. [05-10-10]

7 EFFORTS TO LOCATE: When directions to the home or an address are not provided in the report, the investigation worker contacts the placement services worker or the licensed placement agency. If the investigation occurs after regular business hours, the worker contacts law enforcement or other source, including the emergency after hours number of the child placement agency, which may have information for assistance in locating a child and family. [09-24-01; 05-12-10]

8 INFORMATION COLLECTED:

8.1 Background Questions: The investigation worker gathers the necessary information to complete the Safety Assessment and enters all information in FACTS. (See PR 10, Investigation Requirements – General, paragraph 8 "Information Collected", and paragraph 8.1 "Background Questions.") [09-24-01; 05-10-10]

8.2 Required Interviews and Observations: At a minimum, the investigation worker conducts the following interviews and observations in each investigation for:

1. The alleged victim;

2. Other children living in the home present at the time of the alleged incident;

3. All care providers, including the non-offending foster parent, treatment foster parent or pre-adoptive parent;

4. The alleged perpetrator;

5. The placement worker responsible for the home or treatment coordinators for treatment foster homes;

1. permanency planning worker, when appropriate; and
7. Necessary collateral contacts.

Exceptions to the required interviews and home visits are only in those circumstances where the foster parent, treatment foster parent, pre-adoptive parent or adult refuses to participate in the interview or when law enforcement directs that such an interview not occur. The worker consults with his or her supervisor and documents all exceptions in the "Investigation Case Narrative" in FACTS. [09-24-01; 05-10-10; 02-29-12]

8.3 Home Visit: As part of the investigation, the investigation worker visits the foster home, treatment foster home or pre-adoptive home. Home visits can be announced or unannounced. The worker observes the environmental conditions of the home and of the neighborhood and requests to see where any reported incidents occurred. Because the home is a licensed or approved entity, the worker may enter the home with or without the foster, treatment foster, or pre-adoptive parent's permission. However, if access is denied, the worker seeks assistance from the placement worker or child placement agency in the case of a privately licensed home. If access continues to be denied, the worker consults with his or her supervisor and the Children's Court Attorney to determine if law enforcement assistance is required. If law enforcement is contacted, the worker waits at the home until assistance arrives. Refusal for the worker to enter the home shall be grounds for immediate removal of any child in PSD custody placed based on the inability to ensure safety. The requirement for a home visit may not be waived unless the licenses is revoked or voluntarily relinquished. Any exceptions for not conducting a home visit must have supervisory approval and be documented in FACTS narrative [09-24-01; 11-30-04; 05-10-10; 02-29-12]

8.4 Collateral Contacts: The investigation worker makes collateral contacts as needed to make a determination about the validity of the abuse or neglect allegations and to verify or clarify any inconsistencies obtained from previous interviews. Only those collateral contacts that may be beneficial to the determination and disposition of the case are interviewed. Collateral contacts are selected on the basis of the relevance of the information the contact can offer, which may include:

1. Persons who witnessed the alleged abuse or neglect;

2. Professionals who may have first-hand knowledge of the incident, the injury, the child's condition and the family circumstances;

3. Persons or professionals who may be able to verify information provided by the alleged victim and members of the provider's family; and

4. Persons whom the provider identifies as having relevant information about the incident, the injury, the child's condition, and the provider family's circumstances.

The worker discloses only information that is necessary to facilitate the investigation to the collateral contact. [09-24-01; 05-10-10; 02-29-12]

9 COORDINATION WITH LAW ENFORCEMENT: The investigation worker coordinates and cooperates with law enforcement in joint investigations. The worker attempts to coordinate interviews of the involved parties with law enforcement to avoid

multiple interviews of family members, especially children. Law enforcement is responsible for collecting physical evidence. The worker:

1. Does not touch or move any physical evidence;

2. Contacts the police if he or she believes physical evidence is available; and

3. Records specific observations of the physical evidence and how it relates to the allegations. [09-24-01; 02-29-12]

10 INTERVIEWING CHILDREN:

10.1 The Alleged Child Victim: The investigation worker interviews or observes the alleged child victim and all other children in the household to obtain the child's perception and account of his or her situation. Children who are not able to participate in an interview because of age, physical condition or disability are observed by the worker. The worker informs the child that his or her participation in the interview is voluntary. Children in PSD custody 14 years of age and older must agree to participate in the interview. The worker addresses all aspects of the reported abuse or neglect, as well as assesses any unreported concerns. The worker develops rapport with the child and is sensitive to:

1. The child's apprehension about speaking to an authority figure that may be a stranger;

2. The child's developmental stage and its impact on sense of time, vocabulary, and distinction between reality and imagination;

3. The child's hesitancy regarding sharing information about himself or herself and the foster or adoptive family;

4. The child's concern over the repercussions of disclosing;

5. The child's perception of safety with the family;

6. Minimizing the number of interviews for the child;

7. The possible interference with any ongoing criminal investigations;

8. The alleged victim's responses to the alleged perpetrator or non-offending foster or pre-adoptive parent;

9. Using leading questions with the child;

10 language differences or first language of the individual; and

11. Credibility of the child and past history regarding allegations.

If a child makes the allegation after the child has been removed from the foster, treatment foster, or pre-adoptive home, the worker either interviews the child if the child is in the same county, or requests a courtesy interview by the county staff where the child is currently residing. [09-24-01; 11-30-04; 06-30-05; 05-10-10; 02-29-12]

10.2 Biological or Adoptive Children of Foster, Treatment Foster or Pre-adoptive Parents: PR 11, Investigation Requirements – Child Victim and Other Children applies to the biological or adoptive children of foster, treatment foster or pre-adoptive parents. [05-10-10]

11 RECORDING THE INTERVIEWS: Recording of interviews of children is done, whenever possible, to prevent multiple interviews of children. The child being interviewed is aware that recording is being done. The recording is filed in the written case record. If law enforcement requires the recording, the investigation worker documents the creation of the recording and to whom it was given. The worker may coordinate with law enforcement and a local safe house provider to facilitate the recording of the child's interview. [09-24-01; 05-10-10; 02-29-12]

12 PHYSICAL AND SEXUAL ABUSE EXAMINATIONS: The investigation worker provides or arranges for examinations or evaluations of the child to document injuries and determine the need and type of intervention required. [09-24-01; 05-10-10]

12.1 Investigation worker Examination: If the allegations are of physical abuse, the investigation worker begins by asking the child to identify where on his or her body the injury occurred. In the presence of another adult, preferably an adult the child trusts and who is not the alleged perpetrator, the worker asks the child (or the adult in the case of an infant) if he or she can view the area for indication of injury and observe the child for additional bruising, welts, scratches, burns or other injuries. [05-10-10; 02-29-12]

12.2 Documentation of Bruising or Injury through Photography: The investigation worker attempts to document the injury through photographs, if possible, and prepares a written description of the injury. The photograph and the written description must have the name of the person photographed, the date the photograph was taken, the name of the photographer, and who was present at the time the photograph was taken. The worker documents in the case activity notes in FACTS the existence of the photograph and the child's explanation for the injury or injuries. The photograph is filed in the written case record unless requested by law enforcement. The description of photographs taken and given to law enforcement or the district attorney's office is documented in the case record, including the name of the individual and organization to which any photo is given. [09-24-01; 05-10-10; 02-29-12]

12.3 Medical Examination: The investigation worker arranges for a medical examination to document visible injuries or when the child requires medical attention. Should any questions or concerns arise; the worker and supervisor consult with the CYFD-PSD Medical Director.

Medical personnel are informed of the investigation and consulted on the purpose of the examination. Medical personnel are provided with all information necessary to conduct a thorough medical examination. Medical personnel are requested to provide documentation of the findings and a narrative of any disclosures the child has made at the time of the examination. The worker files this information in the written case record and documents in the case narrative in FACTS the date of the examination, the location of the examination and the identity of the medical professional providing the examination. The following are resources for medical examinations:

1. CART may be contacted during business hours at 505-272-1898 or 505-951-2509. After hours contact may be made by calling the Children's Hotline, 1-877-866-7543, and asking to speak with the CART doctor on-call.
2. SANE contact may be made through your local SANE office.
3. The child's local Primary Care Provider (PCP) may also be contacted.

The cost of medical examinations is applied to the parent's or guardian's insurance first or Medicaid. If no other alternatives or resources are available to pay the examination expenses, the cost is covered through the use of Title XX funds, which requires Deputy Director Approval through a Memorandum for Decision (MFD); once the approval is received, then the worker submits a payment request in FACTS. The PSD Director or his or her designee must approve cost over $500.00. [12-31-97; 09-24-01; 11-30-04; 05-10-10; 02-29-12]

12.4 Sexual Abuse Examination: The investigation worker arranges for a sexual abuse examination immediately when there are indications that sexual contact occurred within the last 72 hours. The preference is for the examination to be completed by medical personnel with specialized training in sexual abuse.

Para Los Niños (Child Sexual Abuse Program affiliated with UNM) may be contacted during working hours at 505-272-6849. After hours contact may be made through the Children's Hotline number 1-877-866-7543.

If the worker is unable to schedule an appointment with a specialist, the child is evaluated in the emergency room. Non-emergency sexual abuse exams are scheduled after the child has been interviewed. [09-24-01; 02-29-12]

13 CONTACT WITH FOSTER PARENTS, TREATMENT FOSTER PARENTS AND PRE-ADOPTIVE PARENTS:

13.1 Notification of Foster Child Interview: When possible, the foster, treatment foster or pre-adoptive parents of the foster child who has been interviewed are notified of the interview the same day. Notification is face-to-face whenever possible.

13.2 Adults and Other Care Providers in the Home: Care Providers are defined as adults living in the household who have routine responsibility for childcare. This responsibility may fall to others besides the child's foster or adoptive parents. Each adult household member with childcare responsibilities is considered when assessing safety. [09-24-01; 02-29-12]

13.3 Interview with the Foster, Treatment Foster or Pre-Adoptive Parent: The Investigation worker interviews the foster, treatment foster or pre-adoptive parent to collect information needed to establish the present safety of the alleged victim and other children in the home and appropriateness for future placements in the home. The worker assesses the foster, treatment foster or pre-adoptive parent's response to the allegations. The worker addresses all aspects of the abuse or neglect allegations. The worker attempts to establish rapport and considers the foster, treatment or pre-adoptive parents:

1. Apprehension about speaking to an authority figure that may be a stranger;

2. Linguistic ability and use of language;

3. Hesitancy regarding sharing information about himself or herself and his or her family;

4. Legal concerns regarding disclosing abuse or neglect of the child;

5. Feelings of inadequacy, failure or anger and his or her responses to these feelings;

6. Language difference or first language of the individual; and

7. Actions or behaviors toward the child. [09-24-01; 0615-04; 11-30-04; 05-10-10; 02-29-12]

13.4 Information to be provided to the Foster, Treatment Foster or Pre-Adoptive Parent by the Investigation worker: At the beginning of the interview, the investigation worker informs the foster, treatment foster or pre-adoptive parent that:

1. In the event of safety concerns, immediate removal of the child may occur;
2. Any interaction on his or her part is voluntary, but lack of cooperation may raise safety concerns;
3. All information is confidential within PSD, except when it becomes necessary to work with law enforcement, the District Attorney and relevant agencies;
4. All information is confidential within in PSD except in the case of treatment foster care the information will be shared with the licensing agency;
5. Other people may be interviewed to complete the investigation;
6. Information concerning the report and investigation has been entered into PSD's files;
7. Information gathered could impact their license approval and placement of children in the home;
8. Information is provided to parties to the court proceeding;
9. If a foster child has been removed, how PSD will determine if the child can be returned;
10. No other placements can be made during the investigation; and
11. When the foster parent, treatment foster parent or pre-adoptive parent can expect information about the results.

The information is provided to the foster, treatment foster or pre-adoptive parent in writing. [09-24-01; 11-30-04; 06-30-05; 05-10-10; 02-29-12]

14 SAFETY ASSESSMENT:

14.1 Safety Assessment: The investigation worker initiates the safety assessment at the initiation of the investigation and continues to collect relevant information needed to provide for ongoing assessment of safety throughout the investigation. The worker obtains the information necessary to complete the Safety Assessment Instrument prior to completing the investigation. If at any point during the investigation the worker determines that present danger exists, the worker takes action to remove the foster child and provides immediate protective services response sufficient to address the safety threat for biological or adopted children remaining in the home.

The worker documents the assessment of safety in FACTS. The worker accesses the Safety Assessment in FACTS through the "Safety" button on the basic tab in the investigation by selecting "Casework" then "Risk Assessment" then "Safety Assessment" then selects the case and selects "Create." [05-10-10; 02-29-12]

14.2 Safety Decision: Based on the investigation worker's analysis of safety threats and the presence or absence of protective capacities that offset, mitigate or control the threat of present or impending danger of serious harm, the worker makes the safety decision by indicating whether the child is *safe, conditionally safe,* or *unsafe* as follows:

1. The child is safe: There are no safety threats placing the child in present or impending danger of serious harm. Safety threats do not exist or have been removed.
2. The child is conditionally safe: One or more safety threats placing the child in present or impending danger of serious harm were identified. However one or

more protective capacities have been identified and documented that offset, mitigate or control the threat of present or impending danger of serious harm.

3. The child is unsafe: One or more safety threats placing the child in present or impending danger of serious harm were identified. There are not sufficient protective capacities to offset, mitigate or control the threat of present or impending danger of serious harm.

The safety decision may change throughout the investigation as new information is gathered and assessed. Prior to closure of the investigation, the worker makes a final safety decision that impacts the investigation disposition. The supervisor reviews and approves the safety decision. [05-10-10; 02-29-12]

14.3 The Risk Assessment Instrument: The Risk Assessment instrument is not completed as part of the investigation. [05-10-10; 02-29-12]

15 REMOVAL OF A CHILD FROM AN UNSAFE ENVIRONMENT: Children in PSD custody who are assessed to be unsafe must be removed from the foster, treatment foster or pre-adoptive home. Removal in such a circumstance constitutes an "emergency". The investigation worker notifies the Children's Court Attorney (CCA) of the placement change and requests that the required notifications are issued. The assigned worker notifies the guardian ad litem or youth attorney within one business day if a decision is made to remove the child. [05-10-10; 02-29-12]

15.1 Placement: The child's assigned permanency planning worker is involved in decisions about placement of a child in a foster home and identifies a home where the child can be moved, if the determination is made that the child cannot safely remain in the current foster home or pre-adoptive home. [09-24-01, 06-30-05]

15.2 Safe or Conditionally Safe: Children assessed to be safe or conditionally safe may remain in their current placement. In those circumstances where a child is assessed to be safe or conditionally safety, the child's permanency planning worker and supervisor and the placement worker and supervisor (or child placement agency staff for privately licensed or approved families) reviews the investigation results to identify services and supports required by the child and the foster parent, treatment foster parent or pre-adoptive parent. [09-24-01, 06-30-05]

16 INVESTIGATION COMPLETION:

16.1 Investigation Decision: The investigation worker completes the investigation within 45 days of Statewide Central Intake (SCI) accepting the report unless an extension is secured from the supervisor. No extension may be granted unless the reasons for the extension are documented in FACTS. Extensions are not to exceed an additional 30 days after the original 30 days. (See Completion of an Investigation and Investigation Decision, 8.10.3.17 NMAC and Investigation Disposition, 8.10.3.18 NMAC) [05-10-10; 02-29-12]

16.2 Completion of Investigation and Outcome: Following the completion of the investigation the foster, treatment foster or pre-adoptive parent and, if applicable, private child placement agency are provided the investigation decision in writing. The Safety Assessment results are provided upon request. The investigation worker will inform all relevant PSD staff (the County Office Manager of the office assigned to the child's case and the placement worker and PPW) of the outcome of the investigation through an internal staffing. The worker and his or her supervisor offer to meet with the foster, treatment foster or pre-adoptive parents at the conclusion of the investigation to explain the investigation decision. [09-24-01; 06-30-05; 05-10-10; 02-29-12]

17 NOTIFICATIONS:

17.1 Adoptions and Foster Care Bureau: The investigation worker sends a copy of the investigation and disposition to the Adoptions and Foster Care Bureau immediately upon completion of the investigation. The Adoptions and Foster Care Bureau notifies the licensing and certification unit of CYFD's Youth and Family Services when investigations involve treatment foster care homes. [05-10-10; 02-29-12]

17.2 Guardian ad Litem or Youth Attorney: The permanency planning worker notifies the guardian ad litem or youth attorney of any action taken as a result of the report by sending the attorney a copy of the results letter sent to the foster, treatment foster or pre-adoptive parent at the conclusion of the investigation. [09-24-01; 06-30-05; 08-20-07]

REVOCATION OR NON-RENEWAL OF A LICENSE: A foster home license may be revoked or not renewed when, based upon the assessment and professional opinion of the placement worker and supervisor, conditions in the foster family home are not conducive to the fostering of children. [10-29-09]

9.1 Reasons for Revocation or Non-Renewal: An existing foster home or relative foster home license may be revoked or renewed at any time for reasons including but not limited to:

1. Disqualifying criminal records check results as described in PR 10 above;
2. Disqualifying abuse and neglect check results as described in PR 11 above;
3. Failure to comply with PSD policies and adoption and foster care regulations, including confidentiality provisions;
4. Failure to comply with safety measures, including those requirements described in PR 13 above;
5. Returning a child to PSD without seeking support services provided by the PSD or community service providers in order to preserve the placement;
6. Refusal to comply with the child's case plan;
7. Inability to adequately meet the needs the child, including a nutritious diet, adequate clothing, etc...
8. Failure to include children in family activities;
9. Overuse or inappropriate use of respite care;
10. failure to actively preserve connections with foster children and their birth families and community of origin, including siblings or other birth relatives, church community; and fictive kin, or the child's friends;
11. Failure to demonstrate the ability to provide emotional support during important developmental points in the course of a child's life;
12. Repeated refusals by the family to accept children who have been identified for placement with the family;
13. Failure to participate in required training;
14. Failure to comply with PSD decisions regarding the child's safety, permanency, and well-being;
15. Abuse of substances including but not limited to alcohol, illegal drugs; or prescription drugs or controlled substances;
16. Exposure of the child to cigarette smoking and tobacco products;
17. Fraudulent claims for reimbursement or deliberate falsification of records; 18. Neglect or abuse of foster children or other children;
19. Failure to abide by the foster care agreement;
20. A documented professional assessment that continued licensure would be contrary to the safety, permanency, and well-being of the child, or that conditions in the foster home are not conducive to the fostering of children. [10-29-09]

9.2 Revocation or Non-Renewal Process: The placement worker documents in FACTS the reasons and recommendation to revoke or not renew the license, and forwards his/her recommendation to the placement supervisor for approval. The Regional Placement Supervisor or designee immediately notifies the Office of General Counsel (OGC) after receiving the placement worker's recommendation for revocation or non-renewal of a license. The Regional Placement Supervisor, placement worker, and others as appropriate staff the proposed revocation or non-renewal with the assigned attorney from OGC. Upon the approval of the manager and concurrence by OGC, the placement worker and supervisor notify the foster parent/relative foster parent in a face-to-face meeting and in writing within five days of the decision to revoke or not renew the foster care license. The notification includes:

1. The effective date of the revocation/non-renewal,
2. Reasons for the revocation/non-renewal, including identification of any policy and/or regulation violations,
3. The right of the foster parent to request an appeal of the decision to revoke or not to renew the license, and
4. The process to request an appeal. [10-29-09]



Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Acting Commissioner

June 18, 2015

The United States Senate
Committee on Finance
Washington, D.C. 20510-6200
Attn: Rebecca Shipp, Health & Human Resources Policy Advisor
Laura Berntsen, Senior Human Services Advisor

VIA ELECTRONIC TRANSMISSION
becky_shipp@senate.finance.gov
laura_berntsen@senate.finance.gov

Dear Ms. Shipp and Ms. Berntsen:

I am replying to the April 24, 2015 letter written to the members of the National Governor's Association (NGA) and signed by Senators Hatch and Wyden requesting information about public and private providers of foster care in the states. I am replying on behalf of New York State (NYS).

The Office of Children and Family Services (OCFS) serves New York's public by promoting the safety, permanency and well-being of our children, families and communities. We achieve results by setting and enforcing policies, building partnerships, and funding and providing quality services. OCFS is dedicated to improving the integration of services for New York's children, youth, families and vulnerable populations; to promoting their development; and to protecting them from violence, neglect, abuse and abandonment. The agency supervises the provision of a system of family support, juvenile justice, child care and child welfare services that promote the safety and well-being of children and adults. Among the operating principles across all program areas are that services should be developmentally appropriate, family-centered and family-driven, community-based, locally responsive, and evidence and outcome based.

Among OCFS' responsibilities are programs and services involving foster care, adoption and adoption assistance, child protective services including operating the Statewide Central Register of Child Abuse and Maltreatment (SCR), preventive services for children and families, and services for pregnant adolescents. New York State is one of a few states that has oversight and provides funding for such services on a state-supervised, county-administered basis. Foster care in New York State is administered by a network of agencies which are empowered by law to temporarily care for and place children who are unable to remain in their own homes until a more permanent situation is arranged.

NYS is comprised of 58 Local Social Services Districts (LDSS). One for each of 57 counties outside of New York City and one local district that is made up from the five counties (boroughs) of New York City, which is called the Administration for Children's Services (ACS). Foster care may be provided directly by a LDSS or through a contract by the LDSS with a voluntary authorized agency (a

not-for-profit corporation with the corporate authority to provide foster care services). Each LDSS has the flexibility to contract with providers that will best serve the needs of their individual districts. OCFS is responsible for approving, inspecting, supervising and monitoring the LDSS' and voluntary authorized agencies that provide care for foster children. We have found this to be the most acceptable methodology that best serves the diverse needs of our state.

The Senators put forth eight questions on behalf of the committee. I am providing you the responses for OCFS.

Q.1. To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g. placement of children with particular foster care providers, ongoing casework and oversight for foster care placements).

A.1. The LDSS' contract with over 70 not-for-profit providers statewide. In most of the state, case management responsibility is maintained by the LDSS' in regard to children in LDSS custody or OCFS in regard to those youth in OCFS custody. In New York City, the role and function of case management is with a voluntary authorized agency with final decision making remaining with ACS.

Q. 2. What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers and for-profit providers?

A.2. OCFS does not use for-profit providers. NYS allows the LDSS' the flexibility to contract with the not-for-profit providers that are best suited for their needs. All foster children in the legal custody of ACS are placed in foster homes or congregate placements through voluntary authorized agencies.

Q. 3. Please provide the number and names of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.

A.3. A complete list appears at the end of the directive (see link). None of these programs are for-profit.

http://ocfs.ny.gov/main/policies/external/OCFS_2014/ADMs/14-OCFS-ADM-04%20Maximum%20State%20Aid%20Rates%20for%20Foster%20Care%20Programs%20and%20Residential%20Programs%20for%20Committee%20on%20Special%20Education%20Placements%20-%20Effective%20Ju.pdf

Q. 4. Does your state require private foster care entities or organizations operating in your state to be accredited? If so, by which organization and how often is this accreditation renewed?

A. 4. OCFS does not require that foster care entities receive accreditation from non-governmental entities. These entities must receive approval from OCFS to open an agency and obtain an operating certificate from OCFS to open a facility. Additional information regarding this can be found at the OCFS web site at: http://ocfs.ny.gov/main/publications/Pub5032.pdf

Q. 5. Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.

A. 5. Annually, OCFS issues Maximum State Aide Rates (MSARs) and Committee on Special Education (CSE) Maintenance Rates to LDSS' advising them of the annual rates and methodology

approved by the state's Division of the Budget. MSARs define the State reimbursement limits for LDSS' in negotiating contracts with authorized foster care providers, pursuant to Social Services Law §398-a and 18 New York State Codes, Rules and Regulations (NYCRR) Part 427. Pursuant to Section 398-a (2-a) of the Social Services Law, LDSS' are required to pay no less than 100 percent of each OCFS-established congregate care rate as well as each administrative/services rate for a therapeutic, special needs, or emergency foster home program. We do not contract with for-profit agencies. Our grantee provider manual explains the requirements to all applicants.

Where an LDSS contracts with a voluntary authorized agency, it must use a model contact prescribed by OCFS. The model contract addresses the statutory and regulatory standards the voluntary authorized agency must satisfy in regard to the care, planning and supervision of the foster child. It also addressed the role of the LDSS in the oversight of the operations and services provided by of the voluntary authorized agency. The URL below will provide the Model Contract for providers of such services.

http://ocfs.ny.gov/main/policies/external/OCFS_2013/ADMs/13-OCFS-ADM-08%20%20Revised%20Model%20Contract%20for%20Purchase%20of%20Foster%20Care%20Services.pdf

Q. 6. Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit and for-profit providers operating in your state.

A. 6. Our process is the same for not-for-profit and public agencies. We do not contract with for-profit providers. OCFS delineates the safety inspection process in the following publication entitled Regulations for Certified and Approved Foster Family Boarding Homes & Regulations for Designated Emergency Foster Family Boarding Homes. This publication can be found on our internet site at the following URL:
http://ocfs.ny.gov/MAIN/PUBLICATIONS/Pub5032.pdf

For residential facilities for children in foster care, OCFS conducts periodic assessments of each facility to which an operating certificate has been issued. OCFS inspects such facilities for compliance with physical plant standards, safety standards and program standards. Additional inspections and reviews occur when complaints are received or when there are allegations of abuse or neglect of children in such facilities.

Q. 7. How many instances of abuse in a foster care placement have been substantiated in the last five years in your state? Of the substantiated, how many of these instances related to children placed by not-for-profit, for-profit and public providers?

A. 7. Prior to June 30, 2013, Institutional abuse or neglect (IAB) investigation reports were made to the SCR, which is housed within the Office of Children and Family Services (OCFS), and were investigated by OCFS or the Commission on Quality Care and Advocacy for Persons with Disabilities (CQC). Beginning June 30, 2013, such reports are made to the Justice Center for the Protection of People with Special Needs (The Justice Center). Consequently, data reported in the table below are based on those reported to OCFS.

In the period from 2008 to 2013, the a majority of IAB reports involved were on children placed with private non-profit or for-profit agencies (voluntary) agencies (table 1). These ranged from a high of 65

percent in 2013 (only partial year available), 64 percent in 2009 and 2010 to a lowest of 58 percent in 2011. The residual were of children placed with New York public agencies. Of the reports that were indicated, the highest percent were those on children placed with private not- for-profit agencies (voluntary agencies).

Table 1: Institutional Abuse or Neglect (IAB) Investigations: Distribution of Reports and Indicated Reports from 2008 to 2013

	2008		2009		2010		2011		2012		2013	
	Total	Indicated	Total	Indicated	Total	Indicated	Total	Indicated	Total	Indicated	Total	Indicated
						Number						
Private Agencies	1,092	173	1,424	212	1,168	159	951	120	986	95	516	58
Public Agencies	724	97	798	106	649	101	679	81	584	63	275	23
Total	1,816	270	2,222	318	1,817	260	1,630	201	1,570	158	791	81
						Percent (%)						
Private Agencies	60%	64%	64%	67%	64%	61%	58%	60%	63%	60%	65%	72%
Public Agencies	40%	36%	36%	33%	36%	39%	42%	40%	37%	40%	35%	28%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Note: As of 6/30/13, IAB reports were taken by the Justice Center and as a result 2013 data do not represent a complete year.
Source: Data Warehouse (5/1/15)

In the period from 2008 to 2013 (partial data available for 2013), the percentage of reports that were indicated in New York State ranged from a high of 15% in 2008 to a low of 10% in 2012 and 2013 (Table 2). An "indicated report" is a report for which some credible evidence of abuse or neglect was found after investigation.

Table 2: Institutional abuse or neglect (IAB) investigation Reports and the Percentage Indicated from 2008 to 2013

	2008		2009		2010		2011		2012		2013	
	Total Reports	% Reports Indicated	Total Reports	% Reports Indicated	Total Reports	% Indicated	Total Reports	% Indicated	Total Reports	% Indicated	Total Reports	% Indicated
Private Agencies	1,092	16%	1,424	15%	1,168	14%	951	13%	986	10%	516	11%
Public Agencies	724	13%	798	13%	649	16%	679	12%	584	11%	275	8%
Total	1,816	15%	2,222	14%	1,817	14%	1,630	12%	1,570	10%	791	10%

Note: As of 6/30/13, IAB reports were taken by the Justice Center and as a result 2013 data do not represent a complete year.
Source: Data Warehouse (5/1/15)

Q. 8. Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out of home placement? Do these actions differ depending on whether the child was placed by the public agency, a not-for-profit or a for-profit provider?

A. 8. For children in foster homes, reports of alleged abuse or maltreatment are made to the SCR and transmitted to the appropriate LDSS for investigation. If the report is substantiated, the LDSS that placed the child determines the appropriate action take based on the circumstances of the individual case. The LDSS has a range of options available, including removal of any or all children in care from the foster home and closing the home. In less severe cases, the options could include increased supervision of the foster home, or additional training for the foster parents.

In cases of institutional abuse or neglect involving residential facilities that were are reported to the SCR, these claims are investigated and an "Institutional Abuse or IAB" hearing is held where testimony is given before an administrative law judge who renders a determination based on the evidence produced. OCFS is one of the state agencies that is overseen by the Justice Center. Their mission is to support and protect the health, safety, and dignity of all people with special needs and disabilities through advocacy of their civil rights, prevention of mistreatment, and investigation of all allegations of abuse and neglect so that appropriate actions are taken. The Justice Center can and has been called when reports of abuse in an out of home placement are placed. OCFS retains its oversight role over the foster care facilities subject to the Justice Center's investigations and continues to require corrective action from the agency operating the facility when necessary.

Actions do not differ based on whether the foster care facility is publicly or privately operated.

I hope that these responses are helpful to the Finance Committee's work. OCFS remains committed to serving vulnerable children and families. We hope that you will continue to reach out to OCFS through our Governor's Washington D.C. office for information regarding this or other child welfare issues.

Sincerely,

Sheila J. Poole
Acting Commissioner

SP/ed

north dakota department of human services

Executive Office

(701) 328-2538
Fax (701) 328-1545
Toll Free 1-800-472-2622
ND Relay TTY 1-800-366-6868

Jack Dalrymple, Governor
Maggie D. Anderson, Executive Director

May 21, 2015

Senator Orrin G. Hatch, Chairman
United States Senate
Committee on Finance
Washington, DC 20510-6200

Senator Ron Wyden, Ranking Member
United States Senate
Committee on Finance
Washington, DC 20510-6200

Re: North Dakota's Response to Senate Finance Letter to Governors -- Foster Care

Dear Sen. Hatch and Sen. Wyden:

In response to your April 24, 2015, letter, The North Dakota Department of Human Services is pleased to provide the following information to the Senate Finance Committee at the request of Governor Jack Dalrymple.

- To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g., placement of children with particular foster care providers, ongoing casework and oversight of foster care placements).

  PATH-ND, a private non-profit organization, is utilized as a private provider of foster care. PATH recruits and supervises their foster families but the state licenses the PATH family foster care providers. The state makes payment directly to PATH to cover the costs of foster care. PATH, in turn, pays their foster parents and keeps a percentage of the rate for administrative costs. PATH also provides case workers to support and oversee the family foster care providers. Public agencies with custodial and placement authority provide case management services for a child placed in a PATH foster home. Public agencies include the counties, the Division of Juvenile Services, and tribes.

The state provides much of the training for the PATH foster parents through a long standing agreement with PATH. This training is provided by the University of North Dakota, Children and Family Training Center.

- What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?

  100 percent of the foster children placed into foster care are placed by a public agency (counties, Division of Juvenile Services, tribes) because they are the custodians of youth in the system. The public agencies make the placements into foster care for both public and private provider (PATH) homes. The private nonprofits serve foster youth, but they do not make the placement of youth nor do they have placement authority. As of May 7, 2015, PATH was serving 232 foster children. That accounts for about 17.3 percent of all North Dakota foster youth (N=1,339).

- Please provide the number and names of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.

  PATH-ND, Inc.
  1202 Westrac Drive, Suite 400
  Fargo, ND 58103
  Phone: 701-551-6341
  PATH is a private not-for-profit entity.

- Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is this accreditation renewed?

  North Dakota does not require private providers be accredited. However, PATH is accredited by the Council on Accreditation for Services to Children and Families (COA) by choice. Their most recent accreditation was in October 2014 and is effective for four years. North Dakota does require all private foster care providers to be licensed through the North Dakota Department of Human Services (NDDHS) according to North Dakota Administrative Code (NDAC) 75-03-36 Licensed Child Placing Agency. This consists of an annual review and licensure by NDDHS to make sure NDAC is being followed.

- Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.

  NDDHS has had a long standing agreement with PATH (since 1994) to provide therapeutic foster care services in North Dakota. As noted above, NDDHS reviews and licenses PATH annually per NDAC 75-03-36. This review is conducted by a team to ensure compliance with NDAC 75-03-36 relating to the children being served, personnel, administrative processes, and provide family

support and case management. The reviewers also review a representative sample of both personnel and children's files to ensure compliance. Any private provider wanting to establish services in North Dakota may do so if the provider is able to demonstrate the ability to comply with the rules set out in NDAC for a licensed child placing agency.

- Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit, and for-public providers operating in your state.

  Inspections regarding the safety of the foster care settings are the same for public and private providers. All providers, public or private, are required to have an annual renewal of their license to ensure ongoing compliance with licensure standards. These standards are noted primarily in North Dakota Century Code (NDCC) 50-11, NDAC 75-03-14 and foster care service chapter 622-05. They relate to the physical structure of the home, on-going training of foster parents, make up of people residing in the home, continuing abuse/neglect registry, background checks for adults in the home, and a review of foster parent's performance/ability to work as team members over the past year. The reviews are conducted and information is gathered by the public or private organization that has oversight of the home, and presented to the NDDHS at the regional level where the information is reviewed. After the review, NDDHS determines if the license can be renewed for another year or if it should be denied based on the information gathered through the annual review.

- How many instances of abuse in a foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many of these instances related to children placed by: not-for-profit providers, for-profit providers, and public providers?

  There have been 18 instances of abuse by foster parents substantiated in the past five years in North Dakota. NDDHS does not track if they were public or private providers of foster care.

- Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out of home placement? Do these actions differ depending on whether the child was place by the public agency, a not-for-profit provider, or a for-profit provider?

  The actions do not differ when dealing with a public versus a private agency providing foster care when an allegation of abuse/neglect is substantiated. When a report of suspected abuse/neglect is received, the child protection services staff in the county in which the provider resides is responsible to complete the assessment of the allegation. If there is a conflict of interest (the foster home is supervised by the county assigned to do the assessment or the county doing the assessment has custodial youth placed in that home), a neighboring county will

be asked to complete the assessment. A determination is made whether or not it is safe to leave the foster child in the home with a strong safety plan in place, or to remove the child during the assessment to ensure their safety. If abuse/neglect is substantiated in the foster home, NDDHS will revoke that family's license to provide foster care as per NDAC 75-03-14 and NDCC 50-11. NDDHS does have the ability to determine that the family has been "rehabilitated" if they complete all of the recommendations made by the assessment team. If this determination is made, the license to provide foster care may be reissued. However, once a license is revoked, it usually stays revoked.

If you have further questions, contact me at 701-328-2617 or manderson@nd.gov

Sincerely,

Maggie D. Anderson
Executive Director

cc Office of Governor Jack Dalrymple

Sequoyah Memorial Office Building
PO Box 25352
Oklahoma City, OK 73125-0352
(405) 521-3646 • www.okdhs.org

May 28, 2015

Dear Ms. Shipp and Ms. Berntsen:

Please see our answers to the questions posed by Senators Orrin Hatch and Ron Wyden in their letter to our Governor dated April 24, 2015 regarding foster care.

To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g., placement of children with particular foster care providers, ongoing casework and oversight of foster care placements).

Oklahoma uses private entities for management services in traditional foster care, i.e., non-kinship, and therapeutic foster care services

What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?

See Figure 1 below.

Please provide the number and names of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for profit entity.

See Figure 2 below.

Does your state require the private foster care entities or organizations operating in your state be accredited?

No, Oklahoma does not require foster care entities operating in our state to be accredited. However, therapeutic foster care contractors are considered health providers by the State Medicaid Agency and are required to be accredited by those standards. Applicable federal regulations and state laws are followed for approving foster care entities.

Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.

Therapeutic foster care contracts are awarded as "fixed rate" contracts and are not required to be open for bidding. The state can enter into a contract with any qualified entity for the services of a fixed rate so long as services are needed and funding exists. The traditional foster care contracts were competitively bid and first awarded in 2013 for a one-year contract with five renewal options. The bids were conducted according the Oklahoma Central Purchasing Act.

Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit, and for-profit providers operating in your state.

The process in Oklahoma does not differ based on private/public nor profit/non-profit but does differ based on type of setting. While foster care and therapeutic foster care have the same requirements, they differ from the requirements for residential facilities. Foster care and therapeutic foster care go through a comprehensive family assessment that includes a series of background checks, medical assessment of all family members, financial assessment and an evaluation of the applicant's residence to assess the location, condition and capacity to accommodate the child. For further detail, refer to Oklahoma Administrative Code (OAC) 340:75-7 and 340:75-8 found at http://www.okdhs.org/library/policy/oac340/075/

Furthermore, all private foster care providers are licensed as Child Placing Agency and which, among other things, requires background checks on staff and to ensure they are not on the restricted registry. Child placing agency requirements are found at http://www.okdhs.org/library/policy/oac340/110/05/

Residential facilities are licensed by Child Care Licensing while foster homes are licensed by Child Welfare. The requirements for residential facilities are found at http://www.okdhs.org/library/policy/oac340/110/03/

How many instances of abuse in a foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many of these instances related to children placed by: not-for-profit providers, for-profit providers, and public providers?

See Figure 1 below.

Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out of home placement. Do these actions differ depending on whether the child was placed by the public agency, a not-for-profit provider, or a for-profit provider.

When a report of child abuse or neglect is substantiated in a foster home or therapeutic foster home, DHS staff is responsible for making the decision regarding the continued use of the home. If deemed appropriate for the home to remain open, a Written Plan of Compliance would be initiated. These plans are also initiated when non-compliance issues or rule violations in the foster home require remediation for continued use of the home to control the safety of and placement stability for the child in DHS custody.

The Office of Client Advocacy investigates reports of abuse and neglect in residential or congregate care settings. When abuse or neglect is substantiated in a congregate care setting, a Corrective Action Plan is developed by Child Welfare Services with the placement provider and/or other entities responsible for oversight such as Child Care Licensing or the Office of Juvenile Affairs. The Corrective Action Plan is monitored by members of Child Welfare, and possibly oversight partners, on-site until completion or compliance occurs. Monetary consequences and ultimately loss of contract can occur if concerns identified in the child abuse and neglect substantiation are not alleviated by the Corrective Action Plan.

Figure 1

US Senate Request for FFY 2010 through FFY 2014						
Resource Type	Placement Count	% of Total	MIC*	%of Type	% of Total	% of MIC
Agency	102563	94.03%	619	0.60%	0.57%	87.55%
Not For Profit	6064	5.56%	83	1.37%	0.08%	11.74%
For Profit	449	0.41%	5	1.11%	0.00%	0.71%
Totals	109076	100.00%	707	0.65%	0.65%	100.00%

* Maltreatment in Care

Figure 2

PROFIT	
Choices for Life	
Homebased Services & Resources	
Oklahoma Families First	
Shadow Mountain Therapeutic Foster Care	
Southwest Therapeutic Foster Care	
Youthcare of Oklahoma	
NON PROFIT	
St. Francis Community Services	Youth Emergency Shelter
Tallgrass	Youth Services Creek County
Bair Foundation	Community Children's Shelter
Eckerd	J. Roy Dunning
Angels	Lilyfield
TFI Family services	Youth and Family Services
Eagle Ridge	Panhandle Services
Specialized Alternatives for Family and Youth	Anna's House
Wesleyan Youth Inc	Oklahoma Lions Boys Ranch
Western Plains Therapeutic Foster Care	Circle of Care
Oklahoma Association of Youth Services	Eastern OK Youth Services
Northwest Family Services	Sunbeam Family Services
Multi County Youth Services	Youth Emergency Shelter
Youth and Family Services	Youth Services Creek County
Logan Community Services	Community Children's Shelter
Northern OK Youth Services	J. Roy Dunning
Payne County Youth Services	McClain/Garvin County Youth and Family
Southwest Youth and Family Services	Choctaw/Pushmataha Youth Services
Great Plains Youth and Family	Kiamichi Youth Services
Crossroads Youth and Family Services	

Sincerely,

Ed Lake by LeAnne Bruce Borne

Ed Lake, Director

May 28, 2015

KATE BROWN
Governor

The Honorable Orrin G. Hatch, Chairman
The Honorable Ron Wyden, Ranking Member
United States Senate Committee on Finance
Washington, DC 20510-6200

Dear Senators Hatch and Wyden,

Thank you for your inquiry into Oregon's policy and practices related to privatized foster care. In an effort to assist you in better understanding the degree to which Oregon has entered into public-private partnerships to administer the child welfare program, we have responded to each of your questions, in order, below:

1. To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g., placement of children with particular foster care providers, ongoing casework and oversight of foster care placements).

   Oregon has a state administered child welfare delivery system run through the Office of Child Welfare Programs in the Department of Human Services. Local child welfare offices are maintained in each of Oregon's 36 counties, with more than one branch location in some of the more populated areas. The vast majority of all case management and placement services are delivered by state employees of the Department. All foster homes in the State not associated with Private Child Caring Agencies, including all relative foster placements, are certified by the State prior to any placement being made in that home.

   The Department does contract with Private Child Caring Agencies licensed by the State of Oregon, through the Department of Human Services' Office of Licensing and Regulatory Oversight.

   Oregon Administrative Rules 413-215-0001 through 413-215-0131, govern the licensing requirements of these private agencies. Those rules and the associated policy can be found at: http://www.dhs.state.or.us/policy/childwelfare/manual_2/ii-c1.pdf.

2. What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?

   In 2014, the distribution between the public system of placement services and the private agencies on an average daily basis was approximately:

254 STATE CAPITOL, SALEM OR 97301-4047 (503) 378-3111 FAX (503) 378-8970
WWW.GOVERNOR.OREGON.GOV

Type of Placement	Average Daily Population (ADP)	Percent of the ADP
DHS placements in family foster care (public)	3,078	39%
DHS placements in relative- family foster care (public)	2,448	31%
Private agency placements	373	5%
Children in Trial Home Visits – Reunification (public)	1,912	25%
Totals – Average daily Population of children in care.	7,811	100%

3. Please provide the number and names of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.

CONTRACTED PROVIDER:	**PROFIT: FOR PROFIT /NOT FOR PROFIT**
Albertina Kerr Centers	Not for Profit
Bob Belloni Ranch Inc.	Not for Profit
Boys and Girls Aid Society of Oregon	Not for Profit
Christian Community Placement Center	Not for Profit
Catholic Community Services WW	Not for Profit
CONTRACTED PROVIDER, continued...	**PROFIT: FOR PROFIT/NOT FOR PROFIT, continued...**
Catholic Community Services MWV	Not for Profit
Chehalem Youth and Family Services	Not for Profit
Daniel Moray Corporation	For Profit
Door To Grace	Not for Profit
Douglas County Shelter	For Profit
Eastern Oregon Academy	For Profit
Family Solutions	Not for Profit
Give Us This Day (GUTD)	For Profit
Greater Oregon Behavioral Health Inc. (GOBHI)	Not for Profit
Inn Home for Boys	Not for Profit
Integral Youth Services	Not for Profit
Janus Youth Programs	Not for Profit
Jasper Mountain Center	Not for Profit
Kairos	Not for Profit

Klamath Child and Family Treatment (KBBH)	Not for Profit
Lincoln County Shelter	For Profit
Maple Star of Oregon Inc.	For Profit
Morrison Child and Family Services	Not for Profit
The Next Door Inc.	Not for Profit
OSLC Community Programs	Not for Profit
Professional Therapeutic Community Network (PTCN)	For Profit
Salvation Army	Not for Profit
St. Mary's Home for Boys	Not for Profit
Youth Progress Association	Not for Profit
Youth Villages	For Profit

4. Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is this accreditation renewed?

   No. Oregon Administrative Rules 413-215-0001 through 413-215-0131 govern the licensing requirements. While several private agencies seek out and become accredited by various entities, it is not a requirement in Oregon for agency licensure. Those rules and the associated policy can be found at: http://www.dhs.state.or.us/policy/childwelfare/manual_2/ii-c1.pdf.

5. Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.

   The Department of Human Services utilizes the State's formal contracting process established through various solicitation methods including Invitation to Bid (ITB), Request for Proposal (RFP), and Request for Quotes (RFQ). Historically the RFP has been re-solicited for new bids every five years to ensure fair and competitive processes. More recently the Department has created a Request for Applications (RFA) which will allow a more frequent solicitation process for contracting. These contracting opportunities are posted online for public review and participation through the State's Oregon Procurement Information Network (ORPIN), at: http://orpin.oregon.gov/open.dll/welcome.

   In addition, due to the nature of child welfare services, Oregon has a special provision in contracting rules to allow for "client services" to be solicited on an as needed and individual basis. The Department uses this provision to create child specific contracts for children requiring specialized care, to add additional resources and supports to a current placement, or to extend the contracting capacity of a private agency to take an additional child.

6. Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit, and for-public [profit] providers operating in your state.

The processes for inspection and certification of private foster homes in Oregon is essentially equivalent to the process for public foster homes in that homes are certified based on the results of a comprehensive home study process that includes: assessment of multiple domains, including – motivation of the applicants to become foster parents – their life experiences and challenges – finances and employment – physical and mental health – marital history – spiritual beliefs – cultural background; and safety of the physical environment of the home.

In both public and privately certified homes nationwide background checks are required for all household members, in accordance with the requirements of the Adam Walsh Child Safety and Protection Act. Private agencies must be licensed by the State in order to certify individual foster homes; and private foster care agencies are reviewed and re-licensed every two years.

Publically certified foster homes differ somewhat in that Oregon's Department of Human Services, Office of Child Welfare Programs mandate the use of the Structured Analysis Family Evaluation (SAFE) home study process and for all DHS certified foster homes. Private agencies are not required to use the SAFE home study process, however they are required to meet the certification requirements of the State. Another difference between private and public foster homes is the frequency of certification renewal. Publically certified foster homes are re-inspected and re-certified once every two years. Privately certified homes must be re-inspected and re-certified annually. There is no difference in Oregon between the requirements for private non-profit foster care agencies and private for-profit foster care agencies.

How many instances of abuse in a foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many of these instances related to children placed by: not-for-profit providers, for-profit providers, and public providers?

Federal Fiscal Year (FFY)	Number Abused in Other Foster Care Placements	Number Abused in Contracted Placements *	Percent Abused in Contracted Placements of those Abused *	Total Number Abused	Total Children Served in Foster Care	% Abused in Foster Care	% NOT Abused in Foster Care
2010	81	3	3.6%	84	12,913	0.65%	99.35%
2011	79	9	10.2%	88	12,808	0.69%	99.31%
2012	122	19	13.5%	141	12,431	1.13%	98.87%
2013	92	13	12.4%	105	12,129	0.87%	99.13%
2014	104	9	8.0%	113	11,445	0.99%	99.01%

* Perpetrator Relationship to Victim is either Children's Care Provider -OIT (ward) or Residential Care Employee (ward).

7. Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out-of-home placement. Do these actions differ depending on whether the child was place[ed] by the public agency, a not-for-profit provider, or a for-profit provider?
Oregon has two approaches: one for the public certified foster homes and one for the private licensed agencies.

The public certified foster homes are governed by Oregon Administrative Rules 413-200-0404 through 413-200-0424: ***Department Responsibilities During Screening and Assessment of a Child Abuse or Neglect Report Involving the Home of a Department Certified Foster Parent or Relative Caregiver.*** Those rules and the associated policy can be found at: http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-b223.pdf.

The Department's Child Protective Service screener assesses the allegations and makes a determination with their supervisor if it constitutes an allegation of abuse or neglect, in which case a Child Protective Service worker will be assigned to complete a comprehensive assessment. In conjunction with this comprehensive assessment the Department's Foster Home Certification staff and the Caseworkers responsible for all children in the foster home are notified and jointly make a plan for the children in this home.

During the assessment process if safety cannot be insured in the home, the Department may immediately remove the children from the foster home. The Department may also place the foster home on inactive status during the investigation thereby prohibiting additional children to be placed into the home.

At the conclusion of this assessment, the Child Protective Service worker and the Foster Home Certification staff meet jointly with the foster family to share information and the results of the CPS assessment. This is also the time in which if there are additional conditions added to the foster parent certification they will be discussed and acted upon, such as modification to their certificate to operate a foster home by limiting the number of children, changing the age range, require training, no changes required, or move forward to revoke their certificate and close the foster home.

When an allegation of abuse is made regarding a private agency in Oregon, the investigation is completed by the Department of Human Services' Office of Adult Abuse Prevention and Investigations (OAAPI) unit. This specialized unit is comprised of staff who focus solely on investigating allegations of abuse against private agencies. They are governed by Oregon Administrative Rules OAR 407-045-0800 through 407-045-0980 and the basic process follows:

- When the OAAPI Screener receives a Children's Care Provider (CCP) abuse referral, they immediately contact the CCP to ensure that any necessary action to protect the alleged

victim has been taken. This is done whether the case is ultimately assigned for investigation, or not.

- Depending on the severity of the allegation, OAAPI consults with Child Welfare (CW) and Office of Licensing & Regulatory Action (OLRO) to determine if any additional steps need to be taken to protect the alleged victim or other involved children.
- If there is reason to believe that a crime has occurred, OAAPI contacts appropriate law enforcement authorities. OAAPIs abuse investigation may be suspended while a criminal investigation occurs.
- If the case is assigned, the OAAPI Investigator follows up with the CCP to ensure the ongoing protective services are adequate to protect the child.
- If, after investigation, the abuse allegation is substantiated, the OAAPI Investigator writes a report which includes Required Actions (a.k.a., Corrective Actions) to prevent abuse/neglect from occurring again. This generally involves recommendations for additional training for staff or changes to policies or procedures. Personnel actions for a substantiated finding of abuse are the responsibility of the CCP (the employer).
- The perpetrator is notified of the substantiation in writing, and may request a review of the finding within 30 days of receipt of notice. Details of the review process are found in the Oregon Administrative Rules referenced above.
- Additional licensing concerns discovered in the course of the OAAPI investigation are also documented in the report, which, when completed, is sent to CW and OLRO for review and further action as needed.

If you have any questions related to the above information, please Laurie Price, Well-Being Program Manager, is also available at laurie.price@state.or.us or 503-945-6953.

Sincerely,



Governor Kate Brown

KB/DL/ar



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES

May 29, 2015

The Honorable Orrin G. Hatch
The Honorable Ron Wyden
United States Senate
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden:

Thank you for the opportunity to share information about Pennsylvania's public-private partnerships with regard to our child welfare system. The primary focus is always on the safety, permanency and well-being of the children we serve. Responses to the questions posed in your April 24, 2015 letter regarding background information on Pennsylvania's policy and practices relative to private foster care are below.

Pennsylvania's Utilization of Private Entities to Provide Case Management Services

Pennsylvania's child welfare system is state administered and county operated which means that state law prescribes the minimum standards for the child welfare system. Child welfare and juvenile justice services are delivered by each of the Commonwealth's 67 County Children and Youth Agencies and County Juvenile Probation Offices.

The Department Human Services (DHS) is the agency that administers the state's child welfare program. The primary focus of DHS is always on the safety, permanency and well-being of the children they serve. Through annual inspections of county children and youth agencies, as well as licensed private child serving agencies, DHS reviews the services received by Pennsylvania's children and families to ensure the quality of services provided and purchased. Additionally, through reviews of annual county needs-based plans and budget requests and subsequent expenditure reimbursement, DHS monitors the financial commitment and spending of the counties with regard to the children and youth services they deliver. The financial review focuses on the reasonableness and necessity of the county request and whether the county plan and budget focuses on the state's goals of increasing safety; improving permanency; safely reducing reliance on out-of-home care, particularly residential institutional programs; and decreasing re-entry into placement.

Children in Foster Care in Pennsylvania Placed by the Public Agency

Each county, through its children and youth social service agency, is responsible for administering a program of children and youth social services to children and their families. Counties may deliver the services themselves or contract with private providers to deliver the services. The county children and youth social service program includes:

- Services designed to prevent dependency and delinquency of children and that help overcome problems that result in dependency and delinquency;
- Services designed to first and foremost protect children from abuse and neglect and that enable children to remain safely in their own homes and communities;
- Services designed to provide permanency and stability for children in their own homes or in placement and to preserve relationships and connections for children with their families and communities of origin;
- Services designed to meet the needs of children and families and to enhance the family's capacity to provide for their children's needs including services to meet the educational, physical and behavioral health needs of children;
- Services designed for youth alleged and adjudicated delinquent, which are consistent with the protection of public interest and which provide balanced attention to the protection of the community, the imposition of accountability for offenses committed and the development of competencies to enable youth to become responsible and productive members of the community; and
- Services and care ordered by the court for children who have been alleged and adjudicated dependent or delinquent.

Additionally, Commonwealth statute, known as the Juvenile Act, (42 Pa.C.S, Chapter 63) provides the legal framework for children and youth agencies, juvenile probation offices and the courts when children cannot safely stay in their own homes due to dependency or are in need of supervision, care and rehabilitation due to delinquency. A dependent child can be defined in general terms as a child who is under the age of 18, is without proper parent care or control, is in need of supervision, or is under the age of 10 and has committed a delinquent act. A child who is adjudicated dependent may request to remain under the jurisdiction of the court until the age of 21 as long as they are engaged in an approved course of instruction or treatment.

The children and youth agency has the legal mandate to petition the court for dependency of a child when the following circumstances exist:

- The child is without proper parental care or control, basic needs, legally required education, other care necessary for the child's physical, mental or emotional health or morals;
- The behavior or actions of child's parent or other caregiver places the health, safety and welfare of the child at risk;
- The child has been placed for care or adoption in violation of the law;
- The child is without or has been abandoned by the parents, guardian or other custodian;
- The child is born to a parent whose parental rights regarding another child have been involuntarily terminated by the court within three years prior to the child's birth and the parent presents a risk to the child's health, safety and welfare;
- The child, of compulsory school age, is habitually and without justification, truant from school; or
- The child has committed an act or acts of habitual disobedience of the parent or other caregiver and is ungovernable and in need of care, treatment and supervision.

Therefore, all children who enter child welfare placement are placed by the county children and youth agency with court approval. However, children may be placed in the care of licensed private agencies. A review of State Fiscal Year 2013-2014 expenditures for foster family care shows that approximately 87 percent of foster family care is purchased at the county level from private foster family care agencies.

Number and Names of Private Entities Providing Core Services

Below please find a link to the DHS Human Services Provider Directory. This directory provides a list of each program licensed by DHS and provides the information requested along with the last licensing inspection summary, which provides information resulting from the annual inspection of the agency. To access this information using the below link, under the service code category, please select "foster family care" and select the submit search button to display the list of licensed foster care programs. Selecting the Office of Children, Youth and Families from the program office category will result in a complete listing of public and private children and youth agencies that provide placement services in the Commonwealth.

http://www.dhs.state.pa.us/searchforprovider/humanservicesproviderdirectory/index.htm

Accreditation of Private Foster Care Entities or Organizations

Private foster care agencies are not required to be accredited, but they are required to be licensed annually by DHS.

Process to Select and Contract with Private Entities

Contracts for the delivery of child welfare services are executed by each county children and youth agency. DHS regulation provides the general parameters for entering contracts with private agencies. These requirements are included below:

55 Pa. Code § 3170.93. Contracts

(a) Contracts between Department and counties. The Department may enter into a purchase of service agreement annually with counties who wish to provide social services under Title XX and the comprehensive annual services program plan.

