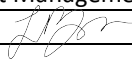
 <u>Tri-County Care</u>	STANDARD OPERATING PROCEDURE		
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SOP approved by: Leanne Brown, Policy Coordinator			Signature: 
SOP approved by BOD on 01/22/2025			

POLICY HIGHLIGHTS

This SOP outlines the process and responsibilities of reporting all incidents upon discovery.

ABBREVIATIONS, COMMON DEFINITIONS, AND ACRONYMS

Care Hub – TCC's platform for accessing all Policies & Procedures

IRC – Incident Review Committee

IRMA – Incident Report & Management Application, OPWDD's application for monitoring and tracking incidents.

Mandated Reporting – The legal requirement to report any witnessed or discovered incidents to the appropriate party.

PTO – Paid Time Off

SCR – Statewide Central Register

SOP – Standard Operating Procedure; TCC's procedures for certain tasks and objectives.

Vulnerable Person – Is a person who, due to physical or cognitive disabilities or the need for services or placement, is receiving care from a facility or provider within the systems of the State Oversight Agency.

ROLES & RESPONSIBILITIES

Director of Incident Management – To oversee all Incident Management Department activities, investigations, training, and reports. To act as the chairperson of the Incident Review Committee and analyze trends on incidents/events reported to TCC.



Incident Investigator – To investigate and report on incidents/events that are reported to the Incident Management Department. To support TCC staff when making an initial report or have questions regarding incident management.

TCC Staff, Volunteers, and Contractors – must report all incidents/events to the Incident Management Department upon discovery to ensure the wellbeing of individuals who are the subject of an allegation of abuse, neglect, or reportable incident/event. TCC staff, volunteers, and contractors will work with the Incident Management Department throughout the course of the investigation.

PROCEDURE

Every CCO and provider of OPWDD services must have an internal department to report, monitor, and investigate allegations of abuse, neglect, and reportable incidents/events to protect the people served.

1. The Incident Management Department is responsible for:


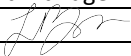
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- a. Adhering to Parts 624, 625, and 633 regulations.
 - b. Protecting people receiving services from abuse, neglect, or harm.
 - c. Ensuring protections and safeguards are implemented.
 - d. Recommending corrective actions to prevent future abuses or harm.
2. An incident is an event/occurrence or series of events/occurrences that are related to abuse, neglect, or harm regarding a vulnerable person.
 - a. All individuals served under TCC are classified as a "vulnerable person."
3. TCC's Incident Management Department is on call during and after business hours to protect individuals enrolled with TCC.
4. TCC's Incident Management 24-hour contact information:
 - a. Phone: 929-222-8371
 - b. Dedicated Mailbox: incidentmanagement@tricountycare.org
5. All incidents and events/situations must be reported to TCC's Incident Management Department as set forth in Part 624 & 625 Handbook.
6. All Part 624 and 625 reports investigated by TCC's Incident Management department are entered, updated, and maintained within IRMA.
 - a. For more information on incident investigations, please refer to the "SOP – Incident Investigation."
7. All notifications are made to the required parties within the required timeframes as set forth in "Part 624/Part 625 Handbook".
8. All Incident reports and investigations must be always kept confidential. See "SOP – Incident Management Confidentiality" for more information.

MANDATED REPORTING:

Mandated reporting has been in effect in New York since June 30, 2013, and is the law. Mandated reporters have a legal obligation to report any allegations of abuse or mistreatment.



1. All TCC staff are considered mandated reporters and TCC staff sign the Justice Center Code of Conduct upon hire and annually thereafter to reaffirm and attest to understanding this requirement.
 - a. Reporting may only be delayed while preventing harm. The report must be made after the immediate protections are put in place such as calling emergency services (EMS, Law enforcement)
2. Mandated reporters must be aware that:
 - a. They must maintain a high degree of confidentiality

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- b. There are penalties for failure to report and not maintaining confidentiality.
- 3. Staff have protection from criminal and/or civil liability if they report an incident/event in good faith.
 - a. Good faith implies that a report was not made with gross negligence or willful misconduct.
 - b. Reports made in bad faith may result in disciplinary actions
- 4. Mandated reporters are not required to obtain permission, prior approval, or prior notification before reporting an incident.
- 5. Failure of TCC staff to report incidents/events to the Incident Management Department and/or fail to follow the direction of the Incident Management Department staff after the report is made, the TCC staff may be subject to disciplinary procedures.
- 6. A TCC staff may be found guilty of a Class A misdemeanor for failure to report, which could lead up to either or both:
 - a. Up to a year in jail
 - b. Fine up to \$1,000
- 7. In addition to criminal penalties, failure to report may result in civil penalties based upon the harm resulting from the failure.

REPORTING TO THE INCIDENT MANAGEMENT DEPARTMENT:


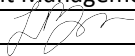
- 1. **All** suspected incidents/events, either witnessed or discovered, that involve an individual served by TCC **must** be reported to the Incident Management Department via phone **immediately upon discovery.**
 - a. The incident must be documented within the HER.
 - b. If the call is not answered, you must leave a voicemail including a call back number where you can be reached. TCC staff may also send an email to the Incident Management Department email box **only after leaving a voicemail.**
 - c. A member of the Incident Management Department will provide support and direction at that time.
- 2. Staff that are made aware of a potential incident/event after leaving work, while on PTO, or after normal business hours does not justify a reporting delay. All reports must be made **immediately upon discovery.** For more information, please review "SOP – Late Incident Management Reporting."
- 3. When possible, the TCC staff should have this information for the Incident Management Department:

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- a. Name of the individual
 - b. Date of birth of the individual
 - c. TABS # of the individual
 - d. Address of the individual
 - e. Date and time the individual was involved in the incident
 - f. Location of the event
 - g. Circumstance surrounding the event
 - h. Level of supervision required, diagnoses, level of risk, pertinent medical and psychiatric history
 - i. Care Manager's contact information
4. The reporter must ensure all immediate safeguards and protections are put in place as discussed. These safeguards and protections may include, but are not limited to, contacting the following:
 - a. Calling **911 or emergency services immediately** if the individual is in immediate danger
 - b. Calling Child Protective Services/Administration of Children's Services Mandated Reporter State Central Registry - **1-800-635-1522**
 - c. Calling Adult Protective Services - **1-844-697-3505**
 - d. Calling New York State Justice Center - **1-855-373-2122** for abuse; **1-855-373-2124** for deaths occurring in certified settings or as required by regulation.
 5. If the Incident Management Department directs the TCC staff to call protective services, the TCC staff will document the name, date/time of call, number, and confirmation number of the call, and document the information in the "TCC Internal Incident Report Form" in the EHR.

COMPLETING THE INCIDENT REPORT:

1. After completing the telephone notification to the Incident Management Department, the reporter must complete the "TCC Incident Report Form" in the EHR.
 - a. This report must be completed immediately following the phone report to Incident Management unless otherwise directed by the Incident Management Department.
 - b. If an incident is discovered after hours or on the weekend, the incident report form must be completed on the day of discovery unless otherwise directed.
2. Upon receipt of the report, the Incident Management Team will start their investigation and recommend additional steps that the Care Management Team must take to ensure all protections remain in place and work towards resolution. See "SOP – Incident Investigation"


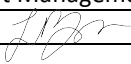
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Part 624 Incidents that Occur at a Provider Agency:

1. Care Management staff must be notified by the provider agency of all incidents involving any individual receiving services in certified sites operated or certified by OPWDD and must be provided with subsequent information:
 - a. Care Management staff must be notified within 24 hours of the completion of the initial incident report or entry of initial information in IRMA.
 - b. The notification must include a description of immediate safeguards and protections.
 - c. Care Management staff must be provided with subsequent information that may be needed to update an individual's life plan and to monitor protective, corrective, and other actions taken following a reportable incident or occurrence.
 - d. Care Management staff must be provided with written information identifying investigative conclusions. Including the findings of a report of abuse or neglect, and recommendations pertaining to the individual's care, protection, and treatment.
 - e. The information will exclude information that directly or indirectly identifies agency employees, consultants, contractors, volunteers, or other individuals receiving services.
2. This information must be provided to the care Management staff within:
 - a. 10 days after completion of the investigation **OR**
 - b. In written form, within 3 weeks if the IRC review has resulted in additional findings, conclusions, or recommendations regarding the individual's care, protection, and/or treatment.
3. Care Management staff may request additional information concerning the incident or occurrence to monitor protective, corrective, and/or other actions taken.
 - a. If the agency deems it would be inappropriate to disclose the specific information requested, the agency must advise the Care Management staff of this determination and its justification, in writing, within 10 days after the request.
4. If a Care Management staff is identified as the subject of a report of abuse, neglect, or as a witness to a reportable incident or occurrence, the agency cannot provide the information to that staff. The notification will be provided to the Regional Director or other appropriate party.

Additional Reporting Requirements:

1. When a Care Manager is made aware of an incident or event that occurred under the auspices of a provider agency, the Care Manager must ensure that appropriate and immediate protections have been implemented and that the Justice Center was notified.

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2. TCC's Incident Management Team will assist as needed with notifying the provider agency's Incident Management/Quality Assurance department.
3. If someone advises a TCC staff that the Justice Center has already been called by another party to make a report, the TCC Staff is still responsible to notify the Justice Center as a mandated reporter with knowledge of the allegation.

Other Reporting Requirements:

1. If an incident involves a Willowbrook Class Member, in addition to following reporting protocols outlined above, the Care Manager will follow the "Required Willowbrook Incident Notifications- Gray Sheet" for required notifications.
2. If an incident/event is reported to the Intake Department during the enrollment process, it must be reported directly to the Incident Management Department.
3. If an incident/event is reported to the Customer Department via call or email, it must be reported directly to the Incident Management Department.
4. If an incident/event is reported to the Quality Assurance Department during the course of resolving a grievance, it must be reported to the Incident Management Department.
5. If an incident/event is reported to the On-Call staff after hours, it must be reported to the Incident Management Department.
6. If an incident/event is reported to any other department/staff.

CORRESPONDING POLICIES & PROCEDURES:

1. SOP – Incident Reporting
2. SOP – Incident Confidentiality
3. SOP – Incident Review Committee
4. SOP – Deaths
5. SOP – Justice Center Code of Conduct
6. SOP – Late Incident Reporting
7. SOP – Jonathan's Law
8. SOP – Incident Investigations
9. Document – Jonathan's Law Telephone Notification Script
10. Document – Jonathan's Law Letter Notification Template
11. Document – Jonathan's Law OPWDD Form 148 Cover Letter
12. Document – Justice Center Code of Conduct
13. Document – Incident Management Report
14. Document – OPWDD Learning About Incidents


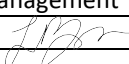
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15. Document – Required Willowbrook Incident Notifications – Gray Sheet

HIERARCHY WHO CAN ANSWER QUESTIONS:

If you have **any** questions or concerns, please make sure you reach out to someone below!

1. Incident Management Investigator
2. Director of Incident Management

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POLICY HIGHLIGHTS

This SOP outlines the process for TCC's Incident Management Department from receipt of a report through closure for all Part 624 & Part 625 incidents and events, including the process of investigation, review, correction, and monitoring of certain events or situations, to protect individuals receiving services (to the extent possible) from harm; ensure that individuals are free from abuse and neglect; and to enhance the quality of their services and care.



ABBREVIATIONS, COMMON DEFINITIONS, AND ACRONYMS

Focus Staff/Person – The person who is the subject of the allegation.
Form 149 – Investigative report form used in Part 624 investigations
Form 150 – Investigative report form used in Part 625 investigations
IRC – Incident Review Committee
IRMA – Incident Reporting and Management Application – OPWDD's platform for managing incidents.
Part 624 – Investigations for incidents that occur in a certified setting or an allegation that involves a TCC staff member being the focus person
Part 625 – Investigations for incidents that occur in the community
SOP – Standard Operating Procedure; TCC's procedures for certain tasks and objectives.

ROLES & RESPONSIBILITIES:


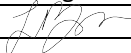
Director of Incident Management or Designee– To oversee all investigations for quality and to ensure investigations are assigned, completed, documented, updated, and closed per regulatory standards. Reports up to the CEO. Additionally, will assist and take on the responsibilities of facilitating initial reports when Incident Investigators are not available or need assistance.
Incident Investigator – To conduct all Part 624 and Part 625 investigations within TCC and provide support and guidance to the TCC staff when an event/incident is reported. The Investigator assigned to the dedicated mailbox will classify all incident upon receipt and prior to assignment to an investigator. Additionally, act as the primary facilitator of all reports made to the Incident Management call line and mailbox. They are responsible for classifying all reports in IRMA upon receipt before assigning to an investigator.
TCC Staff/contractors/Volunteers – Are mandated reporters and must comply with reporting and investigation procedures as outlined within the policies and procedures and as directed by Incident Management.

PROCEDURES

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The following process applies to all investigations conducted by TCC's Incident Management Department. Additional steps are outlined within each section for Part 624 & 625.

1. All reports made to the Incident Management Department will be investigated by TCC's Incident Management Department as required by the Part 624/625 regulations.
2. The NYS Justice Center and OPWDD have the right to investigate and/or review any reportable incident and/or any notable occurrence. All relevant records, reports, and/or minutes of meetings at which the incident or occurrence was discussed must be made available to reviewers or investigators. Persons receiving services, staff, and any other relevant parties may be interviewed in pursuit of any such investigation or review.
3. Upon notification of an incident or event as outlined in "SOP – Incident Reporting", TCC's Incident Investigator or Director of Incident Management will classify the incident and file the event/situation per regulatory requirements.
4. TCC's Incident Investigator or Director of Incident Management will determine immediate protections to be implemented by the Care Management Team.
5. The Incident Investigator will ensure appropriate notifications are made within regulatory timeframes.
6. The assigned TCC investigator will gather documentation and conduct interviews with:
 - a. The reporter of the incident/event
 - b. The subject of the alleged incident/event
 - c. The service recipient(s) who may have been the victim(s) or witnessed the alleged incident/event, as appropriate
 - d. All other involved persons who may have witnessed the alleged incident/event
 - e. Anyone who may have information related to the incident/event
7. Any known or potential conflict of interest between an Incident Investigator and any party involved in the investigation (member, family, focus staff, etc.) will result in the reassignment to another Investigator.
8. Every reporter and all TCC staff are mandated to cooperate in an investigation being conducted by TCC's Incident Management Department or an outside entity responsible for protecting a vulnerable person and provide any information/documentation that is available.
 - a. If an employee leaves employment prior to the conclusion of a pending investigation, the investigation will continue until it is completed and (for reports of abuse and neglect) a finding is made of substantiated or unsubstantiated.

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- b. Emails and voicemails from the Incident Management department to any TCC staff must be answered/responded to immediately.
9. Interfering with the discovery, reporting, or investigative process may result in a witness now becoming the subject of an investigation for obstruction of reports of reportable incidents or disciplinary action.
10. All incident reports, including the initial report, are kept confidential. See "SOP – Incident Management Confidentiality" for more information.


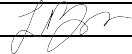
PART 624 INVESTIGATIONS

Part 624 investigations apply to all facilities and programs that are operated, certified, or funded by OPWDD (including Family Care homes) for the provision of services to individuals with developmental disabilities. Allegations of abuse, neglect, and reportable incidents involving TCC staff that fall under the Part 624 regulations will be investigated by TCC and reported to OPWDD as required.

When a report is made to TCC's Incident Management Department as outlined in "SOP – Incident Reporting", the following steps will be taken:



1. The Incident Investigator will classify the incident in IRMA upon receipt of the incident report.

Reportable Incidents of Abuse & Neglect	Physical Abuse
	Sexual Abuse
	Psychological Abuse
	Deliberate inappropriate use of restraints
	Use of aversive conditioning
	Obstruction of reports or reportable incidents
	Unlawful use/administration of a controlled substance
	Neglect
Reportable Significant Incidents	Conduct between people receiving services
	Mistreatment
	Seclusion
	Unauthorized use of time-out
	Medication error with adverse effects
	Inappropriate use of restraints
	Missing Person
	Unauthorized absence
	Self-abusive behavior with Injury
	Choking with known risk
	Choking with no known risk
	Injury with hospitalization
	Theft or Financial exploitation > \$100

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	Other significant incident
Serious Notable Occurrences	Death
	Sensitive Situation
Minor Notable Occurrences	Injury requiring more than first aid
	Theft/financial exploitation \$15-\$100


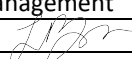
2. The Incident Investigator or Director of Incident Management will confirm and/or determine Immediate protections implemented to ensure the individual's safety.
 - a. For all allegations of physical and sexual abuse, the focus staff will be removed from contact with all individuals receiving services pending the results of the investigation.
 - b. Where a TCC staff is the subject of an allegation of abuse and neglect that occurred in a facility certified or operated by OPWDD, a NYS Justice Center Statewide Central Register (SCR) check will be completed via subjectsearchs@justicecenter.ny.gov.
3. The Incident Investigators and/or Director of Incident Management ensure completion of all required notifications within the regulatory time frames per Part 624. All notifications are logged within IRMA.
 - a. Incident Investigators and the Director of Incident Management are required to know and understand 624 regulatory requirements.
4. The Director of Incident Management or designee assigns an investigator who immediately begins the investigative process. This includes completing interviews with the reporter(s), the individual(s) involved as appropriate, all involved parties and witnesses, a review, and collection of all relevant documentation/evidence.
5. The investigation is completed within 30 days of discovery and the Form 149 report is submitted to the Director of Incident Management for review by the Incident Review Committee. If there is a delay in completion (i.e., witness unavailable, individual unable to be interviewed until a later time). In these cases, IRMA is updated (including the reason for the delay) as required (minimally every 30 days) or as requested by IMU. Within the 30-day time frame, the Incident Review Committee is also provided notification that the incident is being held open. IRMA and the Incident Review Committee are updated minimally every 30 days thereafter until closure.
6. Once the investigation is completed, the investigation as well as recommended corrective actions/plans for remediation are reviewed by the Incident Review Committee. The Committee may make additional recommendations or request further investigation. The meeting minutes are entered into IRMA within the required timeframe.
7. The findings and recommendations are submitted to the CEO.

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8. The Care Manager is provided with the investigative conclusions (findings) and recommendations/plan of remediation pertaining to the individual's care, protection, and treatment.
 - a. In cases where the Care Manager is the subject of the allegation/reportable incident, the Regional Director or Vice President of Care Management will be provided with the information.
9. Within 10 days of the IRC review, a plan of prevention and remediation is developed to ensure health, safety and wellbeing of the individual receiving services.
10. The Incident Review Committee is updated on the corrective action plan/response to recommendations within 30 days. If approval is given, the incident will be submitted for closure.
11. The investigation, including all statements, documentation, and verification of corrective action plans are uploaded into IRMA within 50 days of closure.
12. See "SOP - Incident Review Committee" for more information on the IRC procedures.

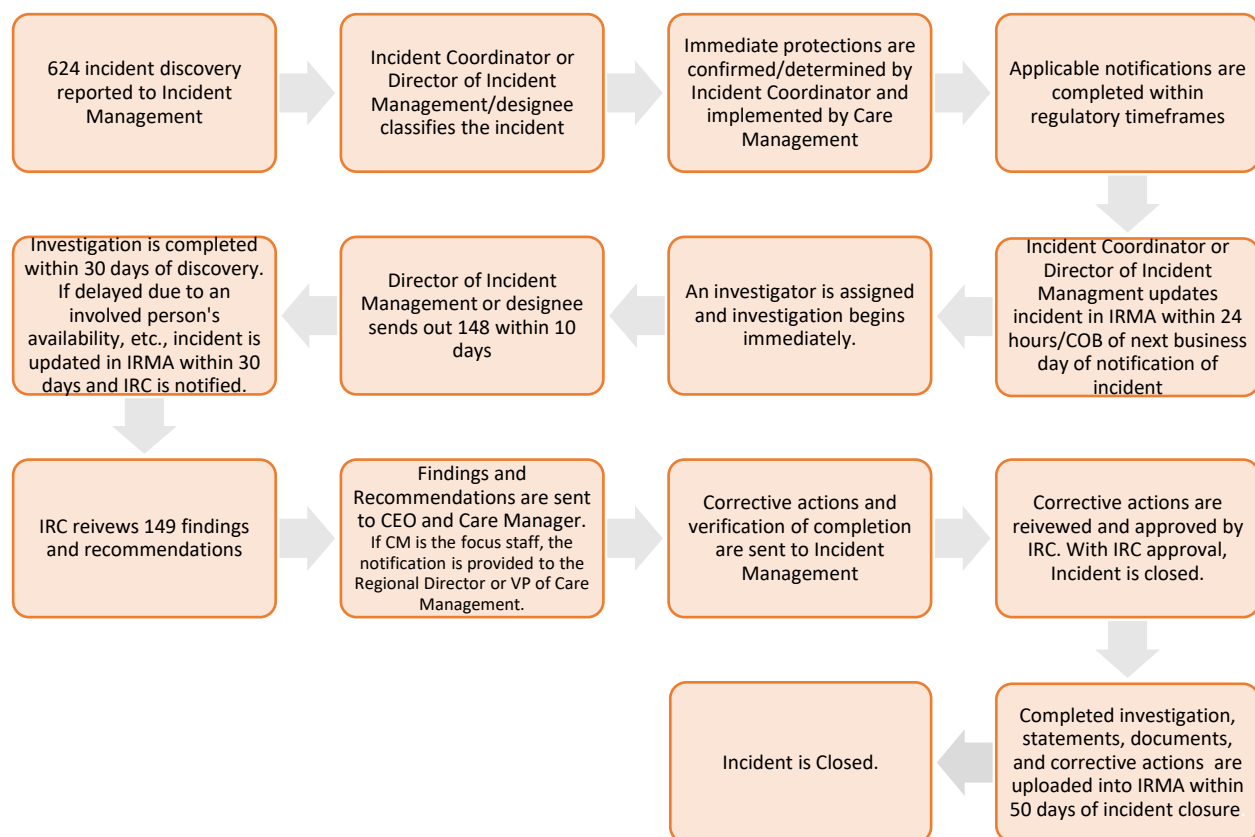
ADMINISTRATIVE LEAVE OF A TCC EMPLOYEE:

