



COUNTY OF BERGEN
DEPARTMENT OF HUMAN SERVICES
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Exhibit B
POLICY AND INCIDENT REPORT GUIDELINES FOR
DEPARTMENT OF HUMAN SERVICES CONTRACTED RESIDENCES

Updated
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Policy

To ensure accurate, complete, and efficient reporting of all criminal or otherwise serious incidents that occur in residential settings contracted by outside parties, such incidents shall be reported to the Operations Officer, Department Director or Planning Officer (in that order) of the Bergen County Department of Human Services (BCDHS) following the procedure outlined below.

The director of the facility (or designee) shall complete an incident report prior to leaving their shift. The Operations Officer of BCDHS will add any necessary administrative findings to said report. All police reports and other relevant documentation must be attached to the incident report or submitted *as soon as available*.

Criminal Events shall be reported within two (2) hours of the occurrence by phone during normal business hours, or on the next day during non business hours. Both verbal reports must also be submitted and in writing within twenty-four (24) hours of the subject incident, and are defined as:

- Non-routine Police involvement

Catastrophic Events shall be reported within one (1) hour of the occurrence by phone, and in writing within twenty-four (24) hours and are defined as:

- Catastrophic events such as fire, evacuation, explosion
- Death

Other Serious Incidents shall be reported on the next business day after the incident occurred, and in writing within twenty-four hours, and are defined as:

- Infestations or contagious diseases known in the facility
- Any occurrences which result in injury requiring medical attention as a result of injury from the property
- Any occurrences which result in substantial damage to the facility or county property
- Any occurrences which require complaints to be filed with the court
- Non-routine minor occurrences such as overnight power failure, or those which require police, fire, or emergency assistance

Procedure

1. The Director (or designee) overseeing the facility shall be responsible for notifying the Operations Officer, Director of BCDHS or Planning Officer whenever any of the “Criminal or Catastrophic” incidents listed above occur. In the absence of the Department Director, the Deputy Director shall be notified.
2. The Director (or designee) overseeing the facility shall be responsible for notifying the Operations Officer of BCDHS whenever any of the “Other Serious Incidents” listed above occur.
3. The Director (or designee) overseeing the facility shall complete an Incident Report and submit it to the Operations Officer of the BCDHS within twenty-four (24) hours of receiving notice of the subject incident.
4. The Operations Officer of BCDHS shall conduct an Administrative Review.
5. The Director (or their designee) overseeing the facility shall submit copies of all relevant paperwork attached to the report (e.g., additional narrative, medical reports, police reports, complaints, etc.).
6. The Operations Officer of the BCDHS shall place the report in the central Department file.

**Bergen County Department of Human Services
Contracted Residence Incident Report**

1. Date of Report:	2. Name, title and contact number of person completing this report:
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3. Facility:	4. Program:
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5. Name of client:	6. Age range:	Sex:	7. Date of incident:
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8. Time of incident:	9. Place of incident:	10. Address: Floor: Room if available:
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11. Names of witness(es) and Police/Security Officer if applicable:	12. Supervisor notified:	13. Incident Classification: <input type="checkbox"/> Non routine Police Involvement <input type="checkbox"/> Death <input type="checkbox"/> Fire <input type="checkbox"/> Evacuation <input type="checkbox"/> Explosion <input type="checkbox"/> Infestations <input type="checkbox"/> Contagious Disease <input type="checkbox"/> Medical issue as a result of injury from property <input type="checkbox"/> Substantial damage to property <input type="checkbox"/> Complaint filed with court <input type="checkbox"/> Other
	Date: _____ Time: _____	

14. Description of Incident

This section is to be completed by the executive director (or designee). Attach additional pages if necessary:

Signature _____ **Date** _____

Print Name _____

Administrative Review Section for Residences Contracted by Outside Parties

To Be Completed by the Operations Officer or designee

13. Administrative Review (include any actions taken): _____

22. Recommendations: _____

23. Operations Officer (or designee) Signature: _____

24. Print Name: _____

_____ **25. Date** ____