(b) Purchase of service requirements. The county shall maintain a written contract or purchase of service agreement with providers to which clients are regularly referred, or with which the county agency, the juvenile probation office, and the court have a continuing relationship. This includes program-funded facilities. The contract shall represent a legally binding agreement between the county and the provider, and shall be renewed annually.

(c) Conformity. The contract shall provide for conformity with the regulations or procedures promulgated by the Department. The contract shall specify the types of services provided by the contracting agency for the county. In the case of unit of service agencies, the rate of reimbursement for a service shall be cited. In no case shall a provider agency be retroactively awarded an increased rate of reimbursement.

(d) Suspension or revocation of contract. A county may suspend or revoke a contract if the contractor substantially fails to meet the regulations, standards, or terms of the contract during the period when the contract is in effect.

(e) Service contracts or agreements.

(1) Services purchased by contract or agreement shall bear the signature of the chairperson of the county commissioners, or a duly authorized representative, and the director or administrator of the service provider. Purchased service contracts or agreements shall also include the following:

(i) Contracting parties and addresses.

(ii) Effective date and term of the contract.

(iii) Contracted amount or unit price and payment schedule.

(iv) Provisions for contract modification, amendments, or termination.

(v) Prohibition against reassignment of the contract without permission of the county.

(vi) Work statement, including the service provider's location and hours of operation.
(vii) Required reports for the county and the Department.

(viii) Maintenance and retention of required reports, documents, and accounting books.

(ix) Audit rights on the records in subparagraph (viii) and inspection rights of performance by the county and the Department.

(x) Procurement of liability insurance.

(xi) Client confidentiality and right of privacy.

(xii) Units of service to be provided and their definitions.

(xiii) A provision that the parties to the contract shall not discriminate against any employe, client, or other persons on account of race, color, sex, religious creed, national origin, age, or handicap.

(2) Contracts or agreements between the county and a program-funded provider shall contain the following additional components:

(i) Provisions for budget modification or amendment.

(ii) Property title rights for fixed assets purchased or materials, plans or procedures developed through the agreement.

(iii) A budget and fiscal statement of how fees or costs were determined.

(iv) Provision for the procurement of fixed assets.

(3) Agreements shall be reviewed by the county solicitor who may require additional components beyond the requirements outlined in paragraph (2).

(4) A narrative description of the services to be covered by the contract shall be included in the county's annual services plan. A signed contract becomes the authorization for the expenditure of funds for services identified by the agreement. Therefore, county agency funds cannot be expended for provider expenses until a contract is signed.

(f) Contracts with providers outside of the county and the county children and youth agency. A county or county children and youth agency may purchase services from a service provider within the jurisdiction of another county. The services shall be purchased via contract or written agreement with the provider. If the provider is a program-funded agency, the payments received for the services shall be reported as income and subtracted from the gross expenses billed to the county agency of which it is part.

(g) Conflict of interest. The appropriate county authority shall not make any contract or agreement with a person, company, or organization in which a member of the county children and youth staff has a financial interest; nor, shall the county authority contract with members in its own staff or their immediate families, except with the clear prior written approval of the regional office.

Process Pennsylvania Uses to Inspect the Safety of Foster Care Settings

Below please find a link to the Safety Assessment and Management Process Reference Manual, dated November 27, 2012. Section III, entitled Out-of-Home Care Safety Assessment and Management, provides a detailed description of the policy and procedures used to assess and monitor the safety of children in out-of-home placement. This information is specifically located on pages 90-125 of the reference manual.

http://www.pacwrc.pitt.edu/SafetyAssessment/Safety%20Manual12.7.pdf

Instances of Abuse in a Foster Care Placement in the Last Five Years

Below is a chart that outlines the number of residential facility staff and foster parents that were identified as perpetrators of child abuse in the corresponding year. We do not have a breakdown as to whether they were public or private agency staff or foster parents.

Year	Residential Facility Staff	Foster Parents
2013	26	13
2012	18	28
2011	10	15
2010	31	23
2009	55	38

Actions Taken When an Abuse Claim is Substantiated

The county children and youth agency, or DHS (when the alleged perpetrator is an agent of the county agency) is responsible for investigating suspected child abuse and neglect. The Child Protective Services Law (CPSL) (23 Pa. C.S., Chapter 63) includes the parameters for investigation of reports of suspected child abuse.

At the onset of the investigation, a determination is made if the child or children are safe. If the agency is unable to determine if the child is safe based upon the information received, then a worker must see the child or children immediately. However, the child or children must be seen within 24 hours. This determination includes whether the child must be relocated as a result of the alleged abuse or neglect.

Upon notification that an investigation involves suspected child abuse by a school or child-care service employee, including, but not limited to, a service provider, foster parent, independent contractor or administrator, the school or child-care service, the entity must immediately implement a plan of supervision or alternative arrangement for the individual under investigation to ensure the safety of the child and other children who are in the care of the school or child-care service. This plan of supervision or alternative arrangement must be approved by the county agency or DHS and is kept on file with the agency until the investigation is completed.

The investigation is typically completed within 30 days. If the investigation cannot be completed within 30 days, the agency must document the reasons and complete the investigation within 60 days. During the investigation, the worker must interview the child, parents, alleged perpetrator and anyone who may have knowledge of the abuse. Visits to the child's home or program where the abuse occurred must take place as part of the investigation. In the case of alleged abuse in a child care setting or school, as appropriate, other children receiving services from the agency are also interviewed. Alleged abuse committed by staff or foster parents from these agencies is also referred to law enforcement officials for investigation. Joint investigations are conducted between the county agency or DHS and law enforcement officials to minimize trauma to the child. Where available, Children's Advocacy Centers are used to conduct medical

exams and forensic interviews. The terms used to describe the results of the investigation are listed below:

- **Founded -** There is a judicial adjudication that the child was abused.
- **Indicated -** The children and youth agency determines based upon substantial evidence that abuse occurred. This conclusion is drawn based on medical evidence, the investigation or admission by the perpetrator.
- **Substantiated -** Cases that are indicated or founded.
- **Unfounded -** Cases where there is a lack of evidence that the child was abused or it was determined that the child was not abused. (An unfounded status does not always mean that the incident did not occur. For example, the child may have received an injury from being struck as alleged, but the injury did not meet the definition of serious physical injury.)

If you have further questions regarding this response, please contact Ms. Jennifer DeBell, Director, Office of Policy Development, at (717) 772-4141.

Sincerely,

Theodore Dallas
Acting Secretary

c: Governor Tom Wolf

STATE OF SOUTH DAKOTA
DENNIS DAUGAARD, GOVERNOR

June 1, 2015

Senator Orin G. Hatch, Chairman
United States Senate
Committee on Finance
Washington, DC 20510-3200

Senator Ron Wyden, Ranking Member
United States Senate
Committee on Finance
Washington, DC 20510-3200

Dear Senator Hatch and Senator Wyden,

I am responding to your letter of April 24, 2015, requesting information about contractual partnerships between states and private entities or organizations to administer some or all of their foster care programs. In South Dakota, the Department of Social Services (DSS) contracts with 6 private not-for-profit child placement agencies for the provision of Treatment Foster Care for approximately 114 children which is approximately 20 percent of all children in foster care placed by the DSS. The case management of the majority of foster care cases in South Dakota is provided by state staff.

South Dakota's response to the information requested in your letter is enclosed. I hope this information provides a better understanding of the partnerships between the state of South Dakota and private-not-for-profit child placement agencies in the area of foster care in our state.

Thank you for the opportunity to provide input regarding this topic. Please do not hesitate to contact me if additional information or clarification is needed.

Sincerely,

Dennis Daugaard

Dennis Daugaard

DD:ke

cc: Becky Shipp, Health and Human Resources Policy Advisor
Laura Berntsen, Senior Human Services Advisor

STATE CAPITOL • 500 EAST CAPITOL • PIERRE, SOUTH DAKOTA • 57501-5070 • 605-773-3212

SOUTH DAKOTA
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF CHILD PROTECTION SERVICES

1. **To the degree applicable, describe your state's utilization of private entities to provide *case management services (e.g., placement of children with particular foster care* providers, ongoing casework and oversight of foster care placements).**

   The Department of Social Services (DSS), Division of Child Protection Serivces (DCPS) contracts with six (6) private Child Placement Agencies to provide case management services for children in the custody of DSS due to child abuse and negelct.

2. **What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?**

   As of April 30, 2015, the Department of Social Services had 997 children in in placements outside their homes with 570 children or 57% placed in foster care.

   The Department of Social Services has Title IV-E Agreements with four (4) South Dakota Tribes who have an additional 49 children placed through the agreements with 34 children or 69% placed in foster care.

   The Department of Social Services tracks the the children placed with not-for-profit chlld placement agencies placed by the Department and children who are Title IV-E eligible under State-Tribal Title IV-E Agreements. The Department does annual licensing visits at all child placement agencies as mandated by state statute and South Dakota Administrative Rules. During licening visits, agency personnel files and child case files are reviewed for complaince with licensning statutes and rules. There are not any for-profit child placement agencies in South Dakota offering foster care services.

3. **Please provide the number and names of private entities providing these cores services, as well as information on whether each provider is for-profit or not-for-profit entity.**

   The not-for-profit child placement agencies providing foster care case management services in South Dakota include the following:

   Abbott House
   PO Box 700
   909 Court Merrill
   Mitchell, South Dakota 57301

Capital Area Counseling Services
PO Box 148
Pierre, SD 57501

Children's Home Society
PO Box 1749
Sioux Falls, SD 57101

Northeastern Mental Health Center
703 3rd Ave SE
Aberdeen, SD 57401

Lutheran Social Services
705 East 41st, Suite 200
Sioux Falls, SD 57105

Black Hills Special Services COOP
PO Box 218
Sturgis, SD 57785

Volunteers of America, Dakotas
1309 W. 51st St.
P.O. Box 89306
Sioux Falls, SD 57109-9306

All About U Adoptions ** Primary Service is Adoption
229 E. 2nd Ave., Suite 2
Milbank, SD 57252-0408
Mailing Address:
PO Box 158
Faulkton, SD 57438-0158

Bethany Christian Services of Western SD ** Primary Service is Adoption
508 Columbus St.
Rapid City, SD 57701

Bethany Christian Services of Eastern SD ** Primary Service is Adoption
400 S Sycamore Ave., Suite 103-1
Sioux Falls, SD 57110

New Horizons Adoption Agency, Inc. ** Primary Service is Adoption
2500 W. 49th St., Suite 203E
PO Box 89532
Sioux Falls, SD 57109-9532

Catholic Social Services ** Primary Service is Adoption
918 5th St.
Rapid City, SD 57701-3798

Catholic Family Services ** Primary Service is Adoption
523 N. Duluth
Sioux Falls, SD 57104-2714
**Has multiple offices in South Dakota

NOTE: The private entities the Department of Social Services contracts with are bolded above.

There are not any for-profit child placement agencies in South Dakota

4. **Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organizations and how often is accreditation renewed?**

   State law requires initial licensure of child placement agencies by the Department of Social Services and the license is renewable on a yearly basis providing the agency is in compliance with all licensing rules.

   Three of the child placement agencies the Department of Social Services contracts with are accredited. Abbott House and Lutheran Social Services are accredited through the Council on Accreditation and Children's Home Society is accredited through Joint Commission.

5. **Describe in detail the process you use to select and contract with these private entities, as well as review and renew such contracts.**

   The Department of Social Services contracts annually with the six private entities for foster care case management services after ensuring agencies remain in compliance with licensing standards.

6. **Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit, and for-profit providers operating in your state.**

   The Department of Social Services requires monthly visits in the foster home where the child resides by the child's Family Service Specialist. Documentation of each home visit is required in the Department's child welfare data system describing the care of the child, the assessment of the child's safety and discussions with the child and the foster parent. Monthly reports are also required to be submitted by the foster parents to the Family Service Specialist which provides an overview of monthly activities like school, appointments for

medical, vision, dental or mental health care, contact with the agency, visits with family and other information regarding the child's care. Random monthly calls are also made by the Family Services Specialist's supervisor to assure staff are visiting the child and the foster parents and provide information and supports as needed.

The Department also requires not-for-profit child placement agencies the department contracts with for foster care case management to complete monthly home visits and document all contacts with the child and foster family.

7. **How many instances of abuse in a foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many of these instances related to children placed by: not-for-profit providers, for-profit providers, and public providers?**

   The Department of Social Services substantiated instances of abuse in foster care during the following state fiscal years.

   SFY 2015 - 1
   SFY 2014 - 3 (1 case was of a tribally licensed foster home)
   SFY 2013 - 1
   SYF 2012 - 0
   SFY 2011 - 0

   The Department of Social Services implemented a process to place calls to randomly selected foster families and kinship families to ask a set of questions about contact by the child's Family Service Specialist, identify areas of need and or supports needed from the Department. The calls are made by the Department's Constituent Liaison and Child Protection Services management staff. The results are documented and identified issues or areas of need are addressed.

8. **Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out of home placement? Do these actions differ depending on whether the child was place by the public agency, a not-for-profit provider, or a for-profit provider?**

   Children are removed from the foster home pending the outcome of an out of home investigation. When an abuse claim is substantiated against a foster parent in South Dakota, the foster care license is closed as state law prevents an individual from being licensed as a foster parent if there is a substantiated abuse claim, regardless if it is a public of not-for-profit provider.

STATE OF TENNESSEE
DEPARTMENT OF CHILDREN'S SERVICES
436 6TH AVENUE NORTH
CORDELL HULL BLDG., 7TH FLOOR
NASHVILLE, TN 37243

BILL HASLAM
GOVERNOR

JAMES M. HENRY
COMMISSIONER

May 28, 2015

The Honorable Orrin G. Hatch
Chairman
U.S. Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510-6200

The Honorable Ron Wyden
Ranking Member
U.S. Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510-6200

Dear Chairman Hatch and Ranking Member Wyden:

The purpose of this letter is to respond to your questions regarding privatized foster care in Tennessee. On behalf of Governor Haslam, I have provided the responses below in answer to your inquiry.

Sincerely,

James M. Henry
Commissioner

Overview

In addition to recruiting and retaining its own network of Level 1 foster homes, Tennessee's Department of Children's Services (DCS) relies on a network of twenty eight (28) direct contracting private providers to deliver a wide array of clinical and therapeutic services to children and youth who come into DCS care. These providers assist with supports, services, experiences and opportunities that are individualized based on the strengths and needs of each specific youth.

DCS uses a number of assessment tools, guidelines and practices to determine the placement needs of all children and youth coming into its custody needing out-of-home and therapeutic care. A child/youth may be referred to a private provider based upon the match between a provider's clinical program services and outcomes and the child/youth's individual needs. Private providers do not make placement decisions and tax status is not a factor in the placement process.

This out-of-home care includes Level 1 foster care, Levels 2 & 3 residential and congregate care and Level 4 sub-acute psychiatric care. Several of these agencies also deliver residential specialty services, including programs for developmentally delayed children, medically fragile foster care, residential Alcohol & Drug treatment and juvenile sex offender programs.

In the event that a child is placed with a private provider agency, case management and other services are delivered not only by the provider but also by a DCS Family Service Worker (FSW) who monitors and coordinates the child/youth's care.

Private Provider Network

As of May, 2015, DCS' statewide private provider network is comprised of twenty eight (28) agencies. The names of those agencies and their tax status are attached hereto as "Exhibit A".
Data snapshot as of May 18, 2015:

All children and youth in DCS custody:	8,064
Those being served by private providers (PP):	4,049 (50.2%) – of all youth in custody
Number of those PP youth in foster homes:	2,549 (63.0%)
Number of those PP youth in congregate care:	1,310 (32.4%)
Children and youth served by private providers:	4,049
Number of those served by for-profit agencies:	1,551 (38.3%)
Number of those served by non-profit agencies:	2,498 (61.7%)
Direct-contracting private provider agencies:	28
Those agencies with for-profit status:	8
Those agencies with non-profit status:	20

DCS requires that all providers be accredited by one of the following nationally-recognized accrediting bodies: Council on Accreditation (COA); and/or, Commission on Accreditation of Rehabilitation Facilities (CARF); and/or, Joint Commission on Accreditation of Healthcare Organizations (JCAHCO). Accreditation cycles are typically three (3) years. In addition, all providers are subject to all applicable requirements of the Prison Rape Elimination Act (PREA) federal statute. In Tennessee, all primary DCS contractors deliver services through "Performance-Based Contracts" (PBC). The development and implementation of DCS' PBC initiative represents an overarching plan to achieve better outcomes for those children served in out-of-home care by privately contracted providers.

The PBC model in Tennessee employs an innovative approach stressing timely permanency outcomes for children, and utilizes a payment structure that reinforces provider agencies' efforts to offer services that improve those outcomes.

The outcomes DCS measures as a result of PBC model implementation include:

- improved likelihood of permanency (reunification, adoption or guardianship);
- a reduction in the number of care days used to achieve permanency; and,
- a reduction in instances of re-entry into DCS care.

Internal quality control systems are used to monitor providers on a scheduled as well as ad hoc basis. These quality control systems include, but are not limited to:

- annual on-site Program Accountability Review (PAR);
- annual on-site licensing reviews;
- monthly monitoring of incident reports;
- weekly Provider Quality Team meetings;
- weekly Foster Care Quality team meetings;
- ad hoc investigations/visits based upon reported concerns; and,
- on-site visits by clinical team members to provide technical program assistance.

The State of Tennessee utilizes a rigorous and competitive "Request for Qualifications" (RFQ) and "Request for Proposal" (RFP) process to select, execute and renew contracts with private providers. In the Spring of 2014, the RFQ process was used to re-establish uniform qualifications for the network provider pool. In addition to meeting mandatory requirements for items such as adequate operating capital, satisfactory credit bureau ratings, proof of accreditation, etc., all providers were rated on general qualifications and experience. These rated items included the submission of detailed descriptions of program expertise, use of evidence-based clinical programming, appropriate staff qualifications, training curricula, etc. Providers which received a threshold passing score were awarded a three-year contract. The RFQ process will be repeated in 2017.

The RFP process is similar to the RFQ process except that specific types of services identified by the Department are solicited through a competitive procurement process. Any new contracts awarded through the RFP process are aligned to fall into the normal RFQ contract cycle.

Foster Care Settings

DCS policy in Tennessee is written to provide for the safety, permanency and well-being of all children placed in the foster care system. Fostering custodial children and youth is not considered a right of all persons in Tennessee, but rather a privilege for well-qualified and well-screened persons making application. Tennessee's foster care approval policy and process also applies to all private providers delivering foster care services.

All applicants must meet a set of pre-established minimum requirements, such as: documentation of residence in Tennessee for the past six (6) months; documentation of US citizenship or permanent residence, proof of financial stability, verification of being at least 21 years of age and documentation of current marital status. Applicants are also pre-screened through Tennessee's child welfare system to assure they have not been indicated for child abuse. This and any other concerning history is discussed with each applicant prior to allowing that applicant to move further in the approval process.

The evaluation process, commonly referred to as a "Home Study", begins with a six (6)-week training program known as "Parents As Tender Healers" (PATH). This training focuses on providing potential foster families with an understanding of the public child welfare system, the impact of the trauma children in

foster care experience when removed from their families and subsequently experience if moved while in foster care, effective non-corporal discipline techniques and how to understand and respect the individual cultures of the families and children who are involved in the system. All adult household members are required to complete PATH. Applicants are observed by professional trainers and DCS staff during the presentations and discussions. Homework is assigned each week as the training progresses and must be submitted in a timely manner. All concerns observed are discussed with the applicant and included in the narrative of the Home Study, assuming the applicant is allowed to continue the approval process. PATH training concludes with first aid, CPR and medication administration training. Everyone seeking to be an approved foster parent must complete this training series.

A criminal records check is conducted during the training. Any records found are discussed with the applicant and included in the narrative of the "Home Study". Records reflecting conviction of any crime against a child, domestic violence, homicide, rape or sexual assault will not permit an applicant to continue in the approval process. Applicants with unresolved felony charges must wait until resolution of those charges prior to continuing in the process. Applicants with other felony convictions may be considered after further assessment during the Home Study and documentation of a waiver from the appropriate authority within DCS.

At the conclusion of PATH training, visits to the applicant's home begin. All household members are interviewed and assessed on their understanding of the concepts presented in PATH, their personal strengths and abilities, and their ability to build and maintain lasting relationships. References are also checked, including a blood relative for each applicant.

The physical condition of the home is assessed for safety. Included in the assessment for physical safety are: adequate and safe water supply; working plumbing and sewage disposal; LAN telephone with 911 service; appropriate sleeping space with furnishings; personal space and storage for each child; and adequate security for swimming pools or other bodies of water. DCS policy also requires that medications and poisons be secure, household pets be vaccinated and weapons be stored in a secured area.

An escape plan is posted in every home in the event of a fire. Working smoke detectors, carbon-monoxide detectors and fire extinguishers are required. Foster families are expected to hold periodic fire drills.

Once approved, foster families are reassessed every two (2) years or in the event of a major change within the household, whichever occurs first. Following approval, families must maintain in-service training. If a family experiences a Child Protective Services (CPS) investigation, the circumstances and outcome of the investigation are reviewed weekly by a team in DCS Central Office. This review is facilitated by the Quality Control unit. Homes closed as a result of these reviews may neither reopen without further review by this team, nor may they transfer between the state agency and contracted providers.

Substantiated Abuse Claims in Foster Care

An allegation of abuse or neglect involving a custodial child is investigated by the Special Investigations Unit (SIU), which is a specialized team within the Office of Child Safety. Early in the investigative process, if there is a concern for the child's safety, actions are taken to remove the child from the foster home until the

investigation is completed, whether this is a DCS foster home or a provider foster home. The child is placed in another approved foster home. The home is placed in a "frozen" status, which means there will not be any children placed with this family until the investigation is concluded. Once the investigation is completed, the findings are debriefed with the regional staff and family. If the foster parent is substantiated, then the foster home is closed and this applies to DCS foster homes as well as private provider foster homes. Another placement is made for the children that were moved from that home.

If the child is in a residential placement, the agency works with the private provider to ensure the alleged perpetrator does not have access to children until the investigation is completed. If there is a substantiation, then it is the expectation that the provider terminate the employee and that there is no more access to the children in the facility.

Following the conclusion of an SIU investigation, a debriefing occurs with provider agency staff, DCS placement staff and foster care staff to share information with everyone to ensure that the safety and treatment for the victim and any other children involved is addressed.

The actions do not differ for the type of placement.

Substantiated allegations for children in custody from FFY 2010-2014

	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	Grand Total
Count of INVESTIGATION_ID	517	404	311	292	293	1817

Note: DCS does not have the ability to break down this data by tax status.

May 2015

TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES (DFPS)

INFORMATION RELATED TO FOSTER CARE PROVIDERS

Overview

In Texas, the Department of Family and Protective Services (DFPS) is responsible for investigating allegations of child abuse and neglect, and if necessary, removing children from their home to ensure their safety. DFPS is also responsible for finding the most appropriate placement for children who are removed, and for ensuring their safety and well-being while in care.

When Child Protective Services (CPS), a division of DFPS, determines that a child cannot live safely at home, the next step is to determine whether or not there is an appropriate relative or close family friend who is willing and able to care for them. If not, CPS will petition a state district court, and the court can give temporary legal possession of the child(i.e. conservatorship), to CPS acting on behalf of the State of Texas. CPS temporarily places these children in foster care. Foster care settings include:

- Foster family homes
- Foster family group homes
- Residential group care facilities

For purposes of this paper, "foster care" means contracted and regulated settings, as opposed to unregulated relative/kinship settings.

While most children who are medically fragile or suffer from a severe emotional disturbance are placed in least restrictive settings, in very limited circumstances, the child may be placed in a state hospital or state supported living center if a child's needs cannot be met by one of the above providers.

CPS, Residential Child Care Licensing, and other programs and divisions within DFPS share responsibilities for ensuring that children placed in DFPS conservatorship are safe and receive quality services.

Placement

Once a court has given DFPS conservatorship of a child, CPS oversees the placement of that child. CPS is guided by federal and state law to place children in the least restrictive, most appropriate foster care setting for that particular child. CPS has the responsibility to maintain that criteria for each child as long as that child is in foster care. In an effort to find the best possible placement for each child and to ease any transitions in placement while in care, DFPS has a Centralized Placement Team in place. This team helps caseworkers make the most appropriate choice for placement, as close to the child's home and community as possible.

Licensing and Regulation

In Texas, 90 percent of foster children are placed with private, non-profit, and for-profit, contracted residential providers. The other 10 percent of children are placed in foster homes directly overseen by CPS as a child placing agency. DFPS oversees the placement of children into care, the licensing and regulation of private child placing agencies, and monitors the contracts between DFPS and private foster care providers.

Residential Child Care Licensing (RCCL) is the regulatory division of DFPS responsible for protecting children in residential operations through consistent and fair enforcement of licensing laws and standards. RCCL investigates reports of abuse and neglect, as well as violations of minimum standards, administrative rules, or licensing law. RCCL may impose penalties if an operation is deficient, up to and including revocation of a permit or license. RCCL is additionally responsible for:

- Development and monitoring of statewide rules and minimum standards;
- Processing applications and issuing permits to operations ;
- Inspecting operations for compliance;
- Overseeing the Licensed Administrator's program;
- Providing technical assistance to residential child-care operations, to help them improve and meet or exceed minimum standards; and
- Random inspections of foster homes and sampling of records kept by child-placing agencies.

Contract monitoring

The CPS Residential Contracts division awards and manages contracts for 24-hour residential childcare facilities that provide substitute care to children in DFPS conservatorship. Through these contracts, DFPS establishes the qualifications, standards, services, expectations, and outcomes for 24-hour childcare facilities and child-placing agencies across the state. Residential contract employees work with CPS staff, RCCL staff, and a third-party service level system contractor to ensure compliance and oversight. Residential contract managers are regionally-

based CPS staff and serve as liaisons between CPS field staff and providers. They are responsible for assessing, monitoring, and managing residential contracts.

To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g., placement of children with particular foster care providers, ongoing casework and oversight of foster care placements).

In Texas, the state is responsible for and oversees case management services for every child in foster care. A CPS Conservatorship caseworker works with the residential provider to develop, monitor, and maintain a child's plan of service. The child's plan of service identifies any support services that the caregiver must receive to meet the child's needs, and (within the limits of available resources) ensure that the caregiver receives those services. The caseworker also encourages the caregiver to participate as a team member in planning for, delivering services to, and evaluating the progress of the child as well as attend and participate in court hearings and permanency planning meetings.

Texas requires that Conservatorship caseworkers make monthly contact with the child, with the majority of the visits taking place in the home where the child is residing. These visits are focused on ensuring the safety and well-being of the child, and to work toward obtaining permanency for the child.

Both during and after a visit with a child or family, the worker must assess:

- the child's progress and adjustment to substitute care;
- the child's interaction with the caregiver;
- the safety of the home environment for the child; and
- the child's ability to seek help if necessary.

During these visits, the caseworker also discusses with the caregiver specific concerns that the caregiver may express about the child's care, such as the child's relationship with the caregiver's family, changes in the composition or functioning of the caregiver's family, or issues with DFPS policies. The caseworker is focused on and responsible for helping the caregiver find ways to manage the child's behavior, assess the caregiver's ability to respond to and meet the child's needs, assess the caregiver's need for services to support the placement and provide any follow-up support services that are requested or needed. The caseworker will also identify any follow-up support services that may be needed.

Over the course of a child's placement with a foster care provider, the child's caseworker must ensure that the caregiver has up-to-date information about the child, including access to their education records, medical and developmental history. The caseworker is also responsible for the

initial permanency court report, subsequent permanency court reports, placement court reports, and any other documents that relate to the well-being of the child.

Foster Care Redesign

Foster Care Redesign (FCR) is a new way of providing foster care services that relies on a community-based, shared-decision making model, by which the state enters into a performance-based contract with one Single Source Continuum Contractor (SSCC). The SSCC must ensure the full continuum of foster care services to children in paid foster care and their families in a designated geographic area of the state. The guiding principles of foster care redesign are:

- Above all, children and youth are safe from abuse and neglect in foster care;
- Keep children and youth closer to home and connected to their communities and siblings;
- Improve the quality of care and outcomes; and
- Reduce the number of times children move in foster care.

While the SSCC matches and proposes placements for the child, participates in the joint development of a single plan of service, and coordinates services for the children and families, DFPS maintains oversight of child's case management and has final approval over all recommendations made by the SSCC.

Currently Texas is piloting FCR through one SSCC contract – ACH Child and Family Services. ACH is a not-for-profit agency that has been serving the Fort Worth area since 1915. The FCR contract with ACH serves a seven-county contract in north Texas. The initial performance measures for ACH are positive and point toward FCR meeting its goals, however these outcomes are still early and the state will continue to monitor the progress of Redesign and ACH. DFPS will be releasing a Request for Proposal (RFP) for another SSCC in an additional catchment area over the next biennium. The RFP will be open to Texas licensed for-profit and non-profit entities. Information obtained through evaluation of the first two SSCC's will be used to inform model modification as a part of the statewide roll-out of Foster Care Redesign.

STAR Health

In 2008, the Texas Health and Human Services Commission (HHSC), the umbrella agency over DFPS, worked with the Texas Department of Family and Protective Services (DFPS) to implement STAR Health as a medical care delivery system for children in state conservatorship. STAR Health serves children as soon as they enter state conservatorship and assists with case management decisions for foster children from a health care perspective. , Continuity of care is an ongoing challenge for foster children since they are a high-risk population with greater medical and behavioral health care needs than most children in Medicaid and continually changing circumstances...

HHSC administers the program under a contract with a single statewide managed care organization. STAR Health clients receive medical, dental, vision, and behavioral health benefits, including unlimited prescriptions. The program includes access to an electronic health record called the Health Passport, which contains a history of each child's demographics, doctor visits, immunizations, prescriptions, and other pertinent health-related information. The program also includes a 7-days-per-week, 24-hours-per-day nurse hotline for caregivers and DFPS caseworkers.

In 2010, the program began training and certifying behavioral health providers in Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and training in trauma-informed care was made available to all caregivers and caseworkers to effectively manage behavior issues that can destabilize children's health status and foster family placement and to promote healing from trauma associated with abuse or neglect.

What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?

DFPS places 100 percent of the children in the conservatorship of the state. The chart below provides information for child care facilities related to total capacity, broken down by public, non-profit, and for-profit. The majority of the State's residential child care operations are operated by non-profit organizations.

	Residential Child Care Operations				
Fiscal Year	Number of Operations	Non-Profit Organization	For-Profit	Public	Total Capacity
FY12	711	593	107	11	50,140
FY13	697	576	110	11	48,684
FY14	711	589	111	11	47,819

The chart above describes total licensed capacity and does not necessarily equate to "filled" beds.

Please provide the number and names of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.

Please see attached documents "RCC Operations Fiscal Year 2012-2014" and "CPS-CPA Operations Fiscal Year 2012-2014."

Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is this accreditation renewed?

Texas requires that all foster care providers – non-profit and for-profit – meet state standards. The state child care licensing law sets guidelines for what must be included in the standards. The standards are comprehensively reviewed through a public process every six years and entities are evaluated for compliance at least once per year. Inspections may occur more often depending on how well the operation is meeting the required standards. In addition, standards can be updated at any time in order to comply with Legislative direction and evolving best practices. For example, in 2014 regulation was added to increase the requirements to verify a foster home, which increased the number of required, unannounced foster home visits by the Child Placing Agency. Regulation was also added to enhance the care of children with primary medical needs.

In the Foster Care Redesign Model, the Single Source Continuum Contract is awarded through a competitive Request for Proposal (RFP) process, which awards a contract based on the merits of the proposal. DFPS awards preference in the evaluation of proposals to those that are accredited or certify that they will become accredited within 36 months of award. Accreditation is considered and preferred under the Foster Care Redesign model. Accreditation is preferred through the Council of Accreditation (COA) or other relevant accrediting body. COA accreditation is renewed every four years following a self-study and an on-site peer review.

Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.

Licensing of Residential Providers

Residential providers in Texas must be licensed by RCCL, which is done through a formal screening process. A formal Provider Enrollment solicitation is used to screen private entities who apply to serve Texas children who are in foster care. The screening process considers the following:

- ability to supply the solicited services and comply with contract requirements;
- licensing history;
- fiscal resources;
- readiness to pay the required pass-through amounts to foster parents;
- criminal and abuse background checks;
- facility physical plant review;
- Executive staff interviews ;
- past business history that includes practices and conduct of the Applicant;
- organizational history;
- compliance history of governmental contracts;

- history of applying to residential child-care solicitations;
- geographical limitations in serving children in foster care;
- ability to meet the specific needs of the child population that the Applicant is seeking to serve and the Applicant's preparedness to provide the services;
- composition and organizational structure including the Board of Directors depicting lines of authority;
- professional staffing plan;
- Executive's experience with federal or state programs;
- Executive's resumes and professional licenses; and
- Key management staff turn-over rate.

CPS Residential Contracts also screens the Child Placement Agency. Prior to contract award, new residential provider operations and processes are assessed for their ability to monitor foster families.

Foster Home Verification

While residential providers must be licensed by DFPS, individual foster family homes under the umbrella of a provider organization are "verified". This means the child placing agency (CPA) is responsible for oversight of individual foster homes verified under the CPA license. RCCL monitors and inspects the CPA and conducts investigations on the foster homes when abuse or neglect is reported. If issues are found in a foster home, the CPA is responsible for ensuring the necessary corrections are made to reduce risk to children placed in the individual home. This could include additional training for the foster parent; the CPA making more visits to the home; the CPA changing the gender, ages, or behaviors of children placed in the home; or the CPA could decide to no longer verify the home.

In September 2014, RCCL amended their rules to strengthen the foster home verification process. In addition, RCCL amended rules to increase the CPA's overview of the foster homes. These improved rules went into effect in Fall 2014, and require the following:

- Interview all adult children of prospective foster parents, as well as two new additional interviews with neighbors, school personnel, clergy, or other member of the foster parents' community who can provide a description of their suitability to provide care for children;
- Evaluate prospective foster parents' significant relationships and assessing their financial status to strengthen home screenings;
- Require CPAs to provide additional information regarding law enforcement services calls; and
- Educate CPAs and prospective foster parents on disciplinary methods.

24-Hour Residential Childcare Contract Monitoring

In Fiscal Year 2015, DFPS began an initiative to improve contracting and monitoring efforts with a focus on provider quality. This effort has resulted in the following milestones thus far:

- *An updated DFPS contract monitoring tool.* DFPS overhauled its previous tool, which monitored program requirements through a compliance model. Staff is now performing qualitative evaluations and analyzing fiscal and programmatic data to better evaluate the safety and well-being of children in care and determine the soundness of a residential provider's fiscal operations.
- *The creation of a customized training for the contract monitoring tool.* Customized training was created and provided to DFPS Residential Childcare Contracting staff that incorporated findings and recommendations to improve contractor operations.
- *Began the first phase of implementation for the tool.* The use of predictive analytics to monitor residential childcare contractors will help the agency better focus on safety and also analyze a provider's overall operational health.

DFPS is also collaborating with residential childcare providers to establish a work plan that focuses on the second phase of implementing the new contract monitoring tool: continuous quality improvement for contracting activities, outcome based performance measure, and a provider scorecard to promote transparency. DFPS' approach is to partner with the providers to promote the purpose of performance-based contracts and share the results of the scorecards. Scorecards will be used to assist DFPS with implementing enhanced targeted monitoring, which will allow for a more efficient and effective tiered structure of supports and interventions. Scorecards will also be used to help identify high risk providers and to provide an updated Continuous Quality Improvement (CQI) process that will allow all providers to have access to data and methods to improve processes. The CQI process for providers who are not deemed high-risk will bring with it graduated levels of support from the community of care, such as DFPS programs and other high-performing providers.

Renewal

Prior to renewing residential contracts, a review of contractor performance is completed that is comprised of the following components:

- data from outcome and output measures;
- licensing standards including incidents of abuse or neglect;
- history of the enforcement of contract remedies;
- complaints concerning contractors' performance overall; and
- compliance with residential child-care contract terms and conditions.

Contractors whose performance is less than acceptable are reviewed through a formal written and oral process by which risk indicators such as licensing requirements or contracting outcomes are presented; contract renewals are based on these indicators.

DFPS conducts a bi-weekly meeting whereby contractors' performance with licensing and contracting requirements are reviewed and examined by a group of interdisciplinary professionals comprised of legal, licensing, program and contracts. During these meetings, professionals collaborate regarding incidents and the possibility of increased risk to children who are placed with private providers. As a result of these meetings, contractors may undergo contract remedies including the suspension of future placements and contract termination.

Foster Care Redesign

For the Foster Care Redesign Model, the state releases a Request for Proposal (RFP) for a Single Source Continuum Contractor in a designated geographic area of the state. Respondents design and submit proposals back by the due date. The Texas Health and Human Services Commission (HHSC) oversees the procurement process. Initially all proposals are reviewed to ensure that they meet the minimum qualifications as advertised in the RFP; if they do not, then they are screened out prior to evaluation. During the evaluation process, teams of individuals independently review and score each proposal based on their particular area of expertise using very thorough and objective metrics. HHSC procurement staff processes scores and further review outliers , which are reconciled if possible. Once final scores are tabulated, a tentative award is made. Negotiations commence and once agreement on the terms and conditions of the contract is reached, a final SSCC Contract award is made.

SSCC contracts are monitored using a team approach and focus on performance, administrative, and financial components. The contract is a six year contract and re-procured using the competitive RFP process.

Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit, and for-public providers operating in your state.

Safety of children is the State's first priority and therefore it is the highest priority in inspecting foster care settings. Both CPS and RCCL have a role in foster care inspections.

CPS

CPS Conservatorship caseworkers are required to have a face-to-face visit with children at least monthly, no matter whether they are placed under non-profit or for-profit arrangements. During those visits, caseworkers are discussing the child's safety, progress towards permanency, and visually inspecting the child's placement for any concerns. For those children placed outside of

their legal region, there is an additional secondary local caseworker assigned who meets the face-to-face requirement and reports back to the child's assigned caseworker. Any and all concerns noted from those visits are reported back to the primary caseworker and/or their chain of command. Additionally, any immediate or imminent safety concerns are promptly called in to the state's centralized, 24-hour abuse and neglect hotline. A report to the hotline may result in a new, formal investigation. Issues are also addressed with the placement at the time of the visit. Furthermore, when concerns are noted regarding a facility or the quality of care, then safety checks are implemented to ensure the safety and well-being of the children. Safety checks consist of one or more caseworkers going out to complete face-to-face interviews with all DFPS children placed within that home/operation/facility. During these visits, the worker is ensuring that the:

- children are safe,
- facility is safe;
- children's basic needs are met (appropriate clothing, shelter, food, etc.);
- appropriate supervision is being provided; and
- treatment needs are being met.

Any urgent matter needing immediate attention is addressed promptly prior to the worker leaving that visit. If a residential childcare provider or foster family appears to be struggling with meeting the ongoing needs of children in conservatorship, an interdisciplinary team consisting of Child Protective Services, Residential Contracts, and Residential Child Care Licensing meets to discuss possible assistance, action, and/or intervention measures that may need to be implemented.

RCCL

Public, not-for-profit, and for-profit providers are treated the same in Texas. Once an entity is licensed, Texas law requires the operation be inspected by the Residential Child-Care Inspector at least once per year based on RCCL rules. The frequency of inspections is based on how the operation complies with the minimum rule requirements. In addition, Residential Child-Care Licensing conducts: investigations of any abuse, neglect, or exploitation concerns; investigations related to minimum rule requirements; and conducts a sample visit to 25 percent of all foster homes each year. Through inspection, investigation, and sampling visits, Residential Child-Care Licensing makes determinations on the safety of children in the licensed entity.

How many instances of abuse in a foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many of these instances related to children placed by: not-for-profit providers, for profit providers, and public providers?

There have been 295 instances where abuse or neglect has been substantiated in foster care in the last five years. The lowest year was 2010 with 40 cases and the highest year was 2014 with 76 cases. In a year, there are approximately 31,000 children in foster care. CCL investigates approximately 2,000 allegations of abuse or neglect in foster care operations.

Number of Substantiated Cases of Abuse or Neglect for Children in Foster Care

Fiscal Year	For-Profits	Non-Profit	Public Agency	Total
2010	1	32	7	40
2011	7	44	7	58
2012	12	55	6	73
2013	6	37	5	48
2014	13	55	8	76
Total for all Fiscal Years Combined	39	223	33	295

Note: CPS as a CPA ("public agency" in the chart above) takes basic level children. Children needing treatment services and a higher level of need are placed in for-profit or non-profit agencies.

Each and every case where abuse or neglect is substantiated is of particular concern, however, many of the substantiated cases are not serious injuries. Examples of substantiated cases include: over-discipline, corporal punishment, and inadequate supervision. Every substantiated case results in a review by RCCL and CPS with appropriate action taken to maintain child safety.

Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out of home placement? Do these actions differ depending on whether the child was placed by the public agency, a not-for-profit provider, or a for-profit provider?

DFPS takes very seriously the oversight and regulation of all contracted residential child care providers. Through improved safety rules and regulation, ongoing dialogue with providers, and coordination and communication between licensing, contracts and placement - DFPS strives to provide the best, highest quality care for all children in foster care.

For this reason, public, not-for-profit, and for-profit providers are treated the same in Texas. When an abuse claim is substantiated in a licensed operation or foster home, a finding is made against the individual involved in the abuse. If the abuse occurred in a foster home, the children placed in the home are typically removed from the home and/or the child placing agency closes the foster home. If the abuse occurs at an operation, then the perpetrator is taken off duty pending due process or is terminated. Residential Child-Care Licensing will cite a provider for a

standards violations. To determine what steps should be taken next, RCCL evaluates risks related to this incident, the operation's overall compliance history, and overall risks to children. DFPS weighs the following options on a case-by-case basis:

- take no action if the incident seems to be an anomaly and the provider has taken steps to ameliorate the issue;
- increase inspections at the operation;
- request the operation voluntarily work on making changes based on identified risks;
- place the operation on a corrective action, which involves monthly inspections and the operation meeting conditions that are above minimum rule requirements; or
- take adverse action, which can include revoking an operation's license.

Note: Serious instances of confirmed abuse and neglect cases resulted in licensure revocation. There has been one licensure revocation in the last five years.

Foster Care Collaboration

Also of note, DFPS works closely with partner organization such as Court Appointed Special Advocates (CASA), Child Advocacy Centers (CACs), Attorneys ad Litem, and multiple faith-based organizations to protect and serve children in the foster care system. Collaboration with with these and other child and family focused organizations allows for churches and communities to offer a variety of service to enhance safety, permanency and well-being outcomes for children.

DFPS encourages and provides opportunities for contracted providers to collaborate through network building and best practice sharing.

With the child population in Texas currently over 7 million and growing, the State of Texas is committed to partnership, transparency and accountability so that the child protection community may continue to improve.

State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

DEPARTMENT OF HUMAN SERVICES

ANN SILVERBERG WILLIAMSON
Executive Director

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Deputy Director

LANA STOHL
Deputy Director

May 27, 2015

To: United States Senate Finance Committee

RE: Letter to Governors on Private Foster Care

In response to the request from the Senate Finance Committee, the State of Utah, Department of Human Services (DHS), Division of Child and Family Services (DCFS) issues the following:

Background

Utah bases its foster care evaluation model on a continuum with seven levels of care. As the levels of care progress, they are designed to provide more intensive services and supervision than the prior level of care. An assessment is completed for each child in foster care and the result of the assessment is a recommendation for a level meeting the child's needs. Services provided by direct care staff and/or out-of-home caregivers at each level are defined by the needs of the children being served.

The first three levels of care (Level I, Level II, and Level III) are most frequently provided in foster family homes licensed by the State of Utah, DHS, Office of Licensing (OL), and supervised by DCFS. Children with a need for higher intensity services and/or with a higher level of behavioral needs are most often provided care and supervision services through a private provider with whom the state contracts (Levels IV, V, or VI). There is some flexibility built into the model that permits a higher level of care to be achieved when a child is in a placement that would traditionally rate a lower level of care on the continuum, but has additional services in place to reach the intensity of services needed for that child. Utah's Level VII care is provided in an institution, such as a psychiatric hospital or the Utah State Hospital.

For all levels of care, DCFS caseworkers provide oversight and case management services for children in their placement. As of May 1, 2015 Utah's data shows approximately 25 percent of children in care are placed with private providers in Levels IV, V, and VI. Utah can provide further historical or cumulative data regarding foster care placement levels upon request.

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To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g., placement of children with particular foster care providers, ongoing casework and oversight of foster care placements).

Utah does not utilize private entities to provide case management services. Casework activities and oversight of foster care placements are provided through staff employed through DCFS, with the exception of a small cohort of high-need mental health cases. For these welfare cases, DCFS contracts with a local county mental health authority such as Wasatch Mental Health Services. Wasatch Mental Health Services is a public agency, and as of May 1, 2015, manages 26 cases, which is 0.9 percent of the total number of foster care cases in Utah. Wasatch Mental Health case managers utilize the State Automated Child Welfare Information System (SACWIS) for case management and are subject to the same performance requirements as DCFS casework staff.

What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?

The public agency, DCFS, makes all (100 percent) placement decisions of children in foster care. Private agencies in Utah may make a placement recommendation to the state; however, the placement decision authority ultimately rests with DCFS.

Please provide the number and names of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.

Requested information is contained in the attached spreadsheet (Attachment 1). Services provided by private entities are limited to care, supervision, and treatment of children in foster care. None of the entities provide case management services.

Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is this accreditation renewed?

Utah does not require accreditation; however, agencies may choose to become accredited on their own through an accreditation entity.

Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.

DCFS develops a scope of work and a Request for Proposals (RFP) specific to the services we require for each level of care (Levels IV, V, and VI). The RFP is issued and private agencies have the opportunity to apply. When applications are received through the state purchasing process, they are scored according to the criteria in the RFP. Proposals from a private entity that meet requirements of the RFP are offered a contract.

Contracts are issued on a five-year cycle. The process is ongoing and providers must apply for a new contract at each contract cycle. The process to apply for a contract is

outlined on the DCFS website located at the following link: http://dcfs.utah.gov/pdf/HowtocontractwithDCFS.pdf. Attached is a sample of our last RFP for Level IV services that contains the scope of work and the criteria and process by which a private entity would apply for a contract for foster care services (Attachment 2).

Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit, and for-public providers operating in your state.

For state licensed and supervised foster homes (Levels I, II, and III), initial safety inspections of foster care homes is completed by the state Office of Licensing (OL) at the time of licensure. A copy of the OL Administrative Rule (R501-12) outlining foster home requirements can be found at the following link: Human Services, Administration, Administrative Services, Licensing - Foster Care Services. State licensed and supervised homes for Levels I, II, and III must renew their foster license on an annual basis. In addition to the OL initial and renewal processes, DCFS employees are dedicated to support and monitor quality care for children placed in foster homes. These staff, known as Resource Family Consultants (RFCs), are familiar with the homes they support to make informed placement decisions. RFCs are also required to make monthly contact with each foster home, as well as site visits to each foster home a minimum of once every six months. RFCs are experts in OL rule and DCFS safety requirements, and are therefore able to identify and report any problems they observe. RFCs also provide support to caseworkers for individual cases and follow up with visits to homes if safety is uncertain.

Private entities with family-based placements (Level IV) must meet comprehensive OL requirements of a child placing agency found in the OL General Provisions (R501-1), Core Rules (R501-2), and Foster Care Services (R501-12), which can be accessed here: Human Services, Administration, Administrative Services, LICENSING.

However, once the private entity has achieved status with OL as a child placing agency, they may oversee and "certify" their own family-based foster homes. The child placing agency is required to ensure that their "certified homes" meet OL requirements for foster homes. At irregular intervals, OL completes on-site reviews of a random sample of homes certified through the child placing agency to ensure they are in compliance with OL rules. OL completes a regular audit of the files kept by child placing agencies, and if discrepancies or errors are noted, OL may require on-site visits to foster homes overseen by the agency as a part of the audit as well.

Homes certified through child placing agencies do not have the direct state oversight and training that licensed foster homes have, despite taking on placements requiring higher levels of care. This can lead to inconsistency in training and oversight as it becomes largely incumbent upon the private entity to create and self-monitor their programs. In addition, private child placing agencies may have a financial incentive to certify homes that could create a conflict of interest in their quality assurance. Because of these issues, DHS is evaluating if this service delivery method that allows child placing agencies to certify their own foster homes should be changed.

Residential placement settings (Level V and VI) must also meet OL requirements for the types of service they are contracting with DCFS to provide. The comprehensive OL requirements can also be found at this link under R501-19 Residential Treatment Programs and/or R501-22 Residential Support Programs. OL conducts file audits and site visits of these entities as well.

In addition to the OL process, DCFS has an internal Audit Team that conducts annual audits of private entities that provide Level IV, V, and VI foster care services and Level V and IV residential treatment programs through contracts with DCFS. The DCFS audit team reviews personnel files maintained by the private entity and conducts interviews with foster parents and staff to verify they have completed all training requirements outlined in their DCFS contract. The audit also ensures that all foster parents and individuals over age 18 in the home and all residential treatment staff have the required, approved background screenings from OL. Furthermore, the audit team randomly selects and interviews children placed in these homes or facilities about issues regarding safety, treatment services, and relationships with foster parents and/or other staff. Two to four "certified" foster homes are randomly selected for inspection and the audit team inspects all residential treatment facilities to ensure they meet health and safety elements outlined by OL and in the contract with DCFS.

In accordance with federal ASFA and CFSR requirements, Utah requires caseworkers to complete a minimum monthly face-to-face visit with each child in foster care in their placement. The monthly visit must include a private conversation with each child to address safety and other issues. The requirement is built into the SACWIS system and an "action item" is sent to the caseworker each month for each child they oversee in foster care. The caseworker must enter an activity log with details of their visit with the child. According to the Utah quantitative review process, the performance rate is more than 96 percent annually for successful visitation of children in their foster care placements. If any safety concerns are identified by the child or caseworker during the caseworker's visit, the caseworker reports the safety concerns for investigation to Child Protective Services (CPS) Intake.

How many instances of abuse in a foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many of these instances related to children placed by: not-for-profit providers, for-profit providers, and public providers?

Over the past five years, Utah has served 23,196 children in foster care, and has had 89 substantiated instances of abuse of children in care. Please refer to Attachment 3 for a breakdown of instances of abuse, number of perpetrators, and number of victims for each level of care. The information was obtained for federal fiscal years 2010, 2011, 2012, 2013, 2014 where the child victim was in foster care and the relationship to the victim was recorded as foster mother, foster father, or residential treatment staff. The data also includes cases that were substantiated against licensed kinship providers. Some of the entities with substantiated cases no longer have existing contracts with DCFS. Utah can

provide further information regarding substantiated instances of abuse in foster care placements if needed.

Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out of home placement? Do these actions differ depending on whether the child was place by the public agency, a not-for-profit provider, or a for-profit provider?

The Office of Services Review (OSR), Related Parties Investigations Team is the state agency assigned to investigate claims of abuse or neglect against a child in an out of home placement. The agency is housed within DHS, but is distinct from DCFS and is not overseen by DCFS. Since DCFS makes all placement decisions for children in out of home care, the actions taken to address a substantiated claim do not differ between levels of care.

If an allegation of abuse or neglect is substantiated in an out of home placement, OSR notifies the director of the DCFS region that oversees the placement of the child, informs DCFS of the identity of the perpetrator and relays any further safety concerns. Based upon the identity of the perpetrator and nature of other case-related details, OSR may also notify OL, the DCFS audit team, high-level administrators of DCFS, or the executive director of DHS to follow-up with concerns, recommendations, or a further assessment of the provider.

When OL is notified by OSR of a substantiated allegation of abuse or neglect against a provider, OL will assess if the provider still meets the background screening requirements as well as conduct an assessment of whether the provider is still in compliance with OL rule. OL will determine if action is needed against the license of the provider such as corrective action or revocation of the license.

When the DCFS audit team is made aware of a substantiated allegation of abuse or neglect against a private provider, the audit team will discuss the substantiated claim with DCFS administration and determine whether or not DCFS will continue placing children in the facility. If DCFS decides to discontinue placing children with the provider, the provider is contacted (phone and email) and informed of DCFS's decision. Each DCFS region is also notified (phone and email) of the decision. DCFS is in the process of developing a tracking system housed within the SACWIS system to "flag" the provider so that DCFS will make no further placements with a provider that has a substantiated case of abuse or neglect. This will ensure that if the foster parent attempts to change to another provider entity, they will not be able to continue to provide foster care services.

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CHILDREN'S ADMINISTRATION
PO Box 45040 • Olympia WA • 98504-5710

May 27, 2015

Becky Shipp
Health and Human Resources Policy Advisor
Senate Finance Committee
United States Senate
Washington, D.C. 20510-6200

Dear Ms. Shipp:

Governor Inslee has requested that I respond to the request by Senators Hatch and Wyden in their April 24, 2015 letter for information regarding Washington State's foster care system. The Senators asked eight questions which will be answered in order below.

1. *To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g. placement of children with particular foster care providers, ongoing casework and oversight of foster care placements).*

Children's Administration (CA) within the Department of Social and Health Services (DSHS)contracts with private agencies to provide individual and congregate placement of dependent children in the care and custody of the department. These private child placing agencies (CPAs) provide a variety of placement services depending on the individual child's need for supervision and services. CPAs certify family foster homes licensed by the CPA for children placed into care because their own home is not safe. These family foster homes provide supervision, care, and protection. Children placed in these homes attend school, participate in normal childhood activities, have visits with their own parents and may participate in services, provided through CA, with the goal of reunifying with their parents. CPAs may offer foster-to-adopt homes for children with a concurrent plan of reunification and adoption. Children placed in these family foster homes receive case management services through CA and do not require any additional case management services. CA also serves children with behaviors that pose a threat to themselves or others. They often face mental health, developmentally disabling, and other challenges that result in behaviors requiring on-site intensive case management. CPAs providing this level of care establish child-specific contracts with CA that include agreement to provide a higher level of supervision, behavioral management, treatment and other services known through the department as behavioral rehabilitation services (BRS). While the CPA provides the on-site intensive case management, CA maintains case management of these dependent children, and provides reports to court on the child's progress and permanent plan. CA has contracts with CPAs located within Washington State and with CPAs operating out-of-state.

2. *What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?*

The State of Washington's database only includes children in the care and custody of the Department of Social and Health Services, and does not include licensed child-placing agencies who arrange private placements not involving dependent children. We do utilize private agencies for placement purposes, but the Department maintains case management and other legal responsibilities for these children and youth. The State of Washington does not contract for privatized child welfare case management.

3. *Please provide the names and numbers of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.*


Copy of CPA Active Contracts 5-20-15 no

4. *Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is this accreditation renewed?*

The Department does not require that its child placing agencies be accredited although some of them are.

5. *Describe in detail the process you use to select and contract with these private entities as well as to review and renew such contracts.*

Children's Administration recruits and licenses most of the foster homes it uses; it contracts with licensed Child Placing Agencies to increase the number of placement resources for the children in the state's care and custody. Children's Administration does not contract with Child Placing Agencies to perform case management for children in our care and custody; however, we do contract with a CPA for the purposes of utilizing the foster home placement. Once a CPA is licensed, the decision is made whether or not to contract with that agency based on the Department's need for foster homes and placement resources in that geographic area. CPAs are monitored on a regular basis and contracts are renewed annually.

6. *Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which the process differs for public, non-profit and for profit providers operating in your state.*

The minimum licensing requirements are identical for all foster homes, whether they are directly licensed by the State of Washington, or whether they are a private agency provider, either profit or non-profit. Families being directly licensed by the Division of Licensed Resources (DLR) in the Children's Administration will be assessed by a DLR worker. This assessment includes comprehensive interviews of all family members and others living in the household, facility inspections, completion of background checks (criminal history, child abuse registry, and other negative actions, such as licensing revocations), etc.