1. Administrative leave of any TCC staff may be for the duration of the investigative process and IRC review.
2. All administrative leave will be determined by the Director of Incident Management and the Vice President of Human Resources & Legal Affairs.
3. All administrative leave notifications will be coordinated between the Incident Management and Human Resources Departments.
4. The administrative leave notifications and staff notifications will be written by the Incident Management Department.
5. The administrative leave notifications will be delivered by the Human Resources Department or the Incident Management department. Administrative leave notifications include notifications related to revoking work privileges/duties, extending leave time, or terminating employment.
6. Administrative leave for TCC staff will be without pay. If it is determined the allegation is not founded/unsubstantiated, TCC staff will receive pay retroactively.
7. TCC staff that are on administrative leave will keep the nature of their leave confidential; including, but not limited to, their direct supervisors, individuals on their caseloads, and providers.
8. TCC staff that are on administrative leave will only communicate with the Incident Management and Human Resources Departments.

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9. Pending the results of the investigation, TCC staff will either be reinstated or terminated.
10. If an employee leaves employment prior to the conclusion of a pending investigation, the investigation must continue until completion (for reports of abuse and neglect) and a finding of substantiated or unsubstantiated is made.


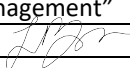
624 Workflow Summary:




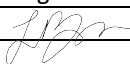
PART 625 EVENTS AND SITUATIONS

Any of the following events/situations not under the auspices of an agency witnessed or discovered by a TCC staff, must be reported to TCC's Incident Management Department.

Physical Abuse	Financial Exploitation
Sexual Abuse	Death
Emotional Abuse	Other Situation
Active/Passive/self-neglect	

 Tri-County Care	STANDARD OPERATING PROCEDURE		
Title: Incident Investigations	Version #: 4	Type of SOP: Standard	
Date Initially Issued: 7/1/2018	Eff. Date of Current Version: 01/21/2025		
SOP's Location on Portal: "Policies & Procedures" → "Care Management" → "Incident Management"			
SOP approved by: Leanne Brown, Policy Coordinator		Signature: 	
SOP approved by BOD on 01/22/2025			

1. Upon receipt of notification as outlined in "SOP – Incident Reporting", the Incident Investigator will review the report and confirm with the Care Manager that immediate protections have been put in place or recommend immediate protections such as notifying the appropriate party that can address situation/event (APS, CPS/Statewide Central Register of Child Abuse and Maltreatment Mandated Reporter Hotline, Law enforcement, school superintendent/SED/SCI, etc.).
 - a. See "SOP – Deaths" for procedures on death reporting and investigation.
2. If the event or situation meets one of the definitions in sections 624.3 or 624.4 and occurred in a facility or service setting subject to the regulatory oversight of another State Agency (e.g. school, hospital), the TCC will document the event or situation and will report the situation to the management of the facility or service setting.
3. The Incident Investigator or Director of Incident Management/designee will classify the report in IRMA and enter immediate protections put in place no later than the close of the next business day of the report.
4. The Incident Investigator or Director of Incident Management/designee notifies OPWDD as required by regulation.
5. Per 625.3 Statewide Central register of Child Abuse and Maltreatment must be contacted by mandated reporters for incidents of child abuse or maltreatment.
6. TCC will intervene by contacting APS for any event or situation that meets the definition of physical, sexual, or emotional abuse; active, passive or self-neglect; or financial exploitation, when it involves:
 - a. An adult only receiving FSS, ISS or Article 16 clinic services
 - b. The individual is not available to the agency
 - c. Individual needs protective services that the agency cannot provide
7. The Incident Investigator or Director of Incident Management will assign an investigator to begin the review of incident/event by:
 - a. Interviewing involved member(s)/witnesses
 - b. Reviewing records and relevant documentation
8. The Incident Investigator will advise the Care Manager to:
 - a. Provide referral options to the individual or representative as appropriate, and as needed directly place referrals to service providers, clinicians, state agencies, etc.
 - b. Make a referral to TCC's Clinical Team
 - c. Assess and monitor the individual's needs, supports, health and safety
 - d. Educate member about their rights and choices in the presenting matter

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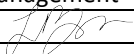
- e. Provide updates to the Incident Investigator to ensure progress towards resolution
- 9. The Incident Investigator provides updates at least every 30 days or as requested by IMU until the event is resolved, at which time the OPWDD 150 Form will be completed by the Incident Investigator and the event will be closed.
 - a. It is the responsibility of Care Management to ensure all recommendations are completed and monitor that corrective actions result in expected protection.

Reporting/Investigation Responsibilities:

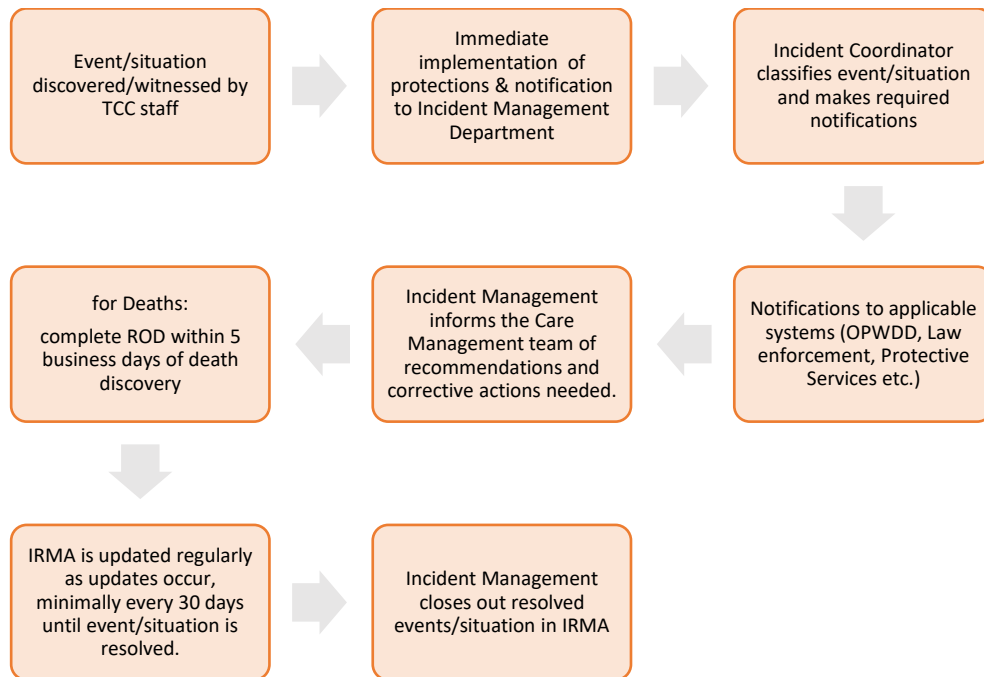
If there is more than one agency providing services to an individual, there must be one responsible agency designated to intervene in the event or situation as defined in Part 625. The responsible agency must follow the order below:

1.	Residential facility, including Family Care home
2.	Certified Day Program (if has multiple certified day providers, the responsible agency should be the one providing the greater share of services on a regular basis)
3.	Care Coordination Organization or PCSS
4.	HCBS Waiver provider, including respite services provided at a free-standing respite or under the Care at Home Waiver
5.	FSS, ISS and/or Article 16 clinic services
6.	Any other service certified, operated, or funded by OPWDD

If the discovering agency is not the responsible party, the discovering agency must notify the responsible party of the situation or event.

