I. POLICY OBJECTIVE
The purpose of this policy is to communicate the list of Reportable Events that must be reported by DSCYF service providers, and to provide guidance to DSCYF staff on the actions they must take should they receive first notification that a Reportable Event has occurred.

II. SERVICE PROVIDER REPORTABLE EVENTS

A. Reportable Events Requiring Person-to-Person Voice Contact: Any of the following events involving a Delaware youth active with DSCYF requires a service provider to speak with a DSCYF case worker, program administrator or contract manager within 4 hours of the event. For these events, it is not acceptable for the service provider to leave a voice mail message.

- Allegation of institutional abuse of a Delaware child by program staff member(s)
- Alleged sexual assault or rape of or by a Delaware child
- Child/youth death or death of a program staff member while on duty
- Escape, AWOL or runaway from any 24-hour facility, foster care, or day treatment program
- Injury, illness, or event requiring medical hospital admission beyond emergency room treatment
- Disturbance that has potential for harming a child or major program disruption such as a natural disaster (tornado, flood, etc.), bomb threat, hostage taking, etc.

B. Reportable Events for Which Voice-Mail Messages are Acceptable: While serious, the following events usually do not require immediate DSCYF action and/or intervention. For these events involving a Delaware child, the service provider may leave a voice mail message if voice contact cannot be made with the child’s DSCYF case worker or the service provider’s program administrator/contract manager. Notification by the service provider to an appropriate DSCYF employee should occur within 24 hours (or no later than the next regular business day) of the event.
• Arrest of an employee on criminal charges for offenses that either occurred at the
  program or involved any program youth
• Communicable diseases of any child or staff in the program. Service providers in
  Delaware should report any communicable disease that is listed on Delaware’s
  Division of Public Health’s website:
  should report to DSCYF those communicable diseases that their state’s public health
  regulatory agency requires be reported in that state.
• Community, facility or employee issues which may or may not relate directly to any
  Delaware child but could lead to media attention or inquiries (e.g., employee strike,
  protests about program location)
• Contraband in the possession of or involving a Delaware child/youth (e.g., weapons,
  drugs, and other illegal or dangerous items)
• Infection/illness that may have been caused by conditions in the program facility
• Injury or illness that results in emergency room visit or requires outside medical
  attention
• Mechanical or chemical restraint
• Medication error/lapse
• Pattern of self-harm
• Physical restraint resulting in injury
• Police called for assistance with youth or youth arrested on new delinquency
  charges
• Removal of an employee from duty as a result of a performance issue that may affect
  security or child safety (i.e., intoxication or drug use while on duty, etc.)
• Restraint or seclusion
• Suicide attempt
• Vehicle accident involving DSCYF client (child or family member) in provider’s
  vehicle

C. **Reportable Events to be Reported to the Program Administrator/Contract
   Manager:** The following events, even when no child from DSCYF is involved, must
   be reported by the service provider to their DSCYF program administrator or contract
   manager no later than the next business day (voice-mail messages are acceptable):

• Allegation of institutional abuse lodged against provider’s staff but not involving a
  Delaware child
• Arrests of provider staff member for felonies involving violence against a person(s)
  occurring away from the program site
• Charges of DUI of a provider staff member with responsibility for transporting
  children
III. DSCYF INTERNAL COMMUNICATION PROCESSES

A. **Division Reportable Event Procedures:** Each division shall have procedures on how staff must handle Reportable Events involving a child for which they are either the case worker or program administrator/contract manager of a service provider’s contract.

B. **Event Reporting by a DSCYF Service Provider:** The reporting procedures required of DSCYF service providers are detailed in the Operating Guidelines for Contracted Children and Family Programs and Services, which is updated annually and incorporated in all annual contracts with each service provider. The Operating Guidelines can be found at [www.kids.delaware.gov](http://www.kids.delaware.gov) by clicking on “Contracts” under Information. The guidelines prescribe the standard phone reporting information for initial phone or voice mail notifications. Information to be reported during initial notification includes:

1. Service provider reporting person’s name, job title and phone number
2. Provider/Program name and phone number
3. Child’s/Youth’s name(s) and Date(s) of Birth
4. Date, location, and time of the event
5. Description of event – what happened? Include who, what, how, why, and available information such as other contributing factors, etc.
6. What steps or precautions have been taken to re-establish safety or manage the situation? If the incident involved allegations of abuse, what steps have you taken to ensure child safety?
7. Current condition of the child(ren)?
8. Who has already been contacted? (Parents? Guardians? Other agencies?)
9. Who should DSCYF contact for additional information and/or follow-up (name and phone number)?

DSCYF employees may use the attached Initial Reportable Event Phone Notification Record for documenting the contents of the initial notification phone call or voice message.

Service providers are required to complete a Reportable Event Summary that must reach the Department within 72 hours of the occurrence of the Reportable Event. The Reportable Event Summary format can be found in the Operating Guidelines.

C. **Actions by DSCYF Staff on Receiving Initial Notification:** DSCYF staff in all DSCYF divisions who receive an initial Reportable Event notification shall inform their immediate supervisor. All Reportable Event initial notifications received in DCMHS must be promptly communicated to the DCMHS Quality Improvement Unit using the division’s
E-Notification form. If the event requires the notification of a program administrator, Division Director, Deputy Director, or the Cabinet Secretary, division employees shall follow division procedures for doing so.

D. Notification of Reportable Events to Other Divisions in Interdivisional Cases:
The Operating Guidelines requires that a service provider reach only one DSCYF contact person in an initial person-to-person voice contact or voice mail message notification. When a case manager, case manager supervisor, or program administrator/contract manager receives notification from a service provider of a Reportable Event involving one or more children, that employee shall check each child’s FACTS case record to see if any other division is active with the child. If one or more other divisions are active in the case, the employee receiving the initial notification of the event must inform the case manager(s) in the other divisions as soon as practicable by phone, voice mail, or e-mail.
Initial Reportable Event Phone Notification Record

(Completed by DSCYF staff receiving notification phone call/voice message from Service Provider)

Name of Person Reporting Event:
Person’s Job Title:
Person’s Phone Number:
Provider/Program Name: Phone:
Name of Child(ren) Involved: DOB(s):

Date of Event:
Location of Event:
Time of Event:
WHAT HAPPENED? (Briefly describe the event—who, what, how)

WHAT HAS BEEN DONE SO FAR TO RE-ESTABLISH SAFETY OR MANAGE THE SITUATION?

If the incident involved alleged abuse, what steps have been taken to insure child safety?
HOW IS THE CHILD NOW?

WHO HAS BEEN CONTACTED?

NAME & CONTACT INFORMATION FOR FOLLOW-UP:

Name:_____________________________________

Phone:_____________________________________

___________________________________________________________________________________

DSCYF Person Receiving Initial Event Notification:

Child(ren)’s PID:

Date and Time Notification Received:

Check Division(s) active in case: DFS___ YRS___ CMH___

1. List any special instructions given to the service provider staff making the notification:

2. List actions taken and persons contacted by DSCYF staff person receiving initial notification: