

Montana Developmental Center Critical Incident Investigation Administration Review

(Rev 03/09/2015)

This document constitutes Quality Assurance Data as defined in Sec. 50-16-201, MCA. These records are confidential, and are not discoverable or admissible in evidence in any judicial proceeding. They are disclosed to a Protection and Advocacy System under federal law, for the sole purpose of the System's investigation of an allegation of abuse or neglect of persons with disabilities. The P&A System has the same duty to maintain strict confidentiality of this material as the originating facility. The information in these documents may not be reproduced, extracted, copied or redisclosed, including to the subjects of the Data, under any circumstances.

Incident Case Number:		
Date Incident Occurred:	Date Final Report Due:	Administrative Findings: <input type="checkbox"/> Substantiated <input type="checkbox"/> Unsubstantiated
Date Incident Reported:	Date Final Report Sent:	
Investigator Name:		Date Investigation Initiated:
Description of Allegation:		
Person(s) alleged to have been harmed:		
Person(s) alleged to have caused harm:		
Person(s) making initial report:		
Protection provided to person alleged to have been harmed:		
<input type="checkbox"/> Reassigned to another residential unit. <input type="checkbox"/> Reassigned to non-client contact. <input type="checkbox"/> Placed on administrative leave. <input type="checkbox"/> Leave employee in assigned work area. <input type="checkbox"/> Provided Increased Supervision of Client(s).		
Types of Incident Reported:	Agencies Notified and Final Report Sent To:	
<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> DPHHS Director	
<input type="checkbox"/> Verbal Abuse	<input type="checkbox"/> Governor's Advisor	

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| <input type="checkbox"/> Neglect | <input type="checkbox"/> Department Attorney |
| <input type="checkbox"/> Mistreatment | <input type="checkbox"/> Division Administrator |
| <input type="checkbox"/> Exploitation | <input type="checkbox"/> Branch Manager |
| <input type="checkbox"/> Psychological Abuse | <input type="checkbox"/> Certification Bureau (ICF-DD) |
| <input type="checkbox"/> Injuries of Unknown Source | <input type="checkbox"/> Certification Bureau (ICF-IID) |
| <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> LTCO |
| <input type="checkbox"/> Sexual Contact | <input type="checkbox"/> BOV |
| <input type="checkbox"/> Sexual Intercourse without Consent | <input type="checkbox"/> Boulder Police |
| <input type="checkbox"/> Indecent Exposure | <input type="checkbox"/> County Attorney |
| <input type="checkbox"/> Client to Client Verbal Abuse | <input type="checkbox"/> APS |
| <input type="checkbox"/> Client to Client Physical Abuse | <input type="checkbox"/> Disability Rights Montana |
| <input type="checkbox"/> Guardians and Interested Parties Notified: (Names, Dates, Times): | |

Administrative Comments:

Administrative Directives:

Superintendent:	Date:

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