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625 Workflow Summary:



Reclassifying an Incident:

There may be times when an incident classified under Part 624 or 625 would need to be upgraded or downgraded.


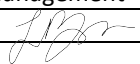
Reasons for reclassification may include:

1. Incorrect classification
2. Newly discovered details or facts that lead to changes in the classification

Reclassifications can be made by TCC's Director of Incident Management/designee upon review of the incident or as recommended by OPWDD's IMU.

CORRESPONDING POLICIES & PROCEDURES:


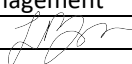
1. SOP – Incident Reporting
2. SOP – Incident Confidentiality
3. SOP – Incident Review Committee
4. SOP – Deaths
5. SOP – Justice Center Code of Conduct

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6. SOP – Late Incident Reporting
7. SOP – Jonathan's Law
8. SOP – Incident Investigations
9. Document – Jonathan's Law Telephone Notification Script
10. Document – Jonathan's Law Letter Notification Template
11. Document – Jonathan's Law OPWDD Form 148 Cover Letter
12. Document – Justice Center Code of Conduct
13. Document – Incident Management Report
14. Document – OPWDD Learning About Incidents
15. Document – Willowbrook Incident Reporting – Gray Sheet

HIERARCHY WHO CAN ANSWER QUESTIONS:

1. Incident Investigator
2. Director of Incident Management

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POLICY HIGHLIGHTS

This SOP outlines TCC's responsibilities when a death is reported to the Incident Management Department.

ABBREVIATIONS, COMMON DEFINITIONS, AND ACRONYMS

IMU – OPWDD's Incident Management Unit

IRMA – Incident Reporting and Management Application; OPWDD's secure website to report and record investigations into incidents.

SOP – Standard Operating Procedure; TCC's procedures for certain tasks and objectives.

ROLES & RESPONSIBILITIES


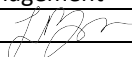
Incident Management Department – To report all deaths as required to OPWDD and the Justice Center. All deaths reported to TCC that fall under TCC's auspices, will be investigated within all required timeframes.

TCC Staff – If TCC staff learn of any death of a person receiving services at TCC, they must report these deaths to the Incident Management Department.

PROCEDURE

General overview on death reports and investigations:


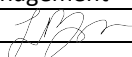
1. The Incident Management Department will report deaths to the Justice Center Death Reporting Line (1-855-373-2124) and OPWDD as required.
 - a. These deaths must be reported **immediately** by phone to OPWDD's Incident Management Unit (IMU) as required by regulation.
2. The death of an individual receiving services who lived in a residential facility operated or certified by OPWDD, including a family care home, is always under the auspices of the agency. The death is also under the auspices of the agency if the death occurred up to 30 days after the discharge of the individual from the residential facility (unless the person was admitted to a different residential facility in the OPWDD system. This does not include free-standing respite).
 - a. If the person lived in an OPWDD certified residence, the death is reported by the residence, including a certified Family Care home, to OPWDD and Justice Center.
 - b. If the person lived in the community and received/is enrolled in a certified service (such as a certified Day Habilitation), within 30 days of their death, the Care Manager must file a report with the Justice Center. This includes program enrollments not actively being used. TCC's Incident Management Team will file the report with OPWDD.

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- c. If the person did not receive any certified services and lived in the community, Incident Management will file a reportable event with OPWDD.
 - d. Events or situations that are not under the auspices of an agency include: The death of an individual who received OPWDD operated, certified, or funded services, except deaths that occurred under the auspices of an agency as specified above.
3. A death that did not occur under the auspices of TCC or a certified setting, must be reported in accordance with Part 625. Exceptions to this rule are deaths that occur in hospitals or nursing homes where the person has not been disenrolled from a certified residence or that has been disenrolled from a certified residence in less than 30 days, must be reported in accordance with Part 624.
4. For Willowbrook Class Members, TCC will comply with incident reporting requirements per the Willowbrook Permanent Injunction.
5. The Incident Management Department will notify the coroner/medical examiner if the death was a suicide, homicide, accidental death, or death due to suspicious, unusual, or unnatural circumstances.
 - a. This notification is done immediately by telephone, and then later in writing.
 - b. If the death took place in New York City, the New York City police are also notified.
6. Once a death is reported and confirmed, the Incident Management department will notify key internal departments/staff to trigger next steps. These internal death notifications will be for any deaths reported to TCC, regardless of 624 or 625 classifications.
7. The following parties will receive an internal death OMIT notification:
 - a. CEO
 - b. Vice President of Care Management
 - c. Director of Nursing
8. Once all required parties are notified, the Incident Management Department will assign an Incident Investigator to investigate.
9. The Report of Death must be submitted into IRMA within 5 working days of discovery of the death.
10. Once the investigation is completed, the individual may be disenrolled formally from TCC.
11. The Care Management records must not be altered after the discovery of death. If there are any questions related to certain documents, please reach out to the Incident Management Department to confirm.

CORRESPONDING POLICIES & PROCEDURES

1. SOP – Incident Reporting
2. SOP – Incident Confidentiality



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3. SOP – Incident Review Committee
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13. Document – Incident Management Report
14. Document - OPWDD Learning About Incidents
15. Document – Willowbrook Incident Reporting Gray Sheet
16. Document – Incident Notification Grid

HIERARCHY WHO CAN ANSWER QUESTIONS

If you have any questions or concerns, please reach out to someone below!

1. Incident Management Investigator
2. Director of Incident Management

 Tri-County Care	STANDARD OPERATING PROCEDURE		
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POLICY HIGHLIGHTS

This SOP outlines TCC staff's responsibility in maintaining confidentiality related to an incident and investigation.

ABBREVIATIONS, COMMON DEFINITIONS, AND ACRONYMS

Confidentially – The act of keeping information private.

SOP – Standard Operating Procedure; TCC's procedures for certain tasks and objectives.


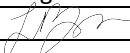
ROLES & RESPONSIBILITIES

All TCC Staff – To maintain confidentiality of all incident reports/events and investigations.

PROCEDURES

It is imperative that the integrity of the investigation is preserved by **not** discussing the incident with anyone except the Incident Management Department unless otherwise directed.

1. TCC will maintain the confidentiality of the reporter to the extent the regulations and laws will allow and as required.
2. Confidentiality **must** be maintained when an allegation of abuse, neglect, or reportable incident occurs and throughout the course of the investigative process. This includes:
 - a. During the initial report
 - b. During the investigation
 - c. After the investigation is concluded
3. Any discussions of the incident with anyone other than the Incident Management Department may result in the investigation being compromised.
4. A member of the Incident Management Team is to be contacted regarding any questions.
5. Confidentiality can be breached by TCC staff disclosing information related to the incident in any form, including:
 - a. Via telephone
 - b. Via Email
 - c. Via In-person meeting
6. If confidentiality is breached and it impedes the discovery, reporting, or investigation of a service recipient of the information or compromises the investigative process, it may result in formal disciplinary action and/or an obstruction of reports of reportable incidents.
 - a. An obstruction of reports of reportable incidents includes, but not limited to:
 - i. Intentionally providing false information.
 - ii. Dissuading an involved person from making a report and/or providing information.

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- iii. Falsifying records that pertain to the safety, treatment, or supervision of a person receiving services.
 - iv. Intentionally withholding material information.
 - v. Failure of a supervisor to act upon a report of an incident.
7. If confidentiality is breached by a TCC staff, TCC's Incident Management department will escalate these concerns to the Human Resources Department to take appropriate disciplinary actions.
 8. The Care Manager will not be given a copy of the completed investigation. Those reports are confidential and remain with the Incident Management Department.

Incident Documentation in the EHR



1. All incident reports are logged and tracked directly in the EHR system using the "TCC Incident Report Form".
2. To maintain the integrity and confidentiality of a report, all reports submitted in the EHR will, upon submission by the reporter, only be accessible by TCC's Incident Management staff.

Incident Record Requests:

1. All requests for copies of documentation and reports related to a reported incident **must** be referred to the Incident Management Department.
2. All requests for records must be made in writing to the Director of Incident Management at: incidentmanagement@tricountycare.org OR Attention: Director of Incident Management 286 Washington Avenue Extension, Albany, NY, 12203
3. Subject to Jonathan's Law, the Incident Management Department may provide significantly redacted investigative records after the investigation is closed. Please review the "SOP – Jonathan's Law" for more information.
4. The Permanent Injunction mandates that the following records should be automatically sent to CAB for all Willowbrook Class members for Part 624 investigations.
 - a. OPWDD 147 Incident Report
 - b. OPWDD 148- Jonathan's Law Report
 - c. Copies of IRC Minutes (redacted to not include any members names who are not class members)
 - d. Copies of 30-day updates within 24 hours of required entry into IRMA

CORRESPONDING POLICIES & PROCEDURES


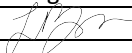
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HIERARCHY WHO CAN ANSWER QUESTIONS

1. Incident Investigator
2. Director of Incident Management

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POLICY HIGHLIGHTS

This SOP outlines the requirements and responsibilities of the Incident Review Committee.

ABBREVIATIONS, COMMON DEFINITIONS, AND ACRONYMS

IRC – Incident Review Committee

SOP – Standard Operating Procedure; TCC's procedures for certain tasks and objectives.

ROLES & RESPONSIBILITIES

IRC Member – To attend IRC meetings as required and provide insight into all investigations.


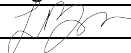
Director of Incident Management – To act as the chairperson of the IRC and ensure all meetings take place within required timeframes. The chairperson will ensure all recommendations reviewed during the IRC meetings are completed.

PROCEDURE

TCC's Incident Review Committee (IRC) will monitor Part 624 reportable incidents and notable occurrences within TCC.

The IRC duties are to:

1. Ascertain that reportable incidents and notable occurrences were reported, managed, investigated, and documented consistent with the provisions of Part 624 regulations and TCC policies and procedures.
2. Make written recommendations to the appropriate TCC staff and/or CEO to correct, improve, or eliminate inconsistencies.
3. Ascertain that necessary and appropriate corrective, preventive, remedial, and/or disciplinary action has been taken to protect individuals receiving services from further harm to safeguard against the recurrence of similar reportable incidents and notable occurrences, and to make written recommendations to the CEO to correct, improve, or eliminate inconsistencies.
4. Ascertain if further investigations or if additional corrective, preventive, remedial, and/or disciplinary action is necessary, and if so, to make appropriate written recommendations to the CEO relative to the reportable incident or notable occurrences.
5. Identify trends in reportable incidents and notable occurrences, and to recommend appropriate corrective, preventive, remedial, and/or disciplinary action to the CEO to safeguard against such recurring situations or reportable incidents and notable occurrences.
6. Ascertain and ensure the adequacy of TCC's reporting and review practices, including the monitoring of the implementation of approved recommendations for corrective, preventive, and remedial action.
7. Members of the committee shall be trained in confidentiality laws and regulations and shall comply with section 74 of the Public Officers Law.

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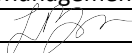
8. As a best practice (not a regulatory requirement) members of the Committee will receive investigation training to support the oversight process.
 - a. This training will be conducted by the Director of Incident Management or a designee.

Membership of the IRC:

1. Committee members shall be appointed by the TCC's CEO.
 - a. TCC's CEO designee is TCC's Director of Incident Management.
 - b. TCC's Director of Incident Management, or a designee, will act as IRC's chairperson.
2. Membership of the IRC shall include:
 - a. A member of TCC's governing body.
 - b. At least two professional staff.
 - i. At least one of the professional staff must be a licensed health care practitioner.
 - ii. A Nursing Support Specialist will fill this role for TCC's IRC.
 - c. Other staff, including administrative staff as deemed appropriate by TCC. The Director of Incident Management will fulfill this role.
 - d. A member of the Care Management team
 - e. At least of person receiving services
 - f. At least one representative of advocacy organization that serves the intellectual and developmentally disabled population
 - g. If there is participation of a psychologist or similar clinician, they will be invited to attend the IRC meetings.
3. If TCC is unable to obtain the members required Part 624.7(f)(4)(5) of the Handbook, TCC shall document its periodic efforts to obtain the specified members.
4. The TCC's CEO shall not serve as a member of the IRC, however they may be consulted by the committee in its deliberations.

IRC Meeting Requirements:

1. The IRC shall meet within one month of the report of a Part 624 reportable incident or serious notable occurrence, or sooner should the circumstances so warrant.
2. The IRC will meet and/or be updated quarterly and as required to meet requirements of the Part 624 investigations.
3. There shall be representation by someone from or with knowledge of the TCC's own organizational entity where the event under discussion occurred, or by someone who is familiar with the individual(s) involved.
4. All IRC meetings must have a minimum of 51% participation of the IRC Members.
 - a. The chairperson/designee of the IRC must be present at all IRC meetings.
5. Once an investigation is completed, the investigation as well as recommended corrective actions/plans for remediation are reviewed by the Incident Review Committee. The


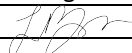
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Committee may make additional recommendations or request further investigation. The meeting minutes are entered into IRMA within the required timeframe.

6. The findings and recommendations are submitted to the CEO within the required timeframe via email.
7. The Care Manager is provided with the investigative conclusions (findings) and recommendations/plan of remediation pertaining to the individual's care, protection, and treatment.
 - a. In cases where the Care Manager is the subject of the allegation/reportable incident, the Regional Director or Vice President of Care Management will be provided with the information.
8. The recommendations are distributed to the appropriate parties with a completion date of 10 business days.
9. The Incident Review Committee is updated on the corrective action plan/response to recommendations within 30 days. If the Committee approves, the incident will be submitted for closure.

