

ANNUAL REPORT



**Department of
Developmental
Disabilities**

AGENCY PROVIDER NAME: _____

MUI ANNUAL REVIEW (January 1 through December 31) for the year _____

Agency providers are required to complete the Annual Review and send it to the County Board by February 28th.

Total Number of MUI categories for the last year: _____

Total Number of MUI categories for 2 years ago: _____

Total Number of MUI categories for 3 years ago: _____

Number of MUI category by type:

MUI Categories	Last year	2 years ago	3 years ago
Accidental/suspicious death			
Attempted suicide			
Death-Non-Accidental			
Exploitation			
Failure to Report			
Law Enforcement			
Medical Emergency			
Misappropriation			
Missing Individual			
Neglect			
Peer-to-Peer Act			
Physical Abuse			
Prohibited Sexual Relations			
Rights Code Violation			
Sexual Abuse			
Significant Injury			
Unapproved Behavioral Support			
Unanticipated Hospitalization			
Emotional Abuse (previously Verbal Abuse)			

Explain the reasons for any significant differences from year to year and any MUI categories with a high number of incidents (use additional pages as necessary):



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Agency Trends and Patterns – current year

Identify and explain any agency-wide trends and any trends by residence, region, or program:

Description of action plans and preventive measures to address these trends/patterns:

Previous year's agency-wide trends or trends by residence, region, or program:

Were the action plans and preventive measures effective?

Individual Trends and Patterns

Individuals with 5 or more MUI categories in 6 months or 10 or more MUIs in 12 months in the current year:

Name

MUI types

Action plans and preventive measures taken to address this trend/pattern

Date the action plans and preventive measures were added to the individual's plan:

(Use additional pages to add additional individuals if needed.)

Date review was completed: _____

Name of person completing this review: _____

