I. PURPOSE
The purpose of this policy is to outline expectations for state operated and contracted service providers regarding reportable events and to outline procedures for DSCYF staff when they are notified that a reportable event has occurred.

II. SERVICE PROVIDER EXPECTATIONS

A. DSCYF has established a list of reportable events which require notification by service providers and detailed procedures for this reporting. An outline of events, notification procedures and the required form is contained in the Operating Guidelines for Contracted Children and Family Programs which is located on the DSCYF website (“Information” tab, “Contracts/ RFPs/Reporting” section, “Legally Binding Contract Documents Relevant to Executed Contracts”). The Operating Guidelines are updated as needed periodically. A copy of the Delaware DSCYF Reportable Events and Notification Procedures is attached to this policy in Appendix A.

III. DSCYF PROCEDURES

A. DSCYF requires providers to notify the Department of the occurrence of a reportable event as follows:
   1. When a Reportable Event occurs in a facility or program that is responsible for the twenty-four-hour supervision of a Delaware child/adolescent.
   2. When a Reportable Event occurs during a time when a nonresidential service or program is directly responsible for supervising a Delaware child/adolescent, i.e., the child/adolescent is or is supposed to be in the presence of program staff in the program office or in the community.
   3. 3rd Party Reporting. A report is considered “3rd Party” when a child/adolescent is active with a provider (formally admitted/referred and not formally discharged) and a provider employee becomes aware of an identified event or incident which has occurred at a time other than when provider staff were responsible for the supervision of the child/adolescent. The types of events or incidents considered 3rd Party reportable are the following: all those listed below requiring person-to-person voice contact; and suicide attempt; and allegations of abuse or neglect by someone outside the agency.
   4. Even when no child from DSCYF is involved, the following events must be reported to the DMSS program or contract manager:
      a. Allegations of institutional abuse lodged against provider’s staff
b. Allegations of abuse/neglect by persons outside the agency but associated with the contractor’s program (e.g. parent, coach, etc.)

c. Arrest of provider staff for felonies involving violence against a person(s) occurring away from the program site

d. Charges of DUI of a provider staff member with responsibility for transporting children

B. Each division shall have written procedures on how staff must handle reportable events. These procedures must include the following:

1. Division staff who receive reportable event notification will notify their immediate supervisor. 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.

2. 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.

3. Divisions should establish procedures for the entering of the reportable events into the Reportable Events database. In addition, Divisions should have procedures for the entering reportable events that meet criteria for a critical incident into the critical incident access database.

4. Division staff who receive reportable event notification will use the Initial Reportable Event Phone Notification Record (Appendix B) for documenting the contents of the initial notification phone call or voice message.
Appendix B: 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:_____________________________________

Check Division(s) active in case: DFS___ DYRS___ DPBH___ DMSS ___

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: