

# INCIDENT REPORT (UI/MUI)

## Clinton County Board of DD

All Providers must maintain UI logs and submit them to the Clinton County SSA Division for review  
Phone: (937) 382-7889, Fax: (937) 382-0350, After Hours: (937) 725-5074, Email: [irsubmissions@nikecenter.org](mailto:irsubmissions@nikecenter.org)

Individual: \_\_\_\_\_

Address: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Location: \_\_\_\_\_

List witnesses involved (use initials for other Individuals served):

Describe Incident (who, what, where, when, how long –attach additional pages if necessary):

What was the Individual doing immediately before (contributing factors):

Immediate Action to ensure H&W:

Further Medical Follow-up/Administrative Comments:

Description of Injuries if applicable:

### Type of Injury

- Bruise
- Bite
- Laceration
- Scratch
- Swelling

### Location of Injury

- Head/Face
- Abdomen
- Toes/Feet/Legs
- Other \_\_\_\_\_

- Neck/Chest
- Hands/Arms
- Genitals

- Mouth/Teeth
- Back/Buttocks

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**\*Immediate to 4 hour reporting is required for all allegations of Abuse/Neglect/Peer to Peer Acts/Exploitation/Misappropriation/  
Suspicious/Accidental Death/Media Inquiries regarding an MUI**

**\*The Provider of service at time of incident must complete same-day notification to Individual's guardian, other person whom the Individual has identified and/or other providers of services as necessary (except to alleged PPI)**

Type of Notification	Name/Title	Date/Time
Guardian /Advocate		
County Board		
Licensed or Certified Provider (other providers of services as necessary)		
Staff or Family living at Individual's home		
Law Enforcement (name, jurisdiction, contact information)		
Children Services (Name and contact information required)		
Support Broker (If applicable)		

Reporter Signature, Title and Date: \_\_\_\_\_

Administrator/Director Signature and Date: \_\_\_\_\_

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### SSA REVIEW

UI Category (mark applicable category):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Behavior  | <input type="checkbox"/> Illness                            | <input type="checkbox"/> Rights Violation (No Risk) |
| <input type="checkbox"/> Bruises   | <input type="checkbox"/> Medication Error (w/o likely risk) | <input type="checkbox"/> Safety Issue               |
| <input type="checkbox"/> Dental Injury   | <input type="checkbox"/> Minor Injury                       | <input type="checkbox"/> Unknown Injury             |
| <input type="checkbox"/> Fall  | <input type="checkbox"/> Overnight Relocation               | <input type="checkbox"/> Health Concern             |
| <input type="checkbox"/> Peer to Peer Act  | <input type="checkbox"/> Unapproved Beh. Support (No Risk)  |   |
| <input type="checkbox"/> ER or Urgent Care Treatment Center Visit  |   |   |
| <input type="checkbox"/> Program Implementation Incident (i.e. failure to carry out a person-centered plan with minimal risk or no risk, failing to provide supervision for short periods of time, automobile accidents w/o harm, self-reported incidents with minimal risk) |   |   |

\*Non-Incident (explain below)\*

All incidents must be reviewed & entered within **3 business days** and routed by the SSA to the SSA Manager/Director.

SSA Comments:

SSA Signature and Date: \_\_\_\_\_

Administrative Comments:

\_\_\_\_\_  
SSA Manager & Date

\_\_\_\_\_  
SSA Director & Date

\_\_\_\_\_  
Superintendent & Date

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MUI Category:

MUI #: \_\_\_\_\_

**Category A** (requires 4 hours reporting)

- Accidental or Suspicious Death
- Exploitation
- Failure to Report
- Misappropriation
- Alleged Neglect
- Alleged Abuse  P  V  S
- Prohibited Sexual Relations
- Rights Code Violation (Risk)
- Media Inquiries Regarding a MUI

**Category B**

- Attempted Suicide
- Death Other Than Accidental or Suspicious
- Medical Emergency
- Missing Individual
- Peer to Peer Act:  P  V  S  Exploitation  Theft
- Significant Injury:  Known  Unknown

**Category C**

- Law Enforcement
- Unanticipated Hospitalization
- Unapp. Beh. Support (Risk)

Name of Alleged PPI: \_\_\_\_\_