



John B. Mattingly
Commissioner

Elizabeth Roberts
Deputy Commissioner

Angel V. Mendoza, Jr., M.D.
Assistant Commissioner
Office of Child and Family Health

MEMORANDUM

TO: All Foster Care Agency Executive Directors

FROM: Angel Mendoza *AM*

RE: Reporting Requirements for Psychiatric Hospitalizations (follow-up from
Memorandum dated October 21, 2010)

Date: December 28, 2010

This serves as a clarification to the memorandum dated October 21, 2010, *Reporting Requirements for Psychiatric Hospitalizations*, which stated that for children and youth who are psychiatrically hospitalized, agencies should complete and submit the *MHCU Initial Reporting Form CM-1057*, instead of the *Report of Incident, Accident, Illness, or Death Involving Child(ren) in Foster Care Services Incident Report Form CS-853D*. Consistent with that memorandum, all other reporting requirements for Serious Reportable Incidents as described in previous policies remain in effect. For cases without involvement of an incident, accident, injury or death, agencies are only required to submit form CM-1057.

All cases in which a psychiatric hospitalization was involved with an incident, accident, injury or death, should still be reported to the Office of Special Investigations using the CS-853D form. To avoid duplication, only the following information fields should be filled out on the CS-853D form if submitting together with a form CM-1057:

- initial placement date
- mother's and father's full name and address(es)
- foster parent's name and address
- narrative report of incident, accident, injury or death, location, date, and time
- attending physician's name and contact information (if not on form CM-1057)
- hospital address
- police precinct name/number (if notification was required, made or indicated)
- police action taken, if any
- Was agency attorney notified? If yes, provide name and address. If not please explain.
- Agency insurance carrier information. Was insurance carrier informed? If not, please explain.
- Is legal action being contemplated? If yes, by whom?
- name and address of any other participating attorney.

For all psychiatric hospitalizations with an involved incident, accident, injury or death, both the form CM-1057 and the CS-853D (with only the information filled out as above), should be submitted to both the MHCU and the OSI. For any questions regarding this memorandum, please contact Beatrice Aladin at beatrice.aladin@dfa.state.ny.us.