Restrictions on Review of Specific Incidents or Allegations of Abuse:

10. Any committee member who recognizes a potential conflict of interest in their assignment shall report this information to the IRC and recuse themselves from participating in IRC's review of the incident or occurrence in question.
11. No IRC Member may participate in the review of any reportable incident or notable occurrence in which they were directly involved, in which their testimony is incorporated, in which their spouse, domestic partner, or other immediate family member was directly involved, or which they investigated or participated in the investigation.
12. Such members may, however, participate in IRC deliberation regarding appropriate corrective, preventive, or remedial action.
 - a. For reportable incidents and serious notable occurrences, no IRC Member may participate in the review of an investigation in which their spouse, domestic partner, or immediate family member provides supervision to the program where the incident took place or supervised directly involved parties.
 - b. No IRC Member may participate in the review of a reportable incident or serious notable occurrence, if such IRC Member is the immediate supervisor of staff directly involved in the event or situation.
 - i. Such members may, however, participate in committee deliberation regarding appropriate corrective, preventive, or remedial action.
13. The chairperson of the IRC shall ensure that minutes are kept for all meetings.
 - a. For reportable incidents and serious notable occurrences, the portion of the minutes that discuss matters concerning the specific event or situation shall be entered into IRMA within three weeks of the IRC meeting.

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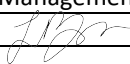
- b. Meeting minutes addressing the review of specific reportable incidents and/or serious notable occurrences shall clearly state the filing number or identification code of the report, the person's full name, and provide a brief summary of the situation (including date, location and type) that caused the report to be generated, committee findings (including re-classification of event, if applicable), and recommendations and actions taken on the part of TCC as a result of such recommendations. The full names of all parties involved are to be recorded (not initials).

Role of the IRC when Part 624 investigations are conducted by OPWDD or the Justice Center:

1. When an investigation of an incident/occurrence is conducted by the Central Office of OPWDD or the Justice Center:
 - a. The IRC role in reviewing and monitoring an incident/occurrence is limited to matters involving compliance with the reporting and notification requirements of the Part 624 Handbook, protective and remedial actions taken (except disciplinary actions concerning services operated by OPWDD), operational concerns, and the quality of services provided.
 - b. The finding of the report of abuse or neglect of substantiated or unsubstantiated shall be made by the central office of OPWDD or the Justice Center.
2. Concerning facilities and programs that are not operated by OPWDD:
 - a. The IRC shall monitor all actions taken to implement recommendations made by the central office of OPWDD or the Justice Center.

Incident Management Trends:

1. TCC's Incident Review Committee (IRC) will provide a report to the CEO, governing body, and OPWDD at least annually, concerning its monitoring functions, including trend analysis and response.
 - a. The emphasis of the report is to be on the general activities/functioning of the committee.
 - b. The information included in the report should include aggregated data and/or information including:
 - i. The general identified trends in reportable incidents and notable occurrences for the time period which the report covers
 - ii. An analysis of the trends identified
 - iii. A summary of the types of corrective action(s) which have been developed, taken by the CCO, in an effort to avoid circumstances known to have resulted in reportable incidents and notable occurrences.
2. The IRC monitors trends of other events or situations which may be potentially harmful, but do not meet the definition of a reportable incident or notable occurrence.

 Tri-County Care	STANDARD OPERATING PROCEDURE		
Title: Incident Review Committee	Version #: 5	Type of SOP: Standard	
Date Initially Issued: 7/1/2018	Eff. Date of Current Version: 01/21/2025		
SOP's Location on Portal: "Policies & Procedures" → "Care Management" → "Incident Management"			
SOP approved by: Leanne Brown, Policy Coordinator		Signature: 	
SOP approved by BOD on 01/22/2025			



CORRESPONDING POLICIES & PROCEDURES

1. SOP – Incident Reporting
2. SOP – Incident Confidentiality
3. SOP – Incident Review Committee
4. SOP – Deaths
5. SOP – Justice Center Code of Conduct
6. SOP – Late Incident Reporting
7. SOP – Jonathan's Law
8. SOP – Incident Investigations
9. Document – Jonathan's Law Telephone Notification Script
10. Document – Jonathan's Law Letter Notification Template
11. Document – Jonathan's Law OPWDD Form 148 Cover Letter
12. Document – Justice Center Code of Conduct
13. Document – Incident Management Report
14. Document – OPWDD Learning About Incidents
15. Document – Required Willowbrook Incident Reporting – Gray Sheet

HIERARCHY WHO CAN ANSWER QUESTIONS

If you have **any** questions or concerns, please make sure you reach out to someone below!

1. Incident Management Department
2. Director of Incident Management

 <u>Tri-County Care</u>	STANDARD OPERATING PROCEDURE		
Title: Jonathan's Law	Version #: 3	Type of SOP: Standard	
Date Initially Issued: 8/1/2021	Eff. Date of Current Version: 01/21/2025		
SOP's Location on Portal: "Policies & Procedures" → "Care Management" → "Incident Management"			
SOP approved by: Leanne Brown, Policy Coordinator		Signature: 	
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POLICY HIGHLIGHTS

- This SOP outlines TCC's requirements to be compliant with Jonathan's Law.
- This SOP outlines the role of the designated staff to issue Jonathan's Law notifications.
- This SOP outlines the rights of a qualified person under Jonathan's Law.

ABBREVIATIONS, COMMON DEFINITIONS, AND ACRONYMS

Designated Staff – A staff member designated by the Incident Management Department to issue Jonathan's Law.

Focus Staff – A TCC staff member who is the target of an incident.

Qualified Person – Person who is eligible to receive notifications related to an incident and notable occurrence involving a TCC individual. A qualified person can be an individual who is currently receiving Care Management services from TCC or who formerly received Care Management services. Notice must be provided to one of the following: legal guardian, parent, spouse, adult child, and adult sibling.

Supported Person – A TCC individual who is the subject of an incident.

SOP – Standard Operating Procedure; TCC's procedures for certain tasks and objectives.

ROLES & RESPONSIBILITIES

Designated Staff – Will conduct Jonathan's Law phone notifications and coordinate follow-up Jonathan's Law activities.


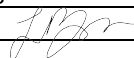
Director of Incident Management – Will designate the appropriate staff member and ensure the Jonathan's Law notifications are complete within the required timeframes. Will receive written requests for investigative records and will process those requests.

PROCEDURES

Jonathan's Law is named in honor of Jonathan Carey, a 13-year-old boy with autism spectrum disorder who died in 2007 while in the care of a state-run residential facility. Jonathan's Law was enacted in 2007 to ensure incidents of abuse and neglect are addressed timely and qualified person(s) are kept informed.

Jonathan's Law also allows eligible persons to ability to:


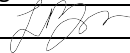
1. Have the incident reported to them within 24 hours after the incident is discovered.
2. Access records related to incidents of abuse or neglect.
3. Receive a copy of the "OPWDD Form 148" within 10 days of the incident.

