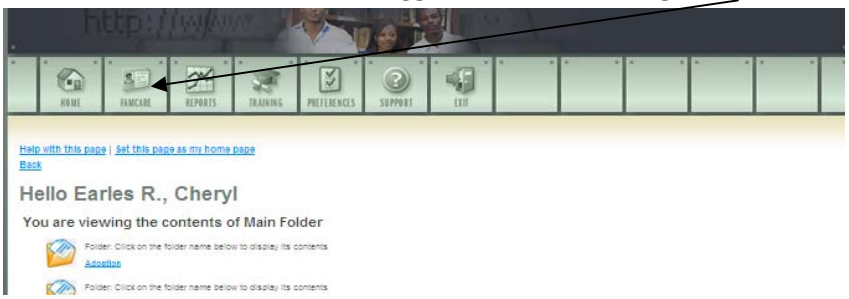
Instructions to Enter Seclusion/Restraint Reports in FAMCARE

Each incident of Seclusion/Restraint must be reported/entered individually

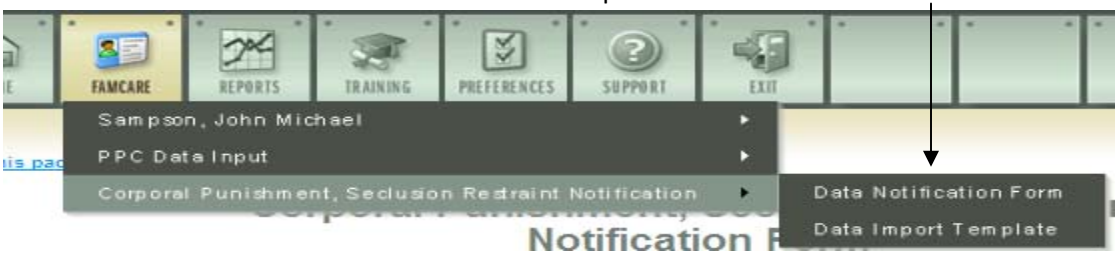
Log into https://jjolt.famcare.net/secureindex.htm OR to the DHSnet and choose training, then the Child Welfare Institute.

Once logged in - You need to go to FAMCARE

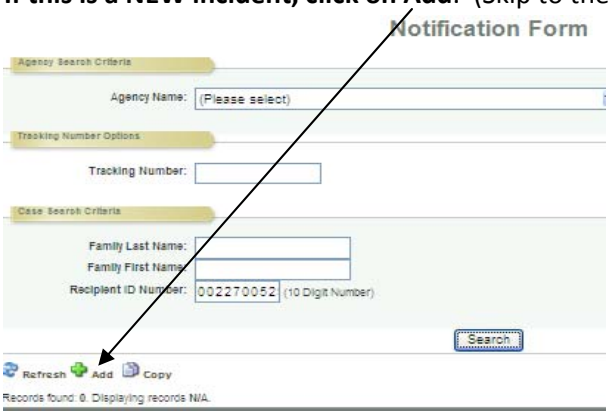


From the drop-down box choose Corporal Punishment, Seclusion Restraint Notification Form

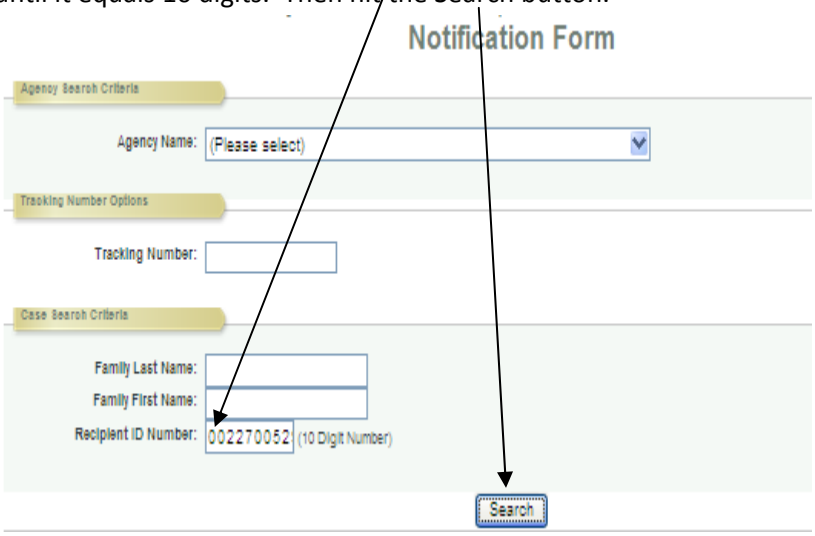
From the additional drop-down box choose Data Notification Form