Families seeking licensure by a private agency will be assessed by a licensor employed by the private agency, and that agency attests to the department that the family meets the minimum licensing requirements. DLR completes the background checks and clears individuals for the private agencies. DLR issues a foster family license based on the certification by the private agency. The family may only remain licensed under the continued supervision of that private agency.

After the family is licensed, the CA social worker for the child makes monthly visits with the child to assess health and safety. If the child is placed in a private agency home that is contracted as a child-placing agency with the Department, the child-placing agency would be responsible to make visits to the home to assess health and safety, in addition to the DSHS worker's visit.

7. *How many instances of abuse in a foster care placement have been substantiated in the last 5 years in your state? Of those substantiated, how many of these instances related to children placed by public providers, for profit providers and nonprofit providers?*

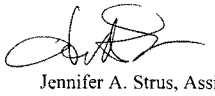
There have been 224 intakes resulting in at least one founded finding between January 1, 2010 and December 31, 2014. Again, we do not contract for privatized case management of children in the Department's placement and care authority. Of these founded findings, 138 of the children were placed in foster homes directly licensed by the Department, 70 were placed in private non-profit agencies, and 16 were placed in private for-profit agencies.

8. *Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out of home placement. Do these actions differ depending on whether the child was placed by the public agency, a nonprofit provider or for profit provider?*

The Division of Licensed Resources completes all child abuse or neglect investigations in foster care, regardless whether the home is licensed directly by DSHS, or certified through a private agency provider. When there is a substantiation of child abuse or neglect, licensing action (revocation of the license) is nearly always taken. DLR initiates the action for revocation of the license, regardless of the supervising agency or the profit/non-profit status. In addition to following through with the CAPTA process, a home is not considered revoked until the 28-day time period for the family to request an administrative hearing has passed, or the hearing was held and the Department's actions upheld. If there was a child remaining in the home pending the outcome of a revocation, there would typically be a recommendation to remove the child from the placement. For the child in the care and custody of the Department to remain, shared decision-making with upper management would be required. Because the child welfare system is not privatized in the State of Washington, all placements of children in the Department's custody are managed by public child welfare.

Please contact me if you require further information or explanation about the information contained.

Sincerely,



Jennifer A. Strus, Assistant Secretary
Children's Administration

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Earl Ray Tomblin
Governor

Bureau for Children and Families
Commissioner's Office
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Karen L. Bowling
Cabinet Secretary

May 22, 2015

The Honorable Orrin G. Hatch
Chairman, Committee on Finance
United States Senate
Washington, DC 20510-6200

The Honorable Ron Wyden
Ranking Member, Committee on Finance
United States Senate
Washington, DC 20510-6200

Dear Senators Hatch and Wyden:

Please find the following to be West Virginia's response to your request for information in regards to the public-private partnerships within the foster care system.

Question 1: To the degree applicable, describe your state's utilization of private entities to provide case management services (e.g., placement of children with particular foster care providers, ongoing casework and oversight of foster care placements).

In West Virginia, the Department of Health and Human Resources (otherwise known as DHHR) contracts with private non-profit and for-profit agencies to provide certain foster care case management services. As of April 30, 2015,1,013 children were placed in therapeutic foster care agency foster homes out of a total of 4,522 children in out-of-home placement.

These private agencies are responsible for case management; however, the DHHR is still required to provide case management services to the children and families. The private agencies are required to visit the child in their foster home twice a month, whereas the DHHR social worker is required to see the child once every three months in the foster home. Both the DHHR social worker and the private agency are required members of the Multidisciplinary Treatment Team (MDT) for the cases of the children who are placed with them. Additionally, the private agencies are required to

provide monthly reports to the DHHR social worker on the status of the child and their current placement.

Question 2: What proportion of the children in foster care in your state is placed by the public agency, not-for-profit providers, and for-profit providers?

West Virginia does not have private foster care. All placements are made by the DHHR, which is the public child welfare agency. We are solely responsible for the removal and placement of children who are in State custody. We contract with private agencies only to provide foster care and foster care case management services, but all of the children are in the custody of the State and the DHHR. The DHHR remains fully responsible for the care of the children and oversees the services provided by the contracted not-for-profit and for-profit agencies.

Question 3: Please provide the number and names of private entities providing these core services, as well as information on whether each provider is a for-profit or not-for-profit entity.

In West Virginia, there are ten (10) agencies with whom the DHHR contracts to provide foster care services to the children in State custody. These agencies are:

1. National Youth Advocate Program (not-for-profit)
2. NECCO (for-profit)
3. The Potomac Center (not-for-profit)
4. Genesis Youth Crisis Center (not-for-profit)
5. KVC West Virginia (not-for-profit)
6. Pressley-Ridge (not-for-profit)
7. B&T/ResCare (for-profit)
8. Children's Home Society (not-for-profit)
9. Burlington United Methodist Family Services (not-for-profit)
10. Try-Again Homes (not-for-profit)

Question 4: Does your state require that private foster care entities or organizations operating in your state be accredited? If so, by which organization and how often is this accreditation renewed?

West Virginia does not require the foster care agencies to be accredited. Several of the agencies are accredited, however, through COA, and Burlington United Methodist Family Services is accredited by Eagle Accreditation Commission.

Question 5: Describe in detail the process you use to select and contract with these private entities, as well as to review and renew such contracts.

Specialized Foster Care Contracts are limited to those agencies that apply to provide specialized foster care services and are granted a child placing license by the Bureau's licensing staff. Contracts are reviewed annually and updated as needed. Content of the contracts is determined with input from program, field, finance, administrative, and provider staff. Contracts are null and void upon the loss of a child placing license.

Question 6: Describe in detail the process your state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, not-for-profit, and for-profit providers operating in your state.

The licensing process in West Virginia is the same for all providers. All providers go through the Certificate of Need (CON) process. This is a very long and detailed process. It is outlined and explained in detail on this website: http://www.hca.wv.gov/certificateofneed/Pages/default.aspx.

Depending on the service to be provided, a provider may be able to go through the Summary Review Process and would not be required to go through the entire CON process. To be eligible for the Summary Review, the provider must meet the requirements laid forth in West Virginia Statute 49-7-30 found at: http://www.legis.state.wv.us/WVCODE/ChapterEntire.cfm?chap=49&art=7&section=30#07.

Question 7: How many instances of abuse in a foster care placement have been substantiated in the last five years in your state? Of those substantiated, how many of these instances related to children placed by: not-for-profit providers, for-profit providers, and public providers?

In the past five (5) years, there have been 63 cases of substantiated abuse in a foster care in placement in West Virginia. Since the DHHR is the only child welfare provider in the state, all of these children were placed by the state agency.

Question 8: Describe in detail the actions taken when an abuse claim is substantiated while a child is in an out-of-home placement? Do these actions differ depending on whether the child was placed by the public agency, a not-for-profit provider, or a for-profit provider?

Once an investigation on an out-of-home placement is completed, the investigating worker will prepare a copy of the Institutional Investigation Unit (IIU) / Child Protective Services (CPS) Summary Report, save it within the Statewide Automated Child Welfare Information System (SACWIS), and send the report and all pertinent information to the IIU Supervisor. The IIU Supervisor will then review and approve the investigation and report as indicated. Upon supervisory approval, the investigating worker will then provide a copy of the IIU/CPS Summary Report to the agency (if the home is through one of the specialized foster care agencies) or to the Regional Homefinding Supervisor. That worker will also notify the Regional Program Manager for Social Services, the Community Services Manager, and the Residential Licensing Specialist (if applicable) by e-mail of the findings of the investigation.

The Regional Homefinding Supervisor or Residential Licensing Specialist will then determine policy or licensing violations based on the information provided within the "IIU/CPS Summary Report." If non-compliance is identified in group residential facilities or specialized foster care agencies, the Residential Child Care Licensing Specialist will direct the specialized foster care agency or group residential facility to develop a time-limited Corrective Action Plan. For West Virginia's DHHR foster family homes, the Regional Homefinding Supervisor will direct the Homefinding Specialist to develop a time-limited Corrective Action Plan. The development of all Corrective Action Plans must not exceed thirty (30) days.

The investigative worker must notify the foster family home in writing that foster care arrangements are being terminated and provide a copy of the "IIU/CPS Summary Report" when it is determined that child abuse or neglect occurred in a foster family home (per WV Code 49-2-14). For investigations resulting in a Corrective Action Plan, the Residential Licensing Unit or Regional Homefinding Unit will ensure that all the problems identified in the investigation that contributed to abuse or neglect or non-compliance with regulations or policies are adequately addressed in the Corrective Action Plan.

If you have any additional questions or if we can assist you further regarding West Virginia's policy and practices relative to privatized foster care, please let us know.

Sincerely,

Nancy N. Exline
Commissioner

/sv

WISCONSIN DEPARTMENT OF CHILDREN AND FAMILIES

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Governor Scott Walker
Secretary Eloise Anderson

Secretary's Office

May 28, 2015

The Honorable Orrin G. Hatch
Chairman

The Honorable Ron Wyden
Ranking Member

United States Senate
Committee on Finance
Washington, D.C. 20510-6200

Dear Senators Hatch and Wyden,

This letter responds to your April 24 letter to all Governors requesting information related to the use of contractors in the state's child welfare system. Attached is information responding to each requested item.

As noted in the responses, contractors play a limited, but important role, in Wisconsin's child welfare system. Wisconsin contracts with providers that are able to provide services more effectively via external contractors or services for which there is no state capacity, such as residential treatment facilities. The state's contracting and licensing structures provide the necessary protections and requirements to ensure that children are served in a safe and effective way and that the state's programmatic objectives are met. We consider it important that the state have the flexibility to utilize contractors when it is efficient and effective to do so and view our external contractors as constructive partners in the child welfare system.

I trust that you find the enclosed information helpful.

Sincerely,

Eloise Anderson
Secretary

Enclosure

Cc: Governor Scott Walker
Becky Shipp, Senate Finance Committee
Laura Berntsen, Senate Finance Committee

State of Wisconsin: Response to April 24 letter

1. Describe your state's utilization of private entities to provide case management services.
Wisconsin has a state-supervised/county-administered child welfare system with the exception of the largest county, Milwaukee County, where the child welfare system is administered directly by the state through the Department of Children and Families (DCF). In Milwaukee, state (i.e., public) employees carry out the intake and assessment/investigation functions. DCF contracts with external agencies for case management of out-of-home care and intensive in-home cases. DCF is currently contracting with the following two agencies for case management services in Milwaukee County: Children's Hospital of Wisconsin Community Services (also known as Children's Service Society of Wisconsin) and SaintA. Both contracted agencies are not-for-profit.

Contracted case management agencies are required to follow state-issued standards, policies, and procedures that are applicable to public county agencies as well. The current contracts with both case management agencies require the following major areas of responsibility:

- To provide for the permanency, safety, and well-being of each child in care. Planning for these services includes goal-directed, time-limited, and measurable activities designed to help children live safely in permanent families. This process provides children continuity in their relationships with nurturing parents or caretakers and the opportunity to establish or maintain life-long family relationships.

- To provide services to address barriers to reunification or permanency and maintain accurate and timely documentation in case files of all significant case activity.

- To conduct family-centered assessments and develop case plans that identify and implement essential services to enhance parental capacity to provide a safe environment and to provide an environment free of current and future incidents of abuse and/or neglect and provide for permanency for the child(ren).

- To ensure that all children in out-of-home care receive medical and dental care in accordance with the schedule of the Wisconsin Medicaid Health Check program reflecting well-child health periodicity.

- To develop the permanency plan with the family and to document it within 60 days from the day the child was removed from his/her home.

- To ensure the ongoing case manager will have twice monthly face-to-face contact with all children three years of age and younger and other children deemed in need of more frequent contact under as outlined in the BMCW policies and procedures.

- To ensure permanency consultations occur for every child entering their 5th, 10th, and 15th month in out-of-home care. In addition, permanency consultations must occur periodically for any child in care longer than 15 months with a current legal permanency status below good.

- To provide or purchase and coordinate intense specialized in-home services to support families in alleviating crisis and maintain children safely in their own homes. The majority of services are to be provided in the family's home or other natural setting. In all cases, the home environment must be safe for the child, family, in-home worker, and community to maintain the child within the home.

The remaining 71 counties in Wisconsin, other than Milwaukee, do not contract with external agencies for child welfare case management services.

2. *What proportion of the children in foster care is placed by the public agency, not-for-profit providers, and for-profit providers?*

As of December 2014, Milwaukee County, which uses non-profit case management contractors, accounts for 33% of the state's foster care population. The remaining 67% of children in foster care in non-Milwaukee counties use public (i.e., county) child welfare case managers.

3. *Provide the number and name of private entities and information on for-profit/non-profit status.*

Information provided in response to Question 1.

4. *Does the state require that private foster care entities or organizations be accredited?*

No.

5. *Describe the process used to select and contract with the case management agencies and the process to review and renew these contracts*

DCF used the competitive Request for Proposal (RFP) process specified in state law and policy to select the Milwaukee County child welfare case management agencies. Under the RFP process, interested proposers were required to respond in a thorough manner to a number of criteria that included the agency qualifications to provide ongoing and intensive in-home services and the agency's detailed plans to achieve the requirements of the proposal. This RFP included all language and obligations required by federal law and state statutes as well as the standard terms and conditions of state requirements. Programmatic requirements of the RFP were written by Department staff familiar with, and expert in, the requirements of the ongoing and intensive in-home programs.

The evaluation committee to review and score the RFP was composed of members selected because of their special expertise and knowledge of the services that were the subject of this RFP. Evaluation committee members included individuals outside of the Department of Children and Families.

The Milwaukee child welfare case management contracts include outcome-based performance measures which are reviewed by DCF staff and shared publicly on a monthly and quarterly basis. The proportion of referrals each of the two agencies receives is based on the agencies' annual performanee on the outcome metrics related to placement stability and achievement of legal permanency; with the stronger performing agency receiving relatively more referrals. DCF is able to require corrective action plans if a contracted agency has significant variance from the benchmarks. The benchmarks that are monitored and evaluated include, primarily, satisfactory performance in the areas of placement stability, safe reunification and the achievement of legal permanency. These benchmarks are in compliance with federal standards as well as with a court-negotiated settlement regarding child welfare service in Milwaukee County.

The current Milwaukee case management contracts went into effective in January 2012. The initial contracts were for a two year period with the opportunity for an additional three two-year renewals, for a maximum total period of eight years. The Department will undertake a competitive RFP process, as described above, to select the case management agencies when the current contract is no longer in effect.

6. *Describe the process the state uses to inspect the safety of the foster care settings in which children are placed and the extent to which this process differs for public, non-profit, and for profit providers.*

The process of inspecting and assuring the safety of foster care settings is specified in state statute and administrative rules. The same process is applied to public, non-profit, and for profit providers.

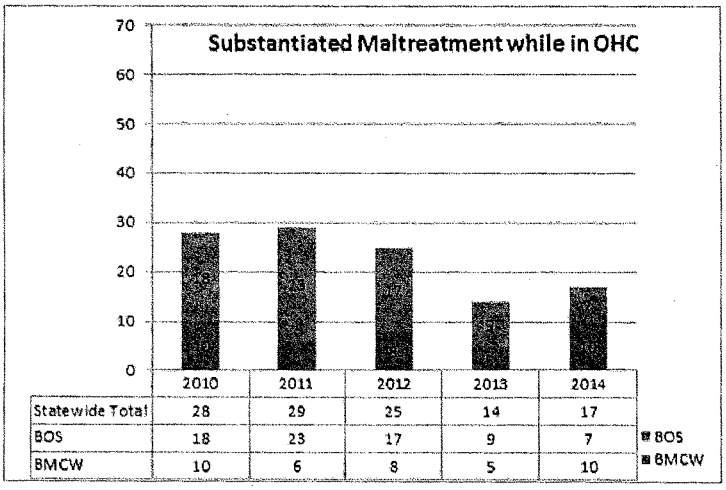
- Group Homes, Residential Care Centers, and Shelters (congregate care settings): Group homes, residential care centers (RCCs) and shelters are required to be licensed. Initial licenses are granted following the successful completion of an application, which includes the background checks required under state statute (s. 48.685(2)(am)), as well as multiple background checks on the entity. A physical inspection of the facility, a review of environmental hazards by the planning commission the facility is located in, a fire inspection by the local fire department, and a review of the agencies policies and procedures also occurs. An agency is issued a probationary license and is inspected in accordance with state statute (s. 48.69). Upon successful completion of the probationary period, an agency may apply for a regular license, at which time all background checks under state statute (s. 48.685(2)(am)) are redone. Licensees and employees of all agencies are required to submit background check information to DCF monthly to enter into the state child welfare SACWIS information system. In addition, DCF staff ensures compliance with safety checks by reviewing staff and child files and conducting monitoring visits to facilities every six months, and investigating complaints and serious incident reports. When an issue arises, DCF issues corrective action and follows up with the provider to ensure compliance. If compliance cannot be ensured, DCF may pursue revocation of the license.

- Family Foster Care: DCF oversees both public and private child placing agencies that license foster homes on behalf of the Department in accordance with state statute (Ch. 48.75 and 48.62). All State of Wisconsin foster care licenses must be issued by a county agency or private child placing agency licensed by DCF. DCF staff licenses private child placing agencies and monitors for compliance with state administrative rule and ensures that the licensing agency has completed all necessary background checks, physical environment inspections, a home study, disaster plan, has home owners/vehicle insurance, etc. to ensure child safety. Private child placing agencies are required to submit safety related check information to DCF to enter into the child welfare SACWIS information system. DCF staff regularly review foster home licenses for compliance with safety checks. When an issue arises with a foster home, DCF staff follow up with the appropriate licensing agency regardless of whether it is a public or private agency. A private child placing agency may be

subject to regulatory actions for licensing violations. If a county is in violation a corrective plan will be implemented. Because the child placing agency is responsible for monitoring the individual foster homes, DCF staff do not physically inspect foster homes other than Level 5 foster homes or unless an issue requires an inspection of the home as permitted under state statute.

7. *How many instances of abuse in a foster care placement have been substantiated in the last five years? Of those substantiated, how many related to children placed by not-for-profit, for-profit, and public providers?*

As noted above, Milwaukee County uses contracted non-profit case management agencies for all children placed in foster care. The chart below shows the number in each of the last five years of cases of maltreatment of children in out-of-home care. The blue sections of the chart represent cases in Milwaukee (BMCW stands for Bureau of Milwaukee Child Welfare) which were handled by the non-profit case management agencies and the orange sections of the chart represent the remaining non-Milwaukee counties (BOS stands for Balance of State) which were handled by public case management agencies.



	2010	2011	2012	2013	2014
Statewide Total	28	29	25	14	17
BOS	18	23	17	9	7
BMCW	10	6	8	5	10

8. *Describe the actions taken when an abuse claim is substantiated while a child is in out-of-home placement. Do these actions differ depending on whether the child was placed by the public agency, not-for-profit, or for-profit provider?*

All decisions to screen in/out a report regardless of a child's placement is completed in accordance with the state Access/Initial Assessment Standards which requires the county child welfare agency or DCF (in the case of Milwaukee) to inform DCF or the licensing agency of any alleged maltreatment in a licensed facility or foster home, respectively. It is important to note that an incident may not meet the standard of child abuse or neglect, but may still violate licensing regulations.

When an Initial Assessment is initiated and substantiated for a child in out-of-home care, the county child welfare agency or DCF (in the case of Milwaukee) notifies the DCF licensing staff and the private child placing agency, if the case involves a foster home licensed by that child placing agency.

For congregate care settings licensed by the DCF, DCF licensing staff review the substantiation information and conduct an investigation of the incident to determine any other licensing violations. DCF licensing staff determine the appropriate regulatory response, which can include revocation of the facility license.

In the case of a substantiated maltreatment in a licensed foster home, the licensing agency must revoke a foster care license as it is a barred offense for foster care licensure to have a substantiated finding of abuse/neglect. Additionally, private child placing agencies must inform DCF of the licensing revocation.

If the maltreatment in out-of-home care involves a child death, serious injury, or egregious incident, DCF follows the public disclosure and review process established in state statute and Department policy for all cases of child death, serious injury, or egregious incident due to maltreatment.

Licensed congregate care and private child placing agencies are required to submit a Serious Incident Report regarding any alleged child abuse or neglect to DCF.

The actions taken in response to substantiation of maltreatment do not differ depending on whether the child was placed by the public agency, not-for-profit, or for-profit provider.

WYOMING DEPARTMENT *of*
Family Services

2300 Capitol Avenue
Third Floor Hathaway Bldg
Cheyenne, WY 82002-0490
Tel: 307.777.7564
Fax: 307.777.7747
dfsweb.wyo.gov

June 12, 2015

Orrin Hatch
United States Senate
104 Hart Office Building
Washington, DC 20510-6200

REF: SC-15-077

RE: State Utilization of Private Foster Care Entities
Department of Family Services

Dear Chairman Hatch and Ranking Member Wyden,

The State of Wyoming received correspondence from the United States Senate, Committee on Finance, dated April 24, 2015, requesting information regarding the State's use of foster care placements and the use of foster care placing entities in Wyoming. In order to provide concise information and answers regarding Wyoming's foster care system and to succinctly address the Senate's inquiry, the information provided in this document pertains *only* to foster care placements in a single family home setting with foster parents and does not include information regarding con 4, 2015
gregate care placements.

The State of Wyoming maintains placement and care responsibility for all children placed in the Department of Family Service's (Agency) custody and under no circumstances does the Agency contract with private placement providers to act fully on behalf of the Agency to oversee and provide all foster care activities and services.

The following responses correspond to the bullet-point questions posed by the Senate Committee on Finance in the letter dated April 24, 2015:

- The Agency is a service agency and does not have placement authority, however, the Agency is the placing agency for children court ordered to Agency custody. All children placed in foster care by the Agency are court ordered to foster care and remain in the physical and legal custody of the Agency. The Agency does not give private entities legal custody or placement and care authority of children placed in the custody of the Agency.

Two not-for-profit child placing entities, YES (Youth Emergency Services) House and Catholic Charities of Wyoming, and one not-for-profit therapeutic foster care entity, Central Wyoming Counseling Center, provide limited foster care services for children in the physical and legal custody of the Agency. For example, a child may be placed at YES House, and as part of the YES House services, the child is assigned to a family home instead of residing in the congregate care building. Additionally, Catholic Charities of WY and Central Wyoming Counseling Center may assist in matching children with appropriate certified foster homes while the Agency oversees all case management services. The YES House, Catholic Charities of WY, and Central Wyoming Counseling Center are paid a child placing administration fee and the foster homes are paid a standard foster care rate. At all times, the Agency retains physical and legal custody of the child and maintains oversight and case management responsibilities, including face-to-face contact with foster children. At no time are the two entities' services used in place of the Agency's. Rather, the foster care services are in addition to the Agency's case management and oversight.

- 100% of children placed in foster care in Wyoming are placed *through* the Agency as the Agency has physical and legal custody in addition to care responsibility of all foster care children.

- Three entities provide home-setting foster care services in WY while the Agency retains full legal and physical custody of the children. These are:

    - YES House (Youth Emergency Services), non-profit;
    - Catholic Charities of WY, non-profit; and
    - Central Wyoming Counseling Center, non-profit.

  These entities do not replace the Agency but offer services in cooperation with and in addition to the Agency.

- Wyoming does not require private foster care entities to be accredited, however, many are. All facilities and homes in which a child will be placed overnight are certified or licensed directly through the Agency.

- All foster care services are selected through a licensing and certification process as required by the Certification of Providers of Substitute Care Services rules.

- Fingerprint based criminal history screens, child abuse and neglect central registry screens, and references are required for all adults living in a foster home. Agency workers meet face-to-face with all children in the Agency's custody monthly at a minimum. All foster care settings in Wyoming are inspected and certified through the Agency regardless of whether the Agency's population is placed in such setting or not. Wyoming law requires Agency certification for all places where a child will be placed over night. Certified foster homes are reviewed annually and certification can be

revoked at any time with Agency Director approval due to, but not limited to failure of foster parent to maintain standards as required, refusal to cooperate with an investigation, or a substantiated finding of abuse or neglect. The inspection and certification process does not differ because of the providers' public, non-profit, or for-profit status.

- One instance of abuse has been substantiated in a foster care placement in the last five years. The foster care placement was through the Agency.

- Per policy, the Agency investigates or assesses all allegations of child abuse or neglect and violations of certification standards made against foster homes. When an allegation of abuse is made against a child's out-of-home placement provider, a special investigation is initiated and safety precautions are put into place prior to substantiation through use of a Safety/Risk Assessment, written Safety Plan, and Family Services Plan, and possible removal of children placed in the home. In-person contact is made immediately if the child in imminent danger as classified by rules, statute, and operating policy. The Agency's lead Attorney General and Division Administrator are alerted for all special investigations and law enforcement is notified if allegations contain possible criminal behavior. When an allegation of abuse is substantiated, the foster care certification may be revoked with approval from the Agency Director.

I am pleased the Senate Committee on Finance has taken an interest in the welfare of foster children and youth. As demonstrated by Wyoming's safety record and financial investments, Wyoming has been and will continue to remain committed to the safety, well-being, and permanency of our foster youth and all children. The state looks forward to the results of the Committee on Finance's inquiry and any communication from the Committee regarding improvements in the foster care system.

Sincerely,

Steve Corsi
Director

SC/rc

Cc: Marty Nelson

Appendix C

ORRIN G. HATCH, UTAH, CHAIRMAN
CHUCK GRASSLEY, IOWA
MIKE CRAPO, IDAHO
PAT ROBERTS, KANSAS
MICHAEL B. ENZI, WYOMING
JOHN CORNYN, TEXAS
JOHN THUNE, SOUTH DAKOTA
RICHARD BURR, NORTH CAROLINA
JOHNNY ISAKSON, GEORGIA
ROB PORTMAN, OHIO
PATRICK J. TOOMEY, PENNSYLVANIA
DANIEL COATS, INDIANA
DEAN HELLER, NEVADA
TIM SCOTT, SOUTH CAROLINA

RON WYDEN, OREGON
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DEBBIE STABENOW, MICHIGAN
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ROBERT P. CASEY, JR., PENNSYLVANIA
MARK R. WARNER, VIRGINIA

CHRIS CAMPBELL, STAFF DIRECTOR
JOSHUA SHEINKMAN, DEMOCRATIC STAFF DIRECTOR

United States Senate
COMMITTEE ON FINANCE
WASHINGTON, DC 20510–6200

March 3, 2016

Clyde L. Reese III
Commissioner, Department of Community Health
Two Peachtree Street, NW
40th Floor
Atlanta, Georgia 30303

Dear Commissioner Reese:

Since April of 2015, the United States Senate Committee on Finance (Committee) has been conducting an investigation into the states' use of private entities, and particularly for-profit entities, to serve as child placement agencies in the administration of state foster care programs. As you are aware, these state programs are funded under Title IV-E of the Social Security Act. This letter is a follow-up to the letter we sent your state on April 24, 2015, in which we requested information about your state's experience in contracting with private entities to administer portions of the state's foster care program.[1]

Our interest in the use of private foster care providers is prompted in large part by a number of deeply disturbing stories appearing in the media in the recent past. Those stories recount lapses in judgment and mistakes by a for-profit child placement entity in the screening, recruitment, training and monitoring of foster parents that resulted in the placement of children, who represent the most vulnerable segment of our society, into the homes of individuals wholly unsuited to discharge the duties of foster parents.[2] Tragically, a number of these children died while in the care and custody of these foster parents, while other children were abused, neglected or physically injured.

---

[1] We are certain that you share our commitment to protect the wellbeing of the many children whose difficult circumstances necessitate their removal from parental control and placement in foster homes. Therefore, please provide a response to the letter of April 24, 2015 at your earliest convenience so as to assist the Senate Finance Committee in its investigation.

[2] See, for example: *Mother Jones*, Brian Joseph: The Brief Life and Private Death of Alexandria Hill (Feb. 26, 2015); *BuzzFeed News*, Aram Roston and Jeremy Singer: Fostering Profits (Feb. 20, 2015); and *BuzzFeed News*, Aram Roston: In an Unmarked Grave, a Baby's Untold Story (June 18, 2015).

One of the many issues being examined by the Committee is the soundness, from a public policy perspective, of permitting for-profit entities to operate as child placement agencies. It is argued by some commentators that such entities are ill-suited to discharge the functions of child placement agencies, since their pursuit of profit could interfere with their responsibility to safeguard the interests of the children under their care.

The Title IV-E foster care program is a child welfare program under the Social Security Act. Consequently, it falls within the oversight jurisdiction of the Committee. As Chairman and Ranking Member of the Committee, we are writing to you to secure information necessary to advance the Committee's understanding of how well both for-profit and non-profit child placement agencies under contract with your state protect the interests of the children who fall under their care.

In accordance with the Committee's oversight responsibility for the Title IV-E program, we request that you provide the following information no later than close of business April 1, 2016:

1. Identify all child placement agencies (both non-profit and for-profit non-public providers that carry out responsibilities related to case planning, including permanency planning, and review for children in foster care (collectively, "Contractors"), under contract in your State to provide foster care services at any time from January 2010 to the present, and the dates when those agencies began to provide these services, and when, if applicable, they terminated;

2. For each individual Contractor, provide the following performance measures,[3] for each year 2010 through 2015:

    a. Total number of children served by such contractor during the year;[4]

    b. Of this total number of children served by such contractor during each year, identify the number and percentage of children in the following subgroups:[5]
        i. Special needs children (general category)
        ii. Physically disabled children
        iii. Children with special mental/emotional/behavioral health needs

[3] In the interest of identifying measures for which statewide data should be readily available, several of these performance measures mirror the Statewide Data Indicators used by the Administration for Children and Families' Children's Bureau in conducted the Child and Family Services Reviews (CFSR). The Statewide Data Indicators are described in detail in CFSR Technical Bulletin #8A and the Final Notice of Statewide Data Indicators and National Standards for Child and Family Services Reviews Executive Summary–Amended (both published May 13, 2015).

[4] The CFSR literature defines the statewide version of this measure as "all children who were served in foster care during the 12-month target period." This measure should include the total number of children served by the Contractor *at any time* during each year in question.

[5] This measure is included to account for the fact that particular contractors may be qualified and relied upon to serve the needs of particular subgroups of children entering foster care. If necessary for purposes of specificity, please provide any working definitions or tests used to classify children within particular subgroups.

iv. Infants
v. Older youth

c. Total number and percentage of children served whose placement was moved sometime during the year;[6]

d. Of all children who entered foster care each year and were discharged within one year (to reunification, living with a relative, or guardianship), total number and percentage who re-entered foster care within one year of their discharge.[7]

e. Total number and percentage of substantiated or indicated reports of maltreatment (by any perpetrator) during a foster care episode;[8]

f. Of all children who were victims of a substantiated or indicated maltreatment report during each calendar year, total number and percentage of children who had a second substantiated or indicated maltreatment report within one year of their initial report;[9]

g. Number and percentage of children served who, within one year, achieved the following permanency outcomes:[10]
   i. Reunification;
   ii. Adoption;
   iii. Guardianship;
   iv. Another planned permanent living arrangement;

h. Number and percentage of children entering into care who have siblings placed in the same living arrangement;

i. Number and percentage of children entering into care who are placed with relatives;

j. Number and percentage of children entering foster care who received a full initial physical and mental health assessment within 60 days;

---

[6] CFSR measure: Placement stability

[7] CFSR measure: Re-entry to foster care in 12 months

[8] CFSR measure: Maltreatment in foster care

[9] CFSR measure: Recurrence of maltreatment

[10] CFSR measures: Permanency in 12 months for children entering foster care

k. Number and percentage of children entering foster care for whom permanency goals were established in a timely manner;[11]

l. Number and percentage of children served who received monthly caseworker visits;

m. The total cost to the state, county, or local government of services provided under the contract.

n. Average caseload for each caseworker employed by the Contractor.

3. For each measure identified above, please provide the same performance measure for the state foster care system as a whole, for each year 2010 through 2015.

4. Provide a copy of any performance rankings, ratings, or reviews of Contractors prepared by your agency for years 2010 through 2015.

5. Provide any additional information regarding individual Contractor performance that you believe may warrant our attention.[12]

6. Provide all performance and investigative reports and evaluations of Contractor placement agencies that are subsidiaries or affiliates of National Mentor Holdings, Inc., that have been prepared by or issued by the State, or by the contracting entity within the State, from January 2010 to the present. The term "investigative reports" includes reports relating to the death, sexual abuse or injury to a child while in the care/custody of foster parents recruited or employed by subsidiaries or affiliates of National Mentor Holdings, Inc.

7. Provide the name and contact information of a state official with whom Committee staff may communicate to resolve any questions regarding the operation of the state's foster care program, and in particular, the use by the state of for-profit child placement agencies.

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[11] In answering this question, please identify the timeframe in which your agency seeks to establish permanency guidelines for each child entering into foster care.

[12] Such information may include observations about individual Contractors' performance in the following areas, which may be difficult to quantify in a single measure: thoroughness in conducting criminal background checks of potential foster parents; timely reporting of credible claims of abuse and neglect; provision of adequate training to caseworkers, etc.

We thank you for your prompt attention to this request. Please submit your response in electronic format to Kim Brandt, Chief Oversight Counsel (Majority), (kim_brandt@finance.senate.gov) and to David Berick, Chief Investigator (Minority), (david_berick@finance.senate.gov). Any questions may be directed to Ms. Brandt at (202) 224-4515 or to Mr. Berick at (202) 224-6399.

Sincerely,

Orrin G. Hatch
Chairman, Senate Finance Committee

Ron Wyden
Ranking Member

ORRIN G. HATCH, UTAH, CHAIRMAN
CHUCK GRASSLEY, IOWA
MIKE CRAPO, IDAHO
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CHRIS CAMPBELL, STAFF DIRECTOR
JOSHUA SHEINKMAN, DEMOCRATIC STAFF DIRECTOR

United States Senate
COMMITTEE ON FINANCE
WASHINGTON, DC 20510-6200

March 3, 2016

George H. Sheldon
Acting Director
Department of Children and Family Services
406 Monroe Street
Springfield, Illinois 62701-1498

Dear Acting Director Sheldon:

Since April of 2015, the United States Senate Committee on Finance (Committee) has been conducting an investigation into the states' use of private entities, and particularly for-profit entities, to serve as child placement agencies in the administration of state foster care programs. As you are aware, these state programs are funded under Title IV-E of the Social Security Act. This letter is a follow-up to the letter we sent your state on April 24, 2015, in which we requested information about your state's experience in contracting with private entities to administer portions of the state's foster care program. We thank you for the response provided to the Committee by your Department.

Our interest in the use of private foster care providers is prompted in large part by a number of deeply disturbing stories appearing in the media in the recent past. Those stories recount lapses in judgment and mistakes by a for-profit child placement entity in the screening, recruitment, training and monitoring of foster parents that resulted in the placement of children, who represent the most vulnerable segment of our society, into the homes of individuals wholly unsuited to discharge the duties of foster parents.[1] Tragically, a number of these children died while in the care and custody of these foster parents, while other children were abused, neglected or physically injured.

One of the many issues being examined by the Committee is the soundness, from a public policy perspective, of permitting for-profit entities to operate as child placement agencies. It is argued by some commentators that such entities are ill-suited to discharge the functions of child

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placement agencies, since their pursuit of profit could interfere with their responsibility to safeguard the interests of the children under their care.

The Title IV-E foster care program is a child welfare program under the Social Security Act. Consequently, it falls within the oversight jurisdiction of the Committee. As Chairman and Ranking Member of the Committee, we are writing to you to secure information necessary to advance the Committee's understanding of how well both for-profit and non-profit child placement agencies under contract with your state protect the interests of the children who fall under their care.

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        v. Older youth

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d. Of all children who entered foster care each year and were discharged within one year (to reunification, living with a relative, or guardianship), total number and percentage who re-entered foster care within one year of their discharge.[6]

e. Total number and percentage of substantiated or indicated reports of maltreatment (by any perpetrator) during a foster care episode;[7]

f. Of all children who were victims of a substantiated or indicated maltreatment report during each calendar year, total number and percentage of children who had a second substantiated or indicated maltreatment report within one year of their initial report;[8]

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j. Number and percentage of children entering foster care who received a full initial physical and mental health assessment within 60 days;

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[10] In answering this question, please identify the timeframe in which your agency seeks to establish permanency guidelines for each child entering into foster care.

l. Number and percentage of children served who received monthly caseworker visits;

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7. Provide the name and contact information of a state official with whom Committee staff may communicate to resolve any questions regarding the operation of the state's foster care program, and in particular, the use by the state of for-profit child placement agencies.

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We thank you for your prompt attention to this request. Please submit your response in electronic format to Kim Brandt, Chief Oversight Counsel (Majority), (kim_brandt@finance.senate.gov) and to David Berick, Chief Investigator (Minority), (david_berick@finance.senate.gov). Any questions may be directed to Ms. Brandt at (202) 224-4515 or to Mr. Berick at (202) 224-6399.

Sincerely,

Orrin G. Hatch
Chairman, Senate Finance Committee

Ron Wyden
Ranking Member

ORRIN G. HATCH, UTAH, CHAIRMAN
CHUCK GRASSLEY, IOWA
MIKE CRAPO, IDAHO
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CHRIS CAMPBELL, STAFF DIRECTOR
JOSHUA SHEINKMAN, DEMOCRATIC STAFF DIRECTOR

United States Senate
COMMITTEE ON FINANCE
WASHINGTON, DC 20510–6200

March 3, 2016

Linda S. Spears
Commissioner, Department of Children and Families
600 Washington Street
Boston, Massachusetts 02111

Dear Commissioner Spears:

Since April of 2015, the United States Senate Committee on Finance (Committee) has been conducting an investigation into the states' use of private entities, and particularly for-profit entities, to serve as child placement agencies in the administration of state foster care programs. As you are aware, these state programs are funded under Title IV-E of the Social Security Act. This letter is a follow-up to the letter we sent your state on April 24, 2015, in which we requested information about your state's experience in contracting with private entities to administer portions of the state's foster care program. We thank you for the response provided to the Committee by your Department.

Our interest in the use of private foster care providers is prompted in large part by a number of deeply disturbing stories appearing in the media in the recent past. Those stories recount lapses in judgment and mistakes by a for-profit child placement entity in the screening, recruitment, training and monitoring of foster parents that resulted in the placement of children, who represent the most vulnerable segment of our society, into the homes of individuals wholly unsuited to discharge the duties of foster parents.[1] Tragically, a number of these children died while in the care and custody of these foster parents, while other children were abused, neglected or physically injured.

One of the many issues being examined by the Committee is the soundness, from a public policy perspective, of permitting for-profit entities to operate as child placement agencies. It is argued by some commentators that such entities are ill-suited to discharge the functions of child

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The Title IV-E foster care program is a child welfare program under the Social Security Act. Consequently, it falls within the oversight jurisdiction of the Committee. As Chairman and Ranking Member of the Committee, we are writing to you to secure information necessary to advance the Committee's understanding of how well both for-profit and non-profit child placement agencies under contract with your state protect the interests of the children who fall under their care.

In accordance with the Committee's oversight responsibility for the Title IV-E program, we request that you provide the following information no later than close of business April 1, 2016:

1. Identify all child placement agencies (both non-profit and for-profit non-public providers that carry out responsibilities related to case planning, including permanency planning, and review for children in foster care (collectively, "Contractors"), under contract in your State to provide foster care services at any time from January 2010 to the present, and the dates when those agencies began to provide these services, and when, if applicable, they terminated;

2. For each individual Contractor, provide the following performance measures,[2] for each year 2010 through 2015:

    a. Total number of children served by such contractor during the year;[3]

    b. Of this total number of children served by such contractor during each year, identify the number and percentage of children in the following subgroups:[4]
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[3] The CFSR literature defines the statewide version of this measure as "all children who were served in foster care during the 12-month target period." This measure should include the total number of children served by the Contractor *at any time* during each year in question.

[4] This measure is included to account for the fact that particular contractors may be qualified and relied upon to serve the needs of particular subgroups of children entering foster care. If necessary for purposes of specificity, please provide any working definitions or tests used to classify children within particular subgroups.

c. Total number and percentage of children served whose placement was moved sometime during the year;[5]

d. Of all children who entered foster care each year and were discharged within one year (to reunification, living with a relative, or guardianship), total number and percentage who re-entered foster care within one year of their discharge.[6]

e. Total number and percentage of substantiated or indicated reports of maltreatment (by any perpetrator) during a foster care episode;[7]

f. Of all children who were victims of a substantiated or indicated maltreatment report during each calendar year, total number and percentage of children who had a second substantiated or indicated maltreatment report within one year of their initial report;[8]

g. Number and percentage of children served who, within one year, achieved the following permanency outcomes:[9]
   i. Reunification;
   ii. Adoption;
   iii. Guardianship;
   iv. Another planned permanent living arrangement;

h. Number and percentage of children entering into care who have siblings placed in the same living arrangement;

i. Number and percentage of children entering into care who are placed with relatives;

j. Number and percentage of children entering foster care who received a full initial physical and mental health assessment within 60 days;

k. Number and percentage of children entering foster care for whom permanency goals were established in a timely manner;[10]

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7. Provide the name and contact information of a state official with whom Committee staff may communicate to resolve any questions regarding the operation of the state's foster care program, and in particular, the use by the state of for-profit child placement agencies.

[11] Such information may include observations about individual Contractors' performance in the following areas, which may be difficult to quantify in a single measure: thoroughness in conducting criminal background checks of potential foster parents; timely reporting of credible claims of abuse and neglect; provision of adequate training to caseworkers, etc.

We thank you for your prompt attention to this request. Please submit your response in electronic format to Kim Brandt, Chief Oversight Counsel (Majority), (kim_brandt@finance.senate.gov) and to David Berick, Chief Investigator (Minority), (david_berick@finance.senate.gov). Any questions may be directed to Ms. Brandt at (202) 224-4515 or to Mr. Berick at (202) 224-6399.

Sincerely,

Orrin G. Hatch
Chairman, Senate Finance Committee

Ron Wyden
Ranking Member

ORRIN G. HATCH, UTAH, CHAIRMAN
CHUCK GRASSLEY, IOWA
MIKE CRAPO, IDAHO
PAT ROBERTS, KANSAS
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JOHN THUNE, SOUTH DAKOTA
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CHRIS CAMPBELL, STAFF DIRECTOR
JOSHUA SHEINKMAN, DEMOCRATIC STAFF DIRECTOR

United States Senate
COMMITTEE ON FINANCE
WASHINGTON, DC 20510-6200

March 3, 2016

Sam Malhotra
Secretary, Department of Human Resources
311 West Saratoga Street
Baltimore, Maryland 21201

Dear Secretary Malhotra:

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United States Senate
COMMITTEE ON FINANCE
WASHINGTON, DC 20510-6200

March 3, 2016

John J. Specia, Jr.
Commissioner, Department of Family and Protective Services
701 West 51st Street
M.C. E-654
Austin, Texas 78751

Dear Commissioner Specia:

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Sincerely,

Orrin G. Hatch
Chairman, Senate Finance Committee

Ron Wyden
Ranking Member

Appendix D



MEMORANDUM October 27, 2016

To: Senate Finance Committee
Attention: Dave Berick and Ian Nicholson

From: Emilie Stoltzfus, Specialist in Social Policy, 7-2324

Subject: **Statewide data indicators used in the Child and Family Services Review (CFSR)**

This memorandum responds to your questions about national standards established for use in the third round of the Child and Family Services Review (CFSR). The CFSR is a comprehensive review done to determine if a state child welfare agency is achieving positive outcomes for the children and families it serves, and, specifically, if the agency is "in substantial conformity" with federal child welfare requirements. The national standards are derived from statewide data indicators and have been a part of the CFSR assessment of whether a state is ensuring safety and achieving permanency for children served. The majority of the memorandum looks at the seven national standards established for the current CFSR (round 3). It discusses data sources used, what the measures look at, why and how the data on state performance were risk-standardized, data quality issues, and finally, how states performed compared to each other and the national standards.

The discussion of the standards in this memorandum, including the seven figures ranking state performance on each, is based on the statewide data indicators as they were finalized in May 2015. However, on October 11, 2016, the Children's Bureau – the agency within the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Administration on Children, Youth and Families (ACYF) that administers federal child welfare programs and the CFSR – announced that due to "technical errors in syntax and formulation of the statewide data indicators" it was suspending their use as a "conformity" measure for CFSR round 3. At the same time, the Children's Bureau announced it was conducting a thorough re-analysis and testing of each of the seven standards and that it plans to revise and re-release the standards, along with revised state performance on them, before the end of 2016. In other words, while the national standards will not play a role in determining any potential fiscal penalties for states during CFSR round 3, states are still expected to use these measures (revised) as part of assessing and better understanding their performance going forward. Additionally, while the Children's Bureau expects this revision to change, to some degree, the values of each of the national standards (and state performance against the standards), it has made clear that the revision will not change what it seeks to measure. Instead, the Bureau's goal is to perfect its code to enable state performance on each of the measures to be more accurately reflected.

Accordingly, while the precise values shown in this memorandum, as well as state performance against the national standards, are subject to change (exact degree of change uncertain at this point), what is being measured will remain unchanged. Thus, CRS believes this memorandum will have value in explaining what the measures intend to look at and how they seek to capture this information, as well as in showing initial values and state performance against the initial values. I trust this information will meet your needs. Please don't hesitate to contact me if you have additional questions.

Overview of CFSR

The Child and Family Services Review (CFSR) is periodically conducted in each state to determine if a state is in "substantial conformity" with federal child welfare policies included in Title IV-B and Title IV-E of the Social Security Act.[1] The reviews focus on whether the state child welfare agency achieved seven specific outcomes for children and families served and whether it has in place and is effectively operating seven specific systems discussed in federal law and intended to help the agency achieve those outcomes. There are two major steps in the process, a state's own assessment of its performance (statewide assessment) followed by an onsite review of state performance. After the CFSR, states not found to be in "substantial conformity" with one or more of these outcomes or systems must develop a Program Improvement Plan (PIP) or face a fiscal penalty. [2]

A PIP, developed by the state but with approval of the Children's Bureau required, must describe the steps the state will take and progress it will make to address each outcome and/or system for which it was found not in conformity; specifically, it must establish benchmarks and indicate the level of progress the state must make against those benchmarks in order to be considered to have successfully completed the PIP. States typically have two years to implement the PIP and during this time HHS must regularly evaluate progress. If the state successfully completes all aspects of its PIP, all penalties assessed based on the CFSR are rescinded. If the state successfully completes only some (or none) of its PIP, the amount of its fiscal penalty is determined commensurate with its level of success/failure. As further laid out in the CFSR regulations, the penalty is taken as a specified share of funding the state receives under the child welfare programs included in Title IV-B and Title IV-E of the Social Security Act.

Through the first two rounds of the CFSR, no state has been found in substantial conformity with all the outcomes and systems assessed. Every state has entered into a PIP and most states have been successful at completing those PIPS. However, HHS assessed varying penalty amounts totaling $9.6 million on 4 jurisdictions (DC, GA, RI, and SC) following round one of the CFSR[3] and it assessed various penalty amounts totaling $13.5 million on 7 jurisdictions (IL, MN, NC, ND, OH, PR, WI) following round two of the reviews.[4]

Outcomes Assessment in the CFSR

The CFSR looks at whether states achieve seven outcomes related to safety; permanency; and well-being. These outcomes are 1) Children are first and foremost protected from abuse and neglect; 2) Children are safely maintained in their homes whenever possible and appropriate; 3) Children have permanency and stability in their living situations; 4) The continuity of family relationships and connections is preserved; 5) Families have enhanced capacity to provide for their children's needs; 6) Children receive appropriate

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[1] Specifically the review is to look at state plan requirements included in the child welfare programs authorized in Title IV-B and Title IV-E. For a discussion of many of those requirements see CRS Report R42794, *Child Welfare: State Plan Requirements under the Title IV-E Foster Care, Adoption Assistance, and Kinship Guardianship Assistance Program*, by Emilie Stoltzfus.

[2] The statutory authority for these reviews and for "corrective action" (PIPs) is included in Sec. 1123A of the Social Security Act [42 U.S.C. § 1320a—2a]. The CFSR and PIP regulations are at 45 C.F.R. 1355.31 through 45 C.F.R. 1355.37.

[3] Initially HHS assessed fines on five additional jurisdictions (TX, FL, IL, MI, and CA) following CFSR round 1. However, all of those states successfully appealed (to either HHS ACF or, in CA's case the HHS Departmental Appeals Board) and the fines were rescinded.

[4] Two of those jurisdictions (IL and PR) appealed the CFSR round 2 fines. As of October 21, 2016, the PR appeal was still pending. However, HHS Departmental Appeals Board (DAB) denied Illinois's appeal in a decision issued September 20, 2016. See HHS, DAB, Appellate Divisions, *Illinois Department of Children and Families*, Docket No. A-15-108, Decision No. 2734, http://www.hhs.gov/dab/decisions/dabdecisions/2016/dab2734.pdf.

services to meet their educational needs; and 7) Children receive adequate services to meet their physical and mental health needs.

Each of the seven outcomes is assessed based on an intensive review of a sample of case files (40 children served in foster care and 25 children served in the home).[5] Intensive case review includes document reviews and interviews with all relevant individuals (e.g., child, child's parents, case worker, foster parents, and relevant service provider). To be found in "substantial conformity" with a given outcome, the review must find the outcome achieved in no less than 95% of the applicable cases assessed.[6]

To determine whether the outcome was achieved in an applicable case, the reviewer examines one or more specific items associated with each outcome. For example, in assessing whether "children are first and foremost protected from abuse and neglect," the case reviewer must determine whether reports of child abuse or neglect were investigated on a timely basis and if that investigation included face-to-face contact with the child. (For a quick list of "items" associated with each outcome assessment see the text box "Outcomes Assessed in the CFSR.") The Children's Bureau has developed a detailed review instrument that must be followed as part of conducting a CFSR case review. It provides specific instructions on determining when a case is "applicable" for a given item along with detailed guidance on how the reviewer should assess and rate the state's performance on individual items.[7]

For the first two rounds of the CFSR (conducted in 2001-2004 and 2007-2010), achieving the given safety, permanency or well-being outcome in the vast majority of applicable cases reviewed (90% in round 1 and 95% in round 2) *was necessary but not sufficient* to ensure a "substantial conformity" determination on *two* of the seven outcomes assessed. Specifically, to be found in conformity with federal requirements concerning the outcomes: "Children are first and foremost protected from abuse and neglect;" and "Children have permanency and stability in their living situations," states were *additionally* required to have statewide data showing they met specific national standards.

By contrast, for CFSR round 3, and as announced on October 11, 2016, achieving the given outcome in 95% of applicable cases reviewed will be sufficient to show conformity with the given outcome. The Children's Bureau announced that it would suspend the use of the national standards during CFSR round 3 at the same time it announced it was revising the standards, previously issued in May 2015, to correct technical errors in the syntax and formulation of the computer code. These errors may have inadvertently included or excluded data needed to accurately measure state performance on each standard.[8]

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[5] The CFSR case sample is drawn from no fewer than three counties of the state, one of which must be the state's most populous county.

[6] For the CFSR round 1 a smaller number of cases were reviewed and states needed to be successful in 90% of applicable cases.

[7] The onsite review instrument and guide (OSRI) is 93 pages long and provides specific instructions on determining whether a case is applicable and how to review and rate each case. *CFSR Round 3 Onsite Review Instrument and Instructions* available at http://www.acf.hhs.gov/sites/default/files/cb/cfsr_r3_osri.pdf.. See also "Reviewer Brief: Understanding Federal Expectations for Rating Cases," http://www.acf.hhs.gov/sites/default/files/cb/round3_reviewer_brief.pdf.

[8] See HHS, ACF, ACYF, Children's Bureau, Letter to State Child Welfare Administrators, October 11, 2016, attached "List of round 3 Statewide Data Indicators Issues as of Publication." See "transmittal letter" for Technical Bulletin #9 available at https://training.cfsrportal.org/resources/3105#CFSR%20Technical%20Bulletins%20and%20Related%20Information.

Outcomes Assessed in the Child and Family Services Review (CFSR)

Determination of a state's success (or not) in achieving a given outcome is based solely on case reviews for CFSR round 3. A state must achieve the outcome in no less than 95% of the applicable cases reviewed. National standards shown are used in CFSR round 3 for context only.

SAFETY OUTCOMES

Children are first and foremost protected from abuse and neglect:

Case review: Was there a ***timely response*** to the report alleging maltreatment; did it include ***face-to-face contact*** with the child or children?

National standards: Do statewide data meet *recurrence of maltreatment* standard? Do statewide data meet *maltreatment in foster care* standard?

Children are safely maintained in their homes whenever possible and appropriate.

Case review: Did the agency make concerted ***efforts to prevent entry or permit reunification***, and to ***assess and address risk and safety for children*** living at home or in foster care?

PERMANENCY OUTCOMES

Children have permanency and stability in their living situations.

Case review: Was the ***child in a stable foster care placement***? Did the agency establish ***appropriate permanency goals*** for the child in a ***timely*** manner and did it make concerted ***efforts to achieve*** reunification, guardianship, adoption, or other planned permanent living arrangement?

National Standard: Do statewide data meet the standards related to – 1) *permanency for children entering care* within 12 months; 2) *re-entry* to foster care; 3) *placement stability*; 4) permanency for children in care 12-23 months; and 5) permanency for children in care 24 months or more?

The continuity of family relationships and connections is preserved.

Case review: Did agency make concerted ***effort to place siblings together***, as appropriate; ***ensure visits*** with parents or siblings of sufficient frequency and quality, as appropriate; ***place the child with relatives*** when appropriate; and ***promote positive relationships between child in care and parent(s)/primary caregiver*** from whom the child was removed through activities other than arranging visits?

WELL-BEING OUTCOMES

Families have enhanced capacity to provide for their children's needs.

Case Review: Did agency make concerted ***effort to assess needs of, and provide services to, children, parents, and foster parents*** and to ***involve parents and children*** (when developmentally appropriate) ***in case planning*** on an ongoing basis? Were the ***frequency and quality of visits between caseworkers and children*** and, separately, ***between caseworkers and the mothers and fathers of children***, sufficient to achieve positive outcomes and case plan goals?

Children receive appropriate services to meet their educational needs.

Case Review: Did the agency make concerted ***efforts to assess children's education needs*** and ***appropriately address them*** in case planning and case management activities?

Children receive adequate services to meet their physical and mental health needs.

Case Review: Did the agency ***address the physical health*** (including dental) and mental/behavioral health needs of children?

Source: Prepared by Congressional Research Service (CRS) based on "Child and Family Services Reviews: Quick Reference Items List" and "CFSR Round 3 Statewide Data Indicator Series."

Systems Assessment in the CFSR

In addition to successfully achieving safety, permanency, and well-being outcomes for 95% of the cases reviewed, a state must demonstrate that it is successfully operating seven "systems" on a statewide basis. These systems are – 1) statewide information; 2) case review; 3) quality assurance; 4) staff and provider training; 5) service array and resource development; 6) agency responsiveness to the community; and 7) foster and adoptive parent recruitment and training.

Federal law spells out specific requirements (some with far greater detail than others) related to each of these "systems" and they are assumed necessary to enable the state to be successful in achieving positive outcomes for the children and families it serves. As with outcomes assessed, there are typically multiple factors that must be considered as part of determining whether a given system is successfully functioning in the state.[9] The Children's Bureau considers a given system factor to be functioning "if it is occurring, or is being met, consistently and on an ongoing basis across the state for all relevant populations," and this must be demonstrated by more than "mere description of a law, procedure, or process." The Children's Bureau encourages states to "use quantified data to show how well each systemic factor functions statewide, when possible and appropriate."[10]

For round 3 of the CFSR, determination of whether a state is successfully operating a required *child welfare system* is based on the state's assessment of its work, which must be guided by a Children's Bureau supplied assessment instrument.[11] This may also include relevant information submitted to the Children's Bureau (regarding functioning of each of the seven systems), as part of a separate federally mandated planning and goal-setting process that includes a comprehensive five-year Child and Family Services Plan (CFSP) and an annual update of that plan known as the Annual Progress and Services Review (APSR).[12]

Following the statewide assessment and prior to the onsite review, the Children's Bureau examines the information supplied by the state and, to the extent possible, rates each factor associated with one of the seven systems as a "strength" or as an "area needing improvement."[13] If the state does not supply enough suitable information to make these determinations prior to the onsite review, the onsite review must include stakeholder interviews to gather the needed information.[14]

There is only one system factor associated with each of the statewide information system and the quality assurance system; a state must receive a rating of "Strength" on the factor to be determined in "substantial conformity." For the remaining five systems, there are multiple factors assessed regarding how well each functions; a state may receive an "area needing improvement" for no more than one of the factors associated with a system to be found in "substantial conformity" with that system. The text box below lists each of the systems reviewed, along with the factors (or items) assessed for each system.