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4. Request or receive a copy of the investigative records within 21 days of closure of the incident.
 - a. These records must be requested in writing, at any time, by a qualified party after 21 days of closure of the incident.
 - b. These records will be redacted as needed.
 - c. The ability to discuss the incident and the investigation with a designated party at TCC.
5. TCC will not provide such notice if the guardian, parent spouse, adult child, or adult sibling is the alleged abuser, if there is written advice from the guardian, parent, spouse, adult child, or adult sibling if one exists, or if the person receiving services is a capable adult who objects to such notification being made. If the capable adult objects to notification of all parties, the capable adult must be provided the notice.
6. Jonathan's law requires that TCC keep evidence that these notifications are on record with the investigation records or recorded in IRMA.

JONATHAN'S LAW NOTIFICATIONS:

1. Notifications should be made as soon as possible, but no later than 24 hours from receipt of the initial report.
2. All efforts to contact the qualified person must be documented, with dates and times of calls, and submitted to the Incident Management Department.
3. Types of notifications
 - a. Phone Calls:
 - i. No less than 3 phone call attempts should be made when attempting to provide the required notification.
 - ii. All phone calls notifications will use "Document – Jonathan's Law Telephone Notification Script"
 - b. Letter:
 - i. If 3 attempted phone call notifications take place, the Incident Management Department will mail a notification letter to the qualified person.
 - ii. The best practice is to mail notifications by certified mail.
4. When notifications are made, the qualified person should be provided with:
 - a. A description of the event or situation and a description of initial actions taken to address the incident or occurrence
 - b. The ability to discuss the incident and the investigation with a designated party at TCC.
 - c. For reports of abuse and neglect, an offer to provide information on the status and/or findings of the report.
5. Designated staff will:

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- a. Not use names of staff, supported persons involved, or any other personally identifying information and not disclose any additional information regarding the allegation, investigation, parties involved, etc. that has not been approved by the Incident Management Department.
- b. Will use statements such as: ".... It has been reported that..." or ".... It has been alleged...."
- c. Inform the qualified person that this is an allegation only and the abuse or neglect has not been confirmed.
- d. For allegations of abuse and neglect only: If the eligible person requests more information (copies of reports, access to a redacted investigative packet, etc.), they **must make the request in writing** and send to the attention of TCC's Director of Incident Management at: incidentmanagement@tricountycare.org OR Attention: Director of Incident Management 286 Washington Avenue Extension, Albany, NY, 12203



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11. Document – Jonathan's Law OPWDD Form 148 Cover Letter
12. Document – Justice Center Code of Conduct
13. Document – Incident Management Report
14. Document – OPWDD Learning About Incidents
15. Document – Required Willowbrook Incident Reporting – Gray Sheet

HIERARCHY WHO CAN ANSWER QUESTIONS

If you have **any** questions or concerns, please make sure you reach out to someone below!

1. Incident Management Department
2. Director of Incident Management

 Tri-County Care	STANDARD OPERATING PROCEDURE		
Title: Justice Center Code of Conduct	Version #: 3	Type of SOP: Standard	
Date Initially Issued: 7/1/2021	Eff. Date of Current Version: 01/21/2025		
SOP's Location on Portal: "Policies & Procedures" → "Care Management" → "Incident Management"			
SOP approved by: Leanne Brown, Policy Coordinator		Signature: 	

POLICY HIGHLIGHTS

This SOP outlines TCC's responsibilities to have staff review and sign the Justice Center Code of Conduct upon hire and annually.

ABBREVIATIONS, COMMON DEFINITIONS, AND ACRONYMS

SOP – Standard Operating Procedure; TCC's procedures for certain tasks and objectives.

Excel Force – TCC's platform for Human Resources and related employee tasks.

Care Hub – TCC's platform for all policies and procedures

ROLES & RESPONSIBILITIES

TCC Staff – To review and sign the Justice Center Code of Conduct upon hire and annually.



Human Resources Department – To ensure TCC staff sign the Justice Center Code of Conduct timely.

PROCEDURE

1. All TCC staff are required to sign the Justice Center Code of Conduct upon hire and annually thereafter.
 - a. TCC staff is defined as any TCC employee, prospective employees, volunteers, contractor, sub-contractors, or any other party that works for or with TCC.
2. The Justice Center Code of Conduct affirms that TCC staff will support the individuals served by promoting their rights as a person receiving services.
3. The Justice Center Code of Conduct affirms that TCC staff are mandated reporters and will comply with their legal obligation to report all allegations of reportable incidents upon discovery.
 - a. Mandated reporting is the act of immediately reporting when they have reasonable cause to suspect that a vulnerable person has been abused, neglected, or harmed. See "SOP – Incident Reporting" for more information.
4. The Justice Center Code of Conduct is completed and tracked in Excel Force only.
5. The annual attestation form for the Justice Center Code of Conduct directs all employees to review the Incident Management policies and procedures in TCC's CareHub portal.

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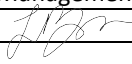
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8. SOP – Incident Investigations
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15. Document – Required Willowbrook Incident Reporting – Gray Sheet
16. Document – Incident Notification Grid

HIERARCHY WHO CAN ANSWER QUESTIONS

If you have **any** questions or concerns, please make sure you reach out to someone below!

1. Human Resources Department
2. Vice President of Human Resources

 Tri-County Care	STANDARD OPERATING PROCEDURE		
Title: Late Incident Management Reporting	Version #: 5	Type of SOP: Standard	
Date Initially Issued: 7/1/2018	Eff. Date of Current Version: 01/21/2025		
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POLICY HIGHLIGHTS

This SOP outlines potential disciplinary actions for late incident management reporting.

ABBREVIATIONS, COMMON DEFINITIONS, AND ACRONYMS

SOP – Standard Operating Procedure; TCC's procedures for certain tasks and objectives.

ROLES & RESPONSIBILITIES

Director of Incident Management– To track all late reports and advise Care Management Leadership of violation.


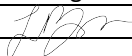
Human Resources Department – To work with the Incident Management Department on any corrective actions.

TCC Staff – To report all incidents immediately to the Incident Management Department.

PROCEDURES

GENERAL OVERVIEW LATE INCIDENT MANAGEMENT REPORTING:

1. TCC staff are required to **immediately** contact the TCC Incident Management department to report any incident. For more information regarding reporting to the Incident Management Department, please refer to "SOP – Incident Reporting."
2. If staff do not report to TCC's Incident Management Department upon discovery of an incident, TCC staff may be subjected to disciplinary action.
 - a. Staff "clocking out," on PTO, or after normal business hours does **not** justify a reporting delay.
3. Failure of TCC staff to report incidents to the Incident Management Department **AND** follow the exact instructions of the Incident Management Department after the initial report may lead to serious disciplinary action.
4. Disciplinary actions could be:
 - a. Incident Management retraining
 - b. Disciplinary action
 - c. Administrative leave or termination
5. Depending on the severity, a reportable incident may be filed with OPWDD. These reports are considered "Obstruction of reports of reportable incidents" and will be investigated as prescribed by regulatory requirements.
 - a. Incident Investigators and the Director of Incident Management are required to know and understand 624 and 625 regulatory requirements.
6. As well as TCC staff can be found guilty of a Class A misdemeanor for failure to report, which could lead up to either or both:
 - a. Up to a year in jail

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- b. Fine up to \$1,000
- c. In addition to criminal penalties, it also may result in a civil lawsuit for damage due to any harm resulting from failure to report

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HIERARCHY WHO CAN ANSWER QUESTIONS

If you have **any** questions or concerns, please make sure you reach out to someone below!

1. Incident Management Department
2. Director of Incident Management