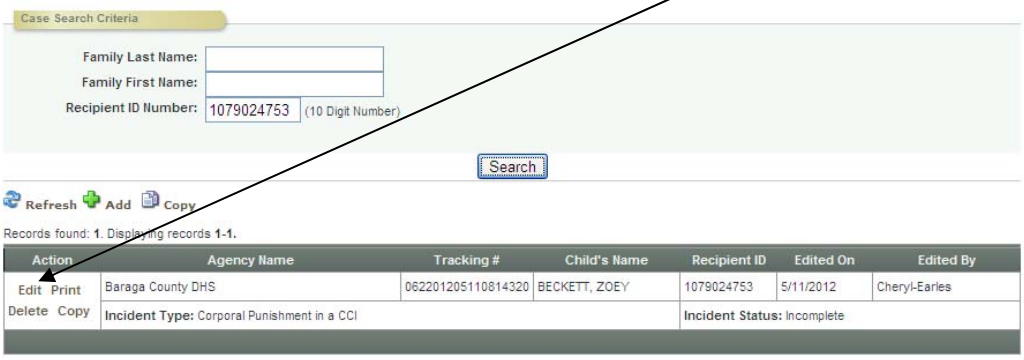
If this is a NEW incident, click on Add. (Skip to the top of Page 3)



If you are returning to complete a previously started form, you must complete a search. Searches are conducted by inputting the Recipient ID number in this field. This Recipient ID number **must have 10 digits.** If the Recipient ID number provided has less than 10 digits you must add zero's to the beginning of the number until it equals 10 digits. Then hit the Search button.

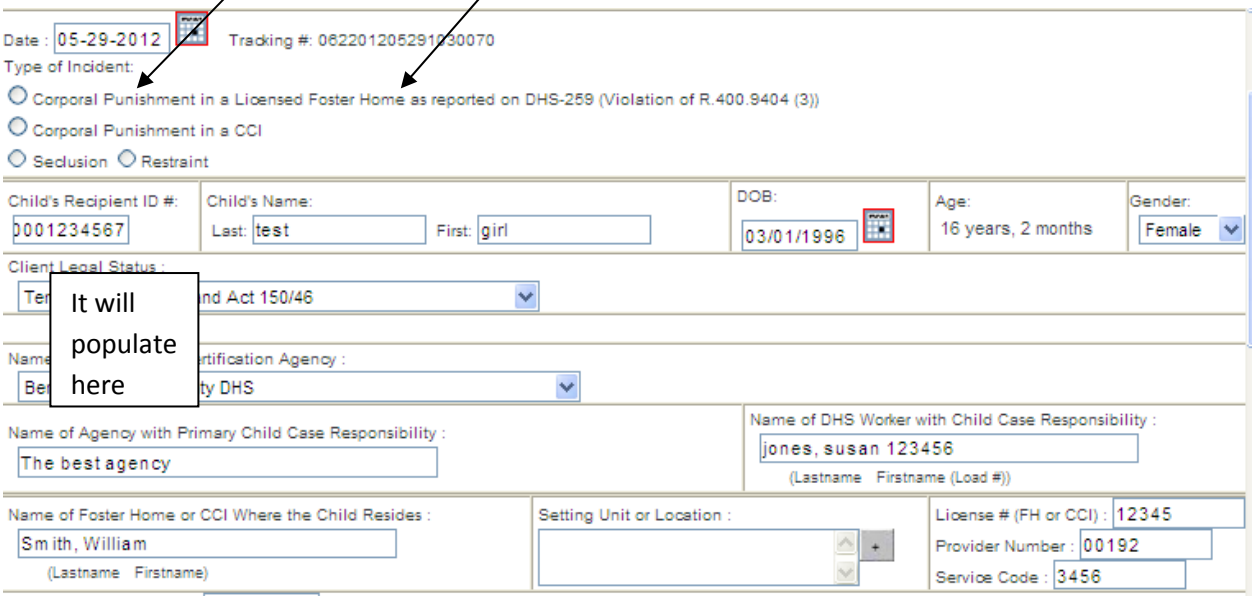


To edit any report not yet marked as Complete, click on edit and finish entering information on the form.



For new complaints, after hitting Add this is the screen that will pop up. <u>All of the fields will be blank</u>.

When you enter the Reciepient ID number, the youth's name and other identifying information will populate. Note: The Recipient ID number **must have 10 digits.** If the Recipient ID number provided has less than 10 digits you must add zero's to the beginning of the number until it equals 10 digits.