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[9] *Guidance on Potential Data and Information that Can be Used to Assess Systemic Factor Functioning*, p. 1. http://www.acf.hhs.gov/cb/resource/round3-guidance-on-potential-data

[10] Ibid, p.2

[11] *Statewide Assessment Instrument*, http://www.acf.hhs.gov/cb/resource/round3-cfsr-statewide-assessment

[12] 45 *C.F.R.*§1357.15 and §1357.16, as revised by annual program instructions concerning the CFSP/APSR. See also http://www.acf.hhs.gov/cb/programs/state-tribal-cfsp

[13] *CFSR Procedures Manual*, http://www.acf.hhs.gov/cb/resource/round3-cfsr-procedures-manual

[14] Ibid. In the first two CFSR rounds, stakeholder interviews, conducted as part of the onsite review, were the primary avenue of assessment for system factors. See also *Stakeholder Interview Guide* http://www.acf.hhs.gov/cb/resource/round3-cfsr-stakeholder-interview-guide. Under federal regulations, stakeholder input is required to assess state conformity with the system "service array."

Systemic Factors Assessed in the Child and Family Services Review (CFSR)

Determination that a state is successfully (or not) operating a given system is determined based on Children's Bureau reviews of state assessment or planning documents and, as needed, on-site stakeholder interviews.

Statewide Information System

Is this system functioning to ensure that the state can, at least, ***identify the status, demographic characteristics, location, and goals for every child in foster care*** or in care within last 12 months?

Case Review System

Is this system functioning to ensure -- each ***child in foster care has a written case plan***; the ***child's status in care is reviewed at least once every 6 months***; a ***permanency hearing occurs every 12 months*** (i.e., within 12 months of entry and every 12 months thereafter while child remains in care); that ***filing of termination of parental rights (TPR) proceedings occurs as required***; and that foster parents, pre-adoptive parents and relative caregivers of children in care receive ***notice of and have a right to be heard in any review or hearing*** with respect to the child?

Quality Assurance System

Is this system ***operating in all served areas***? Does it have *standards to evaluate quality of services, identify strengths and needs* of the service delivery system, ***provide relevant reports*** and ***evaluate implemented program improvement measures***?

Staff and Provider Training

Is system ***functioning on a statewide basis*** to ensure ***initial and ongoing training for staff*** providing services, and ***training for prospective foster and adoptive parents as well as staff at facilities*** providing foster care? Does ***training address skills and knowledge needed*** for each to carry out their duties?

Service Array and Resource Development

Is system functioning to ***assure services are accessible in all relevant areas*** to ***assess strengths and needs*** of families, ***create safe home*** environments for children, ***enable children to remain with parents*** and *allow children in foster care to achieve permanency*? ***Can these services be individualized to meet unique needs*** of children and families served?

Agency Responsiveness to the Community

Is system functioning to ensure ***state engages in ongoing consultation with relevant entities*** and individuals in planning services and to ***ensure that the agencies' child welfare services are coordinated*** with other federal or federally assisted programs serving the same children and families?

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Is system functioning to ensure – ***state standards apply to all licensed foster care homes and facilities*** receiving federal child welfare funds; state ***complies with criminal background clearance requirements***; state ***meets diligent recruitment requirements*** to ensure potential foster and adoptive families are available that reflect the ethnic and racial diversity of children needing these homes and state ***ensures effective use of cross-jurisdictional resources*** to facilitate timely placements?

Source: Prepared by CRS based on "Child and Family Services Reviews: Quick Reference Items List."

National Standards

In each round of the CFSR, the Children's Bureau has developed "national standards" and has asked states to compare their performance, using state-reported data, to those national standards. The national standards have consistently focused on safety and permanency concerns but the specific measures have varied, as the Children's Bureau works to improve how state performance is measured (often in response to strong criticism from states or outside child welfare researchers).[15] This memo discusses each of the seven national standards developed for this third round of the CFSR, beginning with an overview of the child welfare data systems used to develop the standards and determine state performance against those standards.

Federal Child Welfare Data Collection and Reporting Systems

All states collect electronic data as part of administering their child welfare programs and as of May 2016, 36 states claimed federal Title IV-E support to operate systems consistent with a federal model known as the Statewide Automated Child Welfare Information System (SACWIS).[16] Developed in the early 1990s to support case management and data collection needs related primarily to serving children in foster care, the SACWIS model has become increasingly outmoded as technology and child welfare practice have undergone significant change. Accordingly, in June 2016, HHS ACF finalized new regulations for the Comprehensive Child Welfare Information System (CCWIS). The new system is expected to increase the ease with which states can update systems using "off-the-shelf" products and incorporate varying practices across the state while maintaining needed statewide data. It also intends to place new focus on data quality and broader exchange of data (moving outside state health and human services agencies to include exchange with education, courts, and other entities important to the work of the child welfare agency). States have 24 months (until July 31, 2018) to decide whether to transition their current SACWIS to a CCWIS system, to build an entirely new CCWIS, or to opt out of the system.[17]

A SACWIS/CCWIS (or a state's independent model) provides the superstructure – or form for *collecting, accessing, and sharing data* primarily within the state. Further, although meeting certain federal parameters, these state systems vary in how and what information they collect. At the same time, all states *report* certain child welfare administrative data to the Children's Bureau in standard electronic formats. The data are submitted via two reporting systems -- the Adoption and Foster Care Analysis Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS).[18] State-collected

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[15] For criticism of standards produced for CFSR Rounds 1 and/or 2 see Brittany Orlebeke, Fred Wulczyn, and Susan Mitchell-Herzfeld, *Improving Public Child Welfare Agency Performance in the Context of Federal Child and Family Services Reviews*, Chapin Hall Center for Children, University of Chicago, 2005; Mark Testa, Eun Koh, and John Poertner, *Can AFCARS be Rescued: Fixing the Statistical Yardstick that Measures Child Welfare Performance*, Children and Family Research Center, University of Illinois at Urbana-Champaign, March 2008; and John Schuerman and Barbara Needell, *The Child and Family Services Reviews Composite Scores: Accountability Off the Track*, Chapin Hall Center for Children, University of Chicago, 2009.

[16] Once tribes were permitted to make direct claims for Title IV-E support (effective with FY2010), the SACWIS was renamed SACWIS//TACWIS, although no tribes opted to build a TACWIS.

[17] *Federal Register*, "CCWIS Final Rule," vol. 81, no. 106, June 2, 2016. See also this short overview of the CCWIS system http://www.acf.hhs.gov/sites/default/files/cb/ccwis_overview.pdf and the CCWIS Final Rule Presentation, http://www.acf.hhs.gov/cb/resource/ccwis-final-rule-overview-presentation.

[18] Additionally, beginning with FY2011, states also report specific data to the Children's Bureau via the National Youth in Transition Database. For more information about NYTD see CRS Report R43752, *Child Welfare: Profiles of Current and Former Older Foster Youth Based on the National Youth in Transition Database (NYTD)*, by Adrienne L. Fernandes-Alcantara.

data provided via these standardized reporting systems are used to both set national standards and to determine a state's performance against those standards.[19]

AFCARS

Congress required development of a system for states to collect and report certain data about children in foster care in the 1980s. The final regulation for AFCARS was released in 1993 and submission of electronic AFCARS data files, consistent with that regulation, are required for a state's participation in the Title IV-E program. Beginning with FY1995 states have been required to report data, twice each year, on children served in foster care during the preceding six-month period.[20]

The data are primarily reported at a child level – not on a summary or "aggregate basis." States are required to provide data on 66 specific elements for children served in foster care during each six-month reporting period and on 33 items for children who were adopted out of foster care during that period. At the federal level, these data are used for a variety of policy making and accountability purposes and for distribution of certain program funds.[21] At the basic information level, HHS annually produces summary information on children in foster care and those who have left foster care, in a given fiscal year, including demographic information, as well as information about their length of stay in foster care, current placement settings, and reasons for leaving foster care.[22]

Submitting "child-level" data means a state submits records to the Children's Bureau that show for each child served in foster care, for example, the child's birthdate, date of removal (and placement in foster care), race and ethnicity, discharge date and reason (if applicable) and many more pieces of information. With those child level data, the Children's Bureau can determine many summary statistics: How many children were served in foster care, what were their ages, what percentage were of a particular race/ethnicity, and how long had they been in foster care during the year. Further, it can "cut" those data in many ways allowing it, for example, to examine whether or not children's length of stay in care varied by the race of a child, or if children of a particular age were more or less likely to enter foster care. In sum, the provision of child level information requires data analysis at the federal level but it gives the Children's Bureau much greater flexibility in analyzing the data for policy study and performance review.

In February 2015, HHS formally proposed revising the AFCARS regulation to -- 1) update the system to gather information that incorporates and reflects statutory changes made since made since the original regulations were finalized; 2) institute previously authorized penalties for states submitting noncompliant AFCARS data; and 3) modify and expand data elements reported to promote more accurate understanding of current data, and that allow for information relevant to new statutory interests (e.g., educational outcomes of children served, placement with siblings); and 4) to collect data in a way that will better enable analysis of a single child's whole experience in foster care (longitudinal data).[23] In April 2016, the agency released a supplement to the AFCARS proposed rule, related to reporting on Indian children,

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[19] As provided for in regulation, (45 C.F.R. § 1355. 33(b)(2) states have been permitted to use an alternative data source for the child abuse and neglect data used to gauge whether they met a particular safety-related standard. The regulation permits this because NCANDS is considered a voluntary reporting system as is discussed in the memorandum (although all states currently participate in NCANDS).

[20] Sec. 479 of the Social Security Act.

[21] See "About AFCARS" http://www.acf.hhs.gov/cb/resource/about-afcars.

[22] Basic summary information is included in the annual *AFCARS Report*, available http://www.acf.hhs.gov/cb/research-data-technology/statistics-research/afcars(scroll to bottom of page).

[23] *Federal Register* vol. 80, no. 26, February 9, 2015, pp. 7132-7221. See also http://www.acf.hhs.gov/cb/resource/afcars-proposed-rule-overview.

including compliance with the Indian Child Welfare Act (ICWA).[24] A final AFCARS rule, incorporating the initial and supplemental proposals, is expected before the end of 2016.

National Child Abuse and Neglect Data System (NCANDS)

In 1988 Congress required HHS to develop a national data collection and analysis program that made use of existing data gathered by individual states concerning child abuse and neglect.[25] HHS, in consultation with state agencies and technical experts established specific reporting standards and the resulting system is known as NCANDS.[26] In 1996, Congress required states, as a condition of receiving certain funding under the Child Abuse Prevention and Treatment Act (CAPTA), to annually report – "to the maximum extent practicable – certain child abuse and neglect information."[27] (For example, how many children were reported to the state during the year as victims of child abuse and neglect and how many of those children did the state determine were victims of abuse and neglect during the year?) These CAPTA-specified data elements are primarily reported to the Children's Bureau via NCANDS.

Because there is not absolute statutory requirement that states provide data, NCANDS is considered a voluntary reporting system and there are no formal regulations on the system. Nonetheless, all states report NCANDS data annually to the Children's Bureau. Among other things the data are used to inform policymaking and may be used for accountability purposes. Most, but not all of this data is provided on a child level (rather than aggregate or summary) basis. That means specific information (e.g., race ethnicity, age, type of maltreatment) is reported for each child determined to be a victim of child abuse and neglect. As required by law, HHS annually produces a report that summarizes information reported via NCANDS.[28] The report provides both national and state level data.

Data from both AFCARS and NCANDS are used to annually produce a report, *Child Welfare Outcomes,* showing state performance on certain child welfare outcome measures and additional information as required by Congress or otherwise supplied by HHS.[29] In addition, AFCARS and NCANDS are the two child welfare data sources HHS has used to develop national standards to be used in the Child and Family Services Review (CFSR).

Development of the National Standards

The regulations implementing federal reviews of child welfare agency practice provide that the HHS secretary may use AFCARS and NCANDS data to develop statewide data indicators for any of the CFSR outcomes related to safety, permanency, or well-being and that these data indicators may be used to

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[24] *Federal Register* vol. 81, no. 67, April 7, 2016, pp. 202083-20301. See also http://www.acf.hhs.gov/sites/default/files/cb/afcars_snprm_overview.pdf.

[25] The requirement was included in 1988 amendments to the Child Abuse Prevention And Treatment Act (CAPTA) (P.L. 101-294). This provision is included in current law at Sec. 103(c)(1)(C) of CAPTA [42 U.S.C. §5104(c)(1)(C)].

[26] For discussion of development, see HHS, ACF, ACYF, Children's Bureau, *Child Maltreatment 2014,* pp

[27] HHS, ACF, ACYF, Children's Bureau, *Child Maltreatment 2014,* Chapter 1, "Background of NCANDS," p. 2. See also Sec. 106(d) of CAPTA [42 U.S.C. §5106a(d)]. See also NCANDS information available at http://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands.

[28] See series of reports titled *Child Maltreatment,* available at http://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment.

[29] The initial outcome measures followed in this report, known as *Child Welfare Outcomes,* were developed pursuant to Section 479A of the Social Security Act, which was first added to the law in 1997 (P.L. 105-89). Additional data have subsequently been required and HHS has also used the report to discuss state performance on national standards. The *Child Welfare Outcomes* report is typically quite lengthy. You can also review the data on the online data portal for the report http://cwoutcomes.acf.hhs.gov/data/overview.

determine whether a state is determined to be "in substantial conformity" with federal child welfare policy. Further, the regulations note that "when appropriate," the HHS secretary may "add, amend, or suspend" any such data indicators.[30] To date, HHS has consistently developed national standards related to safety (maltreatment in foster care, and recurrence of maltreatment) and permanency (timeliness to permanency, placement stability, re-entries to care) outcomes for each of the three rounds of CFSR.[31] However, for each round, the way the standards were developed – and consequently the way a state's performance was measured – varied.

For round three, there are seven national standards and each standard is set at the national average among all children served. This means that the average is effectively weighted by child rather than by state (as was the case in previous iterations of the standards) and thus the performance of states serving more children has a larger effect on the national standard than do states serving fewer children.[32] According to HHS, setting the national standard at the overall national average performance represents "a reasonable benchmark that would appropriately challenge states to improve their performance. [33]

Risk Standardized Performance

The process of risk adjustment standardizes the state's age (and for some indicators, entry-rate) profile on a given indicator to the national caseload. It is computed to help ensure comparability across states and to the national standard. Any assessment of whether a state meets or exceeds the standard is to be based on the risk-adjusted performance, *not* the "observed performance." (The "observed performance" is calculated as the percentage (or rate) based entirely on the reported data without adjustment by age and/or rate of entry.)

Risk adjustment by age recognizes that the likelihood of a child experiencing a given outcome is known to vary considerably based on a child's age. For example, the risk that a child will be determined by the state to be a victim of abuse or neglect is much higher for younger children than for teenagers and the risk that a child will leave foster care to permanency also varies considerably by age.

Risk adjustment by the state's rate of entry to foster care recognizes that states with very low rates of entry to foster care (i.e., number of children entering foster care for every 1,000 children in the state's population) are likely to have brought in a more challenging group of children than a state with a high rate of entry. Children with more challenges are less likely to leave care quickly and they may also be more likely to re-enter care.

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[30] 45 C.F.R. § 1355.34(b)(4)

[31] HHS has never developed a national standard related to any of the three well-being outcomes included in the CFSR. This is very possibly due in some part to lack of relevant AFCARS or NCANDS data to speak to those outcomes and might also be related to the fact that 1) the role of the agency in ensuring well-being *outcomes* of children served may be harder to separate from other agencies; and/or 2) the most obvious federal requirements are more process-based. For example, the child welfare agency is responsible for working with educational agencies to ensure educational stability for children in care. This work (a process) is intended to improve educational outcomes for children in care. However, while this child welfare agency work to ensure educational stability for foster children may be necessary to ensure the child's academic success, it is not necessarily sufficient to ensure that success absent the work of educational agencies.

[32] For example, if state A has 1,000 children in care and 60% experience the outcome of interest and state B has 100 children in care of whom 90% experience the outcome of interest, a "national" standard that was based on average experience of children served in these two states alone -- would be 63%. (i.e., 690 children with desired outcome divided by total of 1,100 children served = 63%). By contrast, a national standard that was based on an average of the two states' performance would be 75% (i.e., the combined state performance would be 150% of children achieving desired outcomes divided by total number of states (n=2) = an average performance of 75%.

[33] In the first iteration of the CFSR, national standards were pegged at the 75th percentile of state performance on each standard. However, although the standards focused on the same kind of safety and permanency issues, the calculation of that performance was significantly different than is the case for this current iteration of the standards.

Once a state's risk-standardized performance is determined, a margin of error for that performance is calculated. The margin of error is necessarily greater for states with smaller caseloads and thus these states will have a wider risk-standardized performance range, and vice versa. As long as any value in the state's risk-adjusted range (from low end of confidence interval to high end of confidence interval) matches or is better than the national standard, the state's performance is considered to meet (or match) the standard.

Data Quality

Before it calculated the national standards for CFSR round 3, the Children's Bureau performed certain data quality checks on data submitted by states for periods used to establish those standards. Data quality may be considered subpar if a certain percentage of records do not include needed information (e.g., date of birth, date of entry to foster care, date of discharge from foster care, reason for discharge, etc.). Alternatively a state may fail a data quality check if a certain percentage of records doesn't appear logical (e.g., date of birth is reported as after date reported for child's entry to foster care; age of child is given as 21 or older at entry or discharge; virtually every child is reported as having entered foster care for the first time etc.). Finally, a state's data may be disqualified if an insufficient share of record ID numbers matches across reporting periods or across different data sets (i.e., AFCARS and NCANDS) or if the state obviously "dropped" records for a child across the time period.[34]

Different pieces of information (data) from different reporting periods and different data sets are needed to calculate each of the seven national standards. Because each standard drew on multiple reporting periods and multiple data elements, a state may have been excluded based on data quality concerns on just one element and for one period. Alternatively, a state's data quality may have been subpar for multiple reporting periods and/or for multiple data periods.[35]

For each standard, data from between 3 and 6 states (includes Puerto Rico) were excluded from calculation of national standards based on data quality. However, all states met the vast majority of these data quality checks across multiple time periods. Missing data was a far less more common data quality concern than child ID records not properly linking or dropped records. Additionally, data quality was a more common problem with NCANDS, which as discussed above is considered a "voluntary" system, than for AFCARS. (States whose data were excluded from creation of a given national standard are listed in a note accompanying the memorandum's Figures 1-7, showing state performance on the standard.)

Planned Revision of the National Standards

Information about each of the seven national standards, as they were developed for the third round of the CFSR, is discussed below based on data available on the Children's Bureau website, or in formal regulations, prior to the October 11, 2016 announcement that the standards would be revised and state performance recalculated.[36] CRS believes the information provided below remains relevant because HHS

[34] See *CFSR Round 3 workbook* (May 2015) for time periods relevant to each standard, a table listing all data quality items, and tables, showing by state, any data item that failed the quality check.

[35] For example, on the one extreme Florida was excluded from development of five national standards – including three related to timely permanency, one concerning placement stability, and one concerning re-entries to foster care) – because for a single 6-month reporting period the state's data indicated that 97.2% of children served were entering care based on a first removal. The data quality standard for this issue sets the limit for this information at 95%. Accordingly, while Florida met the data quality limits on that specific issue for each of the *other* relevant reporting periods, and it supplied all the data needed to calculate the standards, it was excluded from the national standards calculation based solely on that single data quality issue in a single reporting period. By contrast, North Carolina and Puerto Rico, failed to meet one or more data quality standards for all or most of the reporting periods used to calculate the standards and both were excluded from calculation of most of the national standards.

[36] HHS, ACF, ACYF, Children's Bureau, Technical Bulletin 9 and transmittal letter, October 11, 2016. Available at

(continued...)

does not intend to change what it has already announced that it will be measuring. Instead it seeks to perfect the computer code it wrote to ensure that it obtains a more accurate measurement of state performance.

For example, the number of days children spent in foster care is relevant to determining the national standard for maltreatment of children in foster care, as well as placement stability. HHS, in reviewing its computer code has identified several ways in which it may have *over-counted* placement days (e.g., it included days in care after a child turned age 18) and at least one way that it under-counted days in care (i.e., it did not account for the extra day in leap years). Perfecting the code to address an over-count of days in care could, if large enough for a given state, worsen its performance (although that worsened performance would also be incorporated into the revised national standard and so would lower the standard as well). At the same time, correcting for an undercount of placement days, if large enough, could improve state performance and raise the national example.

In a separate, possibly more troubling example, HHS notes two ways that it may have undercounted recurrence of maltreatment. In one situation, the computer code was written to rule out recurrence of maltreatment if there were two reports of maltreatment for a child but the maltreatment was reported to have occurred on the same date. The intention was to ensure that if a child was reported twice for the same occurrence of maltreatment, this was not treated as recurrence. However, as HHS now acknowledges, as the code was written, it ruled out a child that met this criteria, without first checking whether a *third* report of maltreatment occurred at some later date in the 12-month period.

In sum, HHS has stated that it intends to carefully review all of its code and will release revised national standards and state performance related to those standards before the end of the calendar year. This may change all or some of the values of the national standards and the state ranking of performance on those standards. At the same time, CRS is providing the following description of the measures because they are expected to be unchanged; it is providing figures of state performance based on the previously published standards and performance measures to illustrate how the standards compare to observed and risk-standardized performance. However, the values of those standards and state performance are expected to change.

Seven National Standards

Two of the national standards relate to ensuring children are protected from abuse and neglect and five concern ensuring permanence and stability in living situations for children experiencing foster care. Each of those standards is described below and that description is followed, in each case, by a figure showing state performance against the national standard (as calculated in May 2015).

The national standard for each measure is indicated by a red vertical line shown in each figure. State performance values shown in these figures are the state's observed performance (red circle), as well as two markers for its risk-standardized performance: (RSP) range (black horizontal line) and midpoint of the RSP range (blue bar). The states, which for purposes of this discussion include 52 jurisdictions (50 states, DC and PR) are ranked, best to worst performance, based on the midpoint of their risk standardized performance. However, a state was considered in compliance with the national standard if *any* value in its RSP range – which represents the low and high end of statistical confidence in the state's risk standardized performance – equaled or was better than the national standard. When reading each figure, if the state's RSP range (black horizontal line) crosses, touches, or is better than the national standard (may

(...continued)

https://training.cfsrportal.org/resources/3105#CFSR%20Technical%20Bulletins%20and%20Related%20Information.

be to the left or right of national standard depending on the measure and as indicated in each figure), it was in compliance with the national standard.

Recurrence of Maltreatment

This indicator has traditionally been used as part of assessing whether a state achieves the following safety outcome: Children are first and foremost protected from abuse and neglect.

It is focused on *all* children (under age 18) who come to the attention of the child welfare agency (via a report of abuse or neglect) and for whom the state determines abuse or neglect occurred. (It is not limited to children in foster care.) Specifically it asks – Of all the children who were found by the state to be victims of abuse or neglect in a given year, how many were *again* found to be victims of abuse or neglect within 12 months of the earlier maltreatment finding? In the May 2015 workbook, the national standard was set at 9.1% recurrence.[37]

Maltreatment is more often determined for younger children. A state's performance is risk-adjusted by the age of children when the first maltreatment finding is made. Data used for this indicator are reported by states via NCANDS, and HHS must link data across two report years to determine the state's performance.

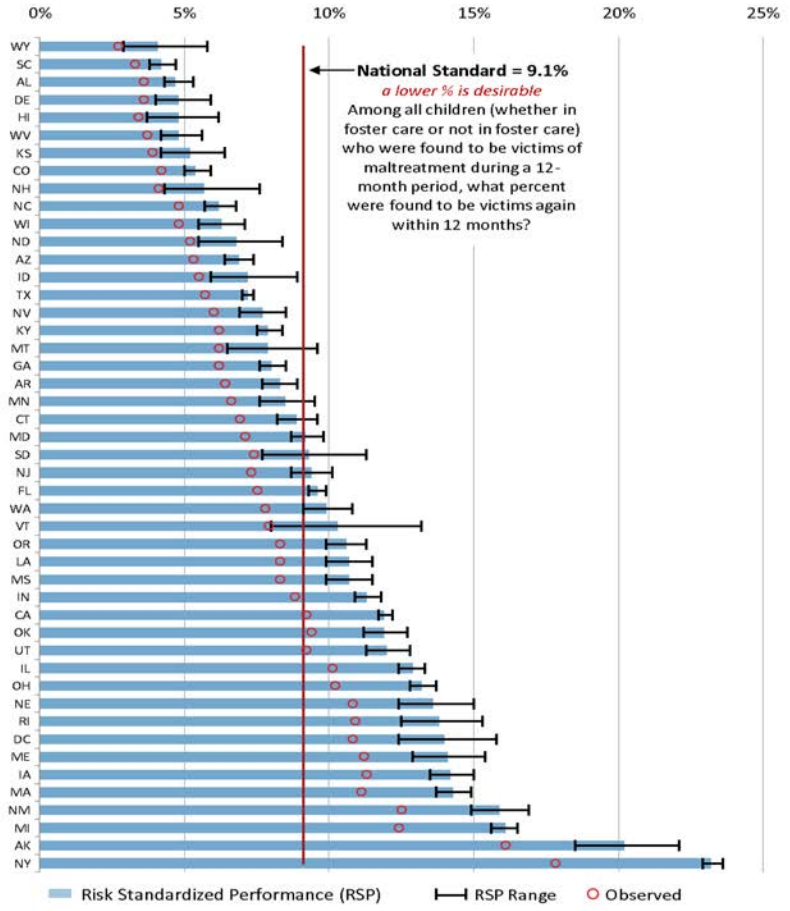
Figure 1 shows state performance on this measure as calculated in May 2015. A state was considered to be in compliance with the national standard for recurrence of maltreatment if *any* value in its RSP range equaled or was less than the national standard (9.1%). Therefore, if the state's black RSP range line crosses, touches, or is to the left of (lower value) the red national standard line, it was in compliance with the national standard.

Figure 1 indicates that 27 states were in compliance with the 9.1% national standard for recurrence of maltreatment. This includes Washington and Vermont, both of which were considered to have a performance no different than the national standard. It does not include Florida, even though that state appears *above* Washington and Vermont in the figure. This ranking happened because – even though the mid-point of Florida's RSP range indicated a better performance than the comparable information for both Washington and Vermont – Florida's entire RSP range falls to the right of the national standard; thus all the values in Florida's RSP range were *higher than* the national standard of 9.1%.

[37] For more detailed information on the specific construction of this indicator, and the various NCANDS data elements used as well as rules about excluding or including data, see the two-page fact sheet on CFSR Statewide Data Indicators Round 3: *Recurrence of Maltreatment,* 2015.

Figure 1. Recurrence of Maltreatment

Risk standardized performance (RSP) = observed performance adjusted by age of children. A state meets the national standard (9.1% - shown as red line) if any value in its RSP range includes, matches or is *lower than* that value.



Source: Chart prepared by the Congressional Research Service (CRS) based on *CFSR Round 3 Statewide Data Indicators Workbook*, May 2015. http://www.acf.hhs.gov/sites/default/files/cb/cfsr_stateperformanceworkbook.pdf

Notes: Data used to calculate the national standard, and to show state performance against that standard were submitted by states as part of the National Child Abuse and Neglect Data System (NCANDS) for FY2012 and FY2013. Data from MO, PA, PR, TN and VA are not shown due to data quality concerns.

Maltreatment in Foster Care

This indicator has traditionally been used as part of assessing whether a state achieves the following safety outcome: Children are first and foremost protected from abuse and neglect.

The indicator is focused on children in foster care (under age 18) and measures the *rate* at which these children experience maltreatment while in care, regardless of who is the reported perpetrator of the maltreatment.[38] In the May 2015 workbook, the national standard for this indicator was set at 8.5 occurrences of maltreatment per 100,000 days of foster care.[39]

This measure counts all the occurrences of maltreatment for children while they were in foster care (in a 12-month period) and then divides that by the total number of days those children were in foster care during that same 12-month period. The final result is multiplied by 100,000 to allow for a more understandable whole number.[40] Thus the rate determined is the number of times maltreatment was determined to have occurred for a child in foster care per 100,000 days of foster care.

This measure is one of two national standards based on the number of days a child spent in foster care. Using days in care is particularly useful when the likelihood of an event occurring is directly related to a child's length of stay in care. With regard to maltreatment in care, a longer stay provides more "opportunity" for maltreatment, thus the use of placement days equalizes risk determination whether a child is in care for two months or the whole year.

Maltreatment is more commonly determined to have occurred for younger children. A state's performance with regard to maltreatment in foster care is adjusted by the median age of children entering care, or, if already in care, median age on first day of the 12-month period. Data used for this indicator are reported by states via NCANDS and AFCARS. Data from these two systems must be linked (by child ID) to identify children who are found to be maltreated (NCANDS) and children who were in foster care (AFCARS). The AFCARS data is also used to count the number of days a child spent in foster care.

Figure 2 shows state performance on this measure as calculated in May 2015. A state was considered to be in compliance with the national standard for maltreatment in foster care if *any* value in its RSP range equaled or was less than the national standard (8.5 victimizations per 100,000 days in foster care). Therefore, if the state's black RSP range line crosses, touches, or is to the left of (lower value) the red national standard line, it was in compliance with the national standard.

Figure 2 indicates that 25 states were in compliance with this national standard. This includes Louisiana and Delaware. It does not include Tennessee, even though that state appears *above* Louisiana and Delaware in the figure. This ranking happened because – even though the mid-point of Tennessee's RSP range indicated a better performance than the comparable information for both Louisiana and Delaware – Tennessee's entire RSP range falls to the right of the national standard; thus all the values in Tennessee's RSP range were *higher than* the national standard of 8.5 victimizations per 100,000 days in foster care.

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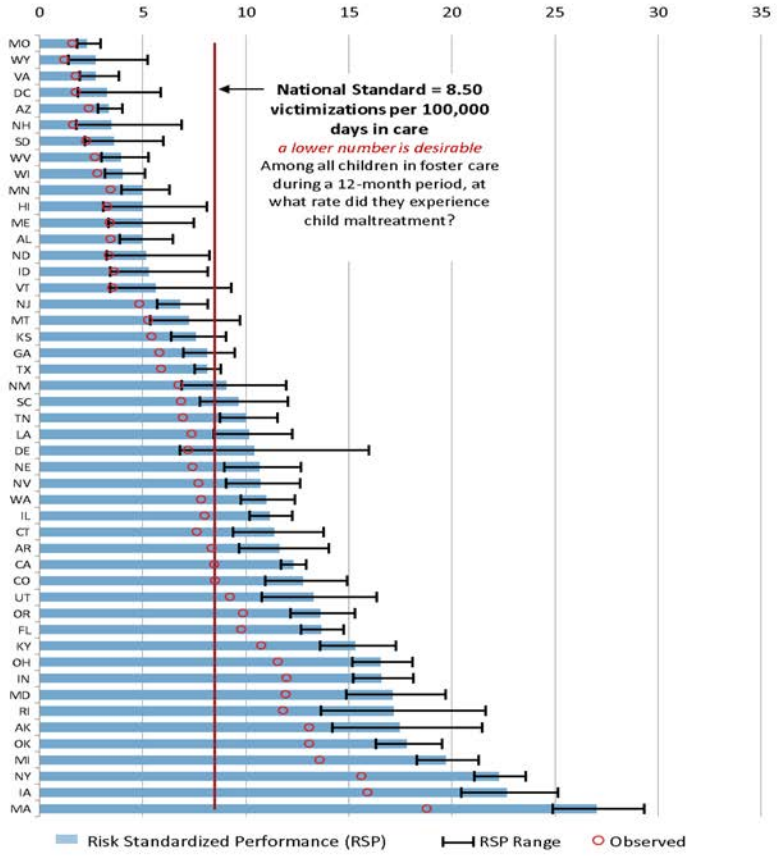
[38] The maltreatment in foster care standard used in earlier rounds of the CFSR looked only at maltreatment reported as perpetrated by a foster parent or other foster caregiver. In this round, however, HHS has determined that while the responsibility for the child rests with the agency, maltreatment by any perpetrator (even by a parent if done during a "trial home visit") must be counted as the responsibility of the child welfare agency.

[39] For more detailed information on the specific construction of this indicator, and the various AFCARS and NCANDS data elements used as well as rules about excluding or including data, see the two-page fact sheet on CFSR Statewide Data Indicators Round 3: *Maltreatment in Foster Care*, 2015.

[40] When describing relatively rare events, statisticians often turn to a larger scale (e.g., 100,000) so that the rate can be expressed as something that is 1 or greater. Using the more common, 1,000 scale would result in a maltreatment rate of .085 (i.e., less than one) maltreatment per 1,000 days in care. For another example of a rate scaled to 100,000 see the statistics related to death by suicide, which are based on suicides per 100,000 individuals in the population. http://www.cdc.gov/nchs/fastats/suicide.htm

Figure 2. Maltreatment in Foster Care

Risk standardized performance (RSP) = observed performance adjusted by age of children. A state meets the national standard (8.5 victimizations per 100,000 days in foster care – as shown by red line) if its RSP range includes or is *lower than* that value.



Source: Chart prepared by the Congressional Research Service (CRS) based on *CFSR Round 3 Statewide Data Indicators Workbook*, May 2015. http://www.acf.hhs.gov/sites/default/files/cb/cfsr_stateperformanceworkbook.pdf

Notes: Data used to calculate the national standard, and to show state performance against that standard were submitted by states as part of the National Child Abuse and Neglect Data System (NCANDS) for FY2013 and the Adoption and Foster Care Analysis Reporting System (AFCARS) for FY2013. Data from MS, NC, PA, PR, are not shown due to data quality concerns.

Permanency for Children within 12 months of Entering Care

This indicator has traditionally been used as part of assessing whether a state achieves the following permanency outcome: Children have permanency and stability in their living situations.

It is focused on children (under age 18) who enter foster care during a 12-month period and it asks the question: Of those children, how many left foster care to "permanency" within 12 months of that entry to care? Permanency in this instance means the child was formally discharged from foster care to be reunited with his/her parent(s), to live with a relative, for adoption or for legal guardianship. In the May 2015 workbook, the national standard was set at 40.5%.[41]

Children's speed of exit from care may be affected by age. Additionally, in states where the rate of entry to foster care is low – suggesting children are only brought into formal care when circumstances are most difficult – the speed of exit may also be slowed. Accordingly, a state's observed performance is risk-adjusted by the age of children when they enter care and by the rate at which children enter foster care in the state (i.e., number of children entering foster care per every 1,000 children in care).

Data used for this indicator are reported by states via the AFCARS. HHS must link data across multiple years (3 years, including six reporting periods) to determine the state's performance. A state with a risk standardized performance range that includes, matches, or is *above* the national standard of 40.5% meets (or is no different than) the national standard.

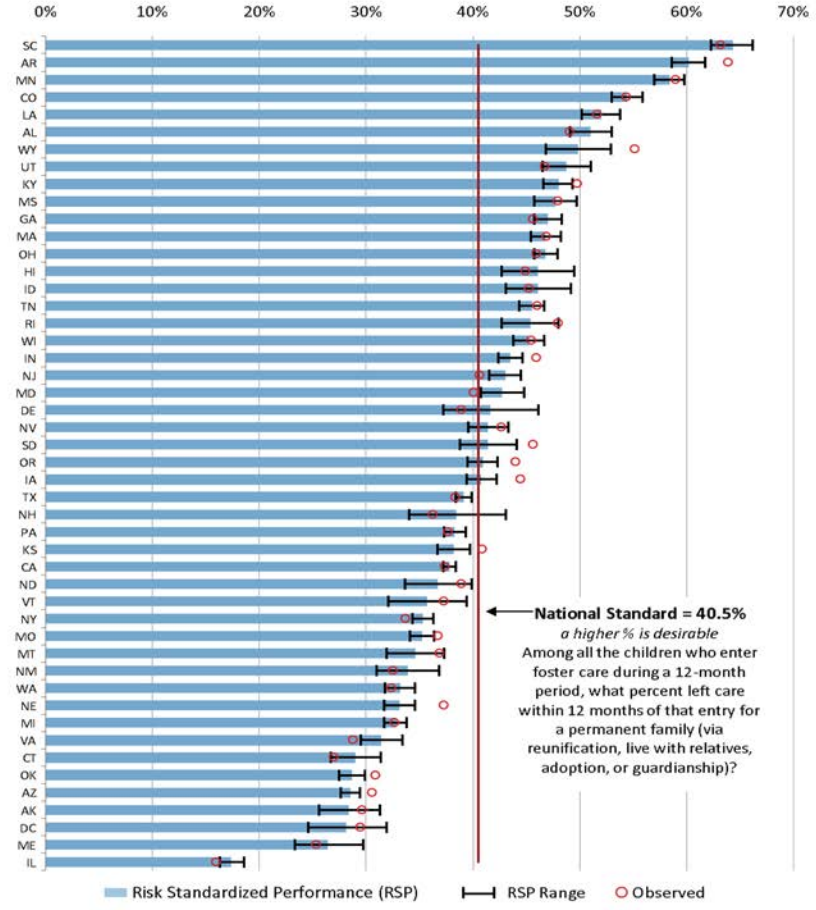
Figure 3 shows state performance on this measure as calculated in May 2015. A state was considered to be in compliance with the national standard for permanency for children within 12 months of entering care if *any* value in its RSP range equaled or was *greater than* the national standard (40.5%). Therefore, if the state's black RSP range line crosses, touches, or is to the right of (higher value) the red national standard line, it was in compliance with the national standard.

Figure 3 indicates that 27 states were in compliance with this national standard. This includes New Hampshire. It does not include Texas, even though that state appears *above* New Hampshire in the figure. This ranking happened because – even though the mid-point of Texas's RSP range indicated a better performance than the comparable information for New Hampshire – Texas's entire RSP range falls to the left of the national standard (as did its observed performance); thus all the values in Texas's RSP range were *lower than* the national standard of 40.5% permanence for children within 12 months of entering foster care.

[41] For more detailed information on the specific construction of this indicator, and the various AFCARS data elements used as well as rules about excluding or including data, see the two-page fact sheet on *CFSR Statewide Data Indicators Round 3: Permanency in 12 months for Children Entering Foster Care*, 2015.

Figure 3. Permanence for Children within 12 Months of Entering Care

Risk standardized performance (RSP) = observed performance adjusted by age at entry to care and foster care entry rate. A state meets the national standard (40.5% - shown with red line) if its RSP range includes or is *higher than* that value.



Source: Chart prepared by the Congressional Research Service (CRS) based on *CFSR Round 3 Statewide Data Indicators Workbook*, May 2015. http://www.acf.hhs.gov/sites/default/files/cb/cfsr_stateperformanceworkbook.pdf

Notes: Data used to calculate the national standard, and to show state performance against that standard were submitted by states as part of the Adoption and Foster Care Analysis Reporting System (AFCARS) for three years (April 2011-March 2014). Data for FL, NC, PR and WV are not included due to data quality issues.

Re-Entry to Foster Care

This indicator has traditionally been used as part of assessing whether a state achieves the following permanency outcome: Children have permanency and stability in their living situations.

It is focused on children (under age 18) who leave foster care for a permanent home within 12 months of entering care. It asks: Of those children exiting to permanency within 12 months of entering care, how many *re-enter care* within a year of that exit to permanency? Permanency in this instance means the child was formally discharged from foster care to be reunited with his/her parent(s), to live with a relative, or for legal guardianship. (Exits to adoption are excluded from the denominator in this measure because some states change a child's identifiers (e.g., ID code) following an adoption and this means the child's re-entry (numerator count) cannot be reliably tracked. In the May 2015 workbook, the national standard was set at 8.3%.[42]

Children's speed of exit from care may be affected by age and by the rate at which the state brings children into care (its entry rate). Accordingly, a state's observed performance is risk-adjusted by the age of children when they enter care and by the rate at which children enter foster care in the state (i.e., number of children entering foster care per every 1,000 children in care).

Data used for this indicator are reported by states via AFCARS. HHS must link data across three years (including 6 reporting periods) to determine the state's performance. A state with a risk standardized performance range that includes, matches, or is *lower than* the national standard of 8.3% meets (or is no different than) the national standard.

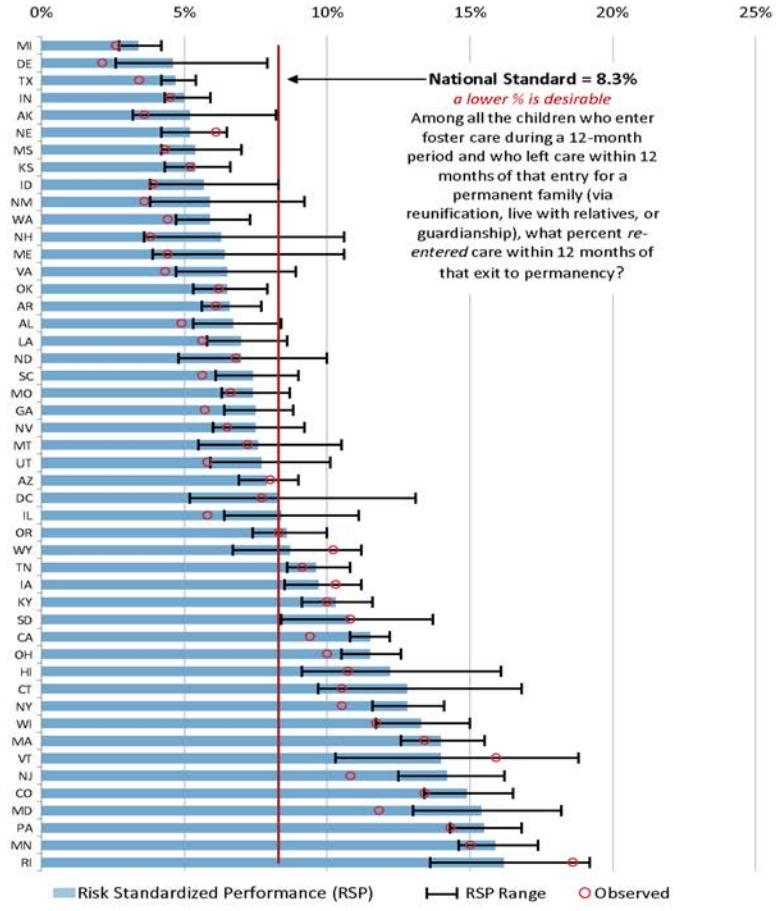
Figure 4 shows state performance on this measure as calculated in May 2015. A state was considered to be in compliance with the national standard for re-entry to foster care if *any* value in its RSP range equaled or was *less* than the national standard (8.3%). Therefore, if the state's black RSP range line crosses, touches, or is to the left of (lower value) the red national standard line, it was in compliance with the national standard.

Figure 4 indicates that 29 states were in compliance with this national standard and they are shown as the first 29 states displayed in the figure (from the top).

[42] For more detailed information on the specific construction of this indicator, and the various AFCARS data elements used as well as rules about excluding or including data, see the two-page fact sheet on *CFSR Statewide Data Indicators Round 3: Re-entry to Foster Care,* 2015.

Figure 4. Re-entry to Foster Care

Risk standardized performance (RSP) = observed performance adjusted by age at entry to care and foster care entry rate. A state meets the national standard (8.3% - shown with the red line) if its RSP range includes or is *lower* than that percentage.



Source: Chart prepared by the Congressional Research Service (CRS) based on *CFSR Round 3 Statewide Data Indicators Workbook*, May 2015. http://www.acf.hhs.gov/sites/default/files/cb/cfsr_stateperformanceworkbook.pdf

Notes: Data used to calculate the national standard, and to show state performance against that standard were submitted by states as part of the Adoption and Foster Care Analysis Reporting System (AFCARS) for three years (April 2011-March 2014). Data for FL, NC, PR and WV are not included due to data quality issues.

Placement Stability in Foster Care

This indicator has traditionally been used as part of assessing whether a state achieves the following permanency outcome: Children have permanency and stability in their living situations.

It is focused on children (under age 18) who enter foster care during a 12-month period. It asks: At what rate did those children move to a new placement setting? In the May 2015 workbook, the national standard was set at 4.12 placement moves per 1,000 days of foster care.[43]

This measure counts the number of times children who entered care within a 12-month period were moved to a new placement setting and then divides that by the total number of days those children were in foster care during that same 12-month period. The final result is multiplied by 1,000 to allow for a more understandable whole number. Thus the rate determined is the number of foster care placement moves for a child in foster care per 1,000 days of foster care.

The placement stability indicator is one of two national standards that determines the likelihood of an event based on the number of days a child spent in care – rather than a number of children experiencing the event. Using days in care is useful when the likelihood of an event occurring is directly related to length of stay in care. With regard to placement stability a longer stay provides more "opportunity" for placement moves thus the use of placement days equalizes the risk determination of a move whether a child is in care for two weeks, 60 days, or for the whole 365 days in the 12 month-period.

Children's likelihood of moving may vary due to age. A state's observed performance is risk-adjusted to estimate placement stability in the state. Data used for this indicator are reported by states via AFCARS. HHS used data from a single year (two reporting periods linked) to determine the state's performance. A state with a risk standardized performance range that includes, matches, or is *less than* 4.12 placement days per 1,000 days of foster care, meets (or is no different than) the national standard.

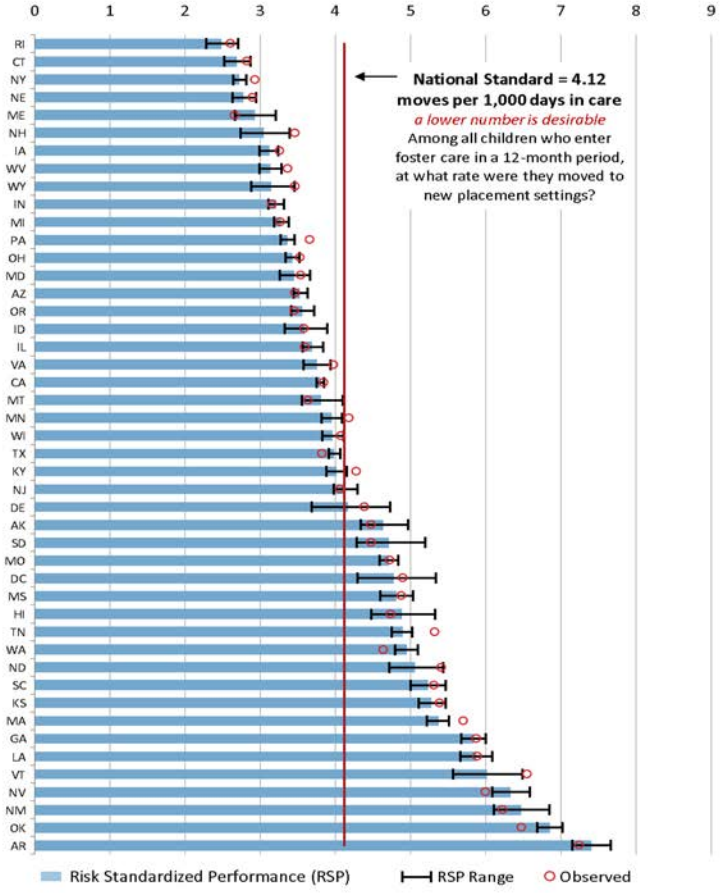
Figure 5 shows state performance on this measure as calculated in May 2015. A state was considered to be in compliance with the national standard for placement stability in foster care if the state's black RSP range line crosses, touches, or is to the left of (lower value) the red national standard line.

Figure 5 indicates that 27 states were in compliance with this national standard and they are shown as the first 27 states displayed in the figure (from the top).

[43] For more detailed information on the specific construction of this indicator, and the various AFCARS data elements used as well as rules about excluding or including data, see the two-page fact sheet on *CFSR Statewide Data Indicators Round 3: Placement Stability,* 2015.

Figure 5. Placement Stability in Foster Care

Risk standardized performance (RSP) = observed performance adjusted by age at entry to care and foster care entry rate. A state meets the national standard (4.12 moves per 1,000 days in care – shown by red line) if its RSP range includes or is *lower than* that value.



Source: Chart prepared by the Congressional Research Service (CRS) based on *CFSR Round 3 Statewide Data Indicators Workbook*, May 2015. http://www.acf.hhs.gov/sites/default/files/cb/cfsr_stateperformanceworkbook.pdf

Notes: Data used to calculate the national standard, and to show state performance against that standard were submitted by states as part of the Adoption and Foster Care Analysis Reporting System (AFCARS) for three years (April 2011-March 2014). U.S. Census Data (child population estimate by state) were used to calculate foster care entry rate. Data for AL, CO, FL, NC, PR and UT are not included due to data quality issues.

Permanency in 12 Months for Children in Care 12 to 23 Months

This indicator was developed to help assess whether a state achieved the permanency outcome: Children have permanency and stability in their living situations.

It seeks to measure how effectively a state sticks with efforts to find a permanent home even when it is not successful during the child's first year in care.[44] Accordingly, the measure is focused on children (under age 18) who have been in care for at least one year (12 months) but not as long as two years. The indicator asks: Of all children who at the start of a 12-month period had already been in care for at least 12, but not more than 23, months, how many were successfully moved to a permanent home within that 12-month time period? Permanency in this instance means the child was formally discharged from foster care to be reunited with his/her parent(s), to live with a relative, for adoption or for legal guardianship. In the May 2015 workbook, the national standard was set at 43.6%.[45]

Children's speed of exit from care may be affected by age. Accordingly, a state's observed performance is risk-adjusted by the age of children at the start of the 12-month period. Data used for this indicator are reported by states via the AFCARS. HHS used data from a single year (two reporting periods were linked) to determine the standard and state performance. A state with a risk standardized performance range that includes, matches or is *greater than* 43.6%% meets (or is no different than) the national standard.

Figure 6 shows state performance on this measure as calculated in May 2015. A state was considered to be in compliance with the national standard concerning permanency for children in care for at least one but not two years if the state's black RSP range line crosses, touches, or is to the right of (higher value) the red national standard line.

Figure 6 indicates that 35 states were in compliance with this national standard and they are shown as the first 34 states displayed in the figure (from the top) as well as New Hampshire (some states lower). d.

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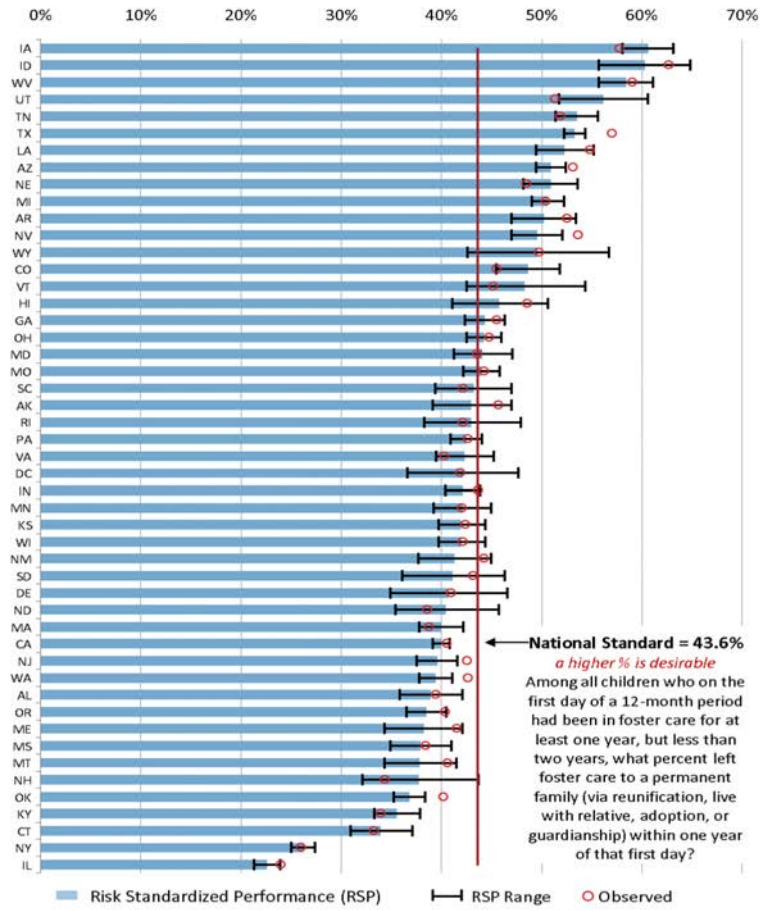
[44] Federal law has specific time frames within which states are to establish permanency goals for a child and no less often than once every 12 months while a child remains in foster care, a court must make a determination related to continued permanency efforts of the state. In the recent Texas child welfare litigation, *MD v. Abbott*, the focus of the case is specifically on the group of children in care for at least 12 (sometimes 18 months). Texas has applied different (less aggressive) permanency efforts for this group of children in care.

[45] For more detailed information on the specific construction of this indicator, and the various AFCARS data elements used as well as rules about excluding or including data, see the two-page fact sheet on *CFSR Statewide Data Indicators Round 3: Permanency in 12 months for Children in Care 12 to 23 months*, 2015.

Figure 6. Permanency for Children in Foster Care for at Least One but not Two Years

Risk standardized performance (RSP) = observed performance adjusted by age of children. A state meets the national standard (43.6% - shown by red line) if its RSP range includes or is *greater than* the national standard.



Source: Chart prepared by the Congressional Research Service (CRS) based on *CFSR Round 3 Statewide Data Indicators Workbook*, May 2015. http://www.acf.hhs.gov/sites/default/files/cb/cfsr_stateperformanceworkbook.pdf

Notes: Data used to calculate the national standard, and to show state performance against that standard were submitted by states as part of the Adoption and Foster Care Analysis Reporting System (AFCARS) for April 2013-March 2014. Data for FL, NC, PR are not included due to data quality issues.

Permanency in 12 Months for Children in Care 24 Months or More

This indicator was developed to help assess whether a state achieved the permanency outcome: Children have permanency and stability in their living situations.

It seeks to measure how effectively a state sticks with efforts to find a permanent home even when it is not successful during the child's first two years in care. Accordingly, the measure is focused on children (under age 18) who have been in care for at least two years (24 months). The indicator asks: "Of all children who at the start of a 12-month period had already been in care for at least 24 months, how many were successfully moved to a permanent home within that 12-month time period?" Permanency in this instance means the child was formally discharged from foster care to be reunited with his/her parent(s), to live with a relative, for adoption or for legal guardianship. In the May 2015 workbook, the national standard was set at 30.3%.[46]

Children's speed of exit from care may be affected by age. Accordingly, a state's observed performance is risk-adjusted by the age of children at the start of the 12-month period. Data used for this indicator are reported by states via AFCARS. HHS used data from a single year (two reporting periods linked) to determine this standard and state performance. A state with a risk standardized performance range that includes or is *greater than* 30.3% was considered in compliance with this standard.

