

IL Department of Human Services - Division of Developmental Disabilities - Bureau of Quality Management

Critical Incident Reporting and Analysis System (CIRAS)

Provider Name:

Address:

Sample #s:

W#s:

ISC:

Programs: CILA HBS CDS SDA CRW CSW

Date of Review:

Reviewer:

Provider/Agency – Using DDD generated reports and agency/provider records and policy and procedures.

Item	Yes	No	Not Apply	Comments or Issues	Remediation required by:
Agency/Provider is properly enrolled in CIRAS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Have all designated reporters completed and signed the Certificate of Understanding and Acknowledgement for CIRAS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1. Have all critical incidents (alleged, suspected, or actual occurrence of an incident when there is reason to believe the health and safety of an individual may be adversely affected or and individual may be place at a reasonable risk of harm) been reported through CIRAS? (Exclude abuse, neglect and exploitation.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. 911 call?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. Death?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Known injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. Law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. Medical Emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. Missing individual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. Peer-to-peer acts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
h. Peer-to-staff acts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
i. Unauthorized restraint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
j. Unknown injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Unscheduled hospitalization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

IL Department of Human Services - Division of Developmental Disabilities - Bureau of Quality Management

Critical Incident Reporting and Analysis System (CIRAS)

Provider only

	W#	CIRAS Report #	Type of critical incident: 911 call, Death, Known injury, Law enforcement, Medical emergency, Missing individual, Peer to peer act, Peer to staff act, Unauthorized restraint, Unknown injury, Unscheduled hospitalization	Date of Incident	Date provider reported incident	Did the provider report the incident within two (2) working days of discovering or being informed of the incident?	Notes/ Comments
1.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
10.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
11.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
12.						<input type="checkbox"/> Yes <input type="checkbox"/> No	