Choose the type of incident for the report. (BCAL will be completing all corporal punishment reports.)

Date : 05-29-2012 Tracking #: 062201205291030070

Type of Incident:

- Corporal Punishment in a Licensed Foster Home as reported on DHS-259 (Violation of R.400.9404 (3))
- Corporal Punishment in a CCI
- Seclusion
- Restraint

Child's Recipient ID #:	Child's Name:	DOB:	Age:	Gender:
0001234567	Last: test First: girl	03/01/1996	16 years, 2 months	Female

Client Legal Status : Temp Court Ward 42 and Act 150/46

Name of Foster Home Certification Agency : Benzie/Manistee County DHS

Name of Agency with Primary Child Case Responsibility : The best agency

Name of DHS Worker with Child Case Responsibility : jones, susan 123456 (Lastname Firstname (Load #))

Name of Foster Home or CCI Where the Child Resides : Smith, William (Lastname Firstname)

Setting Unit or Location :

License # (FH or CCI) : 12345

Provider Number : 00192

Service Code : 3456

Note: All dates require the 10 digit presentation of MM/DD/YYYY

Field expansion:

When you answer this question YES, a number of sub questions will appear that were not visable until you answered the question

Does community mental health pay for care, treatment, maintenance and supervision of any children in this facility? Yes No

722.112b (2) The provisions of this section only apply to a child caring institution that contracts with or receives payment from a community mental health services program or prepaid inpatient health plan for the care, treatment, maintenance, and supervision of a minor child in that child caring institution.

Youth Debriefing within 24 Hours: Yes No

Staff Debriefing within 24 Hours: Yes No

Order Type: (ACT 116): (Please Select)

Practitioner Name and Title: Last: First: Title: (please select)

Last Name of Staff Initiating Order: (ACT 116)

First Name of Staff Initiating Order: (ACT 116)

Last Name of Staff Who Received Order:

Frist Name of Staff Who Received Order:

Function of Staff who Recieved Order:

The following questions also have additional sub questions that appear depending on your answer. (Please disregard the Corporal Punishment question)

Was this a Serious Occurence As Defined by Act 116
○ Yes ○ No

Were Injuries Sustained to Child:
○ Yes ○ No

Was the Parent/Guardian Contacted within 24 Hours of a confirmed occurrence of corporal punishment?
○ Yes ○ No

Injuries Sustained by Staff?
○ Yes ○ No

Was this a Serious Occurrence as Defined by Act 116?
If you say yes, select the Serious Occurrence type.

Was this a Serious Occurrence As Defined by Act 116
◉ Yes ○ No Was BCAL Notified? ○ Yes ○ No

If Yes, What was the Serious Occurrence Type as Defined in Act 116:
○ Child Death ○ Suicide ○ Suicide Attempt ◉ Serious Injury

Were injuries Sustained to the Child?

Were Injuries Sustained to Child:
◉ Yes ○ No
If yes, describe the injuries and any medical treatment required:

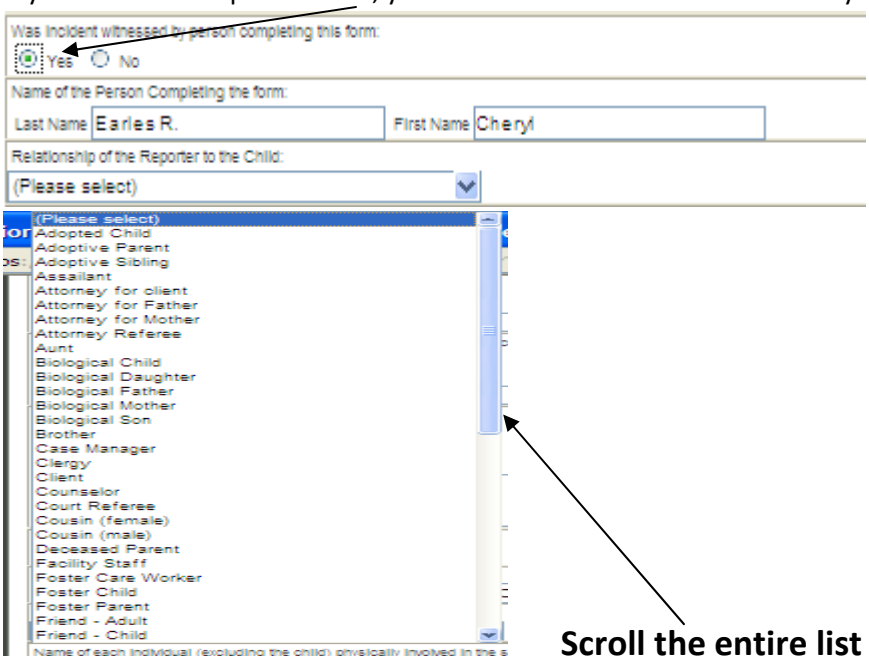
you will have to provide a narrative

Was the Parent/Guardian Contacted within 24 Hours of injuries?
◉ Yes ○ No
If Yes, What was the Name of the Individual Contacted?
Last Name: First Name:

If the staff was injured, then the a sub question appears regarding notification to BCAL and a description of injuries and medical treatment that was required.