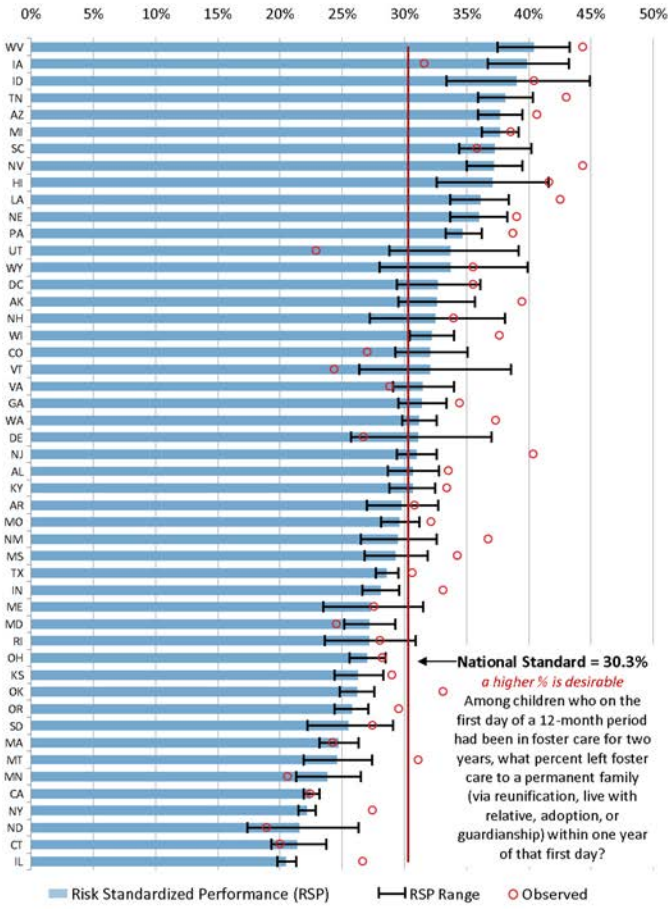
Figure 7 shows state performance on this measure as calculated in May 2015. A state was considered to be in compliance with the national standard concerning permanency for children in care for two years or more if the state's black RSP range line crosses or is to the right of (higher value) the red national standard line.

Figure 7 indicates that 33 states were in compliance with this national standard and they are shown as the first 31 states displayed in the figure (from the top) as well as Maine and Rhode Island (lower).

[46] For more detailed information on the specific construction of this indicator, and the various AFCARS data elements used as well as rules about excluding or including data, see the two-page fact sheet on *CFSR Statewide Data Indicators Round 3: Permanency in 12 months for Children in Care 24 months or More*, 2015.

Figure 7. Permanency for Children in Care For Two Years or More

Risk standardized performance (RSP) = observed performance adjusted by age of children. A state meets the national standard (30.3% - shown by red line) if its RSP range includes or is *higher than* the national standard.



Source: Chart prepared by the Congressional Research Service (CRS) based on *CFSR Round 3 Statewide Data Indicators Workbook*, May 2015. http://www.acf.hhs.gov/sites/default/files/cb/cfsr_stateperformanceworkbook.pdf

Notes: Data used to calculate the national standard, and to show state performance against that standard were submitted by states as part of the Adoption and Foster Care Analysis Reporting System (AFCARS) for April 2013-March 2014. Data for FL, NC, PR are not included due to data quality issues.

Appendix E

ORRIN G. HATCH, UTAH, CHAIRMAN
CHUCK GRASSLEY, IOWA
MIKE CRAPO, IDAHO
PAT ROBERTS, KANSAS
MICHAEL B. ENZI, WYOMING
JOHN CORNYN, TEXAS
JOHN THUNE, SOUTH DAKOTA
RICHARD BURR, NORTH CAROLINA
JOHNNY ISAKSON, GEORGIA
ROB PORTMAN, OHIO
PATRICK J. TOOMEY, PENNSYLVANIA
DANIEL COATS, INDIANA
DEAN HELLER, NEVADA
TIM SCOTT, SOUTH CAROLINA
RON WYDEN, OREGON
CHARLES E. SCHUMER, NEW YORK
DEBBIE STABENOW, MICHIGAN
MARIA CANTWELL, WASHINGTON
BILL NELSON, FLORIDA
ROBERT MENENDEZ, NEW JERSEY
THOMAS R. CARPER, DELAWARE
BENJAMIN L. CARDIN, MARYLAND
SHERROD BROWN, OHIO
MICHAEL F. BENNET, COLORADO
ROBERT P. CASEY, JR., PENNSYLVANIA
MARK R. WARNER, VIRGINIA

CHRIS CAMPBELL, STAFF DIRECTOR
JOSHUA SHEINKMAN, DEMOCRATIC STAFF DIRECTOR

United States Senate
COMMITTEE ON FINANCE
WASHINGTON, DC 20510–6200

June 17, 2015

Bruce F. Nardella, President
The MENTOR Network
313 Congress Street
Boston, Massachusetts 02210

Dear Mr. Nardella:

The title IV-E Foster Care program benefits children who meet certain eligibility requirements and who have been removed from their homes due to mistreatment, lack of care, lack of supervision, or other problems attributed to a relative caregiver. Under the program, title IV-E state and tribal agencies place these children, who can no longer remain safely in their own homes, in temporary living arrangements with the goal of achieving permanency for them through family reunification, adoption or legal guardianship. The program provides federal funds to title IV-E state and tribal agencies in all 50 states, the District of Columbia and Puerto Rico. Those agencies use the federal funds to support the daily living costs of eligible children by making subsidy payments to individual foster caregivers or to organizations that provide foster care services to a number of eligible children. Federal funds are also used by the agencies to meet the administrative costs they incur in managing the title IV-E program and to pay for the costs of training foster parents, agency staff and others. Individuals and private entities may apply to the title IV-E agencies to become sub-grantees or contracted providers of foster care services.

Over the last several months, a number of deeply disturbing articles have appeared in the media regarding The MENTOR Network, which appears to be comprised of a variety of for-profit and not-for-profit affiliates, subsidiaries, branches and related entities (collectively referred to herein as "Mentor.") Mentor contracts directly with title IV-E agencies in a number of states to provide foster care services for children who have been removed from their homes. These media articles have focused attention on what appear to be serious deficiencies in Mentor's screening, training and oversight of foster parents. According to these media stories, at least six children have died while in the custody of foster parents recruited or trained by Mentor. Others have been abused, neglected and physically injured by foster parents who were wholly unqualified to hold such a prominent position of trust in the lives of these children. Serious errors in judgment by Mentor and lapses in due diligence when screening these foster parents, as well as failures to heed plain warning signs regarding the unsuitability of foster parents after children have been placed in their

homes, have reportedly led to a number of tragic consequences. These reports raise serious questions about Mentor, its operations and its business practices.

The title IV-E program is a health program under the Social Security Act. As such, it falls within the oversight jurisdiction of the Senate Finance Committee. Moreover, state title IV-E agencies pay Mentor for foster care services in large part with federal title IV-E funds. In accordance with the Committee's oversight responsibility for this program, we request that you provide the following information to the Committee no later than close of business, July 10, 2015:

1. Please describe the corporate structure of Mentor as follows:
   a. Identify each and every Mentor affiliate, subsidiary, branch and related organization;
   b. For each entity so identified, state whether it is for-profit or not-for-profit, and whether it is tax-exempt;
   c. Describe each entity's lines of business and the services that it provides; and
   d. Identify the geographic locations where each entity carries out its primary lines of business and its primary place of business.

2. For those Mentor entities identified in response to Question 1 that operate as tax-exempt organizations, please provide copies of the publicly available portions of their IRS Form 990 filings made since 2010.

3. Please describe Mentor's relationship to Civitas Solutions, Inc.

4. Please describe Mentor's relationship to Alliance Human Services.

5. Please describe Mentor's relationship to Alliance Children's Services.

6. Please provide the total number of children who are currently in Mentor foster homes nationwide, as well as in Mentor foster homes in each state.

7. Please provide a copy of every assessment or performance review of state Mentor programs and contracts issued by state or local title IV-E agencies from January 2012 to the present.

8. Have any Mentor entities identified in response to Question 1 as providing foster care services ever been the subject of a statewide investigation related to the provision of those services? If so, please identify the state in question, the Mentor entity investigated, and the results of the investigation. Please provide copies of any reports issued by the state investigative agencies, to the extent that they are in the possession of Mentor.

9. Do any Mentor entities identified in response to Question 1 as providing foster care services require caseworkers to meet numerical quotas or targets for placements of

children in Mentor foster care homes? If so, please provide those numerical quotas or targets for each state in which they are required or imposed, together with copies of all written policies or procedures that describe said numerical quotas or targets.

10. Have any Mentor entities identified in response to Question 1 as providing foster care services ever offered any employees or contractors bonuses (cash or other consideration) for placing individual children in foster homes, or for attaining numerical targets for placements of children in foster homes? If so, please describe when such bonuses were paid, their amounts, the conditions under which they were paid, and provide copies of all written policies or procedures that describe the payment of such bonuses.

11. Please provide the following information on a state-by-state basis for each Mentor entity identified in response to Question 1 as providing foster care services:

    a. The current average caseload of social workers employed by the entity; and
    b. The total number of social workers currently employed by the entity.

12. For each state in which a Mentor entity identified in response to Question 1 has provided foster care services from January 2012 to the present, please provide the following information on an annual basis:

    a. The total dollar amount of payments made by state, local or tribal title IV-E agencies to Mentor entities within that state for foster care services;
    b. The total dollar amount of payments made by Mentor entities to foster care providers/parents within that state;
    c. The total dollar amount of costs claimed by Mentor entities as overhead and operating expenses;
    d. The total dollar amount of payments made by local Mentor entities that provide foster care services within the state to Mentor corporate entities (within or without the state) for services received from those entities (please identify those services); and
    e. The total dollar amount of profit earned by Mentor entities for providing foster care services within the state.

13. Please describe the current process employed by each Mentor entity identified in response to Question 1 as providing foster care services for investigating and vetting applicants who desire to become foster caregivers. Please provide copies of all written policies and procedures descriptive of that process. If the current process is different than the process employed by the Mentor entity in January 2012, please describe how it has changed since January 2012 and the dates of each change to the process up to the date the Mentor entity adopted its current process.

14. Do Mentor entities identified in response to Question 1 as providing foster care services currently perform criminal and non-criminal background checks on: a) applicants who desire to become foster caregivers; b) individuals who reside temporarily or full-time in the home of such applicants, or; c) individuals providing references for applicants who desire to become foster caregivers? If so, when did these Mentor entities first begin to perform such background checks? Please provide state-specific responses for each category of background checks for each state in which a Mentor entity provides foster care services.

15. What standards are used by Mentor entities identified in response to Question 1 as providing foster care services to determine whether they will approve/disapprove an application from an individual who desires to become a foster caregiver? Please provide a copy of all written policies and procedures descriptive of the process by which Mentor entities apply these standards when they evaluate applicants. If the process varies from state to state or from entity to entity, describe those differences and provide copies of the relevant documentation applicable to that state or entity.

16. Please describe how Mentor entities identified in response to Question 1 as providing foster care services recruit or solicit applicants for the position of foster caregiver and provide copies of all written policies and procedures descriptive of the recruitment process. If the process varies from state to state or from entity to entity, describe those differences and provide copies of the relevant documentation applicable to that state or entity.

17. Please describe how Mentor entities identified in response to Question 1 as providing foster care services train foster caregivers and the frequency and duration of such training. Please provide copies of all written policies and procedures descriptive of that training. If the training process varies from state to state or from entity to entity, describe those differences and provide copies of the relevant documentation applicable to that state or entity.

18. Please describe how Mentor entities identified in response to Question 1 as providing foster care services monitor foster caregivers and the frequency of their monitoring activities. Please provide copies of all written policies and procedures descriptive of those monitoring practices. If the process varies from state to state or from entity to entity, describe those differences and provide copies of the relevant documentation applicable to that state or entity.

19. Please describe how allegations of misconduct against foster caregivers reported to Mentor entities identified in response to Question 1 as providing foster care services are currently handled by those entities and provide copies of all written policies and procedures descriptive of the process for handling such allegations. If the current process is different than the process employed by Mentor entities in January 2012,

please describe how it has changed since January 2012 and the dates of each change to the process up to the date the Mentor entity adopted its current process.

20. Please describe how Mentor entities identified in response to Question 1 use non-disclosure/confidentiality agreements and clauses with regard to:

    a. Employees of Mentor;
    b. Foster caregivers providing services on behalf of Mentor;
    c. Individuals (victims, witnesses or any others) alleging misconduct by foster caregivers in the performance of their foster parent responsibilities.

21. To the extent that Mentor entities use non-disclosure/confidentiality agreements and clauses with respect to the above individuals, please provide copies of five representative agreements of each such type of agreement signed in the past five years together with copies of all written policies and procedures that describe the use of such agreements and clauses and conditions for their use.

22. Since January 2005, has Mentor entered into any agreements containing non-disclosure/confidentiality clauses with the legal representatives of children who were, or are now, placed in Mentor foster care homes? For each such agreement, indicate the legal status (i.e., parent, guardian ad litem, etc.) of the individual who signed the agreement on behalf of the child.

23. Please provide the number of settlements entered into by Mentor since 2005, either before or after the commencement of litigation, in which a claim for damages against Mentor was asserted based upon the alleged negligent performance by Mentor in recruiting, selecting, training, or monitoring foster care providers. Please provide a copy of each settlement agreement with the names and addresses of specific individuals redacted consistent with the requirements of 45 CFR Parts 205 and 1355. For each such settlement, please briefly summarize the allegations against Mentor.

24. Please provide the number of judgments entered against Mentor as the result of litigation since 2005 in which a claim for damages against Mentor was asserted based upon the alleged negligent performance by Mentor in recruiting, selecting, training, or monitoring foster care providers. Please provide a copy of each judgment with the names and addresses of specific individuals redacted consistent with the requirements

of 45 CFR Parts 205 and 1355. For each such judgment, please briefly summarize the allegations against Mentor.

Questions regarding this request for information may be directed to Kim Brandt, Chief Oversight Counsel, Majority Staff, or David Berick, Chief Oversight Counsel, Minority Staff. Ms. Brandt may be reached on extension (202) 224-4515 and Mr. Berick may be reached on extension (202) 224-6399.

Sincerely,

Orrin G. Hatch
Chairman, Senate Committee on Finance

Ron Wyden
Ranking Member

Appendix F

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 2 Years 7 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 1 Years 3 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: Medically Complex

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] social worker
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: [redacted] Hospital
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement **within** MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

* Social Worker from [redacted] Hospital contacted this writer via telephone to report that the client had died today due to a cardiac event.

Client/Individual Name: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Current Diagnoses: tetrology of Fallot with Pulmonary Atresia; Chronic Lung Disease; Hypoxia; Dysfunctional Swallon; Total Parenteral Nurtrition; DD; FIT Current Meds: Digoxin; Albuterol; Lasix; Aantac; Aldactone; Flovent

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client has been hospitalized since cardiac surgery at [redacted] Hospital on [redacted] was transferred to [redacted] Pediatric Hospital on [redacted] and transferred back to [redacted] on [redacted] due to pulmonary instability. Client underwent an attempted cardiac catheterization on [redacted], On-call MENTOR coordinator, informed this writer via phone message that [redacted] had a cardiac event at the hosptial on [redacted] wehre [redacted] needed to be revived.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

This writer went to [redacted] Hospital for a meeting with the mentor, [redacted] and this writer regarding the medical conditions that [redacted] has and possible treatment. Dr. [redacted], Pediatric Cardiologist and [redacted], Social Worker at [redacted] informed the mentor and this writer that all medical and surgical measures had been exhausted in treating [redacted]. The physician discussed with the mentor her feelings on Hospice Care. In the event that [redacted] would be stable enough to go home. they reported that [redacted] did have another cardiac event this morning when [redacted] had to be revived and that a critical cardiac event could happen at anytime and cause [redacted] death. Once returning to the office, this writer received a phone call from [redacted] reporting that [redacted] passed away due to a cardiac event after this writer left the hospital. This writer informed [redacted] County DSS, [redacted] and [redacted] of this incident.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 7 Months
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **2 Months 16 Days**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)*
    DCFS Investigator
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: **Hospital**
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

" [redacted] was having trouble with [redacted] G-tube leaking, [redacted] was rushed to the hospital by ambulance when [redacted] foster mother noticed [redacted] breathing was problematic and that [redacted] was blue from the waist down. Upon arrival at the hospital, [redacted] was rushed to surgery. It was discovered that due to pressure and fluid buildup from the problems with the G-tube, [redacted] had built up in [redacted] abdomen causing intestinal rupture and loss of circulation to [redacted] lower body. [redacted] was pronounced dead on the operating table at [redacted] on [redacted]

Client/Individual Name: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[x] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] has been diagnosed with the folowing: Prematurity; Left Diaphramatic Hernia; Chronic Lung Disease; Pulmonary Hermorrhage; History PPHN; Pulmonary Hypertension; E.Coli Pneumonia (HX): VRE Colonization; Indirect hyperbilirubinenia; Anemia; Metabolic Alkalosis; Hypoalbuninemia; Pressured Chylothorax; Left pleural Effusion; GERD: S/P Nissen Fundoplication and G-tube placement. [redacted] required breathing treatments approximately every 2 hours and was on oxygen.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] had been having trouble with the G-tube leaking. [redacted] had been seen at [redacted] Hospital in [redacted] several times in the past 2 weeks regarding this and other health problems. [redacted] was last seen at [redacted] on [redacted] [redacted] was scheduled for surgery to replace the G-tube on [redacted]. Foster mom had noticed it leaking the night of [redacted] and took steps to replace the balloon. She checked on [redacted] frequently during the night and noticed a deterioration in [redacted] condition in the early morning hours.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.)

Foster mother [redacted] was checking on [redacted] frequently throughout the night. In the early morning hours of [redacted] she noticed that [redacted] was running a fever of 103 degrees. She gave medication and the fever broke. Later [redacted] noticed [redacted] having difficulty with [redacted] respirations. While preparing to take [redacted] by car to the hospital, [redacted] noticed that [redacted] lower body was blue. At this time 911 was called and an ambulance was dispatched to take [redacted] to [redacted] Hospital in [redacted] the nearest hospital to the foster home. Upon arrival at the hospital, it was determined that [redacted] needed surgery immediately. The fluid leaking from the G-tube had caused fluid and pressure build-up in [redacted] abdomen, cutting off circulation to [redacted] lower body and causing intestinal rupture. [redacted] died on the operating table; [redacted] was pronounced dead at [redacted]

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type In Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 12 Years
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 5 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]
16. Service Setting/Model: **(check the ONE that most closely fits)**
    - ( ) ICF/MR (Intermediate Care Facility)
    - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
    - (x) Mentor Home/ Host Home
    - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
    - ( ) Home Health Agency Services
    - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
    - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
    - ( ) Day Program
    - ( ) Supported Employment/Vocational
    - ( ) School
    - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] mentor
19. Location of Incident: *(check one)*
    - (x) Mentor Home (x) Primary ( ) Respite
    - Mentor Name: [redacted]
    - # of Clients/Individuals Living in Home:
    - ( ) Client/Individual's Residence (group home, ICF, apt)
    - ( ) Client/Individual's Biological Family/Guardian Home
    - ( ) Day Program
    - ( ) School
    - ( ) Client/Individual's Place of Employment
    - ( ) Vehicle
    - ( ) Program Office
    - ( ) Community
    - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
    - [ ] Remain in Current Placement
    - [ ] Placement Decision Pending
    - [ ] Client/Individual Placed in Respite
    - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
    - [ ] Discharged from MENTOR NETWORK
    - [ ] Temporarily or Permanently Closed Mentor Home
    - [ ] Emergency Psychiatric Evaluation (no hospitalization)
    - [ ] Emergency Psychiatric Hospitalization
    - [ ] Emergency Medical Hospitalization
    - [ ] In-school suspension
    - [ ] School Suspension/Expulsion
    - [ ] Client/Individual Arrest/Detention
    - [x] Death
    - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

* On [redacted] at approximately [redacted], on-call worker, [redacted] received a call from Officer [redacted] of the [redacted] Police Department. He was in the foster home of [redacted], [redacted]' foster parent. He reported [redacted] had been taken to [redacted] Hospital in [redacted] after being found hanging in [redacted] bedroom closet by the neck from a weight strap and being found non-responsive. According to foster parent, [redacted], the hospital pronounced [redacted] dead at [redacted]

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

According to casefile: [redacted] has a diagnosis of ADHD, combined type. [redacted] was on the medication: Adderall and Ampetamine.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

According to foster parent, the morning of the incident, [redacted] and [redacted] had an argument when [redacted] told [redacted] [redacted] could not go outside. [redacted] stated [redacted] became angry and went and sat at the top of the stairs in the home and then went to [redacted] room.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] at approximately [redacted], On-Call Worker received a call from Officer [redacted] of the [redacted] Police Department who was at the home of [redacted], foster parent for [redacted]. Officer [redacted] reported that [redacted] had been taken to [redacted] Hospital in [redacted] by ambulance after foster parent had found [redacted] hanging by the neck with a weight strap in [redacted] bedroom closet and was non-responsive. According to foster parent who went to the hospital, [redacted] was pronounced dead at [redacted] biological mother was notified by [redacted] MENTOR staff of [redacted] death. A hotline call was made on [redacted] and information taken by [redacted]. The DCFS consent line was notified [redacted]

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 15 Years 1
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - (x) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 6 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - Mentor Name:
   - # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: Hospice-Hospital
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement **within** MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

*Client deceased.

Client/Individual Name: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Severely developmentally delayed,. hx of pneumonia and bronchitis, bedridden, on a feeding tube as well as oxygen. Medications: Albuterol, Singulair, Robinul, Zantac, Phenobarbital, and Morphine for pain management.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mentor [redacted] called coordinator to stated that client was being transported to the hospital due to [redacted] condition.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Mentor [redacted] called Clinical Coordinator on [redacted] to report that client's health is steadily deteriorating. Hospice nurse came to the home on [redacted] and stated there was no pulse on client. Nurse recommended client be transported to the hospice hospital so that medications could be administered and [redacted] could be monitored. Mentor report the nurse stated for her to administer medications every 15 minutes so that client could remain asleep, however it was determined [redacted] would be better in the hospital. When paramedics arrived at the scene they transported client to the hospital. It was believed that at one point client had expired at the mentor home, however paramedics were able to find a heartbeat. Client was transported to [redacted] in [redacted] where [redacted] expired at approximately [redacted]. Mentor received the call at approximately [redacted] and called the coordinator to inform her. Coordinator called [redacted] Sheriff and DFCS to inform them of client's passing.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 16 Years 8 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **6 Years 6 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* **ICU Nurse**
    [redacted] **Hosp. Pediatrics**
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: [redacted] **Hospital**
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

[redacted] went into Cardiac Arrest on [redacted] was transported to [redacted] Hospital in [redacted] On [redacted] a request for removal from Life Support and Do Not Recusitate Order was granted. On [redacted] the birth family visited with [redacted] The scheduled removal from life support occurred on [redacted] was pronounced dead at [redacted] on [redacted]. Cause of death was Cardiac Arrest.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[x] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Minor is diagnosed with Duchenne's Muscula Dystrophy; Tracheostomy and requires chronic ventilatory support; g-tube feedings and wheelchiar bound Meds: Ativan; Prevacid; Nystatin Ointment; Multivitamin; Celexa; Calcium Carbonate; Acetamenophen with Codeine

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

On [redacted] had a cardio-pulmonary arrest with resultant severe anoxic brain injury with [redacted] only evidence of brain function being intermittent spontaneous breath.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] was transferred from [redacted] Hospital to [redacted] Hospital. Records indicated that [redacted] had a cardiopulmonary arrest with resultant severe anoxic brain injury. Results of examinations performed at [redacted] Hospital revealed that [redacted] only evidence of brain function was intermittent spontaneous breath. [redacted] ventilation required full support. A DNR and removal of life support was pursued with the Guardian's Office, Ethics Committee, consults with the birth parents and the foster parent. On [redacted], the DNR request was granted. On [redacted] at [redacted] was pronounced dead. Cause of death was cardiac arrest. Based upon a decision by the birth family, [redacted] was taken into surgery for organ donation. [redacted] Mentor was informed than an autopsy will be performed as the initial cause of cardiac arrest is still undetermined. Autopsy is expected to be completed within 48 hours and the body will be released to [redacted], Funeral Director, as arranged by the birth family.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self ( ) State (x) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 9 Months
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 21 Days

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: Medically Complex

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - (x) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - ( ) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted]
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - **Mentor Name:** [redacted]
   - **# of Clients/Individuals Living in Home:** 2
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

Foster parent reported that client had been rushed to ER after [redacted] stopped breathing in the home. ER later reported that resuscitation attempts were unsuccessful and client was pronounced dead at [redacted] on [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mentor reports that client was having health issues during the previous weekend had seen [redacted] pediatrician. [redacted] pulmanologist had been to the ER. [redacted] expressed frustration that neither pediatrician nor the pulmanologist had listened to her concerns about client's feeds or medications and that client had not been admitted to the hospital but was returned home with fluid in [redacted] lungs.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

[redacted] states that due to these concerns she immediately called 911. [redacted] states tat she noted client stopped breathing and performed CPR with her daughter while waiting for the paramedics. She reports the paramedics took over when they arrived and transported client to the hospital by ambulance. She states that the police officers that arrive with the paramedics instructed her to go to the hospital but to wait for some detectives to arrive. After speaking with [redacted] writer contacted [redacted] hospital but to wait at home for some detectives to arrive. After speaking with [redacted] this writer then contacted [redacted] Hospital and a Nurse in pediatric emergency stated that physicians were attempting to resuscitate client. The writer notified appropriate MENTOR staff and the [redacted] City DSS on call worker, [redacted], of client's status. [redacted] contacted this worker at approximately [redacted] and reported that the Police had informed [redacted] that client died. Worker received a call from [redacted], Physician in Pediatric Emergency. [redacted] reported that client was warm when [redacted] arrived at the hospital but did not have a heartbeat. [redacted] stated that after working on client for over 30 minutes. Client was unable to resuscitated. Worker notified MENTOR staff and [redacted] at [redacted] DSS.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 4 Years 10 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **10 Days**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Modal: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] **DSS Hotline Supervisor**
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - **Mentor Name:** [redacted]
   - **# of Clients/Individuals Living in Home:** 1
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

* At [redacted] the on-call coordinator received a call from the State Director ([redacted]) asking for confirmation on the admission of [redacted] to the program. The State Director ([redacted]) had been called from DSS about a child that died while in the care of MENTOR. The on-call called and confirmed with [redacted] covering supervisor of the DSS Hotline, that [redacted] had died from cardiac arrest at [redacted] Hospital around [redacted]

Client/Individual Name: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted], the client, had an alleged history according to [redacted] mother of being sexually inappropriate with [redacted] two year old sister and setting a fire. It is shown in [redacted] record that none of these behaviors are noted anywhere and [redacted] ASAP listed [redacted] as moderate risk, reportedly only because the evaluator wanted to be cautious. She reported that she saw no indication of fire setting behavior.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

It was reported by DSS that mentor [redacted]) reported that the client was jumping on [redacted] bed on [redacted] in the evening and fell off the bed. The client hit [redacted] head on a radiator. The foster mother checked [redacted] head and did not take [redacted] to the hospital. On-call was notified at that time.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

At [redacted] the On-Call Coordinator was called by the State Director [redacted]) to confirm the contracting of mentor [redacted] to care for [redacted] through MENTOR. The on-call was able to confirm and notified the State Director [redacted]). The State Director instructed the on-call to call the DSS Hotline to find out any information and confirm that the client [redacted] had died while in the mentor's care. The on-call called the DSS Hotline and requested a phone call with the covering supervisor. At [redacted] the DSS Supervisor called the On-Call Coordinator and confirmed that [redacted] was brought to [redacted] Hospital around [redacted] and died soon thereafter from cardiac arrest. DSS was investigating the incident and the police were also called to the hospital to interview the foster parent and figure out what happened. The DSS supervisor reported that she was called at [redacted]. or [redacted] to be informed that [redacted] had died at the hospital. The mentor [redacted]) reported that [redacted] had been jumping on [redacted] bed the night before and fell of and struck [redacted] head on a radiator. The mentor reported she checked [redacted] and did not find reason to bring [redacted] to the hospital. The client reportedly watched some t.v. and then went to bed. The on-call was notified. The next morning the mentor reported that the client felt sick and was very low key. [redacted] was not hungry and drank a [redacted] mentor wanted to take [redacted] to the store and had her boyfriend, [redacted], help her get the client into the car seat and they proceeded to head to the store. On the way, the mentor reported that the client stopped responding to her talking and slumped over in [redacted] car seat. The foster mother and her boyfriend rushed [redacted] to [redacted] Hospital where [redacted] was pronounced dead of cardiac arrest at [redacted] DSS, the police and the client's mother were notified. An internal investigation is currently underway at MENTOR.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 3 Years 9 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 10 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - Mentor Name: [redacted]
   - # of Clients/Individuals Living in Home: 5
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

* On-call service relayed phone message from mentor [redacted] that [redacted] was not breathing and that the EMS were already there working on [redacted] CC called [redacted] back immediately and she reported that EMS had determined [redacted] was dead. She said that she went into [redacted] room at [redacted] to feed [redacted] and [redacted] was pale and not breathing. She said that she and her husband administered CPR (artificial respiration and chest compressions) in tandem. When EMS arrived, they hooked [redacted] up to a monitor and determined that [redacted] was dead.

Client/Individual Name: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted]current medicaltons are Phenobarbital 300 mg - 2tsp at bedtime; Trileptal 250 mg am/pm and Transderm Scoope Patch changed every 3 days. [redacted]is diagnosed with 299.80 Pervasive Developmental Disorder, NOS; Microcephaly; Developmental Delay; CP; and Seizure Disorder. [redacted] is a 3 year old [redacted] who was taken into DFCS custody due to medical neglect. [redacted] was fed through a nasal gastric tube until [redacted] had G-tube surgery in [redacted] Dr. [redacted] just replaced her G-tube on [redacted] with a mickey button.

23. **SECTION G: ANTEGEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] reported that she fed [redacted] (bolus feeding) at [redacted] and put [redacted] to bd at [redacted] checked on [redacted] at [redacted] and [redacted] appeared sleeping peacefully.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On-call services relayed phone message from mentor [redacted] that [redacted] was not breathing and that the EMS were already there working on [redacted] CC called [redacted] back immediately and she reported that EMS had determined that [redacted] was dead. She said that she went into [redacted] room at [redacted]. to feed [redacted] and [redacted] was pale and not breathing. She said that she and her husband administered CPR in tandem (artificial respiration and chest compressions). When EMS arrived they hooked [redacted] up to a monitor and determined that [redacted] was dead. [redacted] continued chest compressions while EMS hooked [redacted] up to the monitor.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 6 Years 3 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 5 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] mentor
19. Location of Incident: ***(check one)***
   - (x) Mentor Home (x) Primary ( ) Respite
   - Mentor Name: [redacted]
   - # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: ***(check all that apply)***
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

[redacted] was found in [redacted] bed by [redacted] nurse blue and not breathing.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health Da-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] has Cerebral Palsy.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] was asleep in [redacted] bed.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

At [redacted] on [redacted] on-call worker received a call from [redacted] that at approximately [redacted] on [redacted] Nurse, [redacted] went to check on [redacted] and found that [redacted] lips were blue and [redacted] was not breathing. She called mentor [redacted] over and she found no pulse. [redacted] was still warm, therefore, they began CPR and immediately called 911. They attempted to resuciatate until the ambulance arrived at [redacted] [redacted] was taken to [redacted] Medical Center in [redacted] by ambulance and was pronounced dead at [redacted] The Coroner released [redacted] body at approximately [redacted] and he was taken to [redacted] Funeral Home in [redacted] Supervisor, [redacted], and Program Coordinator, [redacted] were present at the hospital.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type In Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 2 Months
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - (x) Other: basic Care
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 2 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - Mentor Name: [redacted]
   - # of Clients/Individuals Living in Home: 2
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

The foster parent reported hat on [redacted] client stopped breathing. [redacted] called 911 and immediately began CPR. The client was transported by ambulance to the [redacted] Client was pronounced dead at [redacted] The cause of death has been listed as aspiration. The autopsy is scheduled for [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[x] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Still training so experienced riders only (no beginners please). Looking for someone dependable, dedicated - no indoor but plowed outdoor-lighted NICE Client was born 5 weeks premature, failed a hearing test at birth and there were some concerns that [redacted] might have some permanent hearing damage. Client did not have any other medical diagnosis. Client had suffered with some chest congestion of the past few months. Client made regular visits to he pediatrician who did not voice any concerns about the client's health. Upon admission Mentor staff was informed ~~client requires occasional physical stimulation to wake [redacted] up and initiate feedings.~~

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

The foster parents report that client had had some problems with chest congestion over the past few months. [redacted] symptoms had not worsened nor improved during this time period. Client had been seen by [redacted] pediatrician several times over the course of the past few moths. [redacted] had not prescribed any medication but urged the foster parents to give [redacted] Motrin. The foster parent reported that prior to the actual incident there were no signs that the child was in medical distress. The client had shown illness in the last week.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

[redacted] reported that she was sitting at her kitchen table reading the news paper and her fiancé [redacted] yelled for her from the living room where [redacted] had been lying on the floor on a pallet with client . She responded to find her fiancé standing in the living room holding client saying something's not right. Mentor noticed what she described as a milky substance coming out of [redacted] nose and mouth. Client was unresponsive. Mentor "grabbed" client from her fiancé and massaged [redacted] chest in order to stimulate [redacted] consciousness. Client was unresponsive. She noticed [redacted] was not breathing and immediately called 911 and dropped the phone and was disconnected before she was able to have a conversation with the dispatcher. She began what she described as CPR (rescue breathing and chest compressions) and her fiancé called 911. Police records indicate the call was made at [redacted] when [redacted] heard the ambulance coming she ran outside and handed client to the paramedic. [redacted] rode to the hospital in the ambulance. [redacted] contacted mentor to repot. According to hospital staff, they worked on client for 15 minute when he arrived in "cardiac arrest". Client was pronounced dead at [redacted] the preliminary findings from the examination indicate the at that the cause of death was "aspiration". The investigator ~~Cobbrook Police did did a medically~~ [redacted] at this point in their investigation there is "no indication of anyone having done anything wrong".

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 4 Months
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 1 Days

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: Child Protective Services

16. Service Setting/Modal: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - Mentor Name: [redacted]
   - # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

*[redacted] reported that client woke up and was having possible seizure activity this morning. [redacted] contacted the doctor immediately and immediately took the child to the hospital.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[x] Other: **client became rigid, taken to ER**

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client was reported by CPS placement team to have congenital adrenal hyperplasia, hyponatremia and both genitals. CPS reported client had been hospitalized four times since birth for unknown reasons. Medication of child at time of placement included: Phenobarbital, Carbaxefed oral drops, Cortef, and Fludrocortison

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was reported to have adrenal hyperplasia, hyponatremia, and dual genitalia. [redacted] was reported to have been hospitalized four times since birth. CPS was unsure why client had been hospitalized.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] I received a telephone call from [redacted] at [redacted] reported that she was on [redacted] way to the hospital with client due to possible seizures. [redacted] reported that client woke up at [redacted] and appeared to be doing fine and drank [redacted] bottle. [redacted] gave client [redacted] prescribed medications at [redacted] [redacted] reported that client became rigid at [redacted] and [redacted] eyes rolled to the back of [redacted] head. [redacted] stated she immediately contacted the doctor and was told to take client to the hospital immediately as it sounded like seizures. I, [redacted], contacted CPS caseworker [redacted] to inform him of the situation and that [redacted] was taking client to [redacted] Hospital. Upon arrival at [redacted] Hospital, [redacted] called and informed me that the baby was "code red and not breathing and to call [redacted] immediately to come to the hospital." [redacted], clinical coordinator, was informed and immediately went to the hospital. Clinical supervisor, [redacted] was informed of the situation and also left for the hospital. [redacted] [redacted] program manager was also informed. I informed [redacted] I had just gotten off the phone with [redacted], who informed me that client had coded and CPR was being administered. While I was speaking with [redacted] reported that the hospital personnel performed CPR before calling the code. [redacted], Program manager, was informed of client's death and contacted licensing [redacted] at [redacted] contacted [redacted] and informed him of client's death. Cause of death is pending the autopsy results. CPS notified biological family of client's death.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 2 Years 8 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 1 Years

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: Child Protective Services

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] physician
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: [redacted] Hospital
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

* The attending physician called the clinical coordinator to report that [redacted] condition had worsened and that [redacted] was not expected to live.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] has been diagnosed with Cerebral Palsy - Spastic Quadriplegia, Colostomy, Rheumatoid Arthritis, Scoliosis, Lordosis, Gastrostomy, Osteoporosis, Asthma/Chronic Obstructive Airway, Chronic Urinary Tract Infections , Seizures, Dermatitis, Severe Developmental Delay, Profound Mental Retardation. [redacted] is taking 24 different medications.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] was admitted to [redacted] Hospital on [redacted] for treatment of a bowel obstruction. Attempts at correcting problem with medication was not successful. Surgery to correct the obstruction was performed on [redacted] developed complications following the surgery. [redacted] went into respiratory arrest on [redacted] and was placed on a ventilator. [redacted] developed infections and became septic.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

At approximately [redacted] on [redacted] the CC was contacted by [redacted] attending physician who reported [redacted] condition had worsened and [redacted] was not expected to live. This CC arrived at the hospital at approximately [redacted] [redacted] treatment team reported [redacted] was experiencing multiple organ failure and machines were sustaining [redacted] life. [redacted] CPS caseworker, [redacted] was contacted and kept informed of [redacted] condition throughout the day. [redacted] passed away at approximately [redacted] The [redacted] hotline was contacted and a report provided for licensing.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self ( ) State ( ) Parent(s) (x) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 1 Years 11 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 2 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - Mentor Name: [redacted]
   - # of Clients/Individuals Living in Home: 1
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [x] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [ ] Death
   - [x] Other: ER for respiratory distress

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

Mentor contacted On-call Coordinator to report that she and her husband brought the client to the [redacted] Emergency Room due to respiratory distress.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[x] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[x] Other: **Respiratory Distress**

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Hydrocephaly, DD, Oral Motor Dysfunction, NG-Tube, and Reflux h/o VP Shunt, Dyphagia, CLD, and ROP.
Medications: Zantac, Regalan.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mentor reported to [redacted], Clinical Coordinator that on the evening of [redacted] the client was having cramping in [redacted] stomach about every thirty minutes and was screaming. Due to recently having the flu and visiting the emergency room on [redacted] Mentor and her husband decided to take the client to the [redacted] emergency room.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

[redacted], Mentor, called this writer at [redacted] on [redacted] to report that she brought the client to the [redacted] Emergency Room. Mentor reported that at this time they were performing CPR on the client because [redacted] was in respiratory arrest. At [redacted] Mentor called this writer again to state that the doctor's felt as though the client's shunt was blocked. At this time, they were going to take the client by helicopter to [redacted] Hospital in [redacted] Mentor reported that she was going to head to [redacted] with her husband as soon as the client left. This writer contacted [redacted] County DSS at [redacted] to notify them of the incident. This writer spoke of [redacted] at the after hours crisis center, who contacted the on-call worker, [redacted]. [redacted] then contacted this writer at [redacted] to discuss specifics of the incident. This writer left messages for [redacted], DSS Worker, and [redacted], Clinical Coordinator. At [redacted] this writer received another call from Mentor. Mentor stated that she was in the room at [redacted] Hospital with the client. Mentor reported that a neurologist was seeing the client. Mentor stated that two doctors had already seen [redacted] and the outcome did not seem hopeful. Mentor reported that the client's eyes were fixed straight and [redacted] pupils were dilated. This writer told the mentor to contact her with any updates/concerns. This writer spoke to [redacted] of the morning. DO NOT WRITE ON THIS OPPOSITE PAGE to the Mentor this morning. [redacted] stated that the client was in a coma. [redacted] stated that a meeting will be held on [redacted] to discuss further treatment options.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 4 Years 8 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 2 Years

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - Mentor Name: [redacted]
   - # of Clients/Individuals Living in Home: 2
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permenently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

** On [redacted] mentor [redacted] contacted the on-call services to report the death of [redacted]. Mrs. [redacted] reported that it appeared that [redacted] had aspirated fluid into [redacted] lungs.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[x]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] has been diagnosed with Cerebral Palsy and Gastroesphageal Reflux, eating problems, Seizure Disorder, and Severe Developmental Delay and Failure to Thrive due to Shaken Baby Syndrome. [redacted] is fed through a G-tube. [redacted] currently is on: Reglan 1.1ml 4xs daily (reflux), Baclofen 1 tab 3xs daily (muscle spasms), Prilosec 7.5cc 2xs daily for reflux, GlycoMax 1 tsp GT 2xs daily (stool softening), Robinul 1 tab GT 2xs daily (excess salivation) and Pediasure with fiber GT 50cc 3xs daily (feeding).

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

On [redacted] was admitted to [redacted] Healthcare of [redacted] for back surgery. A steel rod was placed in [redacted] back due to pressure on [redacted] organs caused by severe Scoliosis. Ms. [redacted] stated that as the anesthesia wore off, [redacted] seemed to be doing fine. However, when they gave [redacted] the pain medication [redacted] started to have a hard time breathing. Although [redacted] had had problems keeping [redacted] temperature and oxygen levels up, [redacted] was discharged from [redacted] on [redacted] the [redacted] without monitoring equipment.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Ms. [redacted] reported that on [redacted], [redacted] appeared to be doing well. [redacted] did not have a temperature or exhibit any signs of distress. The [redacted] followed the normal routine bathing [redacted] and dressing [redacted] wound before putting [redacted] to bed at approximately [redacted] Following [redacted] surgery, Ms. [redacted] slept in the room with [redacted] in order to closely monitor [redacted] recovery. She also repositioned [redacted] every two hours in the bed. Mrs. [redacted] checked on [redacted] an additional 2-3 times during the night as well. On Saturday, [redacted] woke up at [redacted] usual time of approximately [redacted] feeding bag was removed upon completion at approximately [redacted] Ms. [redacted] reported on [redacted] that [redacted] had received all of [redacted] morning medications on the morning of [redacted] [redacted] got up at approximately [redacted] was dressed and had [redacted] diaper changed. At that time, Ms. [redacted] reported that [redacted] behavior appeared to be typical and that there were no signs f any distress or change to [redacted] health. [redacted] was then placed in [redacted] chair with [redacted] back brace on. Mrs. [redacted] left the room to prepare breakfast and Mr. [redacted] remained in the room with [redacted] At approximately [redacted] Mr. [redacted] left the room to go eat breakfast. The door to [redacted] room was left open. At approximately [redacted] Mr. [redacted] [redacted] At that time she noticed a thin, brown liquid coming out of [redacted] nose and mouth. Ms. [redacted] also observed that [redacted] chest and neck were not moving. Ms. [redacted] immediately notified her husband to call 911. She then checked for a pulse. She then removed [redacted] clothing and brace and started CP. Ms. [redacted] reports that when she began CPR, [redacted] was warm and had normal coloring. After approximately 5 minutes, Ms. [redacted] reports that dark circles began to appear around [redacted] eyes. The liquid continued to run out of [redacted] mouth and nose. Ms. [redacted] noted that [redacted] chest was rising while given rescue breathing but that [redacted] did not regain a pulse. At approximately 4 - 6 minutes after the 911 call, paramedics arrived and took over CPR. They put a heart monitor on [redacted] and informed Ms. [redacted] that [redacted] had "flat lined". At that time, the paramedics put [redacted] on a stretcher and began to transport to [redacted] Hospital in [redacted] County. [redacted] arrived at the hospital at [redacted] Ms. [redacted] was transported by a police officer to the hospital. Doctors notified ms. [redacted] that they suspected [redacted] had aspirated liquid into [redacted] lungs. Upon reviewing x-rays, doctors confirmed that there was liquid in [redacted] lungs

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 1 Years 1 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 9 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: Child Protective Services

16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* Dr. [redacted]
    Dr.
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - Mentor Name:
   - # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: hOSPITAL
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

** Dr. [redacted] with [redacted] Hospital contacted the CC supervisor to inform of client's time of death.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client was diagnosed with asthma. Client was on Pulmicort .25mg/2ml via nebulizer.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was admitted to [redacted] Hospital on [redacted] due to breathing issues. Upon admission, client was unresponsive. Client had a brain scan, and results showed no brain activity. After more then 12 hours passed, a second brain scan was able to be completed and again showed no brain activity.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Upon receiving two brain scans showing no brain activity the hospital policy is to call time of death. Time of death was called at [redacted] due to two brain scans showing no brain activity. Dr. [redacted] also stated that they were looking to secure approval for organ donation. Dr. [redacted] also included in her report that [redacted] would remain on life support for organ preservation for future organ donations.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** CC Super	**Date** [redacted]
Signature of Manager/Director	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** State Dir.	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self ( ) State ( ) Parent(s) (x) Other: [redacted]
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 11 Years
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - (x) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 1 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - Mentor Name: [redacted]
   - # of Clients/Individuals Living in Home: 7
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

**Client stopped breathing. [redacted] was taken to ER with indications of suffocation.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
(x) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Down's Syndrome

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Getting ready for bed.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

ON [redacted] at [redacted] on –call therapist, [redacted] received a phone call from foster mother, [redacted]. [redacted] stated that client had stopped breathing and was taken to the [redacted] Hospital in [redacted]. Foster mother stated that on [redacted] at [redacted] another 16 year old foster child residing in the home discovered "Something wrong with [redacted]". Foster mother stated that [redacted] screamed and ran into [redacted] bedroom to awaken [redacted] from sleep. The foster mother stated that she found Client lying in [redacted] bed and observed that [redacted] was unconscious and was not breathing. The foster mother indicated that [redacted] brought client into the living room and began performing CPR and directed [redacted] to call 9-1-1. The foster mother did not have additional information at that time. On –call therapist directed foster mother to contact this therapist when she found out more information regarding Client's health status. Foster mother contacted on-call therapist again at [redacted] and stated that client was deceased. Foster mother indicated that the [redacted] Sheriff's Department Homicide Unit and Child Protective Services had been conducting an investigation since she last spoke with this therapist. Foster mother stated that [redacted] was taken to the [redacted] at approximately [redacted] for assessment/ observation. Foster mother did not have additional information at this time. On-call therapist directed the foster mother to complete the investigation and to contact this therapist with the police report numbers and names, identification badges and telephone numbers to Sheriff's Deputies involved after the investigation was completed. On –call therapist contacted Lead Clinical Therapist [redacted] immediately following this phone call to report the incident. On-call therapist received a phone call from Coordinator [redacted] at [redacted] regarding the incident. Coordinator was directed to contact the legal guardians of all the clients involved (see above). On-call therapist contacted the foster mother at [redacted] to follow up regarding the incident. The foster mother stated that on [redacted] at [redacted] foster child left [redacted] bedroom to use the bathroom and upon returning to [redacted] bedroom witnessed [redacted] another 11 year old foster child residing in the home holding a pillow over client's face. The foster mother stated that [redacted] grabbed the pillow from [redacted] and attempted to awaken client although [redacted] was unresponsive. The foster mother stated that Child Protective Investigator name unknown stated that [redacted] could remain in the foster home at this time. The foster mother reported that she was unable to obtain the police report number and names and phone numbers of the Sheriff's Deputies involved. Lead therapist contacted on-call therapist at [redacted] to report that she obtained additional information from the foster mother. Lead Therapist stated that client was observed to have bite/teeth marks on both cheeks and arms. Coordinator spoke with [redacted] on [redacted] at [redacted] in regards to the above incident. Ms. [redacted] provided additional information regarding the death of client. Ms. [redacted] stated that client had extensive trauma to the head and eye that indicated that extreme force was used.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** PC	**Date** [redacted]
Signature of Manager/Director	**Print Name**	**Title**	**Date**
Signature [redacted]	**Print Name**	**Title** State Compliance Manager	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]	2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: (x) Self ( ) State ( ) Parent(s) ( ) Other:	4. Log #: [redacted]
5. DOB: [redacted]	6. Age: 19 Years 7 M 7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child	9. Service Category: *(Check one)*
10. Date of Admission to MENTOR NETWORK: [redacted]	(x) Behavioral Health ( ) Acquired Brain Injury ( ) Juvenile Justice ( ) Elder Care ( ) Medically Complex ( ) Mental Illness ( ) MR/DD ( ) MR/MI ( ) MR/DD Offender ( ) Education ( ) Other:
11. Length of Current Placement/Services:	

SECTION B: PROGRAM INFORMATION

12. State: [redacted]	13. City:	14. If Acquisition/Partner, specify company name:
		15. Program Name: Children's Services [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**

( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]	18. First Reported to MENTOR NETWORK: [redacted] By: *(Name & Title)* [redacted]
19. Location of Incident: *(check one)* ( ) Mentor Home (x) Primary ( ) Respite **Mentor Name:** **# of Clients/Individuals Living in Home:** ( ) Client/Individual's Residence (group home, ICF, apt) ( ) Client/Individual's Biological Family/Guardian Home ( ) Day Program ( ) School ( ) Client/Individual's Place of Employment ( ) Vehicle ( ) Program Office ( ) Community ( ) Other:	20. Outcome of Incident: *(check all that apply)* [ ] Remain in Current Placement [ ] Placement Decision Pending [ ] Client/Individual Placed in Respite [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK) [ ] Discharged from MENTOR NETWORK [ ] Temporarily or Permanently Closed Mentor Home [ ] Emergency Psychiatric Evaluation (no hospitalization) [ ] Emergency Psychiatric Hospitalization [ ] Emergency Medical Hospitalization [ ] In-school suspension [ ] School Suspension/Expulsion [ ] Client/Individual Arrest/Detention [x] Death [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

**Client was in the bathtub. Foster parents daughter discovered [redacted] was blue. She called 911 and gave mouth-to-mouth resuscitation. Client was pronounced dead at the hospital.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[x] Mentor
[x] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[x] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client is MR, blind and disabled. [redacted] has been in the [redacted] Foster home for nearly three years. [redacted] made significant progress in this placement and was very connected to the foster family.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was in the bathtub and was left unattended for several minutes.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Mentor called case manager, [redacted] to report that foster parents bio daughter, [redacted] had discovered client was underwater in the tub and was "blue". Client started mouth to mouth and called 911. Paramedics transported client to [redacted] Hospital where [redacted] was pronounced dead. M.E. [redacted] was called.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Case Manager	**Date** [redacted]
Signature of Manager/Director	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 20 Years 2 M
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - (x) Other: MF
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 8 Years

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]
16. Service Setting/Model: **(check the ONE that most closely fits)**
    - ( ) ICF/MR (Intermediate Care Facility)
    - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
    - (x) Mentor Home/ Host Home
    - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
    - ( ) Home Health Agency Services
    - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
    - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
    - ( ) Day Program
    - ( ) Supported Employment/Vocational
    - ( ) School
    - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted]
19. Location of Incident: *(check one)*
    - ( ) Mentor Home ( ) Primary ( ) Respite
    - **Mentor Name:**
    - **# of Clients/Individuals Living in Home:**
    - ( ) Client/Individual's Residence (group home, ICF, apt)
    - ( ) Client/Individual's Biological Family/Guardian Home
    - ( ) Day Program
    - (x) School
    - ( ) Client/Individual's Place of Employment
    - ( ) Vehicle
    - ( ) Program Office
    - ( ) Community
    - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
    - [ ] Remain in Current Placement
    - [ ] Placement Decision Pending
    - [ ] Client/Individual Placed in Respite
    - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement **within** MENTOR NETWORK)
    - [ ] Discharged from MENTOR NETWORK
    - [ ] Temporarily or Permanently Closed Mentor Home
    - [ ] Emergency Psychiatric Evaluation (no hospitalization)
    - [ ] Emergency Psychiatric Hospitalization
    - [ ] Emergency Medical Hospitalization
    - [ ] In-school suspension
    - [ ] School Suspension/Expulsion
    - [ ] Client/Individual Arrest/Detention
    - [x] Death
    - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

*** Client was pronounced dead at [redacted] on [redacted] at [redacted] Hospital in [redacted] per [redacted] nursing supervisor. [redacted] had been brought to the hospital by paramedics from her school, [redacted] Education Center.

Client/Individual Name: [redacted] Log #: [redacted] Date of Incident: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Spastic quadriplegia; scoliosis; cerebral palsy; profound mental retardation; G-tube; history of seizure disorder; acute bronchiospasms Allergies: Latex Medication: None

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Per foster parent's initial report, staff was unable to awaken [redacted] from [redacted] nap. Per second report from foster parent from the hospital, [redacted] had awakened from a nap at school, and staff was transferring [redacted] to Hoyer lift when [redacted] became unresponsive.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

The initial contact regarding this incident was from [redacted], foster parent, to [redacted], program manager, at [redacted] Per [redacted] had stated that she received a call at home from [redacted] school stating that they were doing CPR on [redacted] because they could not wake [redacted] up after [redacted] nap, and the paramedics were present at the school. [redacted] was heading to the school. [redacted], licensing worker, called [redacted] Education Center, and staff at the school reported that [redacted] was being taken to [redacted] Hospital in [redacted]. At [redacted], program supervisor, called [redacted] Hospital and spoke to the nursing supervisor. The nursing supervisor informed this worker that [redacted] had been pronounced dead at [redacted] and they would be doing an autopsy. Also, they were waiting for the foster parent to arrive. [redacted] contacted [redacted] at [redacted] and stated that she was at the hospital but would be going home. She also stated that school staff reported that, after awaking from [redacted] nap, [redacted] became unresponsive while being moved in [redacted] Hoyer lift. CPR was started, and paramedics were called. This worker, [redacted], attempted to contact the school to obtain information regarding the incident, but the school closed at [redacted] This worker spoke with the administration staff, and they stated to email the [illegible] follow up with the school in the morning. As more information regarding the incident becomes available, this worker will ensure that the client file is properly updated.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Super.	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** Prog. Mgr.	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** State Dir.	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self ( ) State ( ) Parent(s) (x) Other: Foster parent
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 17 Years 3 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK:
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: Children's Program

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: [redacted]
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

** Client died on [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Medical history: Seizure disorder; quadriplegic; blind

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] was sleeping. [redacted] was at [redacted] for weekend respite.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

This worker received a phone call from [redacted] at [redacted] on [redacted] informed this worker that [redacted], a former DCFS ward whom she had taken subsidized guardianship, died on [redacted] morning. [redacted] was at [redacted] respite for the weekend. [redacted] reported that she received a phone call from [redacted] staff. The staff went into [redacted] room at [redacted] and [redacted] was not breathing. [redacted] was taken to [redacted] Hospital, where [redacted] was pronounced dead. [redacted] informed this worker that there would be an autopsy. Visitation will be held in [redacted] on [redacted] from [redacted] informed this worker that [redacted] would be cremated. Time of death, [redacted] case was closed with [redacted] Mentor in [redacted] However, DCFS protocol required that [redacted] be generated.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Licensing Rep.	**Date** [redacted]
Signature of Manager/Director	**Print Name**	**Title**	**Date**
Signature [redacted]	**Print Name**	**Title** Nurse	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** Super.	**Date** [redacted]
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** State Dir.	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 11 Months
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 6 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - Mentor Name:
   - # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: [redacted] Hospital
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

** Client's O2 saturation was low (80), and [redacted] heart rate was high, 200, at about [redacted] The mentor spoke with a doctor, who offered a medication they would only be able to administer at the hospital. The mentor was on the way to the ER with client, and [redacted] heart rate was high and O2 was very low. She and the nurse administered CPR until EMs arrived and continued CPR to the hospital. Client died.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] suffered from cirrhosis of the liver; blindness; deafness in one ear; and severe fetal alcohol syndrome. [redacted] has been taking the following medications: Latanoprost Eye Drops; Brinzolamide (Azopt) Eye Drops; Petrolatum Eye Ointment; Artificial Tear Drops. [redacted] is on oxygen and requires suctioning thorughout the day.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/individual's condition and activities prior and leading up to this incident.