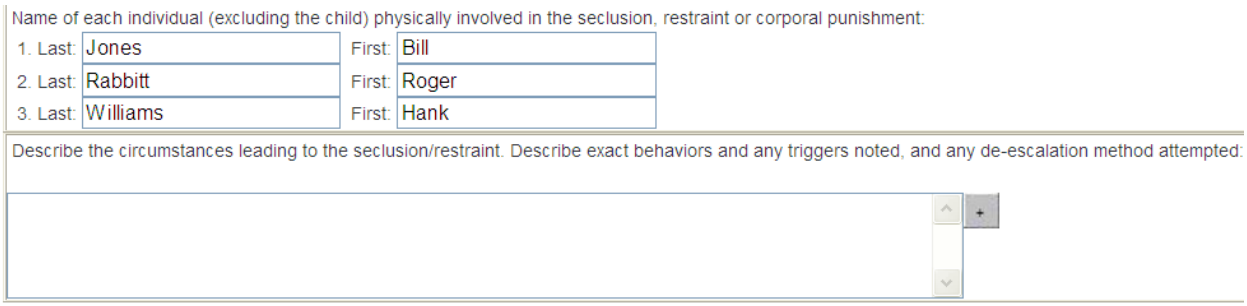
Injuries Sustained by Staff?
◉ Yes ○ No Was BCAL Notified? ○ Yes ○ No
If Yes, describe the injuries and any medical treatment required:

If you answer this question Yes, you must choose a role that identifies you.

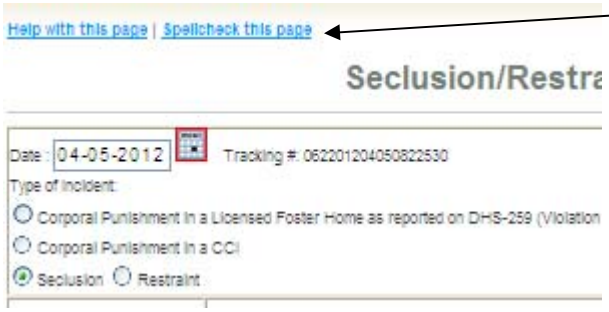


Scroll the entire list to see all options available

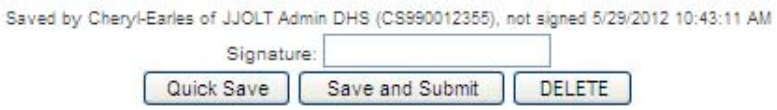
The last section lists all individuals involved in the incident and documentation about the incident.
The list will expand as you add individuals.



After completing the form, return to the top left part of the page to complete a Spellcheck



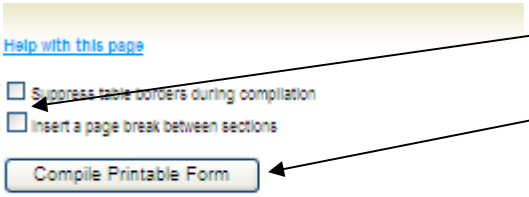
If you have not finished the form and need to return later to complete it, click on the Quick Save button to save what you have done and you can finish it later. If you are completely finished inputting information into the form and have completed Spellcheck, then click the Save and Submit button and the form will be forwarded as required. If you realize you have begun a form and do not need to complete it, click on the Delete button and your work will not be saved in the system. In the Signature Box, enter your JJOLT password. At that point, no edits are allowed.



Print document: After you have selected Save and Submit, the form will disappear. To print a copy of the completed form, you must return to the initial search page. The following information will appear at the bottom of the search page. Click on Print.

The Incident Status will show as "Complete" for those report forms that have been fully completed and submitted.

After you have clicked Print, this will screen will appear. Check both boxes and click Compile Printable Form.



If you have any questions regarding these instructions please contact Division of Continuous Quality Improvement Analyst, Jeff Washburn at WashburnJ2@michigan.gov or 517-492-7299.