[redacted] O2 saturation was low [redacted]. The mentor and the nurse spoke with the doctor, who stated to increase the Albuterol treatments, which should help with [redacted] breathing.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

[redacted], [redacted] O2 saturation was low. The mentor called the doctor on-call, who indicated she should increase [redacted] amount of Albuterol. Nonetheless, [redacted] O2 saturation was low (80), and [redacted] heart rate was high (200), at about [redacted] on [redacted]. The mentor spoke with the doctor on-call, who indicated [redacted] may need another medication instead of the increased Albuterol [redacted] was currently receiving. The medication, Zopanex, would need approval by Medicaid, which is unavailable on the weekend. The mentor asked if she could receive it at the ER. Thus, the mentor, [redacted], decided to go to the ER. She informed the Regional Director, [redacted], she and the nurse were going to the ER with [redacted]. On the way to the ER, [redacted] O2 saturation dropped to 50 and continued to drop. She called 911 and pulled off the expressway at [redacted]. In the interim, she and the nurse ([redacted]) began to administer CPR until EMs arrived. They took [redacted] to the [redacted] of [redacted] located on [redacted] and [redacted]. She called the Program Manager, [redacted], at [redacted] indicating [redacted] had died.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Prog. Mgr.	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** Prog. Mgr.	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** Clinical Coord.	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type In Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 2 Months
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 1 Months 3 Days

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)*
   - ( ) Mentor Home (x) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

**Client was a medically fragile baby under hospice care. On [redacted] Mentor on-call received a call from Mentor saying that client's health was rapidly declining. The same day at approximately [redacted] CC received a call from mentor stating that client had died.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client was born 6 weeks premature and tested positive for cocaine. [redacted] birth mother reportedly received no pre-natal care. Client was diagnosed with moderately severe hydrocephalus and a CT scan also revealed markedly delayed maturation of the white matter in client's brain. [redacted] suffered from apnea episodes while in [redacted] hospital and was placed on oxygen 24/7. Client was also diagnosed with reflux and received medication for it. Client received Zantac for [redacted] reflux and also received Karo syrup to help with constipation.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client had been responding well in the Mentor home. [redacted] had been gaining weight and responding to the Mentor. During the evening of [redacted] Mentor [redacted] noticed that client was acting differently. [redacted] had been crying and [redacted] was limp and [redacted] body was cool to the touch. At [redacted] on [redacted] called the on call CC and Hospice to tell them about client. Due to client's DNR (Do Not Resuscitate) order, 911 was not called.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager).

At [redacted] Ms. [redacted] called CC [redacted] and reported that client was not doing well. She stated at approximately [redacted] seemed to have taken a turn for the worse and has been going downhill since. Mrs. [redacted] stated [redacted] just cried and [redacted] body was cool to the touch and limp. She stated she already called hospice to let them know. Hospice asked if she need them to come to her home although there was nothing they could do but support her in making [redacted] comfortable. She told them she would be fine. She also told CC [redacted] that she did not need him to come out to the home because she had experience with children who were actively dying and she would be okay. She also stated that her husband was with her. At [redacted] CC reported the incident to program manager [redacted]. At [redacted] Mrs. [redacted] called CC and reported that client had not passes away yet but [redacted] body was cold and clammy and [redacted] heartbeat had slowed down. She stated she sat up with [redacted] and just held [redacted] all night so [redacted] didn't pass alone. Mrs. [redacted] reported that she had already called the hospital nurse and the nurse was on the way because client probably wouldn't live much longer. CC asked if there was anything [redacted] Mentor could do for her and she stated no there was really nothing that could be done except to wait and be with [redacted] when [redacted] died. At [redacted] CC reported the incident to Program Manager [redacted] CONTINUED ON NEXT PAGE Mentor when she arrived at the office and stated client had been sleeping more yesterday [redacted] She call hospice and nurse [redacted] came to the home and said client's pupils were fixed and [redacted] was refusing to eat since midnight. [redacted] stated client had most likely suffered a massive stroke on [redacted], which is why [redacted] health declined rapidly. At the time of CC's phone conversation with mentor, client's heart rate had slowed down and [redacted] body temperature had dropped (cold to the touch). CC then attempted to reach DFCS worker [redacted] and DFCS supervisor [redacted] by phone. CC left voicemails then called DFCS [redacted] Country Director and informed her of the situation. She agreed to contact the family. CC also called [redacted], guardian ad litem and updated him regarding [redacted] decline in health. CC [redacted] agreed to keep Mr. [redacted] informed of any change. Approximately [redacted] CC received call from Mentor informing that client had died. Hospice was at the home and pronounced [redacted] dead. After talking with Mentor, CC called DFCS worker [redacted] and told her that client had passed. She agreed to talk to her supervisor and let staff know about transportation of the body and funeral arrangements. Ms. [redacted] agreed to call Hospice and then call CC [redacted] to let CC know of the arrangements. At [redacted] CC called mentor home and spoke with Hospice Nurse. She stated she spoke with Ms. [redacted] from DFCS and they were trying to arrange transportation for client's body. At [redacted] called CC back to let her know the funeral home would be at the mentor's home at [redacted] to pick up client's body. CC talked to Mrs. [redacted] and informed her that CC would be at the home when the funeral home arrives. Mrs. [redacted] declined CC's offer to come to the home before [redacted] At approximately [redacted] CC arrived at the mentor's home and Mrs. [redacted] informed staff that the funeral home was on its way to pick client's body up. Mr. [redacted] from [redacted] funeral home arrived at [redacted] to pick up client's body. CC stated she stayed at the home until [redacted] and she agreed to call Mrs. [redacted] as soon as DFCS informed her of the funeral arrangements. CC also agreed to inform hospice of funeral arrangements.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** CC	**Date** [redacted]
Signature of Manager/Director	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 16 Years 1 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **7 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - **Mentor Name:** [redacted]
   - **# of Clients/individuals Living in Home:** 1
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individuel's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

**Mentor [redacted] called Clinical Supervisor [redacted] to report that client had passed away.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Dysthymic DO, Chronic Moderate Major Depressive DO, Single episode, ODD, Borderline intellectual functioning, low thyroid, recent removal from foster home. historically client can be threatening and aggressive. [redacted] affect is typically flat. Medications: Clonopin, Clonazepam, Cortef, Zoloft, and Levothyroxin

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

On [redacted] Client was admitted to [redacted] health care of [redacted] at [redacted] due to reported difficulty breathing and low heart rate. [redacted] remained in the hospital until [redacted] On [redacted] was taken to [redacted] Hospital by ambulance due to reported difficulty breathing. [redacted] was released the same evening and was taken to [redacted] Hospital by Mentor [redacted] for a psychiatric assessment. the children's psychiatrist at [redacted] Reportedly declined to admit client and [redacted] returned to Mr. [redacted] home.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] at [redacted] Mentor called Clinical supervisor [redacted] to report that client had passed away. Mr. [redacted] stated that [redacted] had gone into client's room to check on [redacted] and discovered [redacted] was not breathing. Mr. [redacted] stated he called 911 and attempted CPR but client was already deceased. Mr. [redacted] stated the police were at his house. He also stated that client had been to see [redacted] psychiatrist Dr [redacted] on [redacted] and client's medication had been changed. Mrs. [redacted] then contacted program Manager [redacted] to report the incident. At [redacted] CC [redacted] called Mr. [redacted] to obtain additional information. Mr. [redacted] stated that client was in bed sleeping and he had last checked on [redacted] at [redacted] that morning. Mr. [redacted] said it is normal for client to sleep a lot so he was not concerned that [redacted] was still in bed. Mr. [redacted] checked on him again at [redacted] and said [redacted] body appeared different - [redacted] looked too stiff. Mr. [redacted] went to wake client but [redacted] body was stiff and cold. [redacted] called 911 immediately and attempted to perform CPR but client did not respond. The paramedics arrived and attempted to revive client as well. They were unsuccessful and the medical examiner pronounced [redacted] dead while at the home.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** CS	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: (x) Self ( ) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 18 Years 9 M
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - (x) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **3 Years 4 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speach)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted]

19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: [redacted] **Hospital**

20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**Client has been in the hospital due to vital pneumonia for 10 days. [redacted] was referred to hospital, but died prior to those arrangements. Cause of death listed as vital pneumonia and bacterial sepsis.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client had been in our care over three years. [redacted] is non-ambulatory and nonverbal Client is diagnosed with: Profound Mental Retardation, Cerebral Palsy, Spastic Quadriplegia, and Chronic Lung Disorder. Medications prior to hospitalization were for seizures and anxiety.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client had been hospitalized on [redacted] for dehydration was diagnosed with vital pneumonia. The family requested no treatment. Only comfort and care issued a do not resuscitate order. Client was referred to hospice.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

The Mentor, [redacted], was sitting with the client at the hospital on [redacted] This fever had rise to 104° that morning and client did not appear to be functioning well. Ms. [redacted] observed labored breathing and then saw the client stop breathing. Ms. [redacted] called for the nurse, who stated client was deceased. Mentor staffs are providing support and assistance to the family regarding funeral arrangements.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Program Manager	**Date** [redacted]
Signature of Manager/Director	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]	2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:	4. Log #: [redacted]
5. DOB: [redacted]	6. Age: 5 Months / 7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child	9. Service Category: *(Check one)*
10. Date of Admission to MENTOR NETWORK: [redacted]	( ) Behavioral Health ( ) Acquired Brain Injury ( ) Juvenile Justice ( ) Elder Care (x) Medically Complex ( ) Mental Illness ( ) MR/DD ( ) MR/MI ( ) MR/DD Offender ( ) Education ( ) Other:
11. Length of Current Placement/Services: 3 Months	

SECTION B: PROGRAM INFORMATION

12. State: [redacted] / 13. City:	14. If Acquisition/Partner, specify company name:
	15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**

( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]	18. First Reported to MENTOR NETWORK: [redacted] By: *(Name & Title)* [redacted] mentor
19. Location of Incident: *(check one)* ( ) Mentor Home ( ) Primary ( ) Respite **Mentor Name:** **# of Clients/Individuals Living in Home:** ( ) Client/Individual's Residence (group home, ICF, apt) ( ) Client/Individual's Biological Family/Guardian Home ( ) Day Program ( ) School ( ) Client/Individual's Place of Employment ( ) Vehicle ( ) Program Office ( ) Community (x) Other: **hospital**	20. Outcome of Incident: *(check all that apply)* [ ] Remain in Current Placement [ ] Placement Decision Pending [ ] Client/Individual Placed in Respite [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK) [ ] Discharged from MENTOR NETWORK [ ] Temporarily or Permanently Closed Mentor Home [ ] Emergency Psychiatric Evaluation (no hospitalization) [ ] Emergency Psychiatric Hospitalization [ ] Emergency Medical Hospitalization [ ] In-school suspension [ ] School Suspension/Expulsion [ ] Client/Individual Arrest/Detention [x] Death [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** [redacted] passed away on [redacted] at [redacted] Hospital in [redacted] due to complications from a high fever [redacted] had multiple medical problems from birth and [redacted] legal guardian had signed a DNR order prior to [redacted] placement with MENTOR.

Client/Individual Name: [redacted] Log #: [redacted] Date of Incident: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[x] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] was born with birth Asphyxia. [redacted] prognosis at birth was poor. [redacted] has severe brain damage with no purposeful movements or gestures. A G-tube was inserted befre discharge from the hospital. A DNR was initiated prior to discharing [redacted] to DSS custody.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mrs. [redacted] reports that client began running a fever on [redacted] and was taken to [redacted] pediatrician. Tests showed that [redacted] white blood count was elevated. [redacted] was given a shot of Rocefin and scheduled to be re-checked n [redacted] As stated above, prior to the appointment on [redacted] client's G-tube became dislodged and mentor was instructed to take client to [redacted] ER. According to Mrs. [redacted] while at [redacted], she expressed concern about transporting client to [redacted] due to client's fever and distressed breathing. Per Mrs. [redacted], ER staff responded that there was nothing more they could do.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Per mentor, [redacted], client's G-tube dislodged and she was instructed by client's pediatrician to take client to the emergency room - [redacted] Center - for replacement of G-tube. Upon arrival at the ER, mentor reports that she was informed that client's G-tube had to be replaced by the physician who originally inserted it. According to Mrs. [redacted], client's vital signs were taken and [redacted] had a fever of 103 and [redacted] oxygen saturation was 86. ER staff gave client a suppository for the fever. Mentor reports that she was instructed by hospital staff to transport client to [redacted] Hospital. In transit, Mrs. [redacted] reported that client was having difficulty breathing and she had to stop the vehicle several times to suction client. Upon arrival at [redacted], client was reported to be having convulsions. Client's temperature had risen to 107.8. According to Mrs. [redacted], ER staff provided care throughout the day to lower client's fever and assist with breathing. Due to the DNR Order, hospital staff could not respond when client's heart stopped beating. Mentor, [redacted] contacted the MENTOR office at [redacted] to report that she was taking client to the ER to have [redacted] G-tube re-inserted after it became dislodged during feeding. [redacted], client's coordinator, spoke with [redacted] staff at approximately [redacted] Spoke to [redacted] DSS and confirmed that client's DNR order was in place. ER staff also reported that client was doing poorly at this time. Mrs. [redacted] was contacted by Mrs. [redacted] at [redacted] and learned that client had just died. Mrs. [redacted] spoke to the on-call worker at [redacted] DSS at [redacted] and reported the death. [redacted], DSS supervisor, contacted Mrs. [redacted] at [redacted] to inform her that DSS and the birth parents would be handling the arrangement for client's funeral.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Program Supervisor	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** Program Manager	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]	2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:	4. Log #: [redacted]
5. DOB: [redacted]	6. Age: 15 Years 1 / 7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child	9. Service Category: *(Check one)*
10. Date of Admission to MENTOR NETWORK: [redacted]	(x) Behavioral Health ( ) Juvenile Justice ( ) Medically Complex ( ) MR/DD ( ) MR/DD Offender ( ) Acquired Brain Injury ( ) Elder Care ( ) Mental Illness ( ) MR/MI ( ) Education ( ) Other:
11. Length of Current Placement/Services: 21 Days	

SECTION B: PROGRAM INFORMATION

12. State: [redacted] / 13. City:	14. If Acquisition/Partner, specify company name:
	15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**

( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]	18. First Reported to MENTOR NETWORK: [redacted] By: *(Name & Title)* [redacted] CC
19. Location of Incident: *(check one)* (x) Mentor Home (x) Primary ( ) Respite Mentor Name: [redacted] # of Clients/Individuals Living in Home: 1 ( ) Client/Individual's Residence (group home, ICF, apt) ( ) Client/Individual's Biological Family/Guardian Home ( ) Day Program ( ) School ( ) Client/Individual's Place of Employment ( ) Vehicle ( ) Program Office ( ) Community ( ) Other:	20. Outcome of Incident: *(check all that apply)* [ ] Remain in Current Placement [ ] Placement Decision Pending [ ] Client/Individual Placed in Respite [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK) [ ] Discharged from MENTOR NETWORK [ ] Temporarily or Permanently Closed Mentor Home [ ] Emergency Psychiatric Evaluation (no hospitalization) [ ] Emergency Psychiatric Hospitalization [ ] Emergency Medical Hospitalization [ ] In-school suspension [ ] School Suspension/Expulsion [ ] Client/Individual Arrest/Detention [x] Death [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** On [redacted] between the hours of [redacted] expired.

Client/Individual Name: [redacted] Log #[redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] has several diagnoses: I: Pervasive Development Delay, NOS, due to general medical condition (Cerebral Palsy); II: Cognitive Disorder NOS, Provisional, due to eneral medical condition (Cerebral Palsy); III: Cerebral Palsy, Seizure Disorder, Asthma; IV: Neglect, multiple foster home placements, severe mental, physical, and behavioral issues. V: Current GAF-15 and while hospitalized [redacted] had a tracheotomy inserted due to [redacted] having a seizure and then h aving multiple respiratory problems following the seizure.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] reports that [redacted] appeared to be tired after their long day at the doctor's office. [redacted] was put to bed at [redacted] on [redacted] without incident. FP states she checked on [redacted] around [redacted] and [redacted] was doing okay.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] between the hours of [redacted] expired. Between the hours of [redacted] found [redacted] on the floor not breathing; [redacted] trach was also out. The foster parents administered CPR until the police/ambulance arrived. At that time, the paramedics attempted to revive [redacted] unfortunately, [redacted] did not respond. Thereafter, [redacted] was taken to the hospital ([redacted] Hospital) where [redacted] was pronounced dead. This supervisor contacted [redacted] CPS on-call hotline [redacted] at [redacted] and notified [redacted] of the above incident. At [redacted] Admin. [redacted] was contacted. He th4n forwarded me the assigned [redacted] Sup and Admin cell numbers. Around [redacted] this supervisor left messages on SSCM [redacted], Supervisor [redacted] and Administrator [redacted] cell phone. [redacted] returned my call at [redacted] at that time, I informed him of the above incident. [redacted] assured me that he would notify the biological family.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Clinical Supervisor	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** Program Manager	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** Clinical Director	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 1 Years 4 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 8 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - Mentor Name:
   - # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: [redacted] Medical C
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

"[redacted] passed away on [redacted] at [redacted] death was due to complications from [redacted] various medical conditions, mainly [redacted] failing liver and bowels. [redacted] had been in [redacted] at [redacted] since [redacted] awaiting a liver and bowel transplant when [redacted] condition worsened.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[x] Illness Requiring Medical Treatment
[x] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted]

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client was born at 32 gestation, developed Necrotizing Enterocolitis, an infection causing the destruction of the bowel, had maternal HIV infection, anemina, cholestatic jaundice, ostoepenis, and had intrauterine cocaine exposure. Client had been admitted to the hospital on six different occasions since placement. DX: Medically Complex-ICD, Extreme Prematurity, Short Bowel Syndrome. MEDS: TPN (Total Paren Nutrition) via central line continuously 24 hours/day, Actigall and Zantac.

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] was in the hospital until [redacted] was eight months old. [redacted] has short bowel syndrome, has 24-hour tube feedings and has liver damage. [redacted] has been hospitalized since [redacted] and was flown to [redacted] for treatment and possible transplant of liver and bowels. Since [redacted] arrived in [redacted] has had various complications to [redacted] conditions and had several secondary infections. Per Mentor, [redacted] condition worsened before [redacted] could receive a transplant.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

[redacted] passed away on [redacted] at [redacted] death was due to complications from [redacted] various medical conditions, mainly [redacted] failing liver and bowels. [redacted] had been in [redacted] at [redacted] since [redacted] awaiting a liver and bowel transplant when [redacted] condition worsened.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Clinical Coordinator	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** Program Manager	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Data**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 10 Months
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 6 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: Medically Complex

16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - Mentor Name: [redacted]
   - # of Clients/Individuals Living in Home: 2
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

+[redacted] I called 911 & administered CPR after checking on client in bed and determining client was unresponsive. Client arrived at [redacted] Hospital by ambulance with mentor [redacted]. Client examined at Hospital ER and determined to be dead on arrival after failed attempts to resuscitate.

Client/Individual Name: [redacted] Log #: [redacted]M

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 Incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[x] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[x] Other: **DOA at Hospital**

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Ex- 25 week premature infant, intra-uterine drug exposure, GERD, Bronchopulmonary dysplasia, Retinopathy of Prematurity, Anemia of prematurity, developmental delay/HX Respiratory distress syndrome requiring ventilation and oxygen, feeding intolerance requiring parenteral nutrition with central line, chronic lung disease, apnea, heart murmur, porencephaly, Grade 4 intraventricular hemorrhage, suspected Sepsis. Current Medications: Polyvisol with Iron, Zantac, Reglan, Amoxicillin.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

One week prior to incident Child had a 106 degree fever. Mentor took child to [redacted] ER on [redacted] where mentor reported [redacted] was examined and sent home with prescription for amoxicillin. Following ER visit, client was examined by pediatrician, Dr. [redacted] at [redacted] Medical Center. Client was continuing with amoxicillin at time of incident.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] mentor, [redacted], contacted this coordinator at [redacted] and sated she is at [redacted] Hospital with client. She explained that approximately one hour earlier her husband, Mr. [redacted] checked on client, who was in bed, and determined client was not breathing. Mr. [redacted] then called 911 and gave CPR. Once the ambulance arrived, Mr. [redacted] urged Mrs. [redacted] to come home immediately. Mrs. [redacted] arrived home and accompanied client to ER. After Mr. [redacted] made arrangements for care of the other children in the home, [redacted] arrived at the ER at approximately [redacted] At that time, this writer contacted Mrs. [redacted], who stated "they are continuing to work on [redacted] (client)." At [redacted] writer reported current situation to [redacted], Emergency On-Call worker at [redacted] City DSS. At [redacted] writer called [redacted] Hospital ER to request information on client's status. The responding nurse stated she could not give writer information and transferred call to Dr. [redacted], who stated client was determined to be Dead on Arrival when ambulance brought [redacted] to ER after full efforts were made to resuscitate client. Writer notified [redacted] at [redacted] City DSS of client's death. After notifying [redacted], Program Manager of Medically Complex Program, of client's death at [redacted] writer proceeded to [redacted] [illegible] DO NOT WRITE ON BACK OF PAGE [illegible] of client's death. When writer arrived at the hospital at [redacted] Mr. & Mrs. [redacted] indicated they had been interviewed by [redacted] County Police. After the [redacted] received permission to view client, writer accompanied them into the room where client lay. Mrs. [redacted] was very distressed at the viewing and was comforted by her husband. Police request the [redacted] talk to the Medical Examiner before leaving the hospital. The Medical Examiner arrived at approximately [redacted] The homicide detective assured the [redacted] they were not suspect and advised them the police were required to go to the [redacted] home to view client's home environment and also take items, such as bedding etc. The [redacted] were cooperative with law enforcement and hospital personnel. Throughout the time at the hospital, writer talked with the [redacted] about the situation, what they might expect, and offered support and counseling services. Writer remained with the [redacted] until [redacted] or [redacted].

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Clinical Coordinator	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** Program Manager	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** State Director	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]	2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:	4. Log #: [redacted]
5. DOB: [redacted]	6. Age: 3 Years 9 M / 7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child	9. Service Category: *(Check one)*
10. Date of Admission to MENTOR NETWORK: [redacted]	(x) Behavioral Health ( ) Acquired Brain Injury ( ) Juvenile Justice ( ) Elder Care ( ) Medically Complex ( ) Mental Illness ( ) MR/DD ( ) MR/MI ( ) MR/DD Offender ( ) Education ( ) Other:
11. Length of Current Placement/Services: **1 Years**	

SECTION B: PROGRAM INFORMATION

12. State: [redacted] / 13. City:	14. If Acquisition/Partner, specify company name:
	15. Program Name: **Children's Services**

16. Service Setting/Model: **(check the ONE that most closely fits)**

( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]	18. First Reported to MENTOR NETWORK: [redacted] By: *(Name & Title)* [redacted] **Primary Mentor**
19. Location of Incident: *(check one)* ( ) Mentor Home ( ) Primary ( ) Respite **Mentor Name:** **# of Clients/Individuals Living in Home:** ( ) Client/Individual's Residence (group home, ICF, apt) ( ) Client/Individual's Biological Family/Guardian Home ( ) Day Program ( ) School ( ) Client/Individual's Place of Employment (x) Vehicle ( ) Program Office ( ) Community ( ) Other:	20. Outcome of Incident: *(check all that apply)* [ ] Remain in Current Placement [ ] Placement Decision Pending [ ] Client/Individual Placed in Respite [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK) [ ] Discharged from MENTOR NETWORK [ ] Temporarily or Permanently Closed Mentor Home [ ] Emergency Psychiatric Evaluation (no hospitalization) [ ] Emergency Psychiatric Hospitalization [ ] Emergency Medical Hospitalization [ ] In-school suspension [ ] School Suspension/Expulsion [ ] Client/Individual Arrest/Detention [x] Death [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

*[redacted] was in respite with [redacted]; they were traveling in a vehicle on the way to the store and noticed that [redacted] was having difficulty breathing. At approximately [redacted] they pulled over and called 911, who responded and transported [redacted] to [redacted] [redacted] Hospital. [redacted] was pronounced dead at [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 Incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstentiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client is diagnosed with speech and language delay, as well as asthma, which is much improved. [redacted] has been followed for low weight; however, since [redacted] this diagnosis has been resolved. [redacted] is prescribed Albuterol PRN, which was last used once in [redacted].

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

The client was behaving and eating normally throughout the day on [redacted].

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

[redacted] (Respite Mentors) were providing respite care to [redacted] (client) since [redacted]. They reported [redacted] to be behaving normally throughout the night on [redacted] and the day on [redacted] Mr. and Mrs. [redacted] reported to be riding in a vehicle with Mrs. [redacted] mother. Mr. [redacted] was reportedly sitting in the back next to [redacted] and was talking with [redacted]. Mr. [redacted] reported to notice [redacted] was having trouble breathing so they pulled over and called 911. The medics arrived and reportedly provided medical care at roadside, then transported [redacted] to [redacted] Hospital. Once they arrived at [redacted] Hospital, efforts were made to revive [redacted]; however, at [redacted] was pronounced dead. [redacted] (Program Manager) and [redacted] (Clinical Supervisor) responded to the hospital. The hospital doctor reported that he believed [redacted] had had a heart attack. Detective [redacted] of the [redacted] City Police Homicide Unit questioned the [redacted] and [redacted] (primary Mentor) about [redacted] history and the circumstances of the day. [redacted], [redacted] City Child Protective Services, spoke with [redacted], Mrs. [redacted] and Ms. [redacted] regarding the incident and the investigation into the cause of death. [redacted] was turned over to the medical examiner for an autopsy.
Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Program Manager	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** Program Director	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** Clinical Supervisor	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** State QA Manager	**Date** [redacted]
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** State Director	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #:
5. DOB: [redacted]
6. Age: 15 Years 1
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 4 Years

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: Children's Program
16. Service Setting/Model: **(check the ONE that most closely fits)**
    - ( ) ICF/MR (Intermediate Care Facility)
    - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
    - (x) Mentor Home/ Host Home
    - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
    - ( ) Home Health Agency Services
    - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
    - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
    - ( ) Day Program
    - ( ) Supported Employment/Vocational
    - ( ) School
    - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Caseworker
19. Location of Incident: *(check one)*
    - ( ) Mentor Home ( ) Primary ( ) Respite
    - **Mentor Name:**
    - **# of Clients/Individuals Living in Home:**
    - ( ) Client/Individual's Residence (group home, ICF, apt)
    - ( ) Client/Individual's Biological Family/Guardian Home
    - ( ) Day Program
    - ( ) School
    - ( ) Client/Individual's Place of Employment
    - ( ) Vehicle
    - ( ) Program Office
    - ( ) Community
    - (x) Other: [redacted]
20. Outcome of Incident: *(check all that apply)*
    - [ ] Remain in Current Placement
    - [ ] Placement Decision Pending
    - [ ] Client/Individual Placed in Respite
    - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
    - [ ] Discharged from MENTOR NETWORK
    - [ ] Temporarily or Permanently Closed Mentor Home
    - [ ] Emergency Psychiatric Evaluation (no hospitalization)
    - [ ] Emergency Psychiatric Hospitalization
    - [ ] Emergency Medical Hospitalization
    - [ ] In-school suspension
    - [ ] School Suspension/Expulsion
    - [ ] Client/Individual Arrest/Detention
    - [x] Death
    - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** Client died from multiple organ failure.

Client/Individual Name: [redacted] Log #: Date of Incident: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[x] Family Notified
Date: [redacted]
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Diagnosis: Chronic lung disease; scoliosis; seizure disorder; cerebral palsy; severe mental retardation. Medications: Keppra; Topomax.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] was hospitalized on [redacted] evening[redacted]

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

[redacted] was taken to the Emergency Room on [redacted], [redacted] due to trouble breathing. While in the Emergency Room, [redacted] temperature spiked to 108 degrees. [redacted] was stabilized as best as possible and admitted to the Pediatric Intensive Care Unit. [redacted] health began to decompensate over night and [redacted] was in multiple organ failure by the following morning. The treating physician stated that he felt [redacted] had some kind of underlying infection causing the multiple organ failure; however, he could not verify this. He stated that the blood cultures were negative, and [redacted] was too sick to do a spinal tap. [redacted] kidneys had shut down, and he was not outputting any urine. Therefore, a urinalysis could not be done. [redacted] health continued to decline, until the doctor felt there was no chance of recovery. Consent was obtained by the guardian of DCFS for a Do Not Resuscitate order, as well as consent for no escalation of treatment and withdrawal of treatment. On [redacted], [redacted] the treating physician spoke to both the birth family and the foster family regarding all of the options, including continuing treatment and continuing to provide all treatment available; continuing to provide the treatment that [redacted] is receiving at this time, but not escalating that treatment; or withdrawing all treatment. All birth family and foster family members felt that it was in [redacted]'s best [illegible] as there was no chance of recovery. All treatment was withdrawn at [redacted] was pronounced dead at [redacted] by the treating physician, Dr. [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Trainer	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** Nurse	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]	2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:	4. Log #: [redacted]
5. DOB: [redacted]	6. Age: 3 Years 5 M / 7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child	9. Service Category: *(Check one)*
10. Date of Admission to MENTOR NETWORK: [redacted]	( ) Behavioral Health ( ) Acquired Brain Injury ( ) Juvenile Justice ( ) Elder Care (x) Medically Complex ( ) Mental Illness ( ) MR/DD ( ) MR/MI ( ) MR/DD Offender ( ) Education ( ) Other:
11. Length of Current Placement/Services: 3 Years 1 Months	

SECTION B: PROGRAM INFORMATION

12. State: [redacted] / 13. City:	14. If Acquisition/Partner, specify company name:
	15. Program Name: Medically Complex

16. Service Setting/Model: **(check the ONE that most closely fits)**

( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]	18. First Reported to MENTOR NETWORK: [redacted] By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)* (x) Mentor Home (x) Primary ( ) Respite **Mentor Name:** [redacted] **# of Clients/Individuals Living in Home:** 2 ( ) Client/Individual's Residence (group home, ICF, apt) ( ) Client/Individual's Biological Family/Guardian Home ( ) Day Program ( ) School ( ) Client/Individual's Place of Employment ( ) Vehicle ( ) Program Office ( ) Community ( ) Other:	20. Outcome of Incident: *(check all that apply)* [ ] Remain in Current Placement [ ] Placement Decision Pending [ ] Client/Individual Placed in Respite [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK) [x] Discharged from MENTOR NETWORK [ ] Temporarily or Permanently Closed Mentor Home [ ] Emergency Psychiatric Evaluation (no hospitalization) [ ] Emergency Psychiatric Hospitalization [ ] Emergency Medical Hospitalization [ ] In-school suspension [ ] School Suspension/Expulsion [ ] Client/Individual Arrest/Detention [x] Death [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

**Mentor contacted on call coordinator by phone at [redacted] stating that Mentor found [redacted] dead in [redacted] bed between [redacted] Mentor contacted 911 and the police and paramedics were dispatched to the Mentor's home.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Data:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Semilobar Holoprosencephaly, Centeral diabetes Insipidus, Temperature dysregualtion, Cerebral palsy, Repaired cleft lip and cleft palate, Right retinal and iris colomba, Microcephaly, Ventricular septal defect, VRE, Chordee, Patent Ductus Arteriosis, Non verbal, Wheelchair dependent, Global developmental delays. DDAVP, Poly-vi-Sol, Pulmicort and Oxycodine.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mentor [redacted] reported that [redacted] was alive in [redacted] bed at [redacted] on [redacted] when he checked on [redacted] had returned home from a 2.5-month hospital stay on [redacted] Prior to that [redacted] had been hospitalized in [redacted] and [redacted] Both hospitalizations resulted in surgeries. Although [redacted] health status remained a concern his affect once [redacted] returned home included smiling and laughing.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Mentor [redacted] called the on call CC at [redacted] to say [redacted] passed away during the night. Mentor [redacted] explained that he called 911 between [redacted] when Mentor [redacted] found [redacted] dead in [redacted] bed. Mentor [redacted] states that [redacted] was alive at [redacted] when [redacted] last checked on [redacted] The emergency operator asked that Mentor give CPR. According to Mentor paramedics arrived first and were followed by the police. According to [redacted] a medical examiner pronounced [redacted] dead in the home and Detective [redacted] contacted [redacted] city DSS on call. DSS on call worker Ms [redacted] instructed [redacted] to call a funeral home to remove [redacted] body since according to [redacted] the medial examiner did not see a reason to take [redacted] in for an autopsy due to [redacted] extensive medical history and that it appeared [redacted] had died of natural cases. When Mentor [redacted] spoke to [redacted] at DSS she suggested that he call a funeral home that has worked with DSS to make funeral arrangements. At [redacted] of DSS was able to provide Mentor with a list of funeral homes he could call after he spoke to DSS supervisor [redacted]. At [redacted] Mentors [redacted] contacted this worker to state that [redacted] body was removed from their home by [illegible] (DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** CC	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** SD	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 15 Years 2 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 4 Years

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] foster parent
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - Mentor Name: [redacted]
   - # of Clients/Individuals Living in Home: 2
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [x] Other: ER Visit
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

** On [redacted] at [redacted] the assigned worker [redacted] received a call from foster parent [redacted]. Worker was informed that the minor was transported to [redacted] Hospital in [redacted] via ambulance. Worker was informed that the minor had labored breathing, seemed limp and there was vomit on the bed. Worker contacted nurse clinician [redacted], on-call supervisor, [redacted] and paged the program manager, [redacted]. Worker and nurse clinician arrived at [redacted] Hospital and were informed the minor passed at [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[x] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

The minor is diagnosed with Spastic Quadraplegic, Cerebral Palsy, Seizure Disorder, Neuromotor Retardation and Asthma. The minor takes the following medications: Baclofen, Albuterol inhaler (prn), Valporic Acid, Carbamazepine, Glycopyrrolate adn Trihexyphenidyl.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

The minor had just finished receiving [redacted] G-tube feeding prior to the incident and laid down after [redacted] feeding due to being tired.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] at [redacted] the assigned worker [redacted] received a call from foster parent [redacted]. Worker was informed that the minor was transported to [redacted] Hospital in [redacted] via ambulance. Worker was informed that the minor had labored breathing and became limp after walking up in vomit. Worker contacted nurse clinician [redacted], on-call worker [redacted], on-call supervisor, [redacted] and paged the program manager [redacted]. Worker and nurse clinician arrived at [redacted] Hospital and were informed that the minor passed away at [redacted] Worker was informed by [redacted] that the medical personnel tried to resuscitate the minor for an hour but were unable. The worker and nurse clinician along with the foster parent were told by the nursing staff to go to the coroner's office. Worker spoke with investigator [redacted] and was informed that the autopsy would be performed tomorrow and the cause of death should be available by noon. Worker called the Hotline.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Program Coordinator	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** Program Manager	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** Program Supervisor	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** State Director	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 3 Years 1 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: * Days

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]
16. Service Setting/Model: **(check the ONE that most closely fits)**
    - ( ) ICF/MR (Intermediate Care Facility)
    - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
    - (x) Mentor Home/ Host Home
    - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
    - ( ) Home Health Agency Services
    - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
    - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
    - ( ) Day Program
    - ( ) Supported Employment/Vocational
    - ( ) School
    - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)*
    On call person at [redacted] Hospital
19. Location of Incident: *(check one)*
    - (x) Mentor Home (x) Primary ( ) Respite
    - Mentor Name: [redacted]
    - # of Clients/Individuals Living in Home: 1
    - ( ) Client/Individual's Residence (group home, ICF, apt)
    - ( ) Client/Individual's Biological Family/Guardian Home
    - ( ) Day Program
    - ( ) School
    - ( ) Client/Individual's Place of Employment
    - ( ) Vehicle
    - ( ) Program Office
    - ( ) Community
    - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
    - [ ] Remain in Current Placement
    - [ ] Placement Decision Pending
    - [ ] Client/Individual Placed in Respite
    - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
    - [ ] Discharged from MENTOR NETWORK
    - [ ] Temporarily or Permanently Closed Mentor Home
    - [ ] Emergency Psychiatric Evaluation (no hospitalization)
    - [ ] Emergency Psychiatric Hospitalization
    - [ ] Emergency Medical Hospitalization
    - [ ] In-school suspension
    - [ ] School Suspension/Expulsion
    - [ ] Client/Individual Arrest/Detention
    - [x] Death
    - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

**Client was transported to [redacted] Hospital due to having trouble breathing and gasping for breath.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client was diagnosed as having cerebral palsy, eating D/O/gastro esophageal reflux, developmental D/O, non-verbal, G tube, history of failure to thrive some seizure activity and is wheelchair bound. Client is prescribed the following medications: Miralax, D'Allergy, Phenobarbital, Valproic acid, Predoisolone, Q Dryle, Baclofon-Diazapem, Prevacid, Erythronycin and Reglan. Client received physical and occupational therapy weekly. Per doctor's report client bruises easily and has hip displacement.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was asleep when it was noticed that [redacted] was having trouble breathing.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] at approx [redacted] mentor's daughter noticed that client's breathing was "different" and immediately awakened mentor, [redacted] who had reportedly just went to sleep at [redacted] mentor reportedly picked up the client who had defecated in [redacted] diaper and began to clean [redacted] up and issue a breathing treatment. Per mentor the client was "gasping for breath and making a strange noise" therefore the mentor called 911while continuing to issue a breathing treatment. Per mentor at approx [redacted] she had to phone 911 approx 5 minutes prior to getting through to an actual switchboard operator who issued the ambulance. At approx [redacted] the ambulance arrived and began working on the client to stabilize [redacted] breathing. After working with the client for approx 5 minutes mentor was instructed to meet them at [redacted] Hospital. Per mentor she arrived at [redacted] Hospital approx [redacted] while numerous doctors tried to work with the client to stabilize [redacted] health. At approx [redacted] the client was pronounced dead. On call coordinator [redacted] was called at [redacted] by the on call personnel at [redacted] Hospital to notify [redacted] Mentor that the client went into cardiac arrest and passed away. Mr. [redacted] phoned this writer at [redacted] of the clients passing. This writer phoned Director [redacted] at [redacted] and left a detailed voice message regarding the [redacted] to obtain detailed information regarding the incident. During the conversation mentor was crying and appeared to be very distraught during the phone conversation. Per mentor the doctor informed her that the client had too many health issue and they were surprise the [redacted] (the client) made it this long. Mentor explained that she tried to do everything she could to try and help the client with [redacted] breathing and was hopeful that the client would "come through as [redacted] has in the past when [redacted] had breathing difficulties". Mentor explained that the DCS CM supervisor [redacted] was contacted by [redacted] Hospital and informed of the situation with the client. Mr. [redacted] spoke with mentor to send his apologies fir the clients passing. Clients biological mother [redacted] was notified of her [redacted] passing. Mentor left the hospital at approx [redacted] die to the act that Mrs. [redacted] was en route to say her "goodbyes" to client.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	Print Name	Title PM	Date [redacted]
Signature of Manager/Director [redacted]	Print Name	Title PM	Date [redacted]
Signature [redacted]	Print Name	Title SD	Date [redacted]
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: **4 Years**
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **3 Years**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] **MENTOR**
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - **Mentor Name:** [redacted]
   - **# of Clients/Individuals Living in Home:** 3
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement **within** MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**Client decanulated while in the MENTOR home. The foster father biological [redacted] daughter went to the bathroom that is across from [redacted] bedroom and noticed [redacted] trach was out. She got her father who was answering the door to let [redacted] nurse in and Nurse [redacted] and Mr. [redacted] ran in the room. Nurse [redacted] put [redacted] trach back in and started CPR while Mr. [redacted] contected EMS. EMS showed up a few minutes later as did the police. EMS rushed [redacted] to [redacted] Hospital. Child was treated at [redacted] ICU and died while in care.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 2

Client/Individual Name: [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[x] Other: **decanulated**

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[x] Other Accidental Injury: **client pulled [redacted] own trac**

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client has multiple medical problems including congenital heart disease, Klinelters syndrome, and visual and hearing impairments Pulimicort

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client just got done playing and foster father was laying [redacted] down and waiting for nurse ([redacted]) to show up.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Pc received a message on voicemail approx at [redacted] from [redacted]. The message was received around [redacted] on the date on the incident and [redacted] was immediately called. He stated that [redacted] laid [redacted] down in [redacted] baby bed around [redacted] so he could go check on the other 2 foster children in the home and answer the door. The foster fathers bio daughter went to the bathroom that is located across from [redacted] bedroom and noticed that [redacted] trach was out. [redacted] reported that his daughter ran down the hall to get him approx 5-10 minutes after [redacted] left the room. [redacted] was answering the door to let [redacted] nurse in. Nurse [redacted] and [redacted] ran into the room. Nurse [redacted] put [redacted] trach back in and started CPR while [redacted] contacted EMS. At this point [redacted] stated that [redacted] had no pulse. EMS showed up a few minutes later as did the police. EMS rushed [redacted] to [redacted] Hospital after unsuccessfully trying to revive [redacted] Police officer hung behind and took a police report. [redacted] arrived at the hospital and was put on a ventilator immediately. Foster parent contacted [redacted] County DCS, MENTOR and bio parents. This morning on [redacted] doctors did and EEG to see how much brain damage was done and the result showed that [redacted] was completely brain dead. [redacted] died at [redacted] Hospital around [redacted] after [redacted] [illegible] [redacted] County came and did an investigation report with the [redacted]. An autopsy will be done on [redacted] prior to DCS investigates results. PC's last home visit was on [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** PC	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** Dir of Ops	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 5 Months
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 10 Days

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: Medically Complex

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted]
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 2
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [x] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [x] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

**Child was found non-responsive in [redacted] crib after apnea monitor alarmed. Mentor and EMTS performed CPR. Child was transported to hospital and resuscitated. [redacted] was admitted to the hospital where [redacted] subsequently died 18 hours later at [redacted] on [redacted]

Client/Individual Name: [redacted] Log #: [redacted] Date of Incident: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[x] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Ex-24-week preemie, hx of grade II IVH, s/p nissen fundoplication, s/p laser eye sugery, oral motor dysfunction, g tube dependent, reflux, chronic lung disease, oxygen and apnea monitor dependent, retinopathy of prematurity, atrophic R kidney and seizure disorder Medications – Aldactone, Diuril, Zantac, Albuterol, Flovent, Fer-in-sol, phenobabritol, glycerine peds supplement, Tylenol and Maalox.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mentor report [redacted] woke up and had g-tube feeding at [redacted] stooled, urinated and given a sponge bath around [redacted] Mentor reported she laid [redacted] in [redacted] crib for [redacted] nap. Mentor reported that at approx [redacted] she went in to check on [redacted] and found [redacted] alert. A few minutes later she heard the apnea monitor alarm. [redacted] pediatrician 3 days prior had seen [redacted] and a visiting nurse saw [redacted] 2 days prior. MENTOR CC and RN also visited [redacted] in [redacted] home 3x in past 6 days.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Mentor reported that she immediately responded to the alarm and went to [redacted] side. She found [redacted] not breathing and non-responsive. Mentor reports she began administering CPR and called 911, she then resumed CPR. Mentor reports that EMTs arrived within 7-8 minutes and took over the care and then police arrived. Mentor then notified this writer the CC on [redacted] case. Mentor and her husband were interviewed y police and then went to [redacted]. This writer arrived at hospital after notifying PM, DSS worker, DSS intake worker, DSS supervisor and MENTOR nurse. Upon arrival this writer introduced herself to Officer [redacted] This writer was informed that a team was currently working o [redacted]. This writer met with the mentors and sat with them for a while. This writer called DSS workers to update on [redacted] status and requested that birth mom be notified. This writer then met with the police who the departed. Attending physician informed this writer that [redacted] would be transferred to another hospital. This writer was informed that the child lost pulse and had to be resuscitated twice. From the initial incident [redacted] was never breathing on [redacted] own. DSS worker and birth parents arrived shortly after. This writer spoke with them. [redacted] was transported to [redacted] Hospital PICU at approx [redacted] This writer, the mentors, DSS [redacted] and the birth parents went to [redacted] [redacted] [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** CC	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** State QA Manager	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self ( ) State (x) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 17 Years 9 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **12 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. **If Acquisition/Partner, specify company name:**
15. Program Name: **TFC**

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with lass than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] mentor
19. Location of Incident: ***(check one)***
   - ( ) Mentor Home (x) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: ***(check all that apply)***
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**On [redacted] (secondary mentor) called to report upon checking on client this morning at [redacted] client was in [redacted] bed gasping for air. Clients pulse was reportedly low and 911 was called and paramedics continued medical intervention upon their arrival. Secondary mentor administered CPR in the interim of waiting for the paramedics. Client was transported to [redacted] Hospital via ambulance. Shortly after arriving at the hospital it was reported by hospital medical staff that the client had died.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client came into care with a diagnosis of moderate MR and family disruption. [redacted] also has been diagnosed with anxiety D/O and has a history of CP and Seizure D/O. [redacted] is nonverbal and ambulatory. [redacted] medications include Fluvoxamine, Clonidine, Risperdal, and Carbamazepine.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

O[redacted] called to report, upon checking on client this morning at approximately [redacted], client was in [redacted] bed grasping for air. Reportedly, after turning client over on [redacted] side to check airway, client's head went back. [redacted] checked for a pulse, and the pulse was shallow. [redacted] called the emergency medical services, who instructed to administer CPR. The [redacted] Police Department arrived at the home and felt a shallow pulse. Mentor further reported that EMs arrived and put client on automatic CPR and transported client to [redacted] Hospital. Reportedly, primary mentor, [redacted] and [redacted] drove behind the ambulance. While waiting in the waiting area of the hospital, the ER nurse reported to the mentors that client had died.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	Print Name	Title CC	Date [redacted]
Signature of Manager/Director [redacted]	Print Name	Title PM	Date [redacted]
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]	2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:	4. Log #: [redacted]
5. DOB: [redacted]	6. Age: 17 Years 8 M 7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child	9. Service Category: *(Check one)*
10. Date of Admission to MENTOR NETWORK: [redacted]	(x) Behavioral Health ( ) Acquired Brain Injury ( ) Juvenile Justice ( ) Elder Care ( ) Medically Complex ( ) Mental Illness ( ) MR/DD ( ) MR/MI ( ) MR/DD Offender ( ) Education ( ) Other:
11. Length of Current Placement/Services: 1 Years 9 Months	

SECTION B: PROGRAM INFORMATION

12. State: [redacted] 13. City:	14. If Acquisition/Partner, specify company name:
	15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**

( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]	18. First Reported to MENTOR NETWORK: [redacted] By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)* (x) Mentor Home (x) Primary ( ) Respite **Mentor Name:** [redacted] **# of Clients/Individuals Living in Home:** 2 ( ) Client/Individual's Residence (group home, ICF, apt) ( ) Client/Individuel's Biological Family/Guardian Home ( ) Day Program ( ) School ( ) Client/Individual's Place of Employment ( ) Vehicle ( ) Program Office ( ) Community ( ) Other:	20. Outcome of Incident: *(check all that apply)* [ ] Remain in Current Placement [ ] Placement Decision Pending [ ] Client/Individual Placed in Respite [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK) [ ] Discharged from MENTOR NETWORK [ ] Temporarily or Permanently Closed Mentor Home [ ] Emergency Psychiatric Evaluation (no hospitalization) [ ] Emergency Psychiatric Hospitalization [ ] Emergency Medical Hospitalization [ ] In-school suspension [ ] School Suspension/Expulsion [ ] Client/Individual Arrest/Detention [x] Death [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

** On [redacted], mentor, arrived home at [redacted] and found her client deceased. [redacted] called the police immediately. [redacted] states that the police told her that it appeared to be suicide. At the time of this report, the official police report was not available.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] was diagnosed with adjustment disorder with disturbance of conduct and oppositional defiant disorder. [redacted] was not prescribed any medications. [redacted] was hospitalized in the past ([redacted]) for suicidal ideation. [redacted] also has a history of running away and drug and alcohol use.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

On [redacted] left to go to [redacted] with her [redacted] daughter and her 18-year-old client. [redacted] states that [redacted] did not want to go, because she had a date that night. [redacted] states that [redacted] allowed [redacted] to stay in [redacted] so that she could go on [redacted] date, but [redacted] needed to stay overnight at [redacted] parent's home.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted], mentor, arrived home at [redacted] and found [redacted] client, in the recliner in the living room. [redacted] states that [redacted] was unresponsive, "had no pulse" and was "already cold". [redacted] states that she called the police. The police are calling [redacted] death an apparent suicide by use of a firearm. Per [redacted] DSS Social Worker/guardian, there was a handgun and a rifle present. [redacted] states that both guns belonged to her and her husband. [redacted] states that it appeared that [redacted] broke into her bedroom to get the guns. [redacted] states that the handgun was locked in a safe, and the rifle was also locked up, both of which were locked in the bedroom. At the time of this report, the official police report was not available.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Coord.	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title**	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** QA	**Date** [redacted]
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** State Dir.	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 3 Years 10 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 3 Years 7 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: Medically Complex

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] CC
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: Hospital
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** Client died in the hospital as a result of RSV and pneumonia.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Medical diagnoses: Hypoxic ischemic encephalopathy; seizure disorder; cortical blindness; temperature instability; NAS; scoliosis; Hypertonicity; GER; anemia; oral motor dysfunction; GT/nissen; microcephaly; umbilical hernia, self-resolving; RSV; pneumonia. Current medications: Reglan; Phenobarbital; Polyvisol; Diazepam; Albuterol; Miralax; Robinal; Zantac; Baclofen; Keppra; Flovent; Atrovent.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mentor, [redacted], reported that [redacted] was admitted to the [redacted] Hospital Center on [redacted] and was diagnosed with RSV and pneumonia. On [redacted] a Do Not Resuscitate/Do Not Intubate order was put into place by the courts. This decision was made based on [redacted] frequent intubations; [redacted] deteriorating medical condition; and quality of life issues. Therefore, [redacted] was provided with palliative care only.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

[redacted], Clinical Coordinator, reported that [redacted] died at [redacted] Hospital at [redacted] on [redacted]. Clinical Coordinator and [redacted], Nurse Specialist, were with the mentor and the mentor's extended family at the hospital at the time of [redacted] death. This writer notified [redacted], Program Manager, and [redacted], Nurse Specialist Supervisor, of this incident. [redacted] DSS worker, [redacted], was present at the hospital earlier on [redacted] and was aware of [redacted] expected death.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Clinical Super.	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** SD	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: (x) Self ( ) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 1 Months
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: **Child Protective Services**

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - **Mentor Name:** [redacted]
   - **# of Clients/Individuals Living in Home:** 3
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Madical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detantion
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

** When the mentor's adult daughter, [redacted] brought a bottle to client, [redacted] was not breathing. [redacted] called the mentor to call 911 and began CPR. Paramedics revived client, but [redacted] died at [redacted] Hospital shortly after arrival.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

No medical history. [redacted] and [redacted] birth mother tested positive for cocaine at [redacted] birth. [redacted] had experienced fussiness and colic during the night for the two months of [redacted] life. [redacted] had been seen by a pediatrician, and no abnormalities were reported.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] had been fussy "as usual" during the night and finally slept "around [redacted] Mentor, [redacted], went to work, and her adult daughter, approved for respite, was present in the home. [redacted] had been home also, but left for the store when the incident occurred.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

At around [redacted] brought [redacted] a bottle and discovered that [redacted] was not breathing. [redacted] called her mother at work so she would call 911, and [redacted] began CPR. [redacted] rushed home from work. The paramedics arrived at the home and continued CPR for over 30 minutes in their rescue vehicle. [redacted] reached CC, [redacted], who called PM, [redacted]. The baby was allegedly resuscitated and then taken to [redacted] Hospital by ambulance. [redacted] also went to the hospital, and [redacted] was pronounced dead at [redacted] representative [redacted] called PM for a safety plan for the other children in the home. Since one of the other babies in the home is recovering from open-heart surgery, PM wanted to preserve the placement and not add any further stress to [redacted] When the hospital personnel named SIDs as the preliminary findings of cause of death and law enforcement reported no evidence or signs of abuse or neglect, PM and [redacted] agreed on the safety plan of keeping the other two babies in the home with the restriction that [redacted] would NOT be alone to give care to them until the investigation was completed. PM personally visited the [redacted] home, offered condolences, discussed incident, and explained the safety plan t the whole family. CC will follow up [redacted] weekly and add to the chart if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form	Print Name	Title	Date
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 21 Years 3 M
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 2 Days

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: Children's Services

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Foster Parent
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - Mentor Name:
   - # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - (x) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**Client had a seizure while on vacation with foster parents. [redacted] died at the hospital.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[x] Seizure Requiring Emergency Treatment
[x] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway

Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

DX: ADHD, Moderate MR, Seizure D/O, Type 2 Diabetes and Astigmatism. RX: Lamictal, Folic Acid, Seasonale BCP Tablets, Glucophage (Metaformine) and Diazepam.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] had experienced an increase in the amount and intensity of [redacted] seizures over the past several months, according to the medical staff at the [redacted] School. [redacted] medical condition had been followed through [redacted] physician at the school and [redacted] medications had been adjusted accordingly. In addition to [redacted] daily regimen of medications, [redacted] had received two pm medications while in the school. The first is a liquid Valium administered orally, to be taken if [redacted] begins twitching. The second was a rectal syringe of medication to be administered if oral ~~medication could not be given. The staff at the [redacted] School only gave the foster parent the oral pm~~ medication. The foster parent was trained by [redacted] staff on what to do when [redacted] had seizures, which included removing any surrounding objects near [redacted] lying [redacted] on [redacted] back and placing a pillow under [redacted] head. [redacted] also had Diabetes, which was managed through diet. The foster parents administered a blood sugar test twice a day and documented [redacted] blood sugar levels. They were directed to alter [redacted] diet and activity level, depending on the results of [redacted] blood sugar level. The foster parents were diligent in monitoring [redacted] diet, adhering to a strict time schedule for eating, as well as the kinds of foods [redacted] ate to keep [redacted] blood sugar down. There had been no significant issues with [redacted] blood sugar that day.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

[redacted] was on vacation with Mentor family, traveling through [redacted] At [redacted], Mentor noticed [redacted] was making some unusual sounds that often preceded a seizure. The foster parent pulled the car over into the Waffle House while he monitored [redacted] in the event [redacted] was going into a grand mal seizure. The foster parent said that [redacted] lips turned an ashen color, which he has never observed during a seizure, so he called 911. While the ambulance was en route, they instructed the foster parent to be sure [redacted] throat was not obstructed, which he did (there was no blockage). The ambulance arrived and took [redacted] to [redacted] Medical Center in [redacted] At approximately [redacted] treating physician, [redacted] informed Mentor that [redacted] had passed away from the seizure. Coroner [redacted] informed the Mentor that they wanted to do a full autopsy on [redacted] due to [redacted] being a ward of the state, and he had [redacted] transferred to [redacted] Center in [redacted] He told Mentor that they needed authorization from a guardian to perform the autopsy and release the body. The coroner also explained that a detective would need to interview the foster parent to rule out any abuse. At [redacted] MENTOR on-call worker contacted DSS on-call worker [redacted] and informed her of the incident. MENTOR on-call worker [redacted] worker received a phone call from [redacted] Supervisor [redacted] and provided her with the same information. She was also given MENTOR Program Manager [redacted] contact information. [redacted] spoke with DSS supervisor throughout the day. The autopsy was concluded by late afternoon on [redacted] and they ruled the death as a heart arrhythmia secondary to seizure. There was no evidence of external trauma. Detective [redacted] interviewed [redacted] foster parent, at approximately [redacted] At the conclusion of the autopsy, Detective [redacted] informed [redacted] of the results and told him he was "free to go." The referring agency, [redacted] made arrangements to store [redacted] body at a nursing home close to the hospital while they attempted to contact [redacted] mother regarding her preference for burial plans (i.e., cremation or embalmment). [redacted] will make arrangements to have the body brought back to [redacted] spoke with [redacted] mother at approximately [redacted] on [redacted] sister is also in a MENTOR home and Program Manager [redacted] and Clinical Coordinator [redacted] went to see the sister on [redacted] at [redacted] to inform her of her [redacted] death. [redacted] also spoke with the sister that evening and [redacted] paid another visit to the sister on [redacted] The other children riding in the vehicle with the foster family are coping adequately, per foster parent [redacted]. The foster parent will be returning to [redacted]

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Clinical Coordinator	**Date** [redacted]
Signature of Manager/Director [redacted], LCSW-C	**Print Name**	**Title** Program Manager	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]

2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4

3. Guardian: ( ) Self ( ) State ( ) Parent(s) (x) Other: [redacted]

4. Log #: [redacted]

5. DOB: [redacted]

6. Age: **11 Years 1 M**

7. Gender: [redacted]

8. Population: ( ) Adult (18+) (x) Child

9. Service Category: ***(Check one)***

( ) Behavioral Health
( ) Juvenile Justice
(x) Medically Complex
( ) MR/DD
( ) MR/DD Offender
( ) Acquired Brain Injury
( ) Elder Care
( ) Mental Illness
( ) MR/MI
( ) Education
( ) Other:

10. Date of Admission to MENTOR NETWORK: [redacted]

11. Length of Current Placement/Services: **7 Years 11 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted] **13.** City:

14. If Acquisition/Partner, specify company name:

15. Program Name: **TFC**

16. Service Setting/Model: **(check the ONE that most closely fits)**

( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]

18. First Reported to MENTOR NETWORK: [redacted]
By: *(Name & Title)* [redacted] **Social Worker**

19. Location of Incident: ***(check one)***

( ) Mentor Home ( ) Primary ( ) Respite
Mentor Name:
# of Clients/Individuals Living in Home:
( ) Client/Individual's Residence (group home, ICF, apt)
( ) Client/Individual's Biological Family/Guardian Home
( ) Day Program
( ) School
( ) Client/Individual's Place of Employment
( ) Vehicle
( ) Program Office
( ) Community
(x) Other: [redacted]

20. Outcome of Incident: ***(check all that apply)***

[ ] Remain in Current Placement
[ ] Placement Decision Pending
[ ] Client/Individual Placed in Respite
[ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement **within** MENTOR NETWORK)
[ ] Discharged from MENTOR NETWORK
[ ] Temporarily or Permanently Closed Mentor Home
[ ] Emergency Psychiatric Evaluation (no hospitalization)
[ ] Emergency Psychiatric Hospitalization
[ ] Emergency Medical Hospitalization
[ ] In-school suspension
[ ] School Suspension/Expulsion
[ ] Client/Individual Arrest/Detention
[x] Death
[ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

**On [redacted] On-call worker [redacted], was notified by [redacted] Hospital Social Worker, that [redacted] was sick and currently at the [redacted] Medical Center. [redacted] was on respite at the [redacted] facility) when [redacted] became ill and transported to [redacted] was later transported to [redacted] the same day. Once arriving [redacted] had internal bleeding and no pulse. [redacted] was also place on a ventilator. On [redacted] at approximately [redacted] died.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Severe MR, Hypoxic Ischemic Encephalopathy, Seizure Disorder, and Blindness. G-Tube Dependent, Has a Trachea, and is Bedridden. The client has a Apnea Monitor. Meds: Transderm Patch, Phenobarbital, Clonazepam, Baclofen, Multivitamin, and Keppra.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] at approximately [redacted] on-call coordinator [redacted] received a call from [redacted], [redacted] social worker, that the client had become gevely ill and was admitted to [redacted] Medical Center in [redacted] The social worker also reported that the client was sick the day before and was taken to [redacted]. [redacted] was treated and later released that same day. [redacted] became ill a second time and was transported to [redacted] again on [redacted] and was later sent to [redacted] Medical Center for additional treatment the same day. Once arriving at [redacted] the client was experiencing internal bleeding, respiratory distress, and no pulse. [redacted] was given medication to increase blood clotting and to assist with [redacted] blood pressure. The client was also on a ventilator. [redacted], hospital social worker, spoke with PM, [redacted] on [redacted] and informed her that the client was gravely ill and [redacted] family needed to be contacted immediately to assist with making medical decisions [redacted] also spoke with the nurse, [redacted], and was informed that [redacted] would probably not make it through the night. On [redacted] received a call from [redacted] daughter, [redacted] informing her that the client died at [redacted] She reported that [redacted] heart stopped beating. Even though [redacted] were on a cruise in the Bahamas, they were notified on [redacted] and were able to speak with [redacted] and make decisions concerning the client's treatment. The [redacted] have a court order giving them permanent and legal custody of the client.

CONFIDENTIAL PURSUANT TO SENATE RULE 26 MENTOR0005019

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	Print Name	Title PM	Date [redacted]
Signature of Manager/Director [redacted]	Print Name	Title Deputy State Dir.	Date [redacted]
Signature [redacted]	Print Name	Title State Dir.	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 11 Years 1 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: * Years 6 Months 17 Days

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: Child Protective Services

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] CPS Caseworker
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: [redacted] Hospital
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement **within** MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** [redacted] had seizures requiring Paramedic transport to the hospital. [redacted] was on life support since [redacted]. Brain scan detected that [redacted] was brain dead on [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[x] To Other Client
[ ] To Staff or Mentor
[x] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Dx: Seizure Disorder, Cerebral Palsy, problems with gastric reflux Brain swelling and brain dead per brain scan [redacted] Rx: Dilantin (Phenytoin) 15mL qd for seizures Miralax 17 mL for constipation

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Prior to this incident, child's death, [redacted] was placed on life support at [redacted] Hospital at [redacted] on [redacted]. At [redacted], [redacted] Mentor was relinquished of all responsibility for medical decisions by CPS due to the fact that [redacted] biological mother and CPS had medical consent to make decisions about [redacted] treatment.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] [redacted] was placed on life support equipment following seizures at [redacted] Hospital. Tests indicated that [redacted] was non-responsive, pupils were fixed and dilated. The mentor was present at the ride by ambulance from her home to [redacted] Hospital ER, and when [redacted] was transported to [redacted] Hospital. PM [redacted] came to [redacted] Hospital to sit with the mentor until CPS officially relinquished the program's responsibility for medical consent and care. At [redacted], [redacted] CW [redacted] spoke by telephone to CPS and informed PM that the mentor and/or Program no longer had to sign medical consent and could leave the hospital. The bio mother was expected to agree to turn off life support sometime soon, and [redacted] was expected to pass away. On [redacted] Cw [redacted] reported that [redacted] passed away on [redacted] CW reported that when child was defined as brain dead at [redacted], that was time of death according to the State of [redacted]

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** Deputy State Director	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** State Director	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 15 Years 3 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: **Child Protective Services**
16. Service Setting/Model: **(check the ONE that most closely fits)**
    - ( ) ICF/MR (Intermediate Care Facility)
    - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
    - (x) Mentor Home/ Host Home
    - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
    - ( ) Home Health Agency Services
    - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
    - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
    - ( ) Day Program
    - ( ) Supported Employment/Vocational
    - ( ) School
    - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] **Program Manager**
19. Location of Incident: *(check one)*
    - (x) Mentor Home (x) Primary ( ) Respite
    - **Mentor Name:** [redacted]
    - **# of Clients/Individuals Living in Home:** 2
    - ( ) Client/Individual's Residence (group home, ICF, apt)
    - ( ) Client/Individual's Biological Family/Guardian Home
    - ( ) Day Program
    - ( ) School
    - ( ) Client/Individual's Place of Employment
    - ( ) Vehicle
    - ( ) Program Office
    - ( ) Community
    - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
    - [ ] Remain in Current Placement
    - [ ] Placement Decision Pending
    - [ ] Client/Individual Placed in Respite
    - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
    - [ ] Discharged from MENTOR NETWORK
    - [ ] Temporarily or Permanently Closed Mentor Home
    - [ ] Emergency Psychiatric Evaluation (no hospitalization)
    - [ ] Emergency Psychiatric Hospitalization
    - [ ] Emergency Medical Hospitalization
    - [ ] In-school suspension
    - [ ] School Suspension/Expulsion
    - [ ] Client/Individual Arrest/Detention
    - [x] Death
    - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**Client was admitted to [redacted] or [redacted]. On [redacted] at [redacted] the client passed away. The cause of death is believed to be a bowel obstruction. An autopsy is pending.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

CP, Profound MR, G-tube, Seizures. Medications: Carbamzrine, Keppra, Diazepam, Zappac, Bacloren, Mylicon, Albuterolac, Bactoren, Mylicon, Albuterol.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was admitted to [redacted] on [redacted] for a fever [redacted] was previously at [redacted] and was released on [redacted] doctor, Dr. [redacted] continued to provider care when [redacted] was discharged from [redacted] and order [redacted] admission to [redacted].

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.)

Client was admitted to [redacted] on [redacted] due to fever. Doctors believed [redacted] had a bowel obstruction but the client was not strong enough for surgery. [redacted] medical treatment included blood transfusions and three blood pressure medications but [redacted] was no able to have surgery. On [redacted] at [redacted] the client passed away. The cause of death is believed to be a bowel obstruction. An autopsy is pending. CPS CW and State Director notified at that time. Hotline was notified at [redacted] on [redacted] #[redacted] ID #[redacted] [redacted] called [redacted] on [redacted] the follow up on hotline report. She stated she would review reports and follow up with any questions [redacted]

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Program Manager	**Date** [redacted]
Signature of Manager/Director	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature [redacted]	**Print Name**	**Title** State QA	**Date** [redacted]
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** State director	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT

Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 15 Years 3 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: Child Protective Services

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] CPS Caseworker
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - Mentor Name: [redacted]
   - # of Clients/Individuals Living in Home: 1
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

**Client had seizures requiring Paramedic transport to the hospital. Client was on life support since [redacted] Brain scan detected that [redacted] was brain dead on [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Dx: Seizure Disorder, Cerebral Palsy, Problems with gastric reflux. Brain swelling and brain dead per brain scan [redacted] Rx: Dilantin (phenytoin 15ml qd for seizures. Miralax 17ml for constipation.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Prior to this incident, client's death, the client was placed on life support at [redacted] Hospital at [redacted] on [redacted] At [redacted] Mentor was relinquished of all responsibility for medical decisions by CPS due to the fact that [redacted] biological mother and CPS had medical consent to make decisions about [redacted] treatment.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] client was placed on life support equipment following seizures at [redacted] Hospital. Tests indicated that [redacted] was non-responsive, pupils were fixed and dilated. The mentor was present at the ride by ambulance form her home to [redacted] Hospital Emergency room and when the client was transported to [redacted] Hospital. Program Manager [redacted] came to [redacted] Hospital to sit with the mentor until CPS officially relinquished the program's responsibility for medical consent and care. At [redacted] CW [redacted] spoke by telephone to CPS and informed PM that the mentor and/or Program no longer had to sign medical consent and could leave the hospital. The biological mother was expected to agree to turn off life support sometime soon, and the client was expected to pas away. On [redacted] CW [redacted] reported that the client passed away on [redacted] CW reported that when client was defined at [redacted] which was the time of the death according to the state of [redacted]

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Program Manager	**Date** [redacted]
Signature of Manager/Director	**Print Name**	**Title**	**Date**
Signature [redacted]	**Print Name**	**Title** QA	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** Deputy State director	**Date** [redacted]
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** State Director	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 1 Years 7 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **4 Months 10 Days**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: **TFC**

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - **Mentor Name:** [redacted]
   - **# of Clients/Individuals Living in Home:** 4
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

"[redacted] a medically fragile 18 month old stopped breathing while at the foster care home, efforts to revive [redacted] at home were unsuccessful. EMS transported [redacted] to a hospital where [redacted] could not be revived.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Hypoplastic L heart syndrome and Lymphmgectasia

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

At approx [redacted] program CC received a phone call from [redacted] the foster parent reporting that [redacted] a medically fragile 3 client had stopped breathing. She reported that she had per instructions from [redacted] changed the tracheotomy collar but that [redacted] had not resumed breathing. She further reported that she began to provide ventilation by using an ambu bag and called 911. The ambulance staff indicated that they would transport young [redacted] to [redacted] Hospital, [redacted] then call [redacted] the guardian [redacted] and spoke with [redacted] a supervisor there and reported the above information that [redacted] was being transported to the hospital. [redacted] said that [redacted] should keep her appraised and provide the [redacted] on call name and number. [redacted] then met with he supervisor [redacted] and reported the above and [redacted] instructed [redacted] to contact [redacted] Medical social worker, [redacted] PCP to ensure that they were informed of these events [redacted] called and spoke to [redacted] MSW at [redacted] and informed her of the events to this time and provide the names and numbers for both [redacted] DSS and mentor on call staff. [redacted] r spouse of the primary foster parent called Ms [redacted] to report that hospital staff had been unable to revive [redacted] [redacted] received a phone call from [redacted] RN from [redacted] who indicated that she spoke with [redacted] and she had spoken with the hospital and was aware that [redacted] had died. [redacted] called both the [redacted] MENTOR [redacted] and the [redacted] ENTOR Deputy [redacted]. [redacted] then called [redacted] to inform her that [redacted] had died.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** PC	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]	2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:	4. Log #: [redacted]
5. DOB: [redacted]	6. Age: 18 Years 1 / 7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child	9. Service Category: *(Check one)*
10. Date of Admission to MENTOR NETWORK: [redacted]	(x) Behavioral Health ( ) Acquired Brain Injury ( ) Juvenile Justice ( ) Elder Care ( ) Medically Complex ( ) Mental Illness ( ) MR/DD ( ) MR/MI ( ) MR/DD Offender ( ) Education ( ) Other:
11. Length of Current Placement/Services:	

SECTION B: PROGRAM INFORMATION

12. State: [redacted] / 13. City:	14. If Acquisition/Partner, specify company name:
	15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**

( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]	18. First Reported to MENTOR NETWORK: [redacted] By: *(Name & Title)* [redacted] Coroner's Office
19. Location of Incident: *(check one)* ( ) Mentor Home ( ) Primary ( ) Respite **Mentor Name:** **# of Clients/Individuals Living in Home:** ( ) Client/Individual's Residence (group home, ICF, apt) ( ) Client/Individual's Biological Family/Guardian Home ( ) Day Program ( ) School ( ) Client/Individual's Place of Employment ( ) Vehicle ( ) Program Office (x) Community ( ) Other:	20. Outcome of Incident: *(check all that apply)* [ ] Remain in Current Placement [ ] Placement Decision Pending [ ] Client/Individual Placed in Respite [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement **within** MENTOR NETWORK) [ ] Discharged from MENTOR NETWORK [ ] Temporarily or Permanently Closed Mentor Home [ ] Emergency Psychiatric Evaluation (no hospitalization) [ ] Emergency Psychiatric Hospitalization [ ] Emergency Medical Hospitalization [ ] In-school suspension [ ] School Suspension/Expulsion [ ] Client/Individual Arrest/Detention [x] Death [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

** The [redacted] Coroner's Office notified [redacted] Mentor that client's body was identified by fingerprints and that [redacted] was deceased. Additional information could not be released, due to the fact that [redacted] death is currently under investigation by the police.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated (x) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[ ] Funding Source Notified
Date:
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] is diagnosed with asthma and utilized an Albuterol inhaler is needed. [redacted] has previously received psychiatric services but was not currently prescribed any psychotropic medications. [redacted] has been arrested for shoplifting.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

The foster parent reported that there were no unusual activities or conditions regarding [redacted]

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] at [redacted] the supervisor and [redacted] Mentor wee notified by the [redacted] Coroner's Office that [redacted] was identified to be deceased. The coroner's office requested family's information for notifications. They were provided with contact information for the caseworker and foster parent, as well as the name of [redacted] biological sister. Additional details surrounding [redacted] death could not be released, because it is being investigated as a homicide. The identification of [redacted] body was made base don fingerprints. The DFCS hotline was contacted. According to hotline worker, [redacted], a report is being taken as information only. A [redacted] eport is being prepared.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Children's Prog. Super.	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** Children's Prog. Super.	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** State Dir.	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 2 Years 2 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 1 Years 11 Months 19 Days

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: TFC
16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] mentor parent
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - Mentor Name: [redacted]
   - # of Clients/Individuals Living in Home: 5
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

** On [redacted] at [redacted] mentor [redacted] called her coordinator to report that [redacted] had passed away at [redacted] from hospice was present at the time of death.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

995.55 - Shaken Baby Syndrome. [redacted] has Cerebral Palsy, reflux, feeding intolerance, dysphagia, visual impairment, cranial nerve III palsy, neurogenic bladder with recurrent urinary tract infections and global developmental delay. Recently, [redacted] was diagnosed with pulmonary edema. The results of [redacted] x-ray on [redacted] showed [redacted] lungs were filled completely with fluid and [redacted] would no longer have usage.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Pulmonary Edema, Shaken Baby Syndrome, Cerebral Palsy, Feeding Intolerance, Visual Impairment, Cranial Nerve III Palsy, Neurogenic Bladder with recurrent UTIs and Global Development Delays.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Approximately [redacted] on [redacted], Program Clinical Coordinator, received a telephone call from [redacted], the foster parent, reporting that [redacted] a medically fragile client, had passed away at [redacted], Hospice Social Worker, was present at the time of death. - Mentor reports [redacted], Hospice Nurse, [redacted] MTS Caseworker, [redacted], [redacted] Program Pediatrician, and Mr. [redacted] Coroner were present throughout the remainder of the day. - [redacted] reports [redacted] had been battling pulmonary edema for a few weeks. [redacted] received an x-ray on [redacted]. The results showed [redacted] no longer had usage of [redacted] lungs as they were completely filled with fluid. [redacted] has had problems with bleeding from [redacted] nose due to [redacted] platelets remaining low [redacted] core temperature has ranged from 86-88 degrees. An autopsy is scheduled for [redacted]. Although [redacted] biological parents relinquished their rights, Mrs. [redacted] reports their attorneys were notified. Mrs. [redacted] extended the invitation for them to attend the funeral.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Clinical Coordinator	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** Program Manager	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #:
5. DOB: [redacted]
6. Age: 1 Years 6 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: ***(Check one)***
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/OD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **11 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. **If Acquisition/Partner, specify company name:**
15. Program Name: [redacted]
16. Service Setting/Model: **(check the ONE that most closely fits)**
    - ( ) ICF/MR (Intermediate Care Facility)
    - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
    - (x) Mentor Home/ Host Home
    - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
    - ( ) Home Health Agency Services
    - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
    - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
    - ( ) Day Program
    - ( ) Supported Employment/Vocational
    - ( ) School
    - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] PM
19. Location of Incident: ***(check one)***
    - ( ) Mentor Home ( ) Primary ( ) Respite
    - **Mentor Name:**
    - **# of Clients/Individuals Living in Home:**
    - ( ) Client/Individual's Residence (group home, ICF, apt)
    - ( ) Client/Individual's Biological Family/Guardian Home
    - ( ) Day Program
    - ( ) School
    - ( ) Client/Individual's Place of Employment
    - ( ) Vehicle
    - ( ) Program Office
    - ( ) Community
    - (x) Other: [redacted] Children's Hospital
20. Outcome of Incident: ***(check all that apply)***
    - [ ] Remain in Current Placement
    - [ ] Placement Decision Pending
    - [ ] Client/Individual Placed in Respite
    - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
    - [x] Discharged from MENTOR NETWORK
    - [ ] Temporarily or Permanently Closed Mentor Home
    - [ ] Emergency Psychiatric Evaluation (no hospitalization)
    - [ ] Emergency Psychiatric Hospitalization
    - [ ] Emergency Medical Hospitalization
    - [ ] In-school suspension
    - [ ] School Suspension/Expulsion
    - [ ] Client/Individual Arrest/Detention
    - [x] Death
    - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**On [redacted] PM the minor [redacted] passed away at [redacted] Children's Hospital from Acute Hypoxic Respiratory Failure secondary to RSV per [redacted].

Client/Individual Name: [redacted] Log #: Date of Incident [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] is diagnosed with the following: TBI, Respiratory failure, HX of ng tube, G tube, blindness, brain atrophy, severe failure to thrive, urosepsis and developmental delays. The minor is on the following medications Diazepam, Enulose, Phenobarbitol, Tylenol (PRN), Prevacid, and Triamcinolone

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

The minor was hospitalized on [redacted] due to RSV and pneumonia. Minor was placed in the Pediatrics ICU at [redacted] Hospital. Minor had several infections including RSV, pneumonia, sinus and ear infection. The hospital staff tried all interventions possible including 100& oxygen, three chest tubes, ventilator, and oscillator. [redacted]Mentor OM maintained contacts with the guardian's office. Dr [redacted] spoke with bio mother directly. Doctor requested all significant parties come to hospital on [redacted]

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] at [redacted] the minor [redacted] passed away at [redacted] Hospital from Acute Hypoxic Respiratory Failure secondary to RSV per [redacted]. The bio mother, maternal grandmother, foster parents extended family and [redacted]mentor worker [redacted] and [redacted] had been at the hospital for several hours and were present when the minor passed away.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** PC	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** PS	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** Dir of Ops	**Date** [redacted]
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 12 Years 4 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Modal: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - **Mentor Name:** [redacted]
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [x] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [x] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [ ] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**Client became ill with a fever and sore throat. [redacted] was taken to the ER where [redacted] was diagnosed with a lung infection. Client was admitted into the hospital.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[x] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Axis I – Adjustment DO Axis II – none Axis III – none Axis IV – separation from family, medical neglect and abuse Axis V – 58

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was complaining of having a sore throat and developed a fever.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Mentor [redacted] called the on call services on [redacted] at [redacted] to report that she had taken client [redacted] to the ER. The client had a fever and sore throat. The client was evaluated and diagnosed with a ling infection that required hospitalization. The client was admitted to [redacted] Hospital in [redacted] On call coordinator [redacted] notified [redacted] of the need for the client to be hospitalized. DYSA signed [redacted] into the hospital and [redacted] is currently being treated in the pediatrics unit for a bacterial infection in [redacted] lungs. UPDATE – [redacted] evening [redacted] was transferred by airlift to the [redacted] Hospital [redacted] where [redacted] was placed on a ventilator after several incidences of loss of blood pressure. [redacted] was tested and found to have signs of MRSA in [redacted] nose. On [redacted] morning [redacted] was placed on life support with the approval of [redacted] guardian [redacted] birth father. [redacted] birth father informed the CC [redacted] and CS [redacted] that [redacted] had given approval to the hospital to perform "bypass surgery" on [redacted] due to an unknown infection in [redacted] heart. He stated that he was told that this procedure was a last report. As of [redacted] is still in surgery and doctors report that everything is going well.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** CC	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** APM	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** Supervisor	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** SQM	**Date** [redacted]
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 19 Years 8 M
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: **Child Protective Services**

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - (x) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

** Client was participating in the rodeo trail ride with [redacted] foster family and was staying with them in the family RV. On [redacted] morning, [redacted] the family was not able to rouse [redacted] CPR was performed, and EMs were called. They were not able to revive [redacted].

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Past history includes: Borderline intellectual functioning and a history of asthma. Pregnant

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] and the foster family were participating in a rodeo trail ride and were camping in the [redacted] family's RV.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Mr. [redacted] reported that Mrs [redacted] was unable to rouse [redacted] for br4akfast in the morning. CPR was started by the [redacted], and EMs were called. Paramedics worked on [redacted] but were not able to revive [redacted] The police on the scene have determined at this point that it appears all of the family was suffering from carbon monoxide poisoning. An autopsy will be performed o [redacted] Inspector [redacted] interviewed Mr. and Mrs. [redacted] and two of the foster children and reports he feels this was a tragic accident.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature [redacted]	**Print Name**	**Title** State QA	**Date** [redacted]
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** State Dir.	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 9 Months
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 3 Months 1 Days

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: TFC
16. Service Setting/Model: **(check the ONE that most closely fits)**
    - ( ) ICF/MR (Intermediate Care Facility)
    - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
    - (x) Mentor Home/ Host Home
    - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
    - ( ) Home Health Agency Services
    - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
    - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
    - ( ) Day Program
    - ( ) Supported Employment/Vocational
    - ( ) School
    - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] mentor
19. Location of Incident: *(check one)*
    - (x) Mentor Home (x) Primary ( ) Respite
      Mentor Name: [redacted]
      # of Clients/Individuals Living in Home: 6
    - ( ) Client/Individual's Residence (group home, ICF, apt)
    - ( ) Client/Individual's Biological Family/Guardian Home
    - ( ) Day Program
    - ( ) School
    - ( ) Client/Individual's Place of Employment
    - ( ) Vehicle
    - ( ) Program Office
    - ( ) Community
    - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
    - [ ] Remain in Current Placement
    - [ ] Placement Decision Pending
    - [ ] Client/Individual Placed in Respite
    - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
    - [ ] Discharged from MENTOR NETWORK
    - [ ] Temporarily or Permanently Closed Mentor Home
    - [ ] Emergency Psychiatric Evaluation (no hospitalization)
    - [ ] Emergency Psychiatric Hospitalization
    - [ ] Emergency Medical Hospitalization
    - [ ] In-school suspension
    - [ ] School Suspension/Expulsion
    - [ ] Client/Individual Arrest/Detention
    - [x] Death
    - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

*[redacted] contacted the on call coordinator on [redacted] at approx [redacted] notifying the coordinator of [redacted] passing.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[x] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[x]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Current diagnosis [redacted] was born premature at 29 weeks. Client has hydrocephalic with a subglaleal shunt. [redacted] is diagnosed with Grade III IVH respiratory distress syndrome, muscle weakness, abnormal posture and other symptoms involving nervous and musculoskeletal systems Meds – Baclofen, Robintil, Zantac, Miralax, Clonaepam and Albuterol

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mentor noticed clients breathing became a little worse and administered a neb treatment in hopes of helping [redacted] lungs. She checked client for a fever because [redacted] was diagnosed with an ear infection on [redacted] Mentor reports placing [redacted] in her other foster child's room (medically complex and confined to a hospital bed) while she fixed dinner. Mentor checked on [redacted] and noticed that [redacted] felt hot. She checked [redacted] temp (104) so she administered Tylenol and noticed [redacted] breathing had calmed.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Mentor parent finished dinner and ate. When she went in to move [redacted] she noticed that [redacted] was not breathing. She immediately grabbed her foster [redacted] pulse ox and it did not show red. She grabbed the scope to listen. Mentor didn't hear a thing. She took [redacted] pulse and couldn't get one. She then took [redacted] G tube out and began administering CPR and called 911. Mentor reports EMS arrived within minutes. EMS took over and found [redacted] unresponsive to all machines. [redacted] let EMS crew know she could not make the final call because she was not authorized to. Mentor reports the EMS gentleman saying, "nothing else to do [redacted] has passed". Mentor then contacted [redacted] County DSS and notified the doctor Dr [redacted]. Mentor reports after speaking with her doctor that law enforcement, CSI and the coroner came for reports [redacted] was transported to the [redacted] where an autopsy will be performed. Mentor parent was asked about funeral arrangement and let DSS know that [redacted] should be buried in [redacted] wit[redacted] mother.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client/Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** CC	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]	2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:	4. Log #: [redacted]
5. DOB: [redacted]	6. Age: 3 Years 5 M / 7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child	9. Service Category: *(Check one)*
10. Date of Admission to MENTOR NETWORK: [redacted]	( ) Behavioral Health ( ) Acquired Brain Injury ( ) Juvenile Justice ( ) Elder Care (x) Medically Complex ( ) Mental Illness ( ) MR/DD ( ) MR/MI ( ) MR/DD Offender ( ) Education ( ) Other:
11. Length of Current Placement/Services:	

SECTION B: PROGRAM INFORMATION

12. State: [redacted] / 13. City:	14. If Acquisition/Partner, specify company name:
	15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**

( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]	18. First Reported to MENTOR NETWORK: [redacted] By: *(Name & Title)* [redacted] Foster Parent
19. Location of Incident: *(check one)* (x) Mentor Home (x) Primary ( ) Respite **Mentor Name:** [redacted] **# of Clients/Individuals Living in Home:** 1 ( ) Client/Individual's Residence (group home, ICF, apt) ( ) Client/Individual's Biological Family/Guardian Home ( ) Day Program ( ) School ( ) Client/Individual's Place of Employment ( ) Vehicle ( ) Program Office ( ) Community ( ) Other:	20. Outcome of Incident: *(check all that apply)* [ ] Remain in Current Placement [ ] Placement Decision Pending [ ] Client/Individual Placed in Respite [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK) [ ] Discharged from MENTOR NETWORK [ ] Temporarily or Permanently Closed Mentor Home [ ] Emergency Psychiatric Evaluation (no hospitalization) [ ] Emergency Psychiatric Hospitalization [ ] Emergency Medical Hospitalization [ ] In-school suspension [ ] School Suspension/Expulsion [ ] Client/Individual Arrest/Detention [x] Death [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

** Minor was sleeping and checked on at [redacted] by the respite foster parent. At [redacted] foster parent went to wake the child to provide [redacted] feeding and noticed the child was cold and non-responsive. At that time, foster parent called 911 and the [redacted] Mentor emergency hotline. Paramedics responded and could not revive child. [redacted] County sheriff and [redacted] Police were called, as well as [redacted] County coroner. Coroner pronounced the child dead at [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

22. **SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES**

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Shaken baby; cerebral palsy; seizure disorder; GERD; retinal hemorrhaging; severely delayed and retardation. Child[s medications include Robinol Bid; Baclofen; Pulmicort Nebulizer; Flovent Inhaler; and Albuterol PRN. Child had surgery [redacted] with [redacted] to thin [redacted] epiglottis; redo earplugs and revise adenoids. Child had hip surgery in [redacted] Child last saw primary physician [redacted]

23. **SECTION G: ANTECEDENT EVENTS**

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Minor was sleeping. Foster parent checked on [redacted] at [redacted], and [redacted] was fine. At [redacted] foster parent went to wake the child to provide [redacted] feeding and noticed the child was cold and non-responsive. At that time, foster parent called 911 and the [redacted] Mentor emergency hotline.

24. **SECTION H: INCIDENT NARRATIVE**

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

The program manager received a call that [redacted] (DOB [redacted]) was unresponsive this morning when the foster parent went to check on [redacted] at [redacted] to feed [redacted] The foster parent reported that she had checked in on the child at [redacted] and the child was sleeping fine, and when she went back to check at [redacted] that is when she noticed that the child was cold and non-responsive. The foster parent called 911, and the paramedics responded and could not revive the child. The [redacted] County sheriff and [redacted] Detectives were called to the home. The coroner was called to the home, and the child was pronounced dead by the coroner at [redacted] on [redacted] A police detective has been assigned to the case since the death occurred at home. The autopsy is scheduled for [redacted] Mentor program manager [redacted] contacted the DCFS hotline and provided info at [redacted]

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** PC	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** Mgr.	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** Exec. Dir.	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 2 Months
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - (x) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 3 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Foster parent
19. Location of Incident: ***(check one)***
   - (x) Mentor Home (x) Primary ( ) Respite
   - Mentor Name: [redacted]
   - # of Clients/Individuals Living in Home: 4
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: ***(check all that apply)***
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**On [redacted] at around [redacted] mom [redacted] went in to check on [redacted] in the bedroom and noticed [redacted] was not breathing. She alerted FP and then 911 was called. CPR was started until medical help arrived. Once the ambulance arrived [redacted] was taken to [redacted] Hospital in [redacted] where [redacted] was pronounced dead.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] was a [redacted] old [redacted] that was in the custody of [redacted] County DSS. [redacted] was placed in foster care by DSS with [redacted] bio mother and 2 siblings and the plan was for [redacted] mom to regain custody. [redacted] was not on any medication and has no medical history problems.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] acted fine all day. Earlier that evening [redacted] ate and then [redacted] mom gave [redacted] a bath. [redacted] acted as thought [redacted] felt fine, was not any more fussy than usual and nothing was out of the ordinary.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.)

On [redacted] mom put [redacted] down to sleep. [redacted] was sleeping on [redacted] back in the middle of mom's bed by [redacted] and there were no toys or other items lying on the bed with [redacted] Mom, FP and other family members that were visiting went to sit on the front porch. They heard [redacted] crying so bio mom went inside to check on [redacted] and she returned back outside she said [redacted] was fine. At around [redacted] mom went in to the bedroom again to check on [redacted] sleeping. When mom checked on [redacted] she noticed that [redacted] was not breathing and she immediately alerted foster parent Ms [redacted]. Ms [redacted] went in with [redacted] and saw that [redacted] was not breathing and immediately called 911. 911 operator advised FP to lay [redacted] on a flat surface and begin CPR. F began to administer CPR o [redacted] until medical help arrived. Once the help arrived they took over and transported [redacted] to the [redacted] Hospital in [redacted] where [redacted] was pronounced dead. FP contacted [redacted] legal guardian, [redacted] DSS on [redacted] to make them aware of what was happening. This incident was reported to [redacted] Mentor on [redacted] by anther FP [redacted]

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** TFC Coordinator	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** TFC Supervisor	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** QA Dir	**Date** [redacted]
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 19 Years 9 M
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 4 Years 7 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: TFC

16. Service Setting/Model: (check the ONE that most closely fits)
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Primary Mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - Mentor Name: [redacted]
   - # of Clients/Individuals Living in Home: 2
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

**Client passed away from medical causes after going to bed on [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client's current diagnoses are 741.9 Spina Bifida, 742.3 Hydrocephalus w/ shunt and 737.30 Scoliosis. Client is currently taking Nitrofurantoin 50mg, Trileptal 300mg, Nexium 40mg, Septra 480mg, Zyrtec 10mg and Zoloft 100mg. Client has history of seizures, various medical issues and developmental disabilities.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client had recently been diagnosed with sleep apnea and had gotten the C-PAP mask and machine to help with this.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Client had gone to bed at approximately [redacted] on [redacted]. The Mentor parent went into [redacted] room at approximately [redacted] to check on [redacted] and found [redacted] still sitting in [redacted] wheelchair with [redacted] CPAP mask correctly placed on [redacted] nose, but with the oxygen machine not yet turned on. [redacted] head was leaning back and [redacted] mouth slightly open. She noticed [redacted] was blue and took [redacted] form the chair and began CPR, also having a family member call EMS. The first responder arrived within four minutes but was unable to bring the client back.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Program Supervisor	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** Program Manager	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]	2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:	4. Log #: [redacted]
5. DOB: [redacted]	6. Age: 1 Months / 7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child	9. Service Category: *(Check one)*
10. Date of Admission to MENTOR NETWORK: [redacted]	(x) Behavioral Health ( ) Juvenile Justice ( ) Medically Complex ( ) MR/DD ( ) MR/DD Offender ( ) Acquired Brain Injury ( ) Elder Care ( ) Mental Illness ( ) MR/MI ( ) Education ( ) Other:
11. Length of Current Placement/Services:	

SECTION B: PROGRAM INFORMATION

12. State: [redacted] / 13. City:	14. If Acquisition/Partner, specify company name:
	15. Program Name: **Child Protective Services**

16. Service Setting/Model: **(check the ONE that most closely fits)**

( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]	18. First Reported to MENTOR NETWORK: [redacted] By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)* (x) Mentor Home (x) Primary ( ) Respite **Mentor Name:** [redacted] **# of Clients/Individuals Living in Home:** 3 ( ) Client/Individual's Residence (group home, ICF, apt) ( ) Client/Individual's Biological Family/Guardian Home ( ) Day Program ( ) School ( ) Client/Individual's Place of Employment ( ) Vehicle ( ) Program Office ( ) Community ( ) Other:	20. Outcome of Incident: *(check all that apply)* [ ] Remain in Current Placement [ ] Placement Decision Pending [ ] Client/Individual Placed in Respite [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK) [ ] Discharged from MENTOR NETWORK [ ] Temporarily or Permanently Closed Mentor Home [ ] Emergency Psychiatric Evaluation (no hospitalization) [ ] Emergency Psychiatric Hospitalization [ ] Emergency Medical Hospitalization [ ] In-school suspension [ ] School Suspension/Expulsion [ ] Client/Individual Arrest/Detention [x] Death [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** Mentor reported she went to get client up for the day at approximately [redacted]. She noted that [redacted] arms were slumped to the side. [redacted] was not breathing. She called 911. [redacted] checked [redacted] mouth and administered CPR. 911 arrived, and [redacted] was transported by ambulance to [redacted] Hospital. Ms. [redacted] reported [redacted] back was cool, but [redacted]
Once investigators arrived, we were no longer able to communicate with [redacted].

Client/Individual Name [redacted] **Log #:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

No diagnosis; child and mother tested positive at birth for cocaine. No medications.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mentor reported she fed [redacted] at approximately [redacted] or [redacted] After burping, changing [redacted] and playing with [redacted] for a short time, [redacted] was placed on [redacted] side to sleep.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Mentor reported she went to get [redacted] up for the day at approximately [redacted] She noted that [redacted] arms were slumped to the side and [redacted] was not breathing. She called 911. [redacted] checked [redacted] mouth and administered CPR. 911 arrived, and [redacted] was transported by ambulance to [redacted] hospital. [redacted] reported [redacted] back was cool, but [redacted] chest was warm. Once investigators arrived, we were not able to continue to communicate with [redacted]. Later, a police detective informed Mentor staff that [redacted] was declared dead. Mentor staff received no additional information. Mentor staff will cooperate with investigation.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** DSD	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** State QA	**Date** [redacted]
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** SD	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]	2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:	4. Log #: [redacted]
5. DOB: [redacted]	6. Age: 5 Months / 7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child	9. Service Category: *(Check one)*
10. Date of Admission to MENTOR NETWORK: [redacted]	( ) Behavioral Health ( ) Acquired Brain Injury ( ) Juvenile Justice ( ) Elder Care (x) Medically Complex ( ) Mental Illness ( ) MR/DD ( ) MR/MI ( ) MR/DD Offender ( ) Education ( ) Other:
11. Length of Current Placement/Services:	

SECTION B: PROGRAM INFORMATION

12. State: [redacted] / 13. City:	14. If Acquisition/Partner, specify company name:
	15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**

( ) ICF/MR (Intermediate Care Facility)
( ) Group or Shared Living (3+ clients/individuals with 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
(x) Mentor Home/ Host Home
( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
( ) Home Health Agency Services
( ) Family/School/Home Based Supports (periodic services less than 24/7)
( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
( ) Day Program
( ) Supported Employment/Vocational
( ) School
( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]	18. First Reported to MENTOR NETWORK: [redacted] By: *(Name & Title)* [redacted]
19. Location of Incident: *(check one)* (x) Mentor Home (x) Primary ( ) Respite **Mentor Name:** [redacted] **# of Clients/Individuals Living in Home:** ( ) Client/Individual's Residence (group home, ICF, apt) ( ) Client/Individual's Biological Family/Guardian Home ( ) Day Program ( ) School ( ) Client/Individual's Place of Employment ( ) Vehicle ( ) Program Office ( ) Community ( ) Other:	20. Outcome of Incident: *(check all that apply)* [ ] Remain in Current Placement [ ] Placement Decision Pending [ ] Client/Individual Placed in Respite [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK) [x] Discharged from MENTOR NETWORK [ ] Temporarily or Permanently Closed Mentor Home [ ] Emergency Psychiatric Evaluation (no hospitalization) [ ] Emergency Psychiatric Hospitalization [ ] Emergency Medical Hospitalization [ ] In-school suspension [ ] School Suspension/Expulsion [ ] Client/Individual Arrest/Detention [x] Death [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**Client, aged [redacted] stopped breathing at [redacted] on [redacted]. There is a DNR order preventing intervention. Client was declared dead at [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compansation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[ ] Guardian Notified
Date:
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client is diagnosed with Partial Trisomy 14, heart disease, hypothyroidism, Dandy-Walker Malformation, cleft lip and palate. Client has a history of seizures. Client has multiple genetic abnormalities (abnormal chromosome 14). Client has central apnea and obstructive apnea. Medications: Albuterol Inhalation treatments (at 12am, 8am and 4pm), Synthroid 0.05mg at 8am, Poly-vi-Sol (1ml at 8am), Valium 5mg/5ml (at 12am, 8am and 4pm), Diuril 50mg (at 8am and 8pm).

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client had an ear infection the previous week and had been taking medication. By [redacted], client was feeling better and smiling and interacting with those around [redacted]

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On the morning of [redacted] client's nurse gave client, aged 5 months, a bath. Nurse stated that client smiled and she noticed no abnormalities in behavior. Following the bath, nurse put client in a onesie. She set client down and when she went to pick up client again, nurse stated client was "balled up" and turned blue. At [redacted] nurse picked [redacted] up, noticed client was not breathing, and immediately told foster mom to call 911. Foster mom called 911 immediately. Foster mother called PC at [redacted]. Foster mother called FCM [redacted]. When PC arrived at the house at [redacted], two paramedics were checking [redacted]. Nurse stated that the paramedics used a heart monitor to determine that client had a heart beat, but it could not be felt with their hands. Client has a DNR order, disallowing any treatment. Paramedics collected their things and left by [redacted]. Foster mother reported that client had some of [redacted] usual fits of fussiness due to [redacted] central and obstructive apnea when it becomes difficult for [redacted] to catch [redacted] breath. Client has a history of seeming to panic when [redacted] has challenges with breathing, but by adjusting [redacted] position, [redacted] is able to be calmed. Client is on an oxygen monitor that sounds an alarm if [redacted] oxygen level decreases. The breathing monitor never went off indicating that there was a need for further intervention. [redacted] [redacted] declared client dead at [redacted] FCM [redacted] stated that the [redacted] funeral home would be coming to pick up [redacted]. CASA [redacted] was contacted via voicemail at [redacted] Staff from [redacted] Funeral Home picked client up at [redacted] FCM [redacted] stated [redacted] would contact team members about funeral arrangements.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** PC	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** PS	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** DOO	**Date** [redacted]
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 7 Years 8 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 35 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: Medically Fragile
16. Service Setting/Model: **(check the ONE that most closely fits)**
    - ( ) ICF/MR (Intermediate Care Facility)
    - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
    - (x) Mentor Home/ Host Home
    - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
    - ( ) Home Health Agency Services
    - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
    - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
    - ( ) Day Program
    - ( ) Supported Employment/Vocational
    - ( ) School
    - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Foster Parent
19. Location of Incident: *(check one)*
    - ( ) Mentor Home (x) Primary ( ) Respite
    - **Mentor Name:**
    - **# of Clients/Individuals Living in Home:**
    - ( ) Client/Individual's Residence (group home, ICF, apt)
    - ( ) Client/Individual's Biological Family/Guardian Home
    - ( ) Day Program
    - ( ) School
    - ( ) Client/Individual's Place of Employment
    - ( ) Vehicle
    - ( ) Program Office
    - ( ) Community
    - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
    - [ ] Remain in Current Placement
    - [ ] Placement Decision Pending
    - [ ] Client/Individual Placed in Respite
    - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
    - [ ] Discharged from MENTOR NETWORK
    - [ ] Temporarily or Permanently Closed Mentor Home
    - [ ] Emergency Psychiatric Evaluation (no hospitalization)
    - [ ] Emergency Psychiatric Hospitalization
    - [ ] Emergency Medical Hospitalization
    - [ ] In-school suspension
    - [ ] School Suspension/Expulsion
    - [ ] Client/Individual Arrest/Detention
    - [x] Death
    - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

** Client passed away on [redacted] was in a persistent vegetative state and was ventilator dependent.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] has been diagnosed in a persistent vegetative state; pneumonia; organism, NOS; ostegenesis imperfecta; convulsions; asphyxia; drowning/non-fatal summer; tracheostomy; gastrostomy status; profound blindness both eyes [redacted] is non-verbal, non-ambulatory. [redacted] is ventilator dependent.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] was at home with [redacted] home health nurse and mentors.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] phoned program manager [redacted] to advise [redacted] had passed away. [redacted] advised [redacted] was at home with [redacted] home health nurse and mentors at the time of [redacted] passing. [redacted] heart rate had lowered. [redacted] home health nurse increased [redacted] amount of oxygen at this time, which caused [redacted] heart rate to stabilize. After a few minutes, [redacted] heart rate decreased again and did not stabilize, resulting in [redacted] death. [redacted] has an out-of-the-hospital Do Not Rescitate order. [redacted] advised 911 was in route to the hor. CPS hotline was notified on [redacted] call ID [redacted] took the call. The call reference number is [redacted]

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** State QA	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self ( ) State ( ) Parent(s) (x) Other:
4. Log #:
5. DOB: [redacted]
6. Age: 16 Years
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - (x) Other: [redacted]
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 1 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: ED/BD Program
16. Service Setting/Model: **(check the ONE that most closely fits)**
    - ( ) ICF/MR (Intermediate Care Facility)
    - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
    - (x) Mentor Home/ Host Home
    - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
    - ( ) Home Health Agency Services
    - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
    - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
    - ( ) Day Program
    - ( ) Supported Employment/Vocational
    - ( ) School
    - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Program Director
19. Location of Incident: *(check one)*
    - ( ) Mentor Home ( ) Primary ( ) Respite
    - **Mentor Name:**
    - **# of Clients/Individuals Living in Home:**
    - ( ) Client/Individual's Residence (group home, ICF, apt)
    - ( ) Client/Individual's Biological Family/Guardian Home
    - ( ) Day Program
    - ( ) School
    - ( ) Client/Individual's Place of Employment
    - ( ) Vehicle
    - ( ) Program Office
    - ( ) Community
    - (x) Other: Friend's Home
20. Outcome of Incident: *(check all that apply)*
    - [ ] Remain in Current Placement
    - [ ] Placement Decision Pending
    - [ ] Client/Individual Placed in Respite
    - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
    - [ ] Discharged from MENTOR NETWORK
    - [ ] Temporarily or Permanently Closed Mentor Home
    - [ ] Emergency Psychiatric Evaluation (no hospitalization)
    - [ ] Emergency Psychiatric Hospitalization
    - [ ] Emergency Medical Hospitalization
    - [ ] In-school suspension
    - [ ] School Suspension/Expulsion
    - [ ] Client/Individual Arrest/Detention
    - [x] Death
    - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

**On [redacted] this program coordinator received a telephone call from [redacted] of [redacted] Police Department. [redacted] informed this coordinator that the client [redacted] committed suicidal via hanging at a friend's house.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: Date of Incident: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

On [redacted] the client was hospitalized at [redacted] for dangerous and self-injurious behaviors. Client was taking psychotropic medication to address [redacted] diagnosis of Major Depression, BiPolar, ADHD.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

The client appeared to be happy because [redacted] was planning to spend the day with [redacted] step-father and biological brother.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] this program coordinator received a telephone call from [redacted] of [redacted] Police Department. [redacted] informed this coordinator that the client [redacted] committed suicidal via hanging at a friend's house. The main report is being completed. Appropriate contacted will be made with all parties concerned.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Program Coordinator	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** Program Supervisor	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** Director of Operations	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #:
5. DOB: [redacted]
6. Age: 3 Years 7 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 2 Years

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted]
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: [redacted] **Hospital.**
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the Incident for entry into Risk Management database.**

**Foster parent took minor to [redacted] hospital ER due to difficulty waking [redacted]. FP reports minor expired on the way to the hospital. FP reports minor was revived at [redacted], then transferred via ambulance to [redacted] Hospital. FP trailed ambulance to [redacted] FP repots hospital [redacted] had a weak heartbeat and [redacted] was hooked to breathing machine. Per Dr. [redacted] at [redacted], minor passed away at [redacted] Cause of death per Dr. [redacted] multiple organ/system failure.

Client/Individual Name: [redacted] **Log #:** **Date of Incident:** [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** **Date of Incident:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Congenital Malformation including lobar holoprosencephaly, choanal astresia, seizure disorder, developmental delay, hypotonia, microcephaly, upper air problems including choanal stenosis and laryngomalacia. Central diabetes insipidas, gastric tube. Meds: Phenobarbital, DDAVP, Prevacid. Equipment: Wheelchair, stander, feeding pump, apnea monitor, pulse oximeter, AFO's, g-tube.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Foster parent reports she had difficulty waking minor on the morning of [redacted] Foster parent had several conversations with treating physician [redacted] at [redacted]. Medical staffing at [redacted] on [redacted] with foster parent, [redacted] Mentor Supervisor and Nurse Clinician, Minor's GAL, Dr. [redacted], his nurse, hospital social worker. Mother arrived late for staffing. Discussion of minor possibly receiving a trach, although it was not a doctor's recommendation. Team also discussed DNR order, Dr. [redacted] was provided DCFS DNR paperwork to complete.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Foster parent reports she had difficulty waking minor around [redacted] Foster parent reports she kept shaking [redacted] and checking on [redacted]. FP reports she called [redacted] to inform of minor's condition and they were to call her back. FP indicates she did not want to wait any longer so she took minor to [redacted]. FP reports that minor expired in her arms on the way to hospital. FP reports minor was revived at [redacted], then transferred via ambulance to [redacted] hospital. FP trailed ambulance to [redacted]. FP reports hospital said [redacted] had weak heartbeat and [redacted] was hooked to breathing machine. FP reports they kept giving her bits and pieces of information. Foster parent reports she was completely stressed out and she couldn't take it anymore so she left. When manger and worker called [redacted] to inform them that biological mother would be visiting the call was given to Dr. [redacted] at [redacted] who reported that minor passed away at [redacted]

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** PC	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** Manager	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** ED	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** Director of Operations	**Date** [redacted]
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 7 Years 3 M
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 1 Years 3 Months 4 Days

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: MF Program

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted]
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: [redacted] Hospital
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

**Client died on [redacted] at [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client has the following diagnoses: 35 week preemie, GERD Hypoplastic Lungs/Chronic Lung, previously Trach and Vent dependent, NG tube, Giant Omphalocele s/p repair, let PA stenosis/ hypoplasia, Dextrocardia, MRSA/ MRO, Autism, PICA, ADHD, R/O Mental Retardation, Hperkinesis of Childhood, receptive ad expressive language delay, and global developmental delays.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was airlifted to [redacted] Hospital on [redacted] remained in PICU from the time. [redacted] was on ECMO and a ventalator. Dialysis was started on [redacted]. A DNR order was requested by the hospital and consented to by DCFS as well as the removal of the ECMO.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Client passed on [redacted] at [redacted] at [redacted] Hospital. [redacted] had multisystem organ failure, parovirus viremia, streptococcus pnemoniate pneumonia, and candida albican pneumonia.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Program Coordinator	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** Manager	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** Director of Operations	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 7 Years 3 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 6 Months 1 Days

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: Child Protective Services

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - Mentor Name:
   - # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: Exiting school bus outside home
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

** Client exited the school bus and was struck by a truck. [redacted] was pronounced dead on the scene.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

22. List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] was not on any medications.

SECTION G: ANTECEDENT EVENTS

23. Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] was exiting the school bus.

SECTION H: INCIDENT NARRATIVE

24. Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affil[redacted].e. Joan Smith, DCFS Case Manager.).

[redacted] was returning from school to the foster home on the school bus. It was reported that a truck hit [redacted] once [redacted] passed in front of the bus to cross the street. A passerby called 911, and once the paramedics arrived, [redacted] eventually stopped breathing. The justice of the peace was contacted, in which [redacted] pronounced [redacted] death. The mentors called the program manager at [redacted] to report the incident. PM arrived on the scene at [redacted] and spoke to the justice of the peace. Area was shut off for approximately three hours. Child was transported to [redacted] Medical Examiner's office [redacted]) for autopsy. All pertinent contacts were made to CPS, licensing, and the hotline. The driver of the vehicle was detained and taken into custody

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** State Dir.	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB:
6. Age:
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **15 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: **Child Protective Services**
16. Service Setting/Model: **(check the ONE that most closely fits)**
    - ( ) ICF/MR (Intermediate Care Facility)
    - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
    - (x) Mentor Home/ Host Home
    - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
    - ( ) Home Health Agency Services
    - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
    - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
    - ( ) Day Program
    - ( ) Supported Employment/Vocational
    - ( ) School
    - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted]
19. Location of Incident: *(check one)*
    - (x) Mentor Home (x) Primary ( ) Respite
      Mentor Name: [redacted]
      # of Clients/Individuals Living in Home: 2
    - ( ) Client/Individual's Residence (group home, ICF, apt)
    - ( ) Client/Individual's Biological Family/Guardian Home
    - ( ) Day Program
    - ( ) School
    - ( ) Client/Individual's Place of Employment
    - ( ) Vehicle
    - ( ) Program Office
    - ( ) Community
    - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
    - [ ] Remain in Current Placement
    - [ ] Placement Decision Pending
    - [ ] Client/Individual Placed in Respite
    - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
    - [ ] Discharged from MENTOR NETWORK
    - [ ] Temporarily or Permanently Closed Mentor Home
    - [ ] Emergency Psychiatric Evaluation (no hospitalization)
    - [ ] Emergency Psychiatric Hospitalization
    - [ ] Emergency Medical Hospitalization
    - [ ] In-school suspension
    - [ ] School Suspension/Expulsion
    - [ ] Client/Individual Arrest/Detention
    - [x] Death
    - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

** On [redacted] at [redacted] mentor [redacted] called PSC [redacted] to report that client was unresponsive to touch when caregiver went to check on [redacted] while napping.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[x]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[ ] Funding Source Notified
Date:
[x] Family Notified
Date: [redacted]
[ ] Guardian Notified
Date:
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

No known medical or psychiatric history.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] was put down for a nap at [redacted]

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] mentor's daughter [redacted] went into bedroom after hearing another foster sibling crying through the room monitor. Upon entering the room, [redacted] discovered [redacted] was unresponsive. She immediately began applying CPR and called for [redacted], who assisted in CRP. After [redacted] responded [redacted] phoned EMS and [redacted] (at her office). [redacted] vomitted and was non-responsive again. [redacted] arrived home prior to EMS and continued applying CPR. [redacted] vomitted again. EMS arrived and continued CPR and applied a trachea and proceeded to take [redacted] to [redacted] Hospital. After being in hospital, [redacted] was pronounced dead. Hospital notified police [redacted]. CPS hotline was phoned at [redacted] Reference # [redacted] to [redacted], ID # [redacted]

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** PSC Super.	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only) [redacted]	**Print Name**	**Title** Stae Dir.	**Date** [redacted]

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 14 Years 8 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 14 Years

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: TFC

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Hospital personnel
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: [redacted] Hospital.
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

+Client had two emergency surgeries on [redacted] On [redacted] client's condition deteriorated and [redacted] died at approximately [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client is a 14 year old [redacted] who has been placed in our Medically complex program since 1 month old. [redacted] is diagnosed with seizure d/o; paraplegia; cerebral palsy, and has a feeding tube. Current medications are: Pulmicort (2x/day); Xopenex (2x/day), Zantac daily.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was medically fragile. Before the second surgery doctors prepared the foster parents for the possibility of client not surviving it.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Client received two emergency surgeries on [redacted] due to a suspected bowl obstruction and then necrotic bowel. Following the second surgery, doctors had difficulty keeping client's blood pressure up. Client deteriorated the morning of [redacted] and died at approximately [redacted]

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** QAA	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** SD	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 17 Years 1
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - (x) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: **Juvenile Justice**

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] **Mentor**
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: [redacted]
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

[redacted], Mentor, took [redacted] and another child in her care to a local water area near [redacted] in [redacted] to go swimming. [redacted] saw [redacted] swimming. When [redacted] went under the water and did not emerge, she called 911. The local police arrived and searched for [redacted] in the water. Subsequently, the Mentor reported that the authorities had recovered [redacted] body.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

According to [redacted] most recent psychological diagnosis, [redacted] was diagnosed with insomnia and schizoaffective disorder. [redacted] most recent psychological evaluation, [redacted] stated [redacted] was happy and experiencing no behavior problems, hallucinations, or mood swings. [redacted] refilled [redacted] prescription for 25mg of Seroquel.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mentor took both youths in her custody to a nearby water area to go swimming.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

[redacted] Mentor, took [redacted] and another child in her care to a local water area near [redacted] in [redacted] to go swimming. [redacted] saw [redacted] swimming. When [redacted] went under the water and did not emerge, she called 911. The local police arrived and searched for [redacted] in the water. Subsequently, the Mentor reported that the authorities had recovered [redacted] body.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Recruiter	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** SD	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 1 Years 2 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 5 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: Medically Fragile

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
     Mentor Name: [redacted]
     # of Clients/Individuals Living in Home: 2
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

+ On [redacted] the client passed away as a result of [redacted] medical conditions.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] was born with a genetic disorder. [redacted] has a G-tube for nutrition purposes. [redacted] has seizures throughout the day. [redacted] is on Keppra; Lorazepam; Miralax; Pulmicort; Nystatin Powder; Zoponex; Ipratropim Bromide; Diazepam; Hycet; Clonazepam; and Phenobarbital. [redacted] does not have a long life expectancy.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] was being cared for at the Mentor home.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] around [redacted], mentor [redacted] called to give a medical update on the client [redacted]. The mentor reported that within a 30-minute period, the client had stopped breathing twice, and [redacted] heart had stopped beating for a period of time. The mentor expressed that she felt that the client was going to pass soon. It was reported that the client's biological mother was notified of the client's condition, and she arrived at the Mentor home around [redacted]. Hospice was also notified of the client's condition, and they arrived to the Mentor home around [redacted]. At [redacted] or [redacted], the mentor called to report that the client passed away at [redacted]. The state director, [redacted], was notified that the client had passed away. The incident was reported to the CPS hotline, reference # [redacted]. A message was left for both CPS caseworker and the CPS supervisor regarding the client's death.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Admin. Assist.	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** pm	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #:
5. DOB: [redacted]
6. Age: 20 Years 1 M
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 1 Years 5 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: Children's Program

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted]

19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - (x) Community
   - ( ) Other:

20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

[redacted] committed suicide by hanging at a friend's home on [redacted] was found at abou[redacted]

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[x] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[x] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] is diagnosed with Bipolar and has a history of sexual abuse and has also been treated for being a sexual perpetrator. [redacted] had been stable and not showing any signs of Bipolar or acting inappropriately.

23. SECTION G: ANTEGEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

There were no unusual behaviors reported during the week leading up to the incident.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On-call worker [redacted] was contacted by [redacted], the grandmother of [redacted], at [redacted] to inform worker [redacted] that [redacted] had committed suicide this morning while at a friend's home. Ms. [redacted] reported that [redacted] friend's mother found [redacted] hanging from a tree in their front yard. 911 was called but they were not able to save [redacted] life. Ms. [redacted] reports that no police report is available at this time.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** PC	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** DOO	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #:
5. DOB: [redacted]
6. Age: 17 Years 1 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK:
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: **Children's Program**

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)*
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: **on run status - grandmothers hous**
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

[redacted] committed suicide via hanging.

Client/Individual Name: [redacted] Log #: Date of Incident: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[x] Self-Injurious Behavior
[x] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] Log #: Date of Incident: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] has a history of experiencing neglect and was abandoned by [redacted] bio parents. [redacted] had demonstrated multiple behavior problems (stealing, physically aggressive behaviors, breaking and entering etc) that had led to a criminal charge and delinquency. [redacted] has a significant history of running away behaviors for extended periods of time. While in placement [redacted] was resistant to mental health services and medication to address [redacted] trauma history and behavioral problems.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] has been on the run from foster care placement since [redacted] was believed to be in [redacted] with [redacted] bio mother and family however they would not cooperate in giving the worker an address or returning [redacted] received a letter from [redacted] mother a couple of days prior to [redacted] that was very negative toward [redacted].

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] at approx [redacted] caseworker [redacted] received a call from [redacted] DOB [redacted]) grandmother [redacted] who stated that on [redacted] at [redacted] she found that [redacted] had committed suicide by hanging [redacted] stated that [redacted] had been doing very well until a few days prior to the incident after [redacted] received a letter from [redacted] mother. [redacted] mother who is incarcerated had written [redacted] a letter stating that [redacted] no longer wanted anything to do with [redacted] Ms [redacted] stated that she noted that [redacted] appeared under the influence of substances for a couple days after that. Ms [redacted] stated that [redacted] left a suicide note however she was unable to read it due to being too upset and gave it to the police. Caseworker [redacted] followed up with the police dept in [redacted] The police confirmed the event and stated that the paperwork would not be available for 5-7 days.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Children PS	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** Mgr	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** OD	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** QAM	**Date** [redacted]
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 18 Years 1
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 9 Months 15 Days

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Foster Parent
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - Mentor Name:
   - # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - (x) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**Client was on an approved weekend visit with his Uncle [redacted]. Mr. [redacted] called [redacted], Mentor, and shared [redacted] had been shot and killed while in a [redacted] Food Restaurant in the community.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Axis I: Conduct Disorder, Cannibus Abuse Axis II: Deferred Axis III: None Axis IV: Primary Support Group Axis V: 65
Client was not taking any prescription medication.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was on an approved weekend home visit with [redacted] Uncle [redacted]. Client left [redacted] uncle's house to go to [redacted] Food Restaurant in the community.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Client, [redacted], went on an approved weekend visit [redacted] with [redacted] Uncle [redacted] in [redacted] City, [redacted] night [redacted] left [redacted] Uncle's house walking to get food at a [redacted] Restaurant in the community. At approximately [redacted] was in the restaurant when someone came in and attempted to rob the establishment [redacted] attempted to run out of the restaurant and was shot and killed. This information was reported to the Mentor, [redacted] by [redacted] Uncle [redacted] on [redacted] at approximately [redacted], on on-call at [redacted]
City DJS: Assistant Secretary [redacted], Area Director [redacted], Compliance Office [redacted] and PO [redacted] around [redacted] attempted to contact [redacted] father and uncle on [redacted]
This writer attempted to contact [redacted] father and uncle and was unable to do so on [redacted] several times.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Clinical Supervisor	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** [redacted] Program Manager	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 2 Months
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 7 Days

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: Children's Program

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] mentor
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - Mentor Name: [redacted]
   - # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**At [redacted] mentor [redacted] notified on call coordinator client [redacted] had stopped breathing. At the time of the phone call 91 had already arrived and [redacted] was being transported to [redacted] Hospital [redacted] was pronounced dead at [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ]To Mentor's Family Member
[ ] To Other Third Party
[ ]To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[x]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Upon intake the only medical need noted were [redacted] umbilical cord had not healed correctly and needed to be seen by a PCP.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Mentor [redacted] reported that client [redacted] had been fussy over the past few days but nothing that seemed out of the ordinary. Client [redacted] appeared in normal spirits and was put down for [redacted] morning nap by mentor [redacted].

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] this writer on call coordinator [redacted] received a phone call from mentor [redacted] at approx. [redacted] stating that client [redacted] had stopped breathing. At the time of the phone call to this writer mentor [redacted] had already notified 911 and an ambulance team was at her home getting ready to transport [redacted] to [redacted] Hospital. The order of events is as follows; At [redacted] mentor [redacted] got ready for work and arrived to work at [redacted] Mentor [redacted] was at home caring for [redacted] the entire time. [redacted] was working. [redacted] put [redacted] down for a nap at approx. [redacted] and laid [redacted] on [redacted] side. At [redacted] mentor [redacted] left work and arrived home at [redacted] then left to go to the pharmacy. At approx. [redacted] checked on [redacted] and reported that [redacted] was sweaty and very hot. [redacted] was on [redacted] stomach and was not breathing. Mentor [redacted] immediately started chest compressions and called 911 at the same time. The ambulance team arrived at [redacted] [redacted] was pronounced dead at [redacted] at [redacted] y Hospital. DCF hotline was notified at [redacted] while this writer was en route to [redacted] Hospital. At that time this writer had not received the news that [redacted] had died. At [redacted] this writer received a phone call from the CS [redacted] that client [redacted] had died. This writer informed the DCF hotline [redacted] y [redacted] both arrived at [redacted] Hospital to meet with mentor [redacted] CS [redacted] spoke directly top DCF supervisor as well as the State Police investigators. DCF was going to notify client [redacted] bio family of the incident and allow them to see [redacted] at the hospital. A [redacted] was filed by [redacted] Hospital as part of the hospital protocol. DCF's special investigative unit will begin their investigation. An internal investigation is currently underway by the [redacted] Program.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** CC	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** CS	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title**	**Date** [redacted]
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 18 Years 1 M
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **3 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] **Foster parent**
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - **Mentor Name:** [redacted]
   - **# of Clients/Individuals Living in Home:** 1
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

"[redacted] is a medically fragile client how began to bleed internally on [redacted] at [redacted] 911 was called and [redacted] was transported to ta local ER who then flew [redacted] to [redacted] Hospital. [redacted] health deteriorated throughout the day and the coded that evening and was put on life support systems. The medical team would not fine the source of [redacted] bleeding and [redacted] passed away on [redacted]

Client/Individual Name [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] is a medically fragile client. [redacted] diagnoses are CP, Quadriplegia, Seizure DO, hydrocephaly, VP Shunt, Gastric perforation, Hypertension Meds – Baclofen 4.5mg BID, Neurontin 25/5ml TID, Robinal 1mg BID, Depakene syrup 250/5ml BID, Ergocalciferol solution 8000IU/ml.5ml, Flonase 0.05 mg I spray PRN, Prevacid 30mg BID, Miralax 17gm BID, Colace liquid 100mg/10ml BID, Zinc acetate suspension 5mg/5mbid

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Per reports, [redacted] has been doing very well recovering from [redacted] recent emergency bowel obstruction surgery on [redacted] had a positive follow up check on [redacted] with the surgeon at [redacted]. [redacted] was seen at [redacted] on [redacted] by the nutrionist rehab doctor and the OT at [redacted]. On [redacted] was seen at [redacted] at the paralysis restoration clinic and occupational therapy for [redacted] scheduled Botox injection for [redacted] hand and leg castings. [redacted]CC made a home visit on [redacted] and [redacted] was in seemingly good health.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

[redacted] contacted the on call worker to inform mentor of a medical emergency regarding [redacted] Mr. [redacted] stated that he had called 911 after observing blood in [redacted] stool. Mr. [redacted] stated that [redacted] was transported by ambulance to [redacted] Hospital in [redacted] Mr. [redacted] stated that the doctors at [redacted] Hospital believed that [redacted] was bleeding internally and needed to be flown to [redacted]. [redacted] was transported by helicopter to [redacted] Hospital in [redacted] on [redacted]. While at [redacted] health continued to be declined and [redacted] was placed on a ventilator.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** CC	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 10 Years 8 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 1 Years 1 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Foster Parent
19. Location of Incident: *(check one)*
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: **Prospective Adoptive Placement**
20. Outcome of Incident: ***(check all that apply)***
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement **within** MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

[redacted] went missing from a birthday party at the residence of an approved prospective adoptive placement at [redacted] Police were notified and [redacted] body was found about [redacted] by [redacted] dive team a few hours later at the bottom of the retention pond behind the family's home.

Client/Individual Name: [redacted] Log #[redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

[redacted] is diagnosed with severe cognitive limitations. [redacted]medications are Intuniv 4mg and Clonidine .2mg.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] was attending a birthday party at the home of an approved adoptive placement on [redacted]

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Mrs. [redacted] reports that at about [redacted] she was cutting birthday cake and [redacted] was right with her. She states that she cut 3-4 pieces of cake and went to hand one to [redacted] when she noticed [redacted] was no longer with her. She and her family began searching for [redacted] and after about 10-15 minutes later, they contacted police. [redacted] Mentor foster parent [redacted] was notified that [redacted] was missing. Ms. [redacted] contacted [redacted]on-call. After extensive search of the area, police divers found [redacted] body at the bottom of the retention pond in the back of the [redacted] home. Foster paren[redacted] reached writer at [redacted]to report the child had been found moments before. Writer contacted [redacted] on-call to report the death. Writer received the following info from the officers on the scene: Report #[redacted] Lead Investigator – Detective [redacted], Medical Examiners officers Lead Investigator – [redacted]; [redacted] – Dr. performing autopsy, CPI case #[redacted]

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Coordinator	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** PM	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self ( ) State (x) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 16 Years 1 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **8 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]
16. Service Setting/Model: **(check the ONE that most closely fits)**
    - ( ) ICF/MR (Intermediate Care Facility)
    - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
    - (x) Mentor Home/ Host Home
    - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
    - ( ) Home Health Agency Services
    - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
    - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
    - ( ) Day Program
    - ( ) Supported Employment/Vocational
    - ( ) School
    - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Sup.
19. Location of Incident: *(check one)*
    - ( ) Mentor Home ( ) Primary ( ) Respite
    - **Mentor Name:**
    - **# of Clients/Individuals Living in Home:**
    - ( ) Client/Individual's Residence (group home, ICF, apt)
    - ( ) Client/Individual's Biological Family/Guardian Home
    - ( ) Day Program
    - ( ) School
    - ( ) Client/Individual's Place of Employment
    - ( ) Vehicle
    - ( ) Program Office
    - ( ) Community
    - (x) Other: **Field trip with Summer Program.**
20. Outcome of Incident: *(check all that apply)*
    - [ ] Remain in Current Placement
    - [ ] Placement Decision Pending
    - [ ] Client/Individual Placed in Respite
    - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
    - [ ] Discharged from MENTOR NETWORK
    - [ ] Temporarily or Permanently Closed Mentor Home
    - [ ] Emergency Psychiatric Evaluation (no hospitalization)
    - [ ] Emergency Psychiatric Hospitalization
    - [ ] Emergency Medical Hospitalization
    - [ ] In-school suspension
    - [ ] School Suspension/Expulsion
    - [ ] Client/Individual Arrest/Detention
    - [x] Death
    - [ ] Other:
21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

**On [redacted] our agency received notice that [redacted] Marine Recovery Unit recovered Clients body from the [redacted] River around [redacted]

Client/Individual Name: [redacted] Log #: [redacted] Date of Incident: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[x]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate
[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[x] Law Enforcement/Probation Notified
Date: [redacted]

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

AXIS I: Conduct DO; Under-Socialized; R/O Paraphilia DO, NOS AXIS II: Deferred AXIS III: None AXIS IV: Maternal Addiction & Abuse; Multiple Caregivers AXIS V: 60 Medications: None

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] Client went water tubing with the [redacted] MVP Program staff and other students at the [redacted]. in [redacted]

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] search and rescue resume their efforts. At [redacted] on [redacted] Regional Director [redacted] received a telephone call from [redacted] Supervisor [redacted] indicating that clients body was located by search and recovery teams along [redacted] River at [redacted] Indicated that they would be notifying [redacted], Mother. [redacted] Mentor PM [redacted] i notified, [redacted] Probation, and Menor Parents, [redacted] and [redacted] who indicated tha they were informed via [redacted] Please Reference IR # [redacted]

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Program Manager	**Date** [redacted]
Signature of Manager/Director	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #:
5. DOB: [redacted]
6. Age: 10 Months
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 4 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: Child Protective Services
16. Service Setting/Model: **(check the ONE that most closely fits)**
    - ( ) ICF/MR (Intermediate Care Facility)
    - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
    - (x) Mentor Home/ Host Home
    - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
    - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
    - ( ) Home Health Agency Services
    - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
    - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
    - ( ) Day Program
    - ( ) Supported Employment/Vocational
    - ( ) School
    - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)*
19. Location of Incident: *(check one)*
    - (x) Mentor Home (x) Primary ( ) Respite
    - Mentor Name: [redacted]
    - # of Clients/Individuals Living in Home: 3
    - ( ) Client/Individual's Residence (group home, ICF, apt)
    - ( ) Client/Individual's Biological Family/Guardian Home
    - ( ) Day Program
    - ( ) School
    - ( ) Client/Individual's Place of Employment
    - ( ) Vehicle
    - ( ) Program Office
    - ( ) Community
    - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
    - [ ] Remain in Current Placement
    - [ ] Placement Decision Pending
    - [ ] Client/Individual Placed in Respite
    - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
    - [ ] Discharged from MENTOR NETWORK
    - [ ] Temporarily or Permanently Closed Mentor Home
    - [ ] Emergency Psychiatric Evaluation (no hospitalization)
    - [ ] Emergency Psychiatric Hospitalization
    - [ ] Emergency Medical Hospitalization
    - [ ] In-school suspension
    - [ ] School Suspension/Expulsion
    - [ ] Client/Individual Arrest/Detention
    - [x] Death
    - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

+Client passed away on [redacted]

Client/Individual Name: [redacted] Log #: Date of Incident: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** **Date of Incident:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client was reported as failure to Thrive prior to [redacted] admission to [redacted] Mentor. [redacted] was released from [redacted] [redacted] hospital on [redacted] and placed into a [redacted] Mentor home. Client has done well and is no longer considered failure to thrive. Client has had numerous ear infections over the past several months. [redacted] is not currently on any medications.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was taking a nap.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] Mentor spoke with Program Manager [redacted] and reported client had passed away. Client was taking a nap in [redacted] crib. Mentor discovered client to be unresponsive. Mentor immediately began to perform CPR on [redacted] while his wife, Mentor called 911. Client was taken to [redacted] emergency room in [redacted] where [redacted] was pronounced deceased. Program Manager, [redacted], contacted the CPS hotline on [redacted] The call reference is [redacted] with [redacted] Call ID number [redacted] taking the call. Another call was made to the CPS hotline on [redacted] by Program Manager, advising law enforcement officer and Detective [redacted] with [redacted] police department do not suspect foul play in the passing of client. This call reference number is [redacted] with [redacted] call ID number [redacted] taking the call.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Program Manager	**Date** [redacted]
Signature of Manager/Director	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #:
5. DOB: [redacted]
6. Age: 14 Years 3 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 4 Years

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] FP
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - Mentor Name: [redacted]
   - # of Clients/Individuals Living in Home: 1
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

+On [redacted] around [redacted] assigned worker [redacted] received a call from the foster parent/MGM, [redacted] who reported that the minor had passed. She reported that she went to wake the minor around [redacted] and found [redacted] unresponsive. She performed CPR and called the paramedics. Paramedics arrived and indicated that the minor possibly had a heart attack in [redacted] sleep and an autopsy will be performed. Program Supervisor, [redacted] was contacted. State Director, Regional Director and Program Manager.

Client/Individual Name: [redacted] Log #: Date of Incident: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** **Date of Incident:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client is diagnosed with the following: Double inlet LV (single valve with primary ASD), univentricular physiology of LV, tricuspid stresia/CCTGA and a pace maker. The minor is prescribed the following medications: Aldactone, Lasix, Enalapril, Multi Vitamin with Iron and Aspirin.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

The minor was in the home asleep.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] around [redacted] assigned worker, [redacted] received a call from the foster parent/MGM, [redacted] who reported that the minor had passed. She reported that she went to wake the minor around [redacted] and found [redacted] unresponsive. She performed CPR and called the paramedics. Paramedics arrived and indicated that the minor possibly had a heart attack in [redacted] sleep and an autopsy will be performed. Program Supervisor was contacted, State Director, Regional Director, and Program Manager and Nurse Clinician were notified around [redacted]. At [redacted] Program Supervisor who was at the foster home along with assigned worker, reported that the [redacted] Police Department along with the medical examiner had arrived. At [redacted] the body was removed and being taken to the medical examiner's office. After the medical examiner's office the body will be taken to [redacted] Hospital as the doctors want to do an investigation on the pace maker which can determine the sequence of what happened.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Program Coordinator	**Date** [redacted]
Signature of Manager/Director	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review — Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self ( ) State (x) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 18 Years 6 M
7. Gender: [redacted]
8. Population: (x) Adult (18+) ( ) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 7 Years 3 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: TFC

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Foster Parent
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - Mentor Name: [redacted]
   - # of Clients/Individuals Living in Home: 2
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

+ The Mentor parent called on-call to report that [redacted] was unresponsive when trying to wake [redacted] up. The CO2 detector and smoke alarms were going off but there was no fire in the home. Mentor called 911 and paramedics arrived at the home. The client was declared dead at the home.

Client/Individual Name: [redacted] Log #: [redacted] Date of Incident: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate
[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client has been diagnosed with Fetal Alcohol Syndrome, Benign External Hydrocephalus, Eye Disorder NOS, Cerebral Palsy NOS. History of hospitalization for cellulitis on legs. Client currently urinates and defecates on [redacted] at times, along with a history of inappropriate sexual touching.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

The Mentor had a new heating system installed in her home on [redacted] [redacted] had a typical day on [redacted] went to bed before [redacted]

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Mentor [redacted], contacted the on-call worker, [redacted] and informed him that as they woke this morning, CO2 detector and smoke alarms were going off. [redacted] was unresponsive when Ms. [redacted] tried to wake [redacted] She called 911, paramedics came out to the home and [redacted] was pronounced dead. On-call worker contacted [redacted] and the remaining chain of command were notified. [redacted] contacted biological mother [redacted], and assigned worker [redacted]. [redacted] picked up [redacted] from her place of employment, where [redacted] also arrived and together they transported [redacted] to the medical Examiner's Office where they also met the Mentor [redacted] and her adult son, [redacted]. Subsequently the Mentor and biological mother came to the [redacted] Mentor office where they spent the majority of the day, receiving support. Approximately [redacted] and [redacted] transported [redacted] to her daughter's home. Notifications have been made to the family, DHS and Child Advocate. Another client, [redacted] who is also placed in the home, was not present in the home at the time of the incident as she had spent the night on [redacted] at her sister's house and was taking college placement testing [redacted] As of [redacted] the Mentor had been able to reach [redacted] after her testing, and informed her. PG&W is [illegible] the heating system and determining if the family can re-enter the home safely. The Mentor, [redacted] will be spending the night at a hotel, and [redacted] will be spending the night at her sister's home again. DHS staff were also notified of the arrangements for [redacted] to stay at her sister's home another night. Agency staff are continuing to support the biological mother and Mentor family. Funeral arrangements are pending. An autopsy is to be completed to determine the cause of death.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	Print Name	Title AD	Date [redacted]
Signature of Manager/Director	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature	Print Name	Title	Date
Signature of State Director (Level 3 and 4 only)	Print Name	Title	Date

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 9 Years 11 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 5 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: [redacted]

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Foster Mother
19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - Mentor Name: [redacted]
   - # of Clients/Individuals Living in Home: 5
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

+The foster family went to check on the client for [redacted] morning feeding. The client had no signs of life and was pronounced dead at [redacted] Hospital.

Client/Individual Name: [redacted] Log #: [redacted] Date of Incident: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)

[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[x] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated (x) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] **Log #:** [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Client was born at 24 weeks with a grade 4 Brain bleed. Client is diagnosed with suspected Bi-polar, Autism, Cerbral Palsy, Seizure Disorder. Client has a feeding tube. Client is prescribed Naltrexone, Seroquel, Kepray, Trileptol, Multivitamin, Sema Syrup, Mirlax, Zyprexa, Diastat, Diazapam, Tylenol, Motrin, Pulmacort, albuteroi.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client spent Friday evening playing with toys in the living room. [redacted] nursing care left at [redacted] and gave a standard report to the foster mother. Foster mother reported checking on the client at approximately [redacted] and [redacted] before going to bed for the evening.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

Foster father went to check on the client before [redacted] feeding. Mentor reported that client was cold and did not appear to be breathing. Mentor alerted foster mother, [redacted]. Mentor checked client for a pulse in both [redacted] groin and [redacted] carotid and felt for a heartbeat. She did not feel any signs of life and called 911. Mentor stated she attempted CPR, even though Client was cold and [redacted] body had begun to atrophy. Mentor called on call coordinator, [redacted] at [redacted] to inform him of the incident. Mr. [redacted] called [redacted], Team Supervisor. Ms [redacted] called Quality Assurance Specialist, [redacted]. Ms. [redacted] and Mr. [redacted] arrived to the [redacted] home at [redacted] Mrs. [redacted] advised Ms. [redacted] that client had been taken in an ambulance to [redacted] Hospital, but that [redacted] left the home still without any pulse. Ms. [redacted] called the DCS hotline to report the incident at [redacted] Ms. [redacted] called the hospital at [redacted] and received confirmation that client had been pronounced dead at arrival.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Team Supervisor	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** QA	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk\Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 4 Years
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services:

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: Children's Program

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Foster Parent

19. Location of Incident: *(check one)*
   - (x) Mentor Home (x) Primary ( ) Respite
   - **Mentor Name:** [redacted]
   - **# of Clients/Individuals Living in Home:** 2
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:

20. Outcome of Incident: *(check all that apply)*
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:

21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

+Client passed away.

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
( ) Expected Death of Client/Individual
(x) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[ ] Funding Source Notified
Date:
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

CP; MR; seizure D/O; GERD; G-tube; developmental delays.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was not having any unusual health concerns or issues outside of [redacted] diagnoses prior to [redacted] passing. [redacted] was sleeping in the Mentors home.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

This worker received a call from the on call service center around [redacted] on [redacted] stating that foster parent was needing a call back due to the passing of her foster child is a medically complexed child with the following diagnoses: cerebral palsy, seizure disorder, g-tube, brain calcifications, scoliosis, hip dysplasia, nissen, GERD, visual impairments, and developmental delays. [redacted] has been placed with the Mentor Network in the specialised foster home of [redacted] since [redacted]. This was a pre-adoptive placement and the adoption subsidy was nearing completion. This worker called Ms [redacted] back around [redacted]. Ms [redacted] reported that client had woken up around [redacted] was having a fit and [redacted] had [redacted] CPAP mask moved off of [redacted] face which is not unusual as [redacted] does not like the CPAP mask. Foster parent repositioned the mask, calmed client down, and [redacted] went back to sleep. [redacted] remained connected to all of [redacted] monitoring devices. Ms [redacted] then stated that she then fell back to sleep. Ms [redacted] reported that she was woken up by an alarm on clients monitoring devices at [redacted]. She found that client was not breathing and was turning blue. She immediately called 911 and began CPR on client. When the paramedics arrived Ms [redacted] was still performing CPR but client had already passed. The Coroner pronounced [redacted] at [redacted] home prior to this passing and this is an unexpected death. [redacted] had recently had a tonillectomy on [redacted] and recovered well from this procedure. Client had attended all follow up appointments related to the surgey and wes current with all of [redacted] other medical specialists. Per the coroner, [redacted] was not going to complet and autopsy due to Clients severe medical issues and no concerns about other factors contributing to [redacted] death. The coroner determined Clients death to be of natural causes. [redacted] Mentor will seek direction from DCFS and legal releted to autopsy. Clients parents no longer have parental rights and [redacted] does not have any contact with family members. A diligent search will be conducted to locate and inform biological parents.

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Child Welfare Specialist	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** Program Manager	**Date** [redacted]
Signature [redacted]	**Print Name**	**Title** Supervisor	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 ( ) 3 (x) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 5 Months
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - ( ) Behavioral Health
   - ( ) Juvenile Justice
   - (x) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: 4 Months

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City:
14. If Acquisition/Partner, specify company name:
15. Program Name: Medically Complex

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] Foster Parent
19. Location of Incident: ***(check one)***
   - ( ) Mentor Home ( ) Primary ( ) Respite
   - Mentor Name:
   - # of Clients/Individuals Living in Home:
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - (x) Other: [redacted] Medical Ce
20. Outcome of Incident: ***(check all that apply)***
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [ ] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [x] Death
   - [ ] Other:
21. Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.

+Client passed away at [redacted] Medical center around [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a **Level 4** incident):
(x) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[ ] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[ ] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[ ] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[ ] Other:

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[ ] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[ ] Reported to Adult/Child Protective Services
Date:
( ) Substantiated ( ) Unsubstantiate

[x] Licensing Notified
Date: [redacted]

[x] Funding Source Notified
Date: [redacted]
[x] Family Notified
Date: [redacted]
[x] Guardian Notified
Date: [redacted]
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

Terminally ill with hydranencephaly (fluid replacing brain matter), seizures, hypertonia, and temperature instability. [redacted] is oxygen and g-tube dependent. [redacted] is on several medications and requires temperature checks several times a day. [redacted] receives hospice services but does not yet have a DNR (Do Not Resuscitate) order.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

Client was admitted into the hospital on [redacted] due to pneumonia. [redacted] was released on [redacted] back to the foster parents. The foster parent reported that [redacted] was breathing fast after being released from the hospital but [redacted] saturation levels were fine. During the late evening of [redacted] the foster parent was continuously monitoring client's oxygen saturation levels. [redacted] saturation level dropped to the 60's which prompted the foster parent to call the paramedics and begin CPR.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

On [redacted] at [redacted] this writer received a call from client's foster parent, [redacted], stating that client was being transported via ambulance to [redacted] Medical Center to descreased oxygen saturdation levels. This writer received a call from [redacted] on [redacted] at [redacted] stating that client had passed away shortly after arriving to [redacted] Medical Center. This writer notified program manager on [redacted] at [redacted] City DSS on-call worker on [redacted] at [redacted] via voicemail at [redacted] on [redacted] at [redacted]. DSS worker via voicemail on [redacted] at [redacted] Supervisor via voicemail on [redacted] at [redacted] Clinical Coordinator on [redacted] at [redacted] and Nurse Specialist on [redacted] at [redacted] Also notified of the incident were the DSS attorny, the Hospice worker, and the parents' pastor. On [redacted] at [redacted] DSs Supervisor called program Manager to say she and the DSS worker were headed out to the parents' home to speak with them about client's death.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** Clinical Coordinator	**Date** [redacted]
Signature of Manager/Director	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

THE MENTOR NETWORK - INCIDENT REPORT
Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 1

Please PRINT Clearly or Type in Legible Font (10-12) - DO NOT Leave Blanks. Complete All Boxes.

SECTION A: CLIENT/INDIVIDUAL INFORMATION

1. Client/Individual's Name: [redacted]
2. Level: ( ) 1 ( ) 2 (x) 3 ( ) 4
3. Guardian: ( ) Self (x) State ( ) Parent(s) ( ) Other:
4. Log #: [redacted]
5. DOB: [redacted]
6. Age: 2 Years 8 M
7. Gender: [redacted]
8. Population: ( ) Adult (18+) (x) Child
9. Service Category: *(Check one)*
   - (x) Behavioral Health
   - ( ) Juvenile Justice
   - ( ) Medically Complex
   - ( ) MR/DD
   - ( ) MR/DD Offender
   - ( ) Acquired Brain Injury
   - ( ) Elder Care
   - ( ) Mental Illness
   - ( ) MR/MI
   - ( ) Education
   - ( ) Other:
10. Date of Admission to MENTOR NETWORK: [redacted]
11. Length of Current Placement/Services: **6 Months**

SECTION B: PROGRAM INFORMATION

12. State: [redacted]
13. City: [redacted]
14. If Acquisition/Partner, specify company name:
15. Program Name: **Child Protective Services**

16. Service Setting/Model: **(check the ONE that most closely fits)**
   - ( ) ICF/MR (Intermediate Care Facility)
   - ( ) Group or Shared Living (3+ clients/individuals with 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with 24/7)
   - (x) Mentor Home/ Host Home
   - ( ) Group or Shared Living (3+ clients/individuals with less than 24/7)
   - ( ) Shared or Supported Living (1 or 2 clients/individuals with less than 24/7)
   - ( ) Home Health Agency Services
   - ( ) Family/School/Home Based Supports (periodic services less than 24/7)
   - ( ) Clinical/Outpatient Therapy/Rehab (OT, PT, Speech)
   - ( ) Day Program
   - ( ) Supported Employment/Vocational
   - ( ) School
   - ( ) Brokerage/Case Management (non-residential)

SECTION C: INCIDENT INFORMATION

17. Date & Time of Incident: [redacted]
18. First Reported to MENTOR NETWORK: [redacted]
    By: *(Name & Title)* [redacted] **Mentor**
19. Location of Incident: ***(check one)***
   - ( ) Mentor Home (x) Primary ( ) Respite
   - **Mentor Name:**
   - **# of Clients/Individuals Living in Home:**
   - ( ) Client/Individual's Residence (group home, ICF, apt)
   - ( ) Client/Individual's Biological Family/Guardian Home
   - ( ) Day Program
   - ( ) School
   - ( ) Client/Individual's Place of Employment
   - ( ) Vehicle
   - ( ) Program Office
   - ( ) Community
   - ( ) Other:
20. Outcome of Incident: ***(check all that apply)***
   - [ ] Remain in Current Placement
   - [ ] Placement Decision Pending
   - [ ] Client/Individual Placed in Respite
   - [ ] Placement Disrupted (i.e. Client/Individual transferred to new home/ program/placement within MENTOR NETWORK)
   - [ ] Discharged from MENTOR NETWORK
   - [ ] Temporarily or Permanently Closed Mentor Home
   - [ ] Emergency Psychiatric Evaluation (no hospitalization)
   - [ ] Emergency Psychiatric Hospitalization
   - [x] Emergency Medical Hospitalization
   - [ ] In-school suspension
   - [ ] School Suspension/Expulsion
   - [ ] Client/Individual Arrest/Detention
   - [ ] Death
   - [ ] Other:

21. **Summarize in 2-3 sentences the key aspects of the incident for entry into Risk Management database.**

+ It was reported by foster parent [redacted] that [redacted] fell in the home and hit [redacted] head which led to [redacted] becoming unconscious. EMS was contacted. EMS transported [redacted] to the local hospital in [redacted]

Client/Individual Name: [redacted] Log #: [redacted]

SECTION D: INCIDENT DESCRIPTORS (check all that apply)

DEATH (death of client/individual is a Level 4 incident):
( ) Expected Death of Client/Individual
( ) Unexpected Death of Client/Individual

CLIENT/INDIVIDUAL ELOPEMENT/AWOL:
( ) Located at the Time of the Incident Report
( ) Unable to Locate at the Time of the Incident Report
( ) Other:

CARE-TAKER MISCONDUCT:
(Suspected, Alleged or Confirmed)

Caretaker:
[x] Mentor
[ ] Mentor Family Member
[ ] Staff
[ ] Other Caretaker:

Alleged Misconduct:
[ ] Sexual Boundary/Abuse
[ ] Verbal or Emotional Abuse
[x] Physical Assault/Abuse
[ ] Corporal/Inappropriate Punishment
[ ] Inappropriate Use of Restraint/Physical Intervention
[ ] Neglect
[ ] Inadequate Supervision
[ ] Criminal Arrest of Caretaker
[ ] Alcohol/Drug Use by Caretaker
[ ] Misuse of Client/Individual's Funds
[ ] Misappropriation/Destruction of Client/Individual Personal Property
[ ] Other:

SUICIDAL CLIENT/INDIVIDUAL:
[ ] Suicidal Threats or Verbalizations
[ ] Suicidal Attempt or Gesture

SEXUAL ASSAULT OR INAPPROPRIATE SEXUAL BEHAVIOR BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party

PHYSICAL ASSAULTS BY CLIENT/INDIVIDUAL:
[ ] To Other Client
[ ] To Staff or Mentor
[ ] To Mentor's Family Member
[ ] To Other Third Party
[ ] To Animals (animal cruelty)

CLIENT/INDIVIDUAL BEHAVIORAL:
[ ] Self-Injurious Behavior
[ ] Mental Health De-compensation
[ ] Oppositional Behaviors
[ ] Inappropriate Sexual Comments/Threats
[ ] Verbal Threats of Violence
[ ] Exhibitionism/Public Masturbation

MEDICATION INCIDENTS:
[ ] Medication Error
[ ] Missing Controlled Substances
[ ] Serious Adverse Reaction to Medication

MEDICAL INCIDENTS:
[x] Illness Requiring Medical Treatment
[ ] Deterioration in Existing Medical Condition
[ ] Pregnancy
[ ] Seizure Requiring Emergency Treatment
[ ] UTI
[ ] Bowel Impaction
[ ] Pneumonia
[ ] Pressure Sores
[x] Other: **emergency hospitalization**

CLIENT/INDIVIDUAL INJURY BY:
[ ] Physical Assault by Third Party/Other Individual in our car
[ ] Sexual Assault by Third Party/Other Individual in our care
[ ] Theft by Third Party
[ ] Fall
[ ] Choking
[ ] Bathing/Scalding Related Injuries
[ ] Other Burns
[ ] Vehicle
[ ] Swimming/Near Drowning
[ ] Other Accidental Injury:

EXPOSURE CONTROL INCIDENTS:
[ ] Client/Individual Exposed to Blood Borne Pathogens
[ ] Client/Individual Exposed Third Party to Blood Borne Pathogens

PROPERTY DAMAGE BY CLIENT/INDIVIDUAL:
[ ] Property Damage Under $1,000
[ ] Property Damage Over $1,000
[ ] Vehicle Theft
[ ] Fire Setting
[ ] Theft/Shoplifting
[ ] Other:

POSSESSION OF PROHIBITED MATERIALS: (Defined per client/individual/program)
[ ] Possession of Prohibited Materials (i.e., alcohol, lighter, weapon, pornography, illicit drugs, etc.)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review Page 3

SECTION E: PROGRAMMATIC RESPONSE (Check all that apply)

[x] Counseling/Training for Staff/Mentor
[ ] ISP/Supervision/Behavioral Plan Developed with Client/Individual
[ ] Internal Investigation Underway
Interventions:
[ ]Physical
[ ]Mechanical
[ ]Seclusions
[ ]Chemical
[ ]Law Enforcement

[x] Reported to Adult/Child Protective Services
Date: [redacted]
( ) Substantiated ( ) Unsubstantiate

[ ] Licensing Notified
Date:

[x] Funding Source Notified
Date: [redacted]
[ ] Family Notified
Date:
[ ] Guardian Notified
Date:
[ ] Law Enforcement/Probation Notified
Date:

Client/Individual Name: [redacted] Log #: [redacted]

22. SECTION F: CLIENT/INDIVIDUAL HISTORY / DIAGNOSES

List Client/Individual's current medical and psychiatric diagnoses, behavioral history (e.g. sexually abused, physically aggressive, running, confabulation, etc.), medical history (e.g. seizures, diabetes, etc.) and medications.

No medical diagnosis.

23. SECTION G: ANTECEDENT EVENTS

Briefly describe the Client/Individual's condition and activities prior and leading up to this incident.

[redacted] was at the foster home with foster mother.

24. SECTION H: INCIDENT NARRATIVE

Describe IN DETAIL the incident in chronological order. Include who, what, where, when and how. Provide information on alleged injuries, interventions and current status. Report involvement of other parties such as law enforcement, emergency medical services, etc. Include sources of information (e.g. "Mentor reported..." or "Staff observed..."). When using names, include title and/or affiliation (i.e. Joan Smith, DCFS Case Manager.).

At [redacted] in the evening of [redacted] on call [redacted] Mentor team member contact PD [redacted] to report Mentor [redacted] called the on call phone to report that [redacted] had fallen in the home, hitting [redacted] head, causing [redacted] to be unconscious. Mentor [redacted] contacted EMS. EMS arrived at the [redacted] residence and transported [redacted] to the local hospital. [redacted] was air flighted to [redacted] Hospital in [redacted] where [redacted] remains in PICU at this time. PD contacted the CPS hotline on [redacted] PD also made contact with [redacted] CPS caseworker [redacted] and supervisor [redacted] to advise them of the situation involving [redacted]. Law enforcement is investigating the cause of the injuries.

Continue on an additional sheet if necessary. DO NOT WRITE ON BACK OF PAGE)

Attorney/Client Privileged and Confidential: Risk Management/Peer Review			Page 4
SECTION I: REVIEWS / SIGNATURES			
Signature of Person Completing Form [redacted]	**Print Name**	**Title** PD	**Date** [redacted]
Signature of Manager/Director [redacted]	**Print Name**	**Title** AD	**Date** [redacted]
Signature	**Print Name**	**Title**	**Date**
Signature	**Print Name**	**Title**	**Date**
Signature of State Director (Level 3 and 4 only)	**Print Name**	**Title**	**Date**

Appendix G

Foster care works to assure the safety and well-being of about 415,000 US children and youth

The mission of foster care is to assure the safety and well-being of children and youth whose parent(s) or guardian(s) are unable to appropriately care for them, typically (though not exclusively) because of abuse or neglect in the home or the grave risk of it. Its intention is a temporary arrangement in which foster children exit to a permanent home as promptly as circumstances allow—most commonly through reunification with family.

- 702,000 US children were victims of neglect or abuse in FFY 2014, per federal data. Overwhelmingly, the most likely perpetrator of the maltreatment was a parent (78.1% of perpetrators), with an unmarried partner or relative of a parent accounting for another 10.0%. (By contrast, foster parents represented only 0.3% of all perpetrators.)

At any given moment, several hundred thousand American children are in the foster care system. According to information collected by the US Department of Health and Human Services, approximately 415,000 children were in foster care in September 2014. About 265,000 entered foster care and 238,000 exited during FFY 2014.

The needs and circumstances of children and youth within this overall foster care population vary greatly, as do the types of foster care that are required and provided. In many states, independent child placing agencies work with governmental child welfare authorities to identify, support and supervise foster care placements that are appropriate to each child. Some child placing agencies may tend to serve foster children with more or greater risk factors than do others.

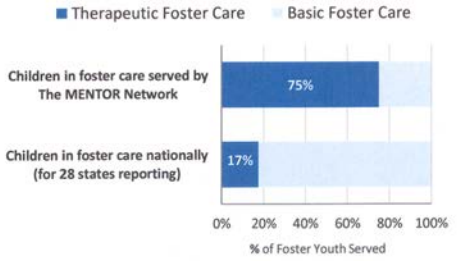
The MENTOR Network ("TMN") is a national network of local health and human services providers and is among the nation's largest independent child placing agencies. Since 2005, TMN has been entrusted with the foster care placements of approximately 44,000 children and youth during more than 14 million days of service.

Serving more children and youth with heightened risk factors relative to others in foster care

Children and youth entering foster care programs overseen by TMN carry heightened risk factors far more often than is the case for the foster care population as a whole. This is demonstrated by comparing the percentage of children who require Therapeutic Foster Care ("TFC"), which is specialized foster care geared toward children and youth with severe mental, emotional or behavioral health needs and those who are medically fragile.

Seventy-five percent of TMN's foster care population requires and receives TFC and/or higher-acuity-level foster care services, as of 2015. By contrast, the average prevalence of TFC among foster children in the 28 states with data reported in a 2013 Boston University study was just 17.3%.

TMN serves a greater share of foster children with heightened risk factors



Source: The 50 State Chartbook on Foster Care, Boston University; The MENTOR Network

Some actual children and youth receiving Therapeutic Foster Care:

- "James" is a 20-year old with Cystic Fibrosis who requires daily therapy and a special diet. He came into care due to medical neglect and his parents' drug use.
- "David," born to a mother herself thought to have Fetal Alcohol Syndrome, came into foster care at age 7 without language skills, not enrolled in school and not toilet trained.
- "Caleb," born deaf, entered care at age 4. He arrived at his TFC foster home unable to communicate, with no social skills and heavily medicated.
- "Robert," a teenager in care since the age of six, entered TFC diagnosed with Oppositional Defiant Disorder and a history of severe anger behaviors and poor academic performance.
- "Rachel," age 7, has ADHD, seizures and intellectual disabilities. She entered care after her mother threw her against a wall, causing traumatic brain injury.

Source: Profiles of individuals appearing in publications of the Foster Family-based Treatment Association and the State Policy and Advocacy Resource Center

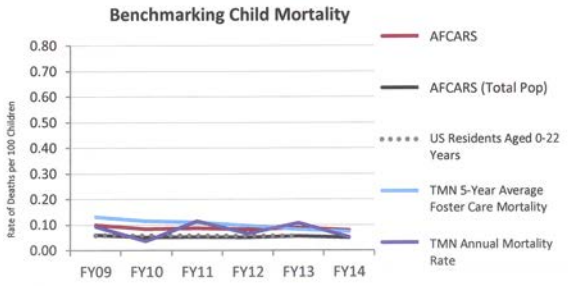
Sustaining foster child mortality rates that are comparable to national norms

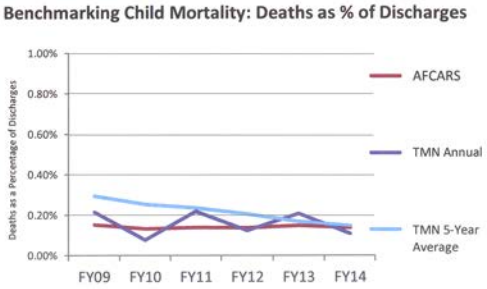
TMN sustains child mortality rates that are comparable to national norms, even though children entering its foster care programs carry heightened risk factors far more often than is the case for the foster care population as a whole. This is demonstrated by examining: (a) the rate of deaths from all causes per 100 children in foster care, a widely employed measure of performance in this regard, and (b) deaths as a percentage of all discharges from foster care.

Over the past ten years, the average mortality rate for children in foster care services at TMN has been very similar to, and more recently is equal to or better than, mortality rates in foster care nationally as reported by the Adoption and Foster Care Analysis and Reporting System (AFCARS), a standard source for characteristics of children in foster care. In addition, AFCARS mortality data is understood to under-represent deaths within the foster care population, as the data includes more than 4,000 runaways (and mortality is known to be high among this group of children).

Indeed, TMN's average mortality rate for foster children is now approaching that found among the general population of all US children.

Mortality rate in TMN foster care programs has been very similar to, and more recently equal to or better than, national norms

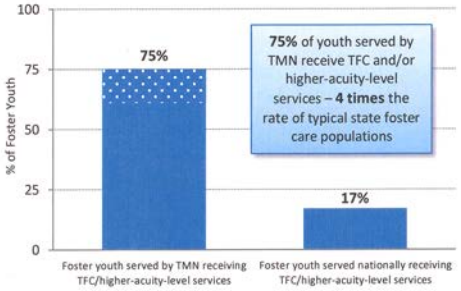




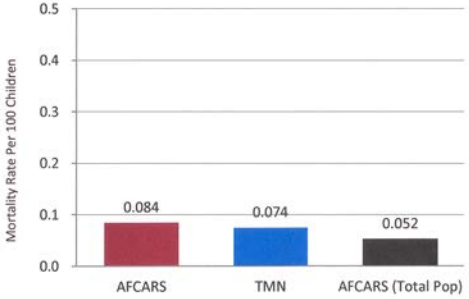
Source: Healthy People 2020; AFCARS; CDDER/UMMS analysis of TMN data for FY2005-2014

The MENTOR Network serves **significantly more children and youth with heightened risk factors** relative to others in foster care, and sustains **child mortality rates that are comparable** with national norms

Youth Requiring TFC and/or Higher-Acuity-Level Services: TMN vs. National Foster Care Populations



Average Mortality Rate: Last Five Years (2010-2014)



Note: Each State has its own definitions and methodologies for assessing the acuity level of children in care, and assigning the level of service for the child (including the per diem rate the State will pay for that level of service). There is no uniform definition of acuity level, and there may be multiple levels within and/or in addition to the TFC designation in a given State. For instance, specialized services for children considered "medically fragile" may require physician/R.N. oversight, overnight monitoring or other specific mandates based on the needs of the child; these fall under the "higher-acuity-level services" label in the chart above. Although national data on the prevalence of higher-acuity-level services is not available, TMN's internal data show that approximately 14% of foster youth served by TMN (the shaded portion of the bar on the left) require these higher-acuity-level services, within or beyond the designation of TFC, depending on the State.

The MENTOR Network

Sourcing and Methodology

1. Children and youth in foster care

   Sources: Information about the number of children and youth in foster care is from *The AFCARS Report (Preliminary FY 2014 Estimates)*, U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, published in September 2015 and retrieved from http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport22.pdf. Information about the number of children maltreated and their relationship to the perpetrator(s) is from Child Maltreatment 2014, U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, published in January 2016 and retrieved from http://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf. These represent the most recent publicly available data from these sources.

2. Therapeutic Foster Care as a share of overall foster care population

   Sources: Information about average prevalence of TFC is as from Gonyea, J.G., Bachman, S.S., Rajabiun, S., Springwater, J.S., Tobias, C.R., Hirschi, M. & Little, F. *The 50 State Chartbook on Foster Care,* a resource administered by Boston University and funded by The MENTOR Network Charitable Foundation, published in 2013 and retrieved from (or calculated using data retrieved from) http://www.bu.edu/ssw/research/usfostercare/. States covered are: AL, AK, AR, CO, CT, DC, DE, FL, GA, IL, KS, ME, MD, MO, MT, NV, NH, NY, ND, OR, RI, SC, SD, TN, VT, WA, WV and WI. TMN's foster care population is 25% "basic" or traditional foster care, and 75% Therapeutic Foster Care, a portion of which receives higher-acuity-level services exceeding TFC levels.

3. Examples of children and youth in TFC

   Source: The descriptions of representative children and youth in TFC are from descriptions of individuals profiled in publications by The State Policy and Advocacy Resource Center (SPARC) and the Foster Family-based Treatment Association (FFTA), and retrieved from https://childwelfaresparc.files.wordpress.com/2013/07/therapeutic-foster-care-exceptional-care-for-complex-trauma-impacted-youth-in-foster-care.pdf. *Best Practices in Treatment Foster Care for Children and Youth with Medically Fragile Conditions*, Foster Family-based Treatment Association, retrieved from http://www.imis100us2.com/ffta/FFTA/Learn/FFTA_Publications/New_FFTA_Content/Learn/FFTA_Publications.aspx?hkey=97869752-e618-428e-84d8-9f7420262570.

4. Deaths of children aged 0-22 years while enrolled in foster care services at TMN and deaths as a percentage of all discharges
   Source: Analysis by The Center for Developmental Disabilities Evaluation Center (CDDER). Based at the Eunice Kennedy Shriver Center, a part of the University of Massachusetts Medical School, CDDER has contracted with TMN since 2010 to provide expert, independent analysis of various aspects of TMN's operations, services and outcomes. Information about deaths came from TMN incident reports, TMN incidents reported to the insurance carrier, and other corporate files/records. The number was validated for all children discharged from services for which TMN had a valid Social Security Number (SSN). (Note: A few thousand discharges did not include a SSN so additional verification was not able to be performed with the United States Social Security Death Index.) The population used to calculate the rate is the count of any children enrolled in these services for at least one day during the fiscal year according to TMN enrollment systems. Discharges represents a unique count of children and youth leaving services during the year. The data is presented as a 5-year moving average given the small size of the population enrolled in TMN services compared to other sources.

5. Reported deaths of children in foster care in the US and deaths as a percentage of all discharges
   Source: Adoption and Foster Care Analysis and Reporting System (AFCARS) (http://www.acf.hhs.gov/) which collects case-level information from state and tribal Title IV-E agencies on all children in foster care and those who have been adopted with Title IV-E agency involvement. Title IV-E agencies are required to submit AFCARS data semi-annually.
   Notes: The mortality rate stated by AFCARS is an under-representation of deaths within this population due to the lack of information about runaways. The data includes more than 4,000 runaways that do not have follow-up to determine mortality rate, and mortality is known to be high among this group of children.

6. Deaths of children aged 0-22 years living in the United States
   Source: U.S. Healthy People 2020, retrieved from https://www.healthypeople.gov/2020/data-search/Search-the-Data.

TMN Foster Care Population
By Service Level

State	# Children in Foster Care	Basic Level	TFC Level	Higher Acuity Level	Higher-Acuity-Level Services
MA	433	4	426	3	Enhanced TFC
MD	290	7	178	105	BMP + BTIT
PA	200	43	90	67	CRR
NJ	232	0	175	57	Second Chance/DAP
OH	263	63	133	67	Level V or Medical
AL	221	0	176	45	TFC w/ Enhanced Cervices
GA	290	122	137	31	Specialty Medically Fragile
FL	236	149	46	41	Enhanced Rates
SC	181	25	156	0	
NC	224	90	134	0	
IN	57	34	23	0	
LA	89	2	87	0	
TX	301	221	80	0	
TOTAL#	**3,017**	**760**	**1,841**	**416**	
%		**25%**	**61%**	**14%**	

Source: The MENTOR Network (October 30, 2015)

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Percent of Children in Foster Care Nationally Receiving Therapeutic Foster Care (TFC)

State	Percent (%) of Foster Children in TFC	Number (#) of Children in TFC	Number (#) of Children in Foster Care
AL	10.1	529	5,186
AK	11	166	1,490
AR	7	300	4,285
CO	22.4	1,512	6,774
CT	20.2	640	2,533
DE	35	281	802
FL	10.5	2,686	25,582
DC	25.7	442	1,718
GA	10.1	902	8,929
IL	15	2,723	14,080
KS	1	51	5,135
ME	27.6	375	1,359
MD	27	1,643	6,085
MO	12.1	872	7,227
MT	10.7	181	1,826
NV	10.2	438	4,706
NH	24.6	155	1,036
NY	12	2,900	8,296
ND	30	280	936
OR	4.5	400	7,678
RI	14.8	296	1,994
SC	13.1	700	5,362
SD	8	133	1,662
TN	50	3,418	6,836
VT	17.5	175	941
WA	10	1,137	11,371
WV	27.6	891	3,429
WI	15.4	1,292	8,394
AVERAGE%	**17.3**	25,518	155,652

Source: The 50 State Chartbook on Foster Care, 2013

Analysis of deaths of children aged 0-22 years while enrolled in foster care services at TMN

Children aged 0-22 years enrolled in foster care services at TMN

Year	FY05	FY06	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14
No. of Deaths	8	11	11	16	8	3	9	5	9	4
Population Served	6,962	8,013	8,455	8,974	8,661	8,398	7,938	7,675	8,461	7,791
Mortality Rate per 100 Children	0.11	0.14	0.13	0.18	0.09	0.04	0.11	0.07	0.11	0.05
TMN 5-year Average Mortality Rate per 100 Children					0.13	0.11	0.11	0.10	0.08	0.07
Number of Discharges	2,854	3,516	3,986	4,090	3,740	3,982	4,151	4,067	4,361	3,747
Mortality as Percent of Discharges	0.280%	0.313%	0.276%	0.391%	0.214%	0.075%	0.217%	0.123%	0.206%	0.107%
TMN 5-year Average Mortality as Percent of Discharges					0.295%	0.254%	0.235%	0.204%	0.167%	0.146%

Benchmarks

Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Adoption and Foster Care Analysis and Reporting System (AFCARS)										
No. of Deaths	534	509	473	456	417	338	343	327	354	326
Population on Sept. 30	513,000	510,000	488,285	463,799	418,672	404,878	398,057	397,153	400,989	415,129
Mortality Rate per 100 Children (Point in Time)	0.10	0.10	0.10	0.10	0.10	0.08	0.09	0.08	0.09	0.08
Population Total During Year	797,000	800,000	783,000	752,000	699,000	664,000	646,000	638,000	641,000	653,000
Mortality Rate per 100 Children (Total)	0.07	0.06	0.06	0.06	0.06	0.05	0.05	0.05	0.06	0.05
Discharges	287,000	289,000	294,989	288,778	277,606	257,806	247,607	240,987	240,392	238,230
Mortality as a Percent of Discharges	0.186%	0.176%	0.160%	0.158%	0.150%	0.131%	0.139%	0.136%	0.147%	0.137%
US residents aged 0-22 years										
No. of Deaths	65,561	65,552	62,652	59,073	56,021	55,472	54,420	53,190	52,793	
Population	94,975,835	95,485,249	95,905,994	96,189,100	96,405,621	96,444,630	96,299,822	95,918,202	95,656,557	
Mortality Rate per 100 Children	0.07	0.07	0.07	0.06	0.06	0.06	0.06	0.06	0.06	

Source: Analysis by The Center for Developmental Disabilities Evaluation Center (CDDER), based at the Eunice Kennedy Shriver Center, a part of the University of Massachusetts Medical School. Information about deaths came from TMN incident reports, TMN incidents reported to the insurance carrier, and other corporate files/records. The number was validated for all children discharged from services for which TMN had a valid Social Security Number (SSN). (Note: A few thousand discharges did not include a SSN so additional verification was not able to be performed with the United States Social Security Death Index.) The population used to calculate the rate is the count of any children enrolled in these services for at least one day during the fiscal year according to TMN enrollment systems or the unique number of children discharged over the course of the year; both counts were provided to CDDER by TMN. The data is presented as a 5-year moving average to show the underlying trend given the small size of the population enrolled in TMN services compared